

Council of Governors
20 September 2023 at 12:00
Monks Yard, Horton Manor, Horton Cross, Ilminster, Somerset, TA19 9PY

AGENDA

	Action	Presenter	Time	Enclosure
1 WELCOME AND APOLOGIES	Receive	Chairman	12:00	None
2 QUESTIONS FROM MEMBERS OF THE PUBLIC	Receive	Chairman		None
3 DECLARATIONS OF CONFLICT OF INTERESTS RESPECT TO ITEMS ON THE AGENDA	Receive and Note	Chairman		None
4 TO APPROVE THE DRAFT MINUTES OF THE PUBLIC MEETING HELD ON 15 JUNE 2022	Receive and Approve	Chairman		Appendix 1
5 MATTERS ARISING AND REVIEW OF THE ACTION LOG	Receive and Review	Chairman		Appendix 2
6 TO RECEIVE THE PUBLIC REGISTER OF COUNCIL OF GOVERNORS INTERESTS AND ANY DECLARATIONS OF CONFLICTS OF INTEREST	Receive and Note	Chairman		Appendix 3
7 CHAIRMAN'S UPDATE <ul style="list-style-type: none"> Council of Governors' attendance Statutory Duties of Governors 2022/23 – update 	Receive	Chairman	12:15	Appendix 4 Appendix 5
8 APPOINTMENT OF DEPUTY CHAIRMAN	Receive and Approve	Chairman		Appendix 6
9 TO RECEIVE THE AUDITORS' REPORT ON THE 2022/23 ANNUAL ACCOUNTS AND ANNUAL REPORT <ul style="list-style-type: none"> YDH SFT 	Receive	KPMG	12:20	Appendix 7A Appendix 7B
10 TO RECEIVE THE 2022/23 ANNUAL ACCOUNTS AND ANNUAL REPORT <ul style="list-style-type: none"> YDH SFT 	Receive	MH	12:40	Appendix 8A Appendix 8B



11 TO RECEIVE THE 2022/23 QUALITY REPORT/ QUALITY ACCOUNT	Receive	PB	12:50	Appendix 9A Appendix 9B
<ul style="list-style-type: none"> • YDH • SFT 				
12 TO RATIFY THE APPOINTMENT OF THREE NON-EXECUTIVE DIRECTORS	Ratify	Chair	13:05	Appendix 10
13 PERFORMANCE UPDATE FROM THE EXECUTIVE DIRECTORS	Receive	PL / AH / MH	13:10	Appendix 11
14 SFT CHARITIES OVERVIEW	Receive	GH	13:40	Verbal

15 FEEDBACK FROM:	Receive		14:00	
a) The Lead and Deputy Lead Governors Governors issues and any ensuing actions needed/taken)		KB / PR		Verbal
b) The Quality and Patient Experience Group meeting held on 25 July 2023		JG		Appendix 12
c) The Strategy and Planning Group meeting held on 27 July 2023		PR		Appendix 13
d) The People Group meeting held on 28 July 2023		- KB		Appendix 14
e) The Membership, Involvement and Communications Group held on 13 September 2023		- All		Appendix 15
f) The Nomination Committee meeting				Appendix 16
g) Staff Governors				Verbal

16 ANY OTHER BUSINESS AND CLOSE OF MEETING	To note	Chairman	14:15	Verbal
<ul style="list-style-type: none"> • Future Agenda items for Council of Governors meetings 				

17 DATE OF NEXT MEETING
14 December 2023

COUNCIL OF GOVERNORS' MEETING

Minutes of the meeting held on
13 June 2023, Monks Yard, Ilminster.

Present:

Colin Drummond

Chairman

Elected Governors

Virginia Membrey

Public – Mendip

Judith Goodchild

Public - Sedgemoor

Jack Torr

Public - Sedgemoor

Eddie Nicolas

Public - Sedgemoor

Martin Davidson

Public – Sedgemoor

Jeanette Keech

Public – West Somerset and Taunton

Ian Aldridge

Public – West Somerset and Taunton

Kate Butler

Public – West Somerset and Taunton

Jane Armstrong

Public – West Somerset and Taunton

Erica Adams

Public – West Somerset and Taunton

Ian Hawkins

Public – South Somerset

Sue Steele

Public – South Somerset

Mick Beales

Public – South Somerset

Paull Robathan

Public – South Somerset

Alan Peak

Public – Rest of England (outside Somerset)

Peter Shorland

Public – Dorset

Staff Governors

Joe Silsby

Staff Acute

Julie Reeve

Staff Acute

Lydia Karamura

Staff

Appointed/Partnership Governors

Heather Shearer

Somerset Council

Jos Latour

Universities

Dirk Williams

SSL representative

In Attendance:

Peter Lewis

Chief Executive

Kate Fallon

Non-Executive Director

Alexander Priest

Non-Executive Director

Phil Brice

Director of Corporate Services

Isobel Clements

Chief of People and Organisational Development

Andy Heron

Chief Operating Officer

David Shannon

Director of Strategic Development

Hayley Peters

Chief Nurse

Daniel Meron

Chief Medical Officer

Ria Zandvliet

Secretary to the Trust

Tina Hickinbottom-Tacey

Corporate Services Officer

Emily Mock

Administration Assistant



Lee Cornell
 Mark Hocking
 Paul von der Heyde
 Jonathan Higman
 Bernie Marden

Associated Director of Performance
 Deputy Chief Finance Officer
 Chairman of the Somerset Integrated Care Board
 Chief Executive Officer (ICB)
 Chief Medical Officer (ICB)

Apologies:

Pippa Moger
 Barbara Gregory
 Jan Hull
 Bob Champion
 David Recardo
 Mark Robinson
 Nick Craw
 Shabnum Ali

Chief Finance Officer
 Non-Executive Director
 Non-Executive Director
 Public – Mendip
 Public – South Somerset
 Staff Governor
 Staff Governor
 Staff Governor

1. APOLOGIES FOR ABSENCE:

- 1.1. Colin Drummond welcomed everyone to the meeting and apologies were noted as above.
- 1.2. Colin Drummond and Peter Lewis formally welcomed the new governors to the Council of Governors.

2. QUESTIONS FROM MEMBERS OF THE PUBLIC

- 2.1 There were no questions from members of the public.

3. DECLARATIONS OF CONFLICT OF INTERESTS IN RESPECT TO ITEMS ON THE AGENDA

- 3.1 There were no declarations in respect of the agenda items.

4. TO APPROVE THE DRAFT MINUTES OF THE PUBLIC MEETING HELD ON 9 MARCH 2023

- 4.1 The minutes from the meeting held on 9 March 2023 were **approved** as a true and accurate representation of the meeting.

5. TO APPROVE THE DRAFT MINUTES OF THE EXTRAORDINARY COUNCIL OF GOVERNORS HELD ON 20 MARCH 2023:

- YDH
- SFT

- 5.1 The minutes for both meetings were **approved** as a true and accurate representation of the meetings.

6. MATTERS ARISING AND REVIEW OF THE ACTION LOG

- 6.1 There were no actions or matters arising to discuss.

7. TO RECEIVE THE PUBLIC REGISTER OF COUNCIL OF GOVERNORS INTERESTS AND ANY DECLARATIONS OF CONFLICTS OF INTEREST RELATING TO AGENDA ITEMS

7.1	<p>The register was noted and the following changes to the declarations were made:</p> <ul style="list-style-type: none"> • Kate Butler - to remove "Trustee Community Council Somerset" • Eddie Nicolas – to remove "Governor – Robert Blake Science College." • Heather Shearer – to amend "Councillor - Mendip District Council" to "Councillor – Somerset Council."
8. CHAIRMAN'S UPDATE COUNCIL OF GOVERNORS' ATTENDANCE	
8.1	The Chairman presented the report and advised that the Council of Governors' attendance remained very good. There were no attendance issues to be raised with the Council of Governors and the Chairman expressed his thanks to all Governors for their time and effort.
8.2	Eddie Nicolas queried the two vacancies in the Mendip constituency. Ria Zandvliet advised that it had not been possible to fill these vacancies at the recent elections and vacancies in the Mendip constituency have historically been difficult to fill. Consideration will be given to running a bi-election for all vacant seats later in the year.
STATUTORY DUTIES OF GOVERNORS 2022/23	
8.3	The Chairman presented the report and advised that all statutory duties of Governors were being fulfilled.
TO APPROVE THE LEAD GOVERNOR AND DEPUTY LEAD GOVERNOR	
8.4	Colin Drummond advised that the report outlined the process followed to seek nominations for the Lead and Deputy Lead Governors roles and further set out the findings of the ballot undertaken. The report recommended the appointment of Kate Butler as Lead Governor and Paull Robathan as Deputy Lead Governor. The Council of Governors approved the Lead Governor and Deputy Lead Governor appointments as set out in the report.
8.5	Colin Drummond thanked Ian Hawkins for his hard work and support of the Trust as the departing Lead Governor.
9. PERFORMANCE UPDATE FROM THE EXECUTIVE DIRECTORS	
9.1	Colin Drummond introduced Lee Cornell as Associated Director of Performance and Mark Hocking as Deputy Chief Finance Officer. Lee Cornell advised that the presentation had been circulated with the papers and highlighted the performance slides, which covered the following areas: quality and patient safety; urgent care; mental health; Referral to Treatment – acute services; community physical health services; diagnostic; cancer waiting times; and people.
9.2	Eddie Nicholas highlighted trust wide performance against the 4-hour A&E waiting times target and commented that the excellent MIU performance distorted performance in other areas. Lee Cornell commented that overall compliance across all attendance types (A&E and MIUs) was 79.3% and

this was above the revised national standard of 76% to be achieved by March 2024. Somerset had more MIUs and, in contrast to most other counties, people had the choice to present at either A&E or MIU. Although A&E performance was lower than MIU performance, performance was still 5% better than average national performance. Peter Lewis added that there was also a difference in the nature of people presenting to MIUs and A&Es, and it was therefore difficult to define the measurement and compare performance.

- 9.3 Jeanette Keech asked about the latest COVID statistics. Hayley Peters responded that COVID figures were currently low and infection control arrangements in inpatient settings have changed to reflect the low number of COVID infections. Routine testing has been abolished and only people with symptoms are now being tested. Officially, the WHO have stood down the pandemic and the NHS are looking at COVID in the same way as the flu. COVID is still being identified and reported as it is still a respiratory illness that needs managing, but the position had significantly improved.
- 9.4 In response to a question about future projections and winter planning, Peter Lewis responded that a trajectory to recover elective capacity was in place and, in addition, plans had been developed to improve performance in relation to a number of key indicators. Considerable work was also taking place to prepare for the winter pressures, and this included looking at bed capacity and configuration of inpatient services.
- 9.5 The Council discussed the high numbers of patients in acute, community and mental health inpatient services who do not meet the criteria to reside and noted that although the position had improved over the last few weeks, the number of patients was still considerably higher than the trust would like to see. Peter Lewis advised that the national discharge team had recently visited the trust as Somerset was considered to be an outlier in terms of the number of patients categorised as “no criteria to reside.” This number of patients was twice the national average, and this was a significant challenge. He commented that, Somerset receives a share of the national resources and Somerset has a higher-than-average older population which is taken into consideration when allocating funds. The Council of Governors discussed the closures of care homes; the reliance on bed-based alternatives; staff shortages; and the impact this has on the ability to discharge patients. The Trust recognises that there is a need to reduce the reliance on beds and will continue to work with the ICB and Somerset Council to review the actions which can be taken. The Council of Governors agreed to raise the concerns in relation to the number of patients categorised as “no criteria to reside” with Jonathan Higman and Paul von der Heyde, ICB, as part of the later agenda items.
- 9.6 Mark Hocking provided an update on the financial position and advised that both legacy trusts had delivered on their financial plans for 2022/23 and the trust has been able to transfer £3.1million additional capital funding into the 2023/24 capital programme.

9.7	Mark Hocking highlighted the finance slides and particularly highlighted: the key points from the 2023/24 financial plan for the trust and the wider Somerset system; and the financial position for April 2023. Mark Hocking stressed the overall financial challenges and the financial impact of escalation and industrial actions.
9.8	Jane Henderson asked if there would be any value in letting the public know about the financial impact of the industrial actions. Phil Brice added that communication relating to industrial actions is managed nationally. Peter Lewis added that the reference to the financial impact of industrial actions will be included in the minutes of the meeting and the minutes will be made public. Peter Lewis highlighted that a large number of patients were aware of the impact of industrial actions as their appointments had been cancelled.
9.9	Jeannette Keech asked about private income and whether private income was received from research programmes. Mark Hocking advised that the private surgery service group's aim is to deliver more private activity above NHS rates and good progress has been made in the first two months. However, in view of the patient flow issues; the upcoming winter pressures; and the need to recover elective activity, it may not be possible to perform the same levels of private activity. Mark Hocking further advised that income was also received from business developments within the wider system and from research clinical trials. The level of clinical trials had reduced during COVID, but the aim is to bring activity levels back up to pre-COVID levels.
9.10	The Council of Governors discussed the subsidiaries "Simply Serve Limited" (SSL) and "Symphony Health Care" (SHS) as the subsidiaries form part of the financial plan. It was noted that SHS and SSL have a contract with the CB.
10. 2022/23 CHAIRMAN APPRAISAL	
<ul style="list-style-type: none"> • Feedback from the 360-degree appraisal process • Objectives 2023/24 • Appraisal process 2023/24 	
10.1	The Chairman left the meeting for this agenda item and asked Alexander Priest to chair the meeting during his absence.
Feedback from the 360-degree appraisal process	
10.2	On behalf of the Nomination and Remuneration Committee, Ian Hawkins presented the report and highlighted the process followed and the findings from the 360-degree feedback process. He advised that the findings of the feedback process had been shared with the Chairman as part of the appraisal meeting.
10.3	Based on the 360-degree feedback, the Nomination and Remuneration Committee concluded that the Chairman's performance during 2022/23 had been excellent and recommended that the Council of Governors note

the outcome of the appraisal process. Ian Hawkins added that the committee felt honoured to have worked with the chairman throughout the merger.

Chairman Objectives 2023/24

10.4 The Council of Governors was further asked to discuss and approve the Chairman's objectives for 2023/24.

10.5 The Council of Governors discussed the objectives and agreed to remove objective four "Symphony Healthcare becoming an exemplar of general practice at scale" as it was felt that, in view of the considerable pressures, it was not the right time to add this as an objective in its own right. The Council of Governors approved the objectives for 2023/24 with the proposed removal of objective four.

Chairman Appraisal Process for 2023/24

10.6 The Council of Governors discussed and approved the appraisal process for 2023/24.

10.7 The Chairman re-joined the meeting.

10.8 Ian Hawkins advised the Chairman of the outcome of the appraisal process and thanked him for his commitment to the Trust and Governors. Ian Hawkins further thanked Governors for taking part in the 360-degree feedback process.

11. ICB UPDATE

11.1 Colin Drummond introduced Paul von der Heyde, Chairman of the Somerset Integrated Care Board (ICB).

11.2 Paul von der Heyde introduced Jonathan Higman, Chief Executive Officer of the ICB and Bernie Marden, Chief Medical Officer of the ICB

11.3 Jonathan Higman highlighted the development of the primary care strategy "Our Ambition for a Healthier Future in Somerset" for 2023 – 2028 and set out the key challenges and areas of focus. The key challenges (based on 2020/21 data) related to:

- Aging Population – latest projections suggest that the number of over 75s in Somerset will double by 2041. The number of over 65s will increase from a quarter to a third of the population.
- Half the Somerset population lives in rural areas where access to services can be difficult.
- 1,435 hospital admissions for self-harm in 20/21, mostly of young people which is significantly higher than the England average.
- 2,150 hospital admissions for people over 80 for falls in 20/21 which is significantly worse than the England average.

- More than 100,000 people in Somerset are suffering from back pain.
- Approximately 80,000 smokers in Somerset with smoking being the most significant risk factor for ill health.
- 36% of year 6 children were overweight.
- 8,575 people aged over 18 in Somerset are suffering from depression.

11.4 Jonathan Higman further highlighted:

- the stark difference in both the number of years lived and the number of years lived in good health for those living within the most deprived areas of Somerset when compared against the Somerset and National Averages. The data showed an average of 13 years poor health nationally, but an average 17/18 years poor health in Somerset and a further 8/9 years less healthy life for those in deprived areas in Somerset.

The long-term aim will be to keep people well for longer; reduce this gap and reduce the demand for services. Jonathan Higman advised that the entire system needs to work collaboratively and the ICB are working with local communities to try to resolve some of these issues.

- The model of care – the overall model of care is based on the principles of prevention, equity and fairness, and integration and consists of five levels - from living well, advice and support, high level support, specialist, and complex support: to inpatient or emergency care.
- Integrated Care partnerships – these are based on collaboration across health and care systems, ambulance, acute, primary, mental, transport, housing, and waste. The strategy needs to focus on all aspects of people's lives and give attention to the whole system.

11.5 Bernie Marden set out the actions which have already been taken, including engagement with a large number of people; about their experiences; analysing substantial amounts of data, reviewing literature, national policy, and best practice information; and developing a clear shared vision.

11.6 Bernie Marden further set out details of the shared vision; the key findings and specifically the key finding in relation to a mismatch between capacity and demand; solutions for implementation; and the development of detailed delivery plans for each aspect of the strategy, starting with GP access. It was noted that the delivery plans will be data-driven and show current performance and trajectory to end-point.

11.7 In relation to the West Somerset areas, it was recognised that areas such as Minehead may have specific issues and although the system is looking to support these areas, there is a risk that solely focussing on one area may

	not be beneficial to the wider population and honest conversations will need to take place about what services were required.
11.8	Kate Butler advised that Governors have previously raised concerns regarding transport, especially in those hard-to-reach rural areas and asked for the ICB's view transport and its effect on the population. Jonathan Higman advised this is another area where the entire system needs to come together, and the ICB will need to consider how this can be facilitated.
11.9	Ian Aldridge highlighted the data about deprived areas and asked whether this data was national data. He expressed his concerns about the life expectancy figures and queried whether changes were being made on the basis of deprived area data. He highlighted that, for instance, Minehead is not a deprived area, and this could mean that Minehead may miss out. Jonathan Higman advised that the data about deprived areas had been produced by an independent organisation - the JNCA. In relation to Minehead, he advised that the decision to review same day urgent care services in Minehead, and the wider West Somerset area, was as a result of other developments, e.g., the overnight closure of the Minehead MIU. The aim will be in future to take a more proactive approach, but this was not as yet possible. It was noted that the Director of Public Health has been appointed to a joint position with the ICB and Somerset Council and this was a positive step forward.
11.10	Paull Robathan asked about working with communities, specifically with community hospitals and networks. Jonathan Higman replied that there is a need to work with local communities but also within LCN geographies. Community hospitals support the model of care. He commented that working across all the various parts of the system was challenging and the pandemic had made these conversations more difficult. He commented that there is no one size fits all solution. Paul von der Heyde added that people are identified to work within LCNs and there are LCN representatives on the ICB board. Hayley Peters explained that buildings do not give a determination of health, and education and how education is influenced in Somerset is key. It was noted that Trudy Grant has been looking into outcome data (staff education, outcomes for children and young people, eating disorders, self-harm and suicide) which has not been reviewed or used as much as it could have been. The outcome data is helpful as it also shows outcomes for people with mental health issues. The system needs to strike a balance, address the here and now but also focus on the strategy looking forward.
11.11	Heather Shearer commented on the educational challenges Somerset faces as well as children and adult social care delivery. She noted that there is a three-year health care plan and a five-year plan and asked how these plans come together. Jonathan Higman advised that the strategies do link together - the improving lives strategy from Somerset Council and the Health and Care strategy by the Integrated Care Partnership (ICP - and the ICB is responsible for delivering the strategies. Additionally, there is the joint

	forward five-year plan, which sets out what is happening now and sets some priorities for the journey ahead.
11.12	Jane Armstrong asked if this presentation has been shared with e.g., NHS England as an example of the challenges faced in Somerset and the wider Southwest. Jonathan Higman confirmed that the ICB is working with Devon, Cornwall, and Bristol in relation to the working with coastal communities. Peter Lewis agreed that the system needs to be better at articulating the issues it faces and recognise that the system is responsible for actioning this. He highlighted the slide showing the elements impacting on the system as a whole and commented that 80% of the impact on people's health originates from outside the health and social care system and stressed the need for joined up working and not focussing on individual parts.
11.13	Kate Butler commented that there was no mention of the voluntary sector or community council whilst these are the people at the forefront and are often the first point of contact for many people. She asked if links with the voluntary sector and community councils are considered. Jonathan Higman agreed and confirmed that he is working closely with the voluntary sector and a formal agreement will be signed shortly.
11.14	Eddie Nicolas commented that it is clear from the graph that life expectancy is lower in deprived areas and asked what caused this lower life expectancy. Jonathan Higman explained that this could be due to many causes, including housing and education. Bernie Marden added that it is a multi-factual and multi layered issue that manifests over many years. People start to get unwell and inequalities within care make it difficult for some people to access the care they need early on.
11.15	Jeannette Keech asked what the organisation's approach is to new developments, such as blood tests that can provide advanced knowledge of illnesses. She mentioned that such blood tests could help assess and understand the future health of people and queried whether this is part of the long-term plan and further queried what the ICB's approach is to funding such developments. Jonathan Higman replied that there is a statutory duty in relation to research and development and the ICB links in with the academic science network to identify opportunities for research and developments. Bernie Marden added that there are always possibilities to look into and the approach takes into consideration responsibility for research and innovation, but this has to be balanced with fair judgments on spend.
11.16	Judith Goodchild asked specifically about the research on blood testing for potential liver disease. David Shannon advised that this study is funded by the National Institute and is still in the early stages and will only start with 20 patients. The treatment could be inexpensive and could save money overall, however the research has to be completed in the right environment and conditions, and the study is therefore only at small scale.

11.17	Julie Reeve asked for clarity about the GP attendance figures. The data shows that 42% of people see a GP on the same day they called but his leaves 58% of people not seeing a GP when they need to. She added that this figure only relates to those calling for appointments, and many members of the public have stopped contacting GP surgeries. She asked if there are pockets or areas where access is better or worse. Bernie Marden acknowledged that the chart is an oversimplification of the data. The data shows that 42% of people choosing to access GP and getting an appointment. It is recognised that many people are struggling to access GPs and not getting appointments but there are also many people who may not need an appointment. Historically, data from Somerset has not been as helpful as he would have liked it to be and there is still a large amount of data to review. He agreed that the statistics are worrying. Peter Shorland added his concerns about GPs telling patients to ring back the next day. The number of patients being asked to do this are substantial and the way GPs operate needs to be taken into consideration as this could distort figures.
11.18	Jos Latour commented on the importance of education and research and said that this is a substantial issue and cannot just be resolved by the trust or the ICB independently. Peter Lewis agreed and said that there is a plan in place looking at 30 years into the future to see what the system needs to do now. Jonathan Higman agreed and replied that there is a need to look for solutions and part of this is reaching out and making connections.
11.19	Colin Drummond advised that Jonathan Higman and Paul von der Heyde would be invited back in the future to update on the progress made.
12	2022/23 NON-EXECUTIVE DIRECTOR APPRAISAL <ul style="list-style-type: none"> • Feedback from the appraisal process • Appraisal process 23/24
12.1	The Non-Executive Directors left the meeting for this agenda item.
12.2	Ian Hawkins, as Chairman of the Nomination and Remuneration Committee, presented the report and advised that, based on the findings of the appraisal process conducted by the Chairman, and oversight of non-executive directors' performance and challenge at Board meetings, the Committee concluded that, all Non-Executive Directors had performed well above the standards required. He advised that the trust is extremely fortunate to have such dedicated Non-Executive Directors.
12.3	The Committee recommended that the Council of Governors accept the above conclusion.
12.4	Ian Hawkins advised it was proposed to adopt the former YDH appraisal process as this works well. The appraisal process follows a similar format as the Chairman's process, where feedback is sought from all Governors and consolidated into an individual report for each of the NEDs.

12.5	The Council of Governors approved the recommendations as set out in the report.
12.6	Ian Hawkins thanked the Non-Executive Directors for their excellent performance and ongoing commitment to the work of the Trust.
13. TO APPROVE THE NON-EXECUTIVE DIRECTOR REMUNERATION	
13.1	<p>Ian Hawkins, as Chairman of the Nomination and Remuneration Committee, presented the report which set out details of the remuneration review process and the Committee's recommendations. He highlighted:</p> <ul style="list-style-type: none"> • That a detailed remuneration review has not been completed since April 2020. • That the Non-Executive Directors have not had a pay increase since 2020. • The staff salary increases since 2020. • The increase in complexity and size of the trust following merger, leading to an increase in NED responsibilities.
13.2	<p>Based on these findings, the committee asked the Council to approve:</p> <ul style="list-style-type: none"> • An increase for all Non-Executive Directors to £16,500 backdated to 1 April 2023 • Agree to retain the supplementary payment for the Deputy Chairman, Senior Independent Director, and Audit Committee Chairman roles at £3,000 per each role. • Agree to conduct a further remuneration review in 2024.
13.3	The Council of Governors accepted and approved the recommendations as set out in the report.
14. TO APPROVE THE CHAIRMAN REMUNERATION	
14.1	<p>Ian Hawkins, as Chairman of the Nomination and Remuneration Committee, presented the report which set out details of the remuneration review process and the Committee's recommendations. He highlighted:</p> <ul style="list-style-type: none"> • The NHS improvement guidance which set out the expected remuneration structure for all NHS trusts. • That comparing to other trusts of equal size and complexity, the proposal is well within the scope, most Trusts of equal size and complexity offering between £50,500 and £58,500. • That a detailed remuneration review has not been completed since April 2020.

	<ul style="list-style-type: none"> • The staff salary increases since 2020. • The increase in complexity and size of the trust following merger.
14.2	<p>Based on these findings, the committee asked the Council to approve:</p> <ul style="list-style-type: none"> • An increase to £55,000 backdated to 1 April 2023. • Agree to conduct a further remuneration review in 2024.
14.3	Ian Hawking confirmed the committee fully supported the recommendations.
14.4	The Council of Governors accepted and approved the recommendations as set out in the report.
15. TO APPROVE TERMS OF REFERENCE	
	<ul style="list-style-type: none"> • The Membership, Involvement and Communications Working Group • The Nominations and Remuneration Group
15.1	The Council were asked to approve the circulated Terms of Reference for The Membership, Involvement and Communications working group and the Nominations and Remuneration Group. Ria Zandvliet advised that both groups have reviewed and discussed their terms of reference.
15.2	The Terms of Reference were approved .
16. TO APPROVE WORKING GROUP MEMBERSHIP	
16.1	Ria Zandvliet advised that, in view of the merger and recent Governor elections, a membership review of the working groups had been undertaken. The review took account of the skills analysis completed by Governors and Governors were allocated to the working group(s) closely aligned to their areas of expertise or interest.
16.2	The Council of Governors was asked to approve the membership of the working groups as presented in the circulated paper.
16.3	The working group membership was approved .
17. FEEDBACK FROM: THE LEAD AND DEPUTY LEAD GOVERNORS:	
17.1	<p>Ian Hawkins and Kate Butler raised a couple of points from the Governor pre-meet:</p> <ul style="list-style-type: none"> • The Governors are concerned about transport to all facilities in general and not just transport to and from Minehead. • The Governors want to be involved with the ICB and would willingly offer support where needed to help getting the right degree of care to the people of Somerset. It was unclear how this would work or how Governors could be involved but Governors asked for this to be considered by the ICB.

- 17.2 Ian Hawkins and Kate Butler thanked Colin Drummond and the Board for steering through the merger and keeping all the Governors informed. The Council felt that the information provided had enabled them to feel confident in approving the merger.
- 17.3 **ACTION** Colin Drummond advised that he would ask David Shannon to follow up on the transport concerns through the strategy and planning working group.
- 17.4 **ACTION** Regarding the ICB, Colin Drummond said he can see how committed the Council are and is happy to invite Paul and his colleagues to come back in the future for an update. Tina Hickinbottom-Tacey to add to future agenda when appropriate.

THE QUALITY AND PATIENT EXPERIENCE GROUP MEETING HELD ON 10 MAY 2023

- 17.5 Judith Goodchild provided the following highlights from the meeting:
- Kerry Grimshaw from the tissue viability group attended the meeting to provide an update on the progress made since her last update six months ago. The Committee noted that there has been no change in the number of pressure ulcers, but Kerry Grimshaw and Emma Davey assured the group that steps were being taken to improve performance including training opportunities for staff.
 - The PALS and complaints process was also discussed, and Emma Davey has asked the governors for volunteers to be a part of a stakeholder group to provide feedback on the PALS and complaints process. Judith Goodchild asked that if any other Governors wish to help, to contact Emma Davey.

THE STRATEGY AND PLANNING GROUP MEETING HELD ON 11 MAY 2023

- 17.6 Paull Robathan provided the following comments:
- The Group discussed communication with local community networks and the ICB.
 - Transports and estate planning – David Shannon to provide an update on asset planning to a future meeting.
 - Somerset Health Record – Luke Gompels attended the meeting to provide an update on the progress made and advised that a further update will be provided to the September 2023 meeting.

THE MEMBERSHIP, INVOLVEMENT AND COMMUNICATIONS GROUP MEETING HELD ON 10 MAY 2023

- 17.7 Kate Butler advised that she was appointed as chair of this new working group. There is significant involvement from Governors and executive level

and the group has a wide-ranging remit. Promoting membership and the work of the Trust is vital to the role of Governors and this working group is key to some of this involvement and engagement. She explained how important it is for the Governors to all be sharing and communicating the same information and message. Phil Brice and Fiona Reid are working on membership materials and a presentation for governors to take along to events.

THE NOMINATION COMMITTEE

- 17.8 Ian Hawkins advised that the only area not already covered on the agenda is the appointment of the Appointment Panel for the recruitment of three Non-Executive Directors. He highlighted the process followed to establish the Appointment Panel and asked the Council of Governors to approve the appointment of Heather Shearer, Kate Butler, and Jane Armstrong as members of the Appointment Panel.
- 17.9 The Council **approved** the recommendations as set out in the report.
- 17.10 Colin Drummond advised that the recruitment process to replace three Non-Executive Directors has already started and a shortlist of candidates will be produced. Interviews are scheduled for 11/12 July and 1 August 2023 and a recommendation will be presented to the September 2023 Council of Governors meeting.

18. ANY OTHER BUSINESS

- 18.1 Future Agenda items for Council of Governors meetings
- Annual accounts
 - Annual Members Meeting and Annual General Meeting
 - Further update from the ICB

19. DATES OF NEXT MEETINGS

- 19.1 The dates for 2023 are confirmed as follows:
- Wednesday 20 September 2023 – 12:00-14:30– location to be confirmed
- 19.2 If a quorum is not present on the above dates (and for this meeting), the adjourned meeting will take place seven days after the above dates, at the same time and at a venue to be confirmed.
- Wednesday 27 June 2023 – 12:00-14:30

20. WITHDRAWAL OF PRESS AND PUBLIC

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

SOMERSET NHS FOUNDATION TRUST
ACTION NOTES FROM THE PUBLIC COUNCIL OF GOVERNORS MEETING
HELD ON 13 JUNE 2023

AGENDA ITEM	ACTION	BY WHOM	DUE DATE	PROGRESS
17.3	Colin Drummond advised that he would ask David Shannon to follow up on the transport concerns through the strategy and planning working group.	David Shannon	July 2023	Updated and Discussed in the Strategy and Planning Group
17.4	Regarding the ICB, Colin Drummond to invite Paul and his colleagues to come back in the future for an update. Add to future agenda.	Tina Hickinbottom- Tacey	TBC	

Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Declarations of Interest
SPONSORING EXEC:	Colin Drummond, Chairman
REPORT BY:	Ria Zandvliet, Secretary to the Trust
PRESENTED BY:	Colin Drummond, Chairman
DATE:	20 September 2023

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

Executive Summary and Reason for presentation to Committee/Board	<p>As required by the Regulatory Framework, Section 7 in the Council of Governors Standing Orders all governors are to declare any interests they may have outside of their role as a governor which may be relevant and material to the business of the Trust.</p> <p>The attached report outlines the current interests declared by governors as at 12 September 2023.</p> <p>The changes made since the June 2023 meeting have been marked in red.</p>
Recommendation	The Council of Governors is asked to note the governors' declarations of interest.

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

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

Equality and Inclusion

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

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

Not applicable to this report.

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

Public/Staff Involvement History

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

Not applicable to this report.

Previous Consideration

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

The report is presented to every meeting.

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

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

DECLARATION OF COUNCIL OF GOVERNORS' INTERESTS

Governor	Constituency	Declaration of Interest (Financial and other interests)
Public Governors		
Mrs Erica Adams	Public - Somerset West and Taunton	<ol style="list-style-type: none"> 1. Secretary - Wellington Medical Centre Patient Participation Group 2. Chairman - Patient Transport Service – The Welly Hopper 3. Associate Member - Somerset Building Preservation Trust (previously Company Secretary, Administrator, Fund Raiser and Education Programme planner) 4. Visitor - Abbeyfield Taunton Society, Pollards Way, Taunton (previously Company Secretary and Administrator) 5. Digital Champion through Somerset CCG
Ian Aldridge	Public – Somerset West and Taunton	<ol style="list-style-type: none"> 1. Member - Patient Participation Group at Williton Surgery
Dr Jane Armstrong	Public - Somerset West and Taunton	<ol style="list-style-type: none"> 1. Secretary - Patient Participation Group at West Somerset Health Care 2. Volunteer digital teaching in local libraries
Mrs Kate Butler	Public – Somerset West and Taunton	<ol style="list-style-type: none"> 1. Member - Patient Participation Group at Williton Surgery 2. Volunteer with Healthwatch
Mrs Jeanette Keech	Public – Somerset West and Taunton	<ol style="list-style-type: none"> 1. Member - Lyngford Park Surgery PPG
Mr Bob Champion	Public – Mendip	<ol style="list-style-type: none"> 1. Board Member and Volunteer - Healthwatch Somerset Board 2. Members - Carers Voice Somerset 3. Member - Carers UK 4. Eldest daughter works for Practice Plus Group 5. Full time carer for family member 6. Involved with Somerset, Wiltshire and Dorset CCGs and Somerset CC re funding for family member 7. Member of the Carer Support and Involvement Group run by Musgrove Park Hospital

Governor	Constituency	Declaration of Interest (Financial and other interests)
Virginia Membrey	Public – Mendip	1. None to be declared
Vacancy	Public – Mendip	
Vacancy	Public – Mendip	
Mrs Judith Goodchild	Public –Sedgemoor	1. Chair - Healthwatch Somerset and on their behalf sits on: <ul style="list-style-type: none"> - Health and Wellbeing Board - CCG Governing Body - Fit for My Future Programme Board - Primary Care Commissioning Group - Observer - Integrated Care Board 2. Trustee Bridge Multi-Academy Trust.
Mr Eddie Nicolas	Public – Sedgemoor	1. Member – East Quay Medical Centre PPG 2. Member – Somerset Mental Health Stakeholders Engagement Forum 3. Member - Somerset NHS Citizens Panel
Mr Jack Torr	Public - Sedgemoor	1. None to be declared
Mr Martin Davidson	Public – Sedgemoor	1. Daughter - Anesthetist Royal Hampshire County Hospital, Winchester 2. Son-in-Law – Anesthetist Royal Hampshire County Hospital, Winchester
Mr Ian Hawkins	Public – South Somerset	1. Trustee - South Petherton League of Friends
Mrs Sue Steele	Public – South Somerset	1. Member – Conservative Party
Mr Michael (Mick) Beales	Public – South Somerset	1. Vice- Chair for Preston Grove Patient Participation Group (PPG). 2. Volunteer (advertising) for fundraising team of St Margaret's Hospice".

Governor	Constituency	Declaration of Interest (Financial and other interests)
Mr David Recardo	Public – South Somerset	1. Elected member of South Somerset District Council. 2. Member of the National Trust 3. Member of the RHS 4. Member of Yeovil Golf Club 5. Trustee for the Woborns Almshouses in Yeovil
Dr Paull Robathan	Public – South Somerset	1. Chairman of the South Petherton Community Hospital League of Friends 2. Daughter is a GP and lecturer in General Practice in Wales 3. Member of the Independent Panel for Somerset Councilors
Vacancy	Public – South Somerset	
Mr Alan Peak	Public - Outside Somerset	1. None to be declared
Peter Shorland	Public – Dorset	1. President and Trustee - Sherborne West End Community Association 2. Member – Conservative Party
Staff Governors		
Dr Joe Silsby	Staff	1. Private Practice at SNH
Dr Shabnum Ali	Staff	1. None to be declared
Mark Robinson	Staff	1. None to be declared
Julie Reeve	Staff	1. None to be declared
Nick Craw	Staff	
Lydia Karamura	Staff	1. None to be declared
Phil Hodgson-Purves	Staff	1. Husband is an employee of Somerset NHS Foundation Trust, as an Assistant Clinical Skills Trainer within the Learning & Development Dept.
Halley Kimber	Staff	1. None to be declared

Heather Sparks	Staff	1. None to be declared
Jonathan Moore	Staff	1. None to be declared
Adekunle Akinola	Staff	1. None to be declared
Sun Sander-Jackson	Staff	1. None to be declared
Appointed Members		
Caroline Gamlin	Somerset Integrated Care Board	<ol style="list-style-type: none"> 1. Non executive Director of NHS Somerset (ICB) with lead for quality 2. Member of ICB audit and remuneration committees 3. Husband is a GP in Weston super mare and director of Pier Health 4. Partnership link lead for Health Education England – voluntary role 5. Volunteer mentor for PromiseWorks Somerset 6. Member Deafinate CIC
Cllr Heather Shearer	Somerset Council	<ol style="list-style-type: none"> 1. Company Director - Quick Space Ltd 2. Company Director – Structures & Covers Ltd 3. Member - Street Parish Council 4. Chair - Police and Crime Panel (Avon and Somerset). 5. Chair – Safer Somerset Partnership 6. Chair – Mendip Health and Wellbeing Board 7. Councillor – Somerset Council 8. Trustee – Mendip Community Transport
Vacancy	Somerset Council	
Professor Jos Latour	Universities	<ol style="list-style-type: none"> 1. Professor in Clinical Nursing - University of Plymouth 2. Director of the professorial-led South West Clinical School located at Somerset Foundation NHS Trust
Vacancy	Somerset GP Board	
Dirk Williamson	Simply Serve	1. None declared
Vacancy	Symphony Health Services	

Vacancy	Voluntary, Community and Social Enterprise (VCSE)	
Vacancy	Voluntary, Community and Social Enterprise (VCSE)	

Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Council of Governors – meeting attendance
SPONSORING EXEC:	Colin Drummond, Chairman
REPORT BY:	Ria Zandvliet, Secretary to the Trust
PRESENTED BY:	Colin Drummond, Chairman
DATE:	20 September 2023

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

Executive Summary and Reason for presentation to Committee/Board	<p>According to the Trust's Constitution – Annex 6 paragraph 1 - if a Governor fails to attend any meeting of the Council of Governors for three successive meetings of the Council of Governors, his/her tenure is to be immediately terminated by the Council of Governors unless the Council of Governors is satisfied that:</p> <ul style="list-style-type: none"> the absence was due to reasonable cause, and; that the Governor will be able to start attending meetings of the Council of Governors within such a period as it considers reasonable. <p>There are no instances of a failure by a Governor to attend three consecutive meetings to be brought to the attention of the Council of Governors.</p>
	<p>Recommendation</p> <p>The Council of Governors is asked to note the overview of meeting attendance.</p>

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



<input type="checkbox"/> Obj 7 Live within our means and use our resources wisely
<input type="checkbox"/> Obj 8 Develop a high performing organisation delivering the vision of the Trust

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

Details: N/A

<p align="center">Equality and Inclusion</p> <p>The Trust aims to make its services as accessible as possible, to as many people as possible. We also aim to support all colleagues to thrive within our organisation to be able to provide the best care we can.</p> <p>How have you considered the needs and potential impacts on people with protected characteristics in relation to the issues covered in this report?</p>
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Not applicable to this report.

All major service changes, business cases and service redesigns must have a Quality and Equality Impact Assessment (QEIA) completed at each stage. Please attach the QEIA to the report and identify actions to address any negative impacts, where appropriate.
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<p align="center">Public/Staff Involvement History</p> <p>How have you considered the views of service users and / or the public in relation to the issues covered in this report? Please can you describe how you have engaged and involved people when compiling this report.</p>
Not applicable to this report.

<p align="center">Previous Consideration</p> <p>(Indicate if the report has been reviewed by another Board, Committee or Governance Group before submission to the Board or is a follow up report to one previously considered by the Board – eg. in Part B]</p>
The report is presented to every meeting.

Reference to CQC domains (Please select any which are relevant to this paper)				
<input type="checkbox"/> Safe	<input type="checkbox"/> Effective	<input type="checkbox"/> Caring	<input type="checkbox"/> Responsive	<input type="checkbox"/> Well Led

Is this paper clear for release under the Freedom of Information Act 2000?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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**SOMERSET NHS FOUNDATION TRUST - GOVERNOR ATTENDANCE RECORD
AT COUNCIL OF GOVERNORS' MEETINGS**

Governor	Constituency	28 September 2022	14 December 2022	9 March 2023	20 March 2023	13 June 2023	Meetings	
							Possible	Actual
Erica Adams	Public –Somerset West and Taunton	√	√	√	√	√	5	5
Ian Aldridge	Public –Somerset West and Taunton	√	√	√	√	√	5	5
Jane Armstrong	Public –Somerset West and Taunton	√	√	√	√	√	5	5
Kate Butler	Public – Somerset West and Taunton	√	√	√	√	√	5	5
Jeanette Keech	Public –Somerset West and Taunton	√	√	√	√	√	5	5
Bob Champion	Public – Mendip	√	√	√	√	√	5	5
Virginia Membrey	Public – Mendip					√	1	1
Vacancy	Public - Mendip						--	--
Vacancy	Public – Mendip						--	--
Judith Goodchild	Public – Sedgemoor	√	√	√	√	√	5	5
Jack Torr	Public - Sedgemoor	√	√	√	√	√	5	5
Eddie Nicolas	Public - Sedgemoor	√	√	√	√	√	5	5
Martin Davidson	Public – Sedgemoor					√	1	1
Ian Hawkins	Public – South Somerset	√	√	√	√	√	5	5
Sue Steele	Public – South Somerset	√	√	√	√	√	5	5
Mick Beales	Public – South Somerset	√	√	√	√	√	5	5
David Recardo	Public – South Somerset	√	X	√	X	X	5	2
Paull Robathan	Public – South Somerset	√	√	√	√	√	5	5
Vacancy	Public – South Somerset						--	--
Peter Shorland	Public – Dorset					√	1	1
Alan Peak	Public – Outside Somerset	X	√	√	√	√	5	4

**SOMERSET NHS FOUNDATION TRUST - GOVERNOR ATTENDANCE RECORD
AT COUNCIL OF GOVERNORS' MEETINGS**

Governor	Constituency	28 September 2022	14 December 2022	9 March 2023	20 March 2023	13 June 2023	Meetings	
							Possible	Actual
Shabnum Ali	Staff	√	√	√	X	X	5	3
Joe Silsby	Staff	√	√	√	√	√	5	5
Julie Reeve	Staff						0	New Governor
Nick Craw	Staff						0	New Governor
Mark Robinson	Staff						0	New Governor
Lydia Karamura	Staff						0	New Governor
Phil Hodgson-Purves	Staff						0	New Governor
Halley Kimber	Staff						0	New Governor
Heather Sparks	Staff						0	New Governor
Jonathan Moore	Staff						0	New Governor
Adekunle Akinola	Staff						0	New Governor
Sun Sander-Jackson	Staff						0	New Governor

Appointed Governors

Governor	Organisation	28 September 2022	14 December 2022	9 March 2023	20 March 2023	13 June 2023	Meetings	
							Possible	Actual
Vacancy	Somerset GP Board						-	--
Caroline Gamlin	Somerset Integrated Care Board			X	X	√	3	1
Jos Latour	Universities	√	√	√	√	√	5	5
Cllr Heather Shearer	Somerset Council	√	X	√	√	√	5	4
Cllr Adam Dance	Somerset Council						--	--

**SOMERSET NHS FOUNDATION TRUST - GOVERNOR ATTENDANCE RECORD
AT COUNCIL OF GOVERNORS' MEETINGS**

Governor	Organisation	28 September 2022	14 December 2022	9 March 2023	20 March 2023	13 June 2023	Meetings	
Dirk Williamson	Simply Serve						0	New Governor
Vacancy	Symphony Health Services						--	--
Vacancy	Voluntary, Community and Social Enterprise (VCSE)						--	--
Vacancy	Voluntary, Community and Social Enterprise (VCSE)						--	--

Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Statutory Duties of Governors 2023/24
SPONSORING EXEC:	Colin Drummond, Chairman
REPORT BY:	Ria Zandvliet, Secretary to the Trust
PRESENTED BY:	Colin Drummond, Chairman
DATE:	20 September 2023

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

Executive Summary and Reason for presentation to Committee/Board	<p>The statutory duties of Governors are set out in the Health and Social Care Act and are also reflected in the Trust's Constitution.</p> <p>The attached report is updated to reflect the Addendum to the Statutory Duties published in October 2022.</p> <p>The report is updated at every meeting and provides a clear overview of progress made in relation to the implementation of these statutory duties.</p>
Recommendation	The Council of Governors is asked to note the overview.

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

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



Details: N/A

Equality and Inclusion

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

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

Not applicable to this report.

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

Public/Staff Involvement History

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

Not applicable to this report.

Previous Consideration

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

The report is presented to every meeting.

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

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

☒ Yes

☐ No

STATUTORY DUTIES OF GOVERNORS FOR 2023/24
(Progress on actions taken all relate to 2023/24 unless indicated otherwise)

Completed in year or currently underway		Action Taken	Action Completed?
Recruitment/appointment of Non-Executive Director	Review of the Non-Executive Director end of term dates for 2023/24	A report on the recruitment of three Non-Executive Directors to replace three Non-Executive Directors whose term of office will come to an end in 2024 was presented to the March 2023 Council of Governors meeting and a recommendation for the appointment of three new Non-Executive Directors is included on the agenda of the September 2023 meeting.	Ongoing.
Decide the terms and conditions of the Chairman and Non-Executive Directors	Annual remuneration review	An annual remuneration review for Non-Executive Directors and the Chairman was carried out in June 2023 and the proposals were approved at the June 2023 Council of Governors meeting.	Completed.
Consider the Annual Accounts and Annual Report		The 2022/23 Annual Accounts and Annual Report and external audit opinion	Ongoing.

		are included on the agenda of the September 2023 Council of Governors meeting and the September 2023 Annual Members meeting.	
Assist the Board of Directors in setting the strategic direction of the Trust and targets for the Trust's performance		<p>Governors approved the Quality Account priorities for 2022/23 at its September 2022 meeting. The Quality Report for 2022/23 and the Quality Account priorities have been included on the agenda of the September 2023 Council of Governors meeting.</p> <p>Input into the strategic direction of the Trust is provided through the Strategy and Planning Group.</p>	Ongoing.
<p>To hold the Non-Executive Directors, individually and collectively to account for the performance of the Board of Directors, including:</p> <ul style="list-style-type: none"> considering whether the interests of the public 'at large' have been 		<p>Performance is discussed through a number of different ways:</p> <ul style="list-style-type: none"> Governors Strategy and Planning Working Group Governors Quality and Patient Experience Group 	Ongoing

<p>factored into board decision-making</p> <ul style="list-style-type: none"> • be assured of the Board's performance in the context of the system as a whole, and as part of the wider provision of health and social care • compliance with the triple aim duty of better health and wellbeing for everyone, better quality of health services for all individuals, and sustainable use of NHS resources. • The role of the Trust in relation to reducing health inequalities in access, experience and outcomes. 		<ul style="list-style-type: none"> • Governors People Group • Governors' attendance to Public Board meetings • weekly Governor briefings • report of the Board of Directors to the Council of Governors meetings • invitations for Governors to attend Board Committee and Governance Group meetings • feedback by Non-Executive Directors to the Council of Governors meetings • Non-Executive Director and Governor meetings • Governor Development Days • availability of detailed finance and 	
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		performance reports on the Trust's website.	
<p>Represent the interests of the members of the Trust as a whole and form a rounded view of the interests of the public 'at large', which includes the population of the Somerset system.</p> <p>To interact regularly with members of the trust and public to understand their views and to clearly communicate information on trust and system performance and planning in return.</p>		<p>The interests of members as a whole and the interests of the public are represented in a number of ways, including Governor attendance at non-Trust meetings, members' newsletter, Leadership Walkrounds.</p> <p>Actions will be considered by the Membership, Involvement and Communication Group.</p>	<p>Ongoing</p> <p>Ongoing</p>
Agree with the Audit Committee the criteria for appointing, reappointing and removing external auditors following a written recommendation from the Audit Committee		The appointment of the external auditor was approved at the March 2021 Council of Governors meeting and a tendering exercise will not be undertaken in 2023/24.	Completed
Appraisal process for Chairman and Non-Executive Directors		Feedback on the Non-Executive Directors appraisals for 2022/23 and the appraisal process for 2023/24 was presented to the June 2023 Council of	Completed.

		<p>Governors meeting.</p> <p>A 360 degree feedback process for the Chairman has been undertaken and the outcome of the appraisal process was presented to the June 2023 Council of Governors meeting.</p> <p>The Chairman's appraisal process for 2023/24 was approved at the June 20223 meeting.</p>	<p>Completed.</p> <p>Completed.</p>
To decide whether the Trust's private patient work would significantly interfere with the Trust's principal purpose.		This will be raised with the Council of Governors as and when required.	Ongoing
To approve any proposed increases in non-NHS income of 5% or more in any financial year.		The Trust does not anticipate a proposed increase in non-NHS income of 5% or more for the 2023/24 financial year.	Ongoing
To approve an application by the Trust to enter into a merger, acquisition, separation or dissolution (obtain assurance that the board of directors has been thorough and		<p>Governors were involved in the transaction to enter into the merger of SFT and YDH from 1 April 2023.</p> <p>No further merger, acquisition , separation or</p>	Completed.

comprehensive in reaching its decision to undertake a transaction and has undertaken due diligence and that it considered the interests of members and the public as part of the decision-making process).		dissolution is envisaged for 2023/24.	
To approve a significant transaction.		<p>The definition of a significant transaction is included in the Constitution and was approved by the Council of Governors and Board.</p> <p>No significant transaction is envisaged for 2023/24.</p>	Completed.
To approve proposed changes to the Constitution.		The Constitution will be kept under review and changes proposed as and when required.	<p>Ongoing.</p> <p>-</p>

Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Appointment of a Deputy Chairman
SPONSORING EXEC:	Colin Drummond, Chairman
REPORT BY:	Ria Zandvliet, Secretary to the Trust
PRESENTED BY:	Colin Drummond, Chairman
DATE:	20 September 2023

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

Executive Summary and Reason for presentation to Committee/Board	<p>According to the Constitution, paragraph 36.1, the Council of Governors at a general meeting of the Council of Governors shall appoint one of the Non-Executive Directors as a deputy chairman, on the recommendation of the Chairman.</p> <p>Jan Hull is currently appointed as the Deputy Chairman but in view of the merger and succession planning, it is proposed to appoint Martyn Scrivens as Deputy Chairman from 1 October 2023.</p>
Recommendation	The Council of Governors is asked to approve the recommendation to appoint Martyn Scrivens as Deputy Chairman from 1 October 2023.

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

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

Equality and Inclusion

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

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

Not applicable to this report.

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

Public/Staff Involvement History

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

Not applicable to this report.

Previous Consideration

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

Not applicable.

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

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

☒ Yes

☐ No

Somerset NHS Foundation Trust		
REPORT TO:	Council of Governors	
REPORT TITLE:	YDH 2022/23 Independent Auditor's Report to the Council of Governors	
SPONSORING EXEC:	Pippa Moger, Chief Finance Officer Phil Brice, Director of Corporate Services	
REPORT BY:	Pippa Moger, Chief Finance Officer Phil Brice, Director of Corporate Services	
PRESENTED BY:	Pippa Moger, Chief Finance Officer	
DATE:	20 September 2023	
Purpose of Paper/Action Required (Please select any which are relevant to this paper)		
<input type="checkbox"/> For Assurance	<input type="checkbox"/> For Approval / Decision	<input checked="" type="checkbox"/> For Information
Executive Summary and Reason for presentation to Committee/Board	<p>Auditors are required to produce an independent auditors' report for the Council of Governors and the report is attached for information.</p> <p>The report concludes that the financial statements:</p> <ul style="list-style-type: none"> • give a true and fair view of the state of the Trust's affairs as at 31 March 2023 and of its income and expenditure for the year then ended; and • have been properly prepared in accordance with the accounting policies directed by NHS England with the consent of the Secretary of State in March 2023 as being relevant to NHS Foundation Trusts and included in the Department of Health and Social Care Group Accounting Manual 2022/23; and • have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended). <p>The basis for the above opinion is set in the report.</p>	
Recommendation	The Council of Governors is asked to note the independent auditors' opinion.	



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

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

Equality and Inclusion
<p>The Trust aims to make its services as accessible as possible, to as many people as possible. We also aim to support all colleagues to thrive within our organisation to be able to provide the best care we can.</p> <p>How have you considered the needs and potential impacts on people with protected characteristics in relation to the issues covered in this report?</p>
<p>Not applicable to this report.</p>
<p>All major service changes, business cases and service redesigns must have a Quality and Equality Impact Assessment (QEIA) completed at each stage. Please attach the QEIA to the report and identify actions to address any negative impacts, where appropriate.</p>

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

Previous Consideration
<p>(Indicate if the report has been reviewed by another Board, Committee or Governance Group before submission to the Board or is a follow up report to one previously considered by the Board – eg. in Part B]</p>
<p>The audit opinion is presented to the Council of Governors on an annual basis.</p>

Reference to CQC domains (Please select any which are relevant to this paper)				
<input type="checkbox"/> Safe	<input type="checkbox"/> Effective	<input type="checkbox"/> Caring	<input type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well Led

Is this paper clear for release under the Freedom of Information Act 2000?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF SOMERSET NHS FOUNDATION TRUST IN RESPECT OF YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of Yeovil District Hospital NHS Foundation Trust ("the Trust") for the year ended 31 March 2023 which comprise the Group and Trust Statements of Comprehensive Income, Group and Trust Statements of Financial Position, Group and Trust Statements of Changes in Taxpayers Equity and Group and Trust Statements of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the Group's and Trust's affairs as at 31 March 2023 and of the Group's and Trust's income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by NHS England with the consent of the Secretary of State in March 2023 as being relevant to NHS Foundation Trusts and included in the Department of Health and Social Care Group Accounting Manual 2022/23; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Group in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Emphasis of matter – going concern

We draw attention to the disclosure made in note 1 to the financial statements which explains that on 1 April 2023 Yeovil District Hospital NHS Foundation Trust and Somerset NHS Foundation Trust merged their operations into a single Trust, Somerset NHS Foundation Trust (the successor Trust). Under the continuation of service principle the financial statements of Yeovil District Hospital NHS Foundation Trust have been prepared on a going concern basis because its services will continue to be provided by the successor Trust. Our opinion is not modified in respect of this matter.

Going concern

The Accounting Officer has prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to either cease the Group and Trust's services or dissolve the Group and Trust without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

In our evaluation of the Accounting Officer's conclusions, we considered the inherent risks associated with the continuity of services provided by the Group and Trust over the going concern period.

Our conclusions based on this work:

- we consider that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate; and
- we have not identified and concur with the Accounting Officer's assessment that there is not a material uncertainty related to events or conditions that, individually or collectively,

may cast significant doubt on the Group's and Trust's ability to continue as a going concern for the going concern period.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the above conclusions are not a guarantee that the Group and Trust will continue in operation.

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud ("fraud risks") we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management, the Audit Committee and internal audit and inspection of policy documentation as to the Group's high-level policies and procedures to prevent and detect fraud, including the internal audit function, and the Group's channel for "whistleblowing", as well as whether they have knowledge of any actual, suspected or alleged fraud.
- Assessing the incentives for management to manipulate reported financial performance because of the need to achieve financial performance targets delegated to the Group by NHS England.
- Reading Board and Audit Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, and taking into account possible pressures to meet delegated targets, we performed procedures to address the risk of management override of controls in particular the risk that Group management may be in a position to make inappropriate accounting entries. On this audit we did not identify a fraud risk related to revenue recognition because of the non-complex recognition due to the nature of the revenue, which limits the opportunities to fraudulently misstate revenue.

In line with the guidance set out in Practice Note 10 Audit of Financial Statements of Public Sector Bodies in the United Kingdom we also recognised a fraud risk related to non-pay expenditure recognition, particularly in relation to year-end accruals.

We performed procedures including:

- Identifying journal entries to test based on risk criteria and comparing the identified entries to supporting documentation. These included unusual postings to cash and borrowings and unusual postings to accruals and expenditure in January 2023 to March 2023.
- Assessing whether the judgements made in making accounting estimates are indicative of a potential bias.
- Inspecting cash payments and purchase invoices in the period prior to and following 31 March 2023 to verify expenditure had been recognised in the correct accounting period.
- Performing a year on year review of accruals to identify whether the accruals balance at 31 March 2023 is complete.

Identifying and responding to risks of material misstatement related to compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the Accounting Officer and other management (as required by auditing standards), and discussed with the Accounting Officer and other management the policies and procedures regarding compliance with laws and regulations.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

The Group is subject to laws and regulations that directly affect the financial statements, including the financial reporting aspects of NHS legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Whilst the Group and Trust is subject to many other laws and regulations, we did not identify any others where the consequences of non-compliance alone could have a material effect on amounts or disclosures in the financial statements.

Context of the ability of the audit to detect fraud or breaches of law or regulation

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

Other information in the Annual Report

The Accounting Officer is responsible for the other information, which comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information; and
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Annual Governance Statement

We are required by the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the "Code of Audit Practice") to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2022/23. We have nothing to report in this respect.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared in all material respects, in accordance with the NHS Foundation Trust Annual Reporting Manual 2022/23.

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 2, the Accounting Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Group and Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to either cease

the services provided by the Group and Trust or dissolve the Group and Trust without the transfer of its services to another public sector entity.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities.

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the Trust to secure economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

As explained more fully in the statement set out on page 85, the Accounting Officer is responsible for ensuring that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Under Section 62(1) and paragraph 1(d) of Schedule 10 of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have planned our work and undertaken our review in accordance with the Code of Audit Practice and related statutory guidance having regard to whether the Trust had proper arrangements in place to ensure financial sustainability, proper governance and to use information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

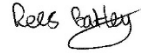
We are required by Schedule 2 to the Code of Audit Practice to report to you if any reports to the Regulator have been made under paragraph 6 of Schedule 10 of the National Health Service Act 2006. We have nothing to report in this respect.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Council of Governors of the successor Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors of the successor Trust, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the successor Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of Yeovil District Hospital NHS Foundation Trust for the year ended 31 March 2023 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice.



Rees Batley
for and on behalf of KPMG LLP
Chartered Accountants
66 Queen Square
Bristol
BS1 4BE

5 July 2023

Somerset NHS Foundation Trust		
REPORT TO:	Council of Governors	
REPORT TITLE:	SFT 2022/23 Independent Auditor's Report to the Council of Governors	
SPONSORING EXEC:	Pippa Moger, Chief Finance Officer Phil Brice, Director of Corporate Services	
REPORT BY:	Pippa Moger, Chief Finance Officer Phil Brice, Director of Corporate Services	
PRESENTED BY:	Pippa Moger, Chief Finance Officer	
DATE:	20 September 2023	
Purpose of Paper/Action Required (Please select any which are relevant to this paper)		
<input type="checkbox"/> For Assurance	<input type="checkbox"/> For Approval / Decision	<input checked="" type="checkbox"/> For Information
Executive Summary and Reason for presentation to Committee/Board	<p>Auditors are required to produce an independent auditors' report for the Council of Governors and the report is attached for information.</p> <p>The report concludes that the financial statements:</p> <ul style="list-style-type: none"> • give a true and fair view of the state of the Trust's affairs as at 31 March 2023 and of its income and expenditure for the year then ended; and • have been properly prepared in accordance with the accounting policies directed by NHS England with the consent of the Secretary of State in March 2023 as being relevant to NHS Foundation Trusts and included in the Department of Health and Social Care Group Accounting Manual 2022/23; and • have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended). <p>The basis for the above opinion is set in the report.</p>	
Recommendation	The Council of Governors is asked to note the independent auditors' opinion.	

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

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

Details: N/A

Equality and Inclusion
<p>The Trust aims to make its services as accessible as possible, to as many people as possible. We also aim to support all colleagues to thrive within our organisation to be able to provide the best care we can.</p> <p>How have you considered the needs and potential impacts on people with protected characteristics in relation to the issues covered in this report?</p>
Not applicable to this report.
<p>All major service changes, business cases and service redesigns must have a Quality and Equality Impact Assessment (QEIA) completed at each stage. Please attach the QEIA to the report and identify actions to address any negative impacts, where appropriate.</p>

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

Previous Consideration
<p>(Indicate if the report has been reviewed by another Board, Committee or Governance Group before submission to the Board or is a follow up report to one previously considered by the Board – eg. in Part B]</p>
The audit opinion is presented to the Council of Governors on an annual basis.

Reference to CQC domains (Please select any which are relevant to this paper)				
<input type="checkbox"/> Safe	<input type="checkbox"/> Effective	<input type="checkbox"/> Caring	<input type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well Led

Is this paper clear for release under the Freedom of Information Act 2000?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF SOMERSET NHS FOUNDATION TRUST

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of Somerset NHS Foundation Trust ("the Trust") for the year ended 31 March 2023 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Taxpayers Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the Trust's affairs as at 31 March 2023 and of the Trust's income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by NHS England with the consent of the Secretary of State in March 2023 as being relevant to NHS Foundation Trusts and included in the Department of Health and Social Care Group Accounting Manual 2022/23; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Going concern

The Accounting Officer has prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to either cease the Trust's services or dissolve the Trust without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

In our evaluation of the Accounting Officer's conclusions, we considered the inherent risks associated with the continuity of services provided by the Trust over the going concern period.

Our conclusions based on this work:

- we consider that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate; and
- we have not identified and concur with the Accounting Officer's assessment that there is not a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for the going concern period.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the above conclusions are not a guarantee that the Trust will continue in operation.

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud ("fraud risks") we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management, the Audit Committee and internal audit and inspection of policy documentation as to the Trust's high-level policies and procedures to prevent and detect

fraud, including the internal audit function, and the Trust's channel for "whistleblowing", as well as whether they have knowledge of any actual, suspected or alleged fraud.

- Assessing the incentives for management to manipulate reported financial performance because of the need to achieve financial performance targets delegated to the Trust by NHS England.
- Reading Board and Audit Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, we performed procedures to address the risk of management override of controls in particular the risk that Trust management may be in a position to make inappropriate accounting entries. On this audit we did not identify a fraud risk related to revenue recognition because of the non-complex recognition due to the nature of the revenue, which limits the opportunities to fraudulently misstate revenue.

In line with the guidance set out in Practice Note 10 Audit of Financial Statements of Public Sector Bodies in the United Kingdom we also recognised a fraud risk related to non-pay expenditure recognition, particularly in relation to year-end accruals.

We performed procedures including:

- Identifying journal entries to test based on risk criteria and comparing the identified entries to supporting documentation. These included unusual postings to cash and borrowings, unusual postings to accruals in January 2023 to March 2023 and journals posted by individuals who do not usually create or post journals.
- Assessing whether the judgements made in making accounting estimates are indicative of a potential bias.
- Inspecting cash payments and purchase invoices in the period prior to and following 31 March 2023 to verify expenditure had been recognised in the correct accounting period.
- Performing a year on year review of accruals to identify whether the accruals balance at 31 March 2023 is complete.

Identifying and responding to risks of material misstatement related to compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the Accounting Officer and other management (as required by auditing standards), and discussed with the Accounting Officer and other management the policies and procedures regarding compliance with laws and regulations.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

The Trust is subject to laws and regulations that directly affect the financial statements, including the financial reporting aspects of NHS legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Whilst the Trust is subject to many other laws and regulations, we did not identify any others where the consequences of non-compliance alone could have a material effect on amounts or disclosures in the financial statements.

Context of the ability of the audit to detect fraud or breaches of law or regulation

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

Other information in the Annual Report

The Accounting Officer is responsible for the other information, which comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information; and
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Annual Governance Statement

We are required by the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the "Code of Audit Practice") to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2022/23. We have nothing to report in this respect.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared in all material respects, in accordance with the NHS Foundation Trust Annual Reporting Manual 2022/23.

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 85, the Accounting Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to either cease the services provided by the Trust or dissolve the Trust without the transfer of its services to another public sector entity.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities.

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the Trust to secure economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

As explained more fully in the statement set out on page 127, the Accounting Officer is responsible for ensuring that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Under Section 62(1) and paragraph 1(d) of Schedule 10 of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have planned our work and undertaken our review in accordance with the Code of Audit Practice and related statutory guidance having regard to whether the Trust had proper arrangements in place to ensure financial sustainability, proper governance and to use information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice to report to you if any reports to the Regulator have been made under paragraph 6 of Schedule 10 of the National Health Service Act 2006. We have nothing to report in this respect.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of Somerset NHS Foundation Trust for the year ended 31 March 2023 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice.

Jonathan Brown

Jonathan Brown
for and on behalf of KPMG LLP
Chartered Accountants
66 Queen Square
Bristol
BS1 4BE

30 June 2023

Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	YDH 2022/23 Annual Accounts and Annual Report
SPONSORING EXEC:	Pippa Moger, Chief Finance Officer Phil Brice, Director of Corporate Services
REPORT BY:	Pippa Moger, Chief Finance Officer Phil Brice, Director of Corporate Services
PRESENTED BY:	Pippa Moger, Chief Finance Officer
DATE:	20 September 2023

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

Executive Summary and Reason for presentation to Committee/Board	<p>The Trust is required to present the 2022/23 annual accounts and annual report for Yeovil District Hospital NHS Foundation Trust to the Council of Governors.</p> <p>As part of the external audit process, the Trust received an unqualified opinion and our external auditors, KPMG, will be presenting their external audit opinion on the accounts to the meeting.</p>
Recommendation	The Council of Governors is asked to note the 2022/23 annual accounts and annual report for Yeovil District Hospital NHS Foundation Trust.

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

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

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

Details: N/A

Equality and Inclusion

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

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

Not applicable to this report.

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

Public/Staff Involvement History

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

Not applicable to this report.

Previous Consideration

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

The annual accounts and annual report are presented to the Council of Governors on an annual basis.

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

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

☒ Yes

☐ No

A large, stylized graphic of many birds in flight, arranged in a shape that resembles a large, curved arrow pointing towards the bottom right. The birds are in various colors including blue, green, and purple.

Financial Accounts 2022/23

Yeovil District Hospital NHS Foundation Trust

Kindness, Respect, Teamwork
Everyone, Every day

Mark Hocking, Deputy chief finance officer
20/9/2023

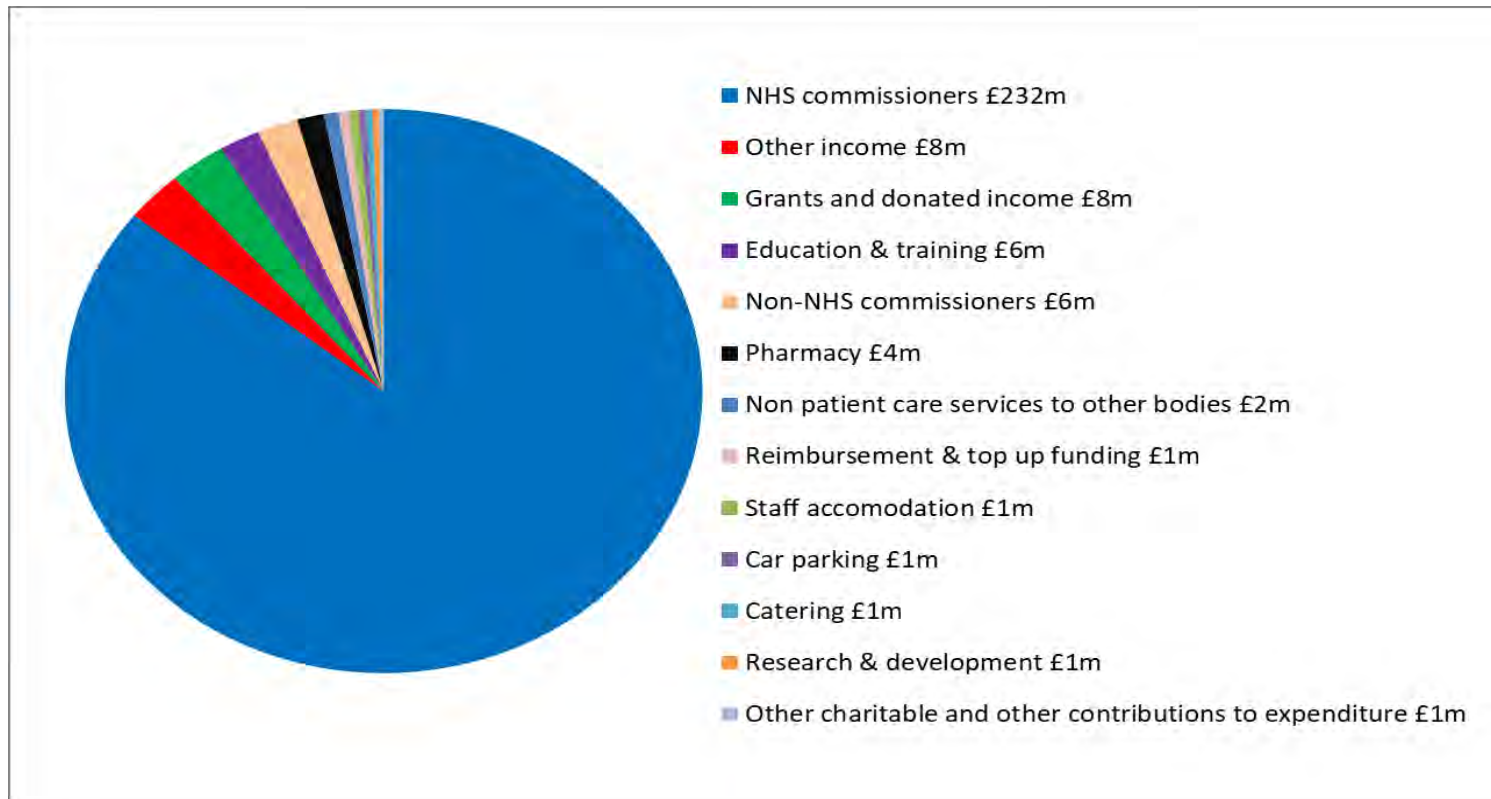
Financial Accounts 2022/23

Preparation

- Department of Health & Social Care (DHSC) group bodies are required to prepare accounts in accordance with International Financial Reporting Standards (IFRS). Additionally, as government entities, they are required to comply with HM Treasury's Financial Reporting Manual (FReM)
- Independent audit opinion required on "True and Fair View" & is provided by our external auditors
- Audit Committee review accounts and the audit opinion
- Trust Board approve accounts
- Accounts submitted to NHS England and Parliament
- Governors and Members receive them at AGM

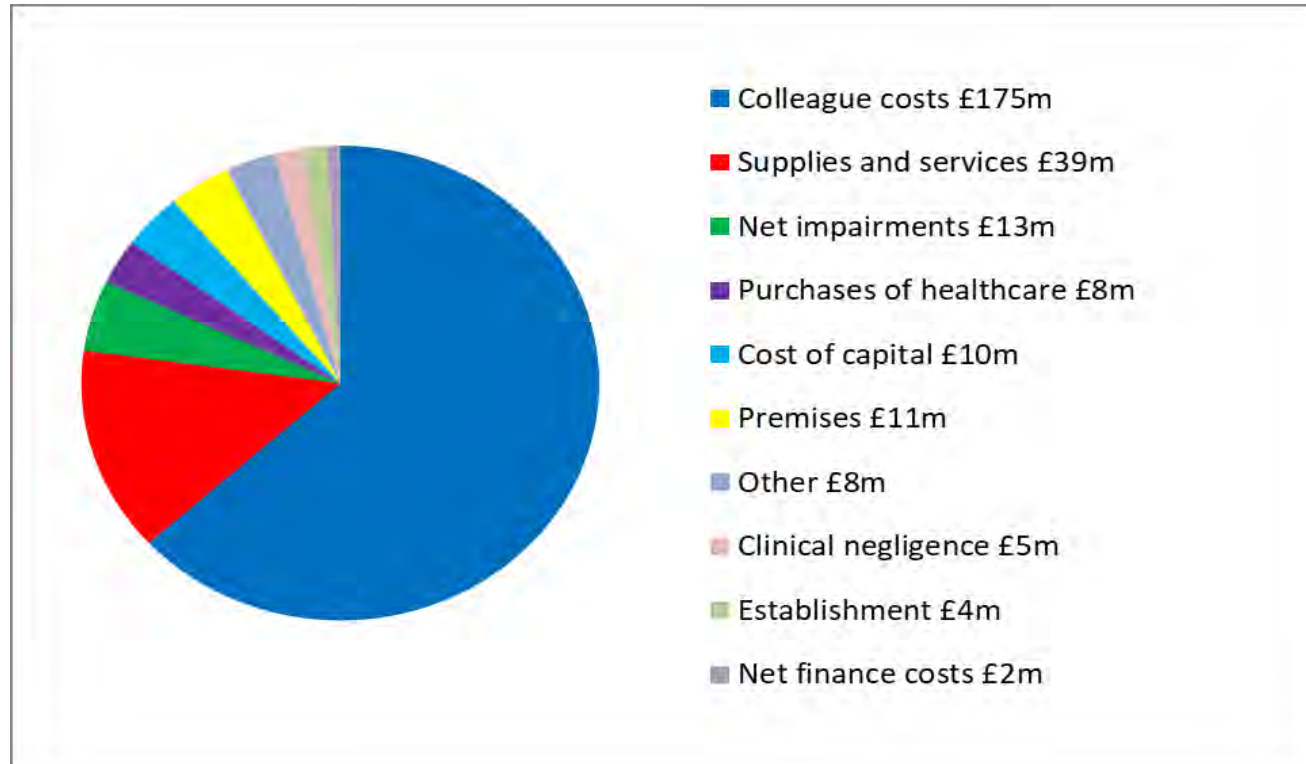
Where did we get our money from?

Total income £270m



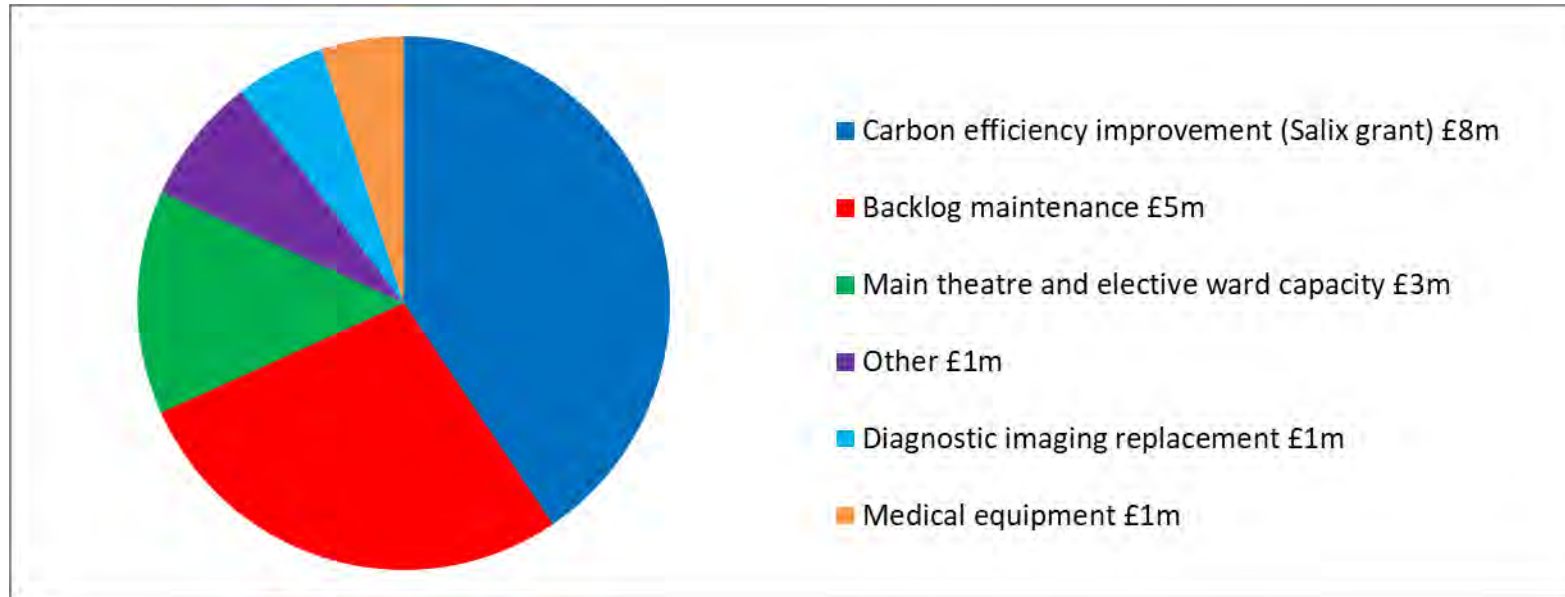
What did we spend our money on?

Total expenditure £276m



What did we spend our capital on?

Total capital expenditure £19m



Headline figures

- Retained operational surplus (excluding reversal of impairment) – £7m
- Adjusted financial performance – breakeven position (£7m capital donations adjustments)
- Generated efficiency savings of £4.6m
- Cash balances in the bank £24m
- Non-current assets valued at £150m



Somerset
NHS Foundation Trust



Kindness, Respect, Teamwork
Everyone, Every day

Consolidated Financial Statements For The Year to 31 March 2023



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**Statement of the Chief Executive's responsibilities as the Accounting Officer of
Yeovil District Hospital NHS Foundation Trust**

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS Foundation Trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the *NHS Foundation Trust Accounting Officer Memorandum* issued by NHS England.

NHS England has given Accounts Directions which require Yeovil District Hospital NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Yeovil District Hospital NHS Foundation Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis.
- make judgements and estimates on a reasonable basis.
- state whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* (and the *Department of Health and Social Care Group Accounting Manual*) have been followed and disclose and explain any material departures in the financial statements.
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance.
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Foundation Trust's performance, business model and strategy and.
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the Foundation Group's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

Signed



Peter Lewis, Chief Executive, 4 July 2023

Statement of Directors' responsibilities in respect of the Accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Independent Regulator of NHS Foundation Trusts, NHS Improvement, in exercise of the powers conferred on Monitor, with the approval of the Treasury, directs that these accounts give a true and fair view of the Foundation Group's gains and losses, cash flows and financial state at the end of the financial year.

So far as the directors are aware, there is no relevant information of which the Group's auditors are unaware. The directors have taken all steps that ought to have been taken as a director in order to make themselves aware of any relevant information and to establish that the Group's auditors is aware of that information.

Signed on behalf of the Board of Directors:

A handwritten signature in black ink, appearing to read 'Peter Lewis', with a stylized flourish at the end.

Peter Lewis, Chief Executive, 4 July 2023

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF SOMERSET NHS FOUNDATION TRUST IN RESPECT OF YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of Yeovil District Hospital NHS Foundation Trust ("the Trust") for the year ended 31 March 2023 which comprise the Group and Trust Statements of Comprehensive Income, Group and Trust Statements of Financial Position, Group and Trust Statements of Changes in Taxpayers Equity and Group and Trust Statements of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the Group's and Trust's affairs as at 31 March 2023 and of the Group's and Trust's income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by NHS England with the consent of the Secretary of State in March 2023 as being relevant to NHS Foundation Trusts and included in the Department of Health and Social Care Group Accounting Manual 2022/23; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Group in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Emphasis of matter – going concern

We draw attention to the disclosure made in note 1 to the financial statements which explains that on 1 April 2023 Yeovil District Hospital NHS Foundation Trust and Somerset NHS Foundation Trust merged their operations into a single Trust, Somerset NHS Foundation Trust (the successor Trust). Under the continuation of service principle the financial statements of Yeovil District Hospital NHS Foundation Trust have been prepared on a going concern basis because its services will continue to be provided by the successor Trust. Our opinion is not modified in respect of this matter.

Going concern

The Accounting Officer has prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to either cease the Group and Trust's services or dissolve the Group and Trust without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

In our evaluation of the Accounting Officer's conclusions, we considered the inherent risks associated with the continuity of services provided by the Group and Trust over the going concern period.

Our conclusions based on this work:

- we consider that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate; and
- we have not identified and concur with the Accounting Officer's assessment that there is not a material uncertainty related to events or conditions that, individually or collectively,

may cast significant doubt on the Group's and Trust's ability to continue as a going concern for the going concern period.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the above conclusions are not a guarantee that the Group and Trust will continue in operation.

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud ("fraud risks") we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management, the Audit Committee and internal audit and inspection of policy documentation as to the Group's high-level policies and procedures to prevent and detect fraud, including the internal audit function, and the Group's channel for "whistleblowing", as well as whether they have knowledge of any actual, suspected or alleged fraud.
- Assessing the incentives for management to manipulate reported financial performance because of the need to achieve financial performance targets delegated to the Group by NHS England.
- Reading Board and Audit Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, and taking into account possible pressures to meet delegated targets, we performed procedures to address the risk of management override of controls in particular the risk that Group management may be in a position to make inappropriate accounting entries. On this audit we did not identify a fraud risk related to revenue recognition because of the non-complex recognition due to the nature of the revenue, which limits the opportunities to fraudulently misstate revenue.

In line with the guidance set out in Practice Note 10 Audit of Financial Statements of Public Sector Bodies in the United Kingdom we also recognised a fraud risk related to non-pay expenditure recognition, particularly in relation to year-end accruals.

We performed procedures including:

- Identifying journal entries to test based on risk criteria and comparing the identified entries to supporting documentation. These included unusual postings to cash and borrowings and unusual postings to accruals and expenditure in January 2023 to March 2023.
- Assessing whether the judgements made in making accounting estimates are indicative of a potential bias.
- Inspecting cash payments and purchase invoices in the period prior to and following 31 March 2023 to verify expenditure had been recognised in the correct accounting period.
- Performing a year on year review of accruals to identify whether the accruals balance at 31 March 2023 is complete.

Identifying and responding to risks of material misstatement related to compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the Accounting Officer and other management (as required by auditing standards), and discussed with the Accounting Officer and other management the policies and procedures regarding compliance with laws and regulations.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

The Group is subject to laws and regulations that directly affect the financial statements, including the financial reporting aspects of NHS legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Whilst the Group and Trust is subject to many other laws and regulations, we did not identify any others where the consequences of non-compliance alone could have a material effect on amounts or disclosures in the financial statements.

Context of the ability of the audit to detect fraud or breaches of law or regulation

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

Other information in the Annual Report

The Accounting Officer is responsible for the other information, which comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information; and
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Annual Governance Statement

We are required by the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the "Code of Audit Practice") to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2022/23. We have nothing to report in this respect.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared in all material respects, in accordance with the NHS Foundation Trust Annual Reporting Manual 2022/23.

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 2, the Accounting Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Group and Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to either cease

the services provided by the Group and Trust or dissolve the Group and Trust without the transfer of its services to another public sector entity.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities.

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the Trust to secure economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

As explained more fully in the statement set out on page 85, the Accounting Officer is responsible for ensuring that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Under Section 62(1) and paragraph 1(d) of Schedule 10 of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have planned our work and undertaken our review in accordance with the Code of Audit Practice and related statutory guidance having regard to whether the Trust had proper arrangements in place to ensure financial sustainability, proper governance and to use information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

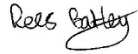
We are required by Schedule 2 to the Code of Audit Practice to report to you if any reports to the Regulator have been made under paragraph 6 of Schedule 10 of the National Health Service Act 2006. We have nothing to report in this respect.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Council of Governors of the successor Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors of the successor Trust, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the successor Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of Yeovil District Hospital NHS Foundation Trust for the year ended 31 March 2023 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice.



Rees Batley
for and on behalf of KPMG LLP
Chartered Accountants
66 Queen Square
Bristol
BS1 4BE

5 July 2023

FOREWORD TO THE ACCOUNTS

These accounts for the year ended 31 March 2023 have been prepared by Yeovil District Hospital NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 to the National Health Service Act 2006 and are presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006.

Signed:

A handwritten signature in black ink, appearing to read 'Peter Lewis', with a stylized flourish at the end.

Peter Lewis, Chief Executive

Date: 4 July 2023

CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2023

		Group		Trust	
	Note	2022/23 £'000	2021/22 £'000	2022/23 £'000	2021/22 £'000
Operating income from patient care activities	3	237,386	208,987	208,476	187,128
Other operating income	4	33,107	31,007	35,024	27,957
Total operating income		270,493	239,994	243,500	215,085
Operating expenses	5	(274,013)	(237,413)	(248,993)	(217,881)
Operating (deficit)/surplus		(3,520)	2,581	(5,493)	(2,796)
Finance income	10	696	12	1,495	1,055
Finance expenses	10	(740)	(305)	(1,488)	(1,381)
PDC dividend expenses		(1,764)	(1,793)	(1,764)	(1,793)
Net finance costs		(1,808)	(2,086)	(1,757)	(2,119)
Loss on disposal of non-current assets	11	(30)	(460)	(30)	(460)
Corporation tax income/(expense)		(338)	48	0	0
(Deficit)/surplus for the year		(5,696)	83	(7,280)	(5,375)
Other comprehensive income					
Will not be reclassified to income and expenditure:					
Impairments	6	(2,095)	(68)	(13,305)	0
Revaluations		12,684	0	11,500	0
Other reserve movements		(639)	0	0	0
Total comprehensive income for the period		4,254	15	(9,085)	(5,375)

The notes on pages 14 – 65 form an integral part of these financial statements

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2023

	Note	Group		Trust	
		31 March 2023	31 March 2022	31 March 2023	31 March 2022
		£'000	£'000	£'000	£'000
Non current assets					
Intangible assets	14	4,015	5,503	2,937	5,232
Property, plant and equipment	15	88,989	78,889	60,737	75,342
Right of use assets	17	56,200	0	65,695	0
Investments in associates and joint ventures	30	14	14	14,987	14,987
Trade and other receivables	20	744	708	20,991	24,050
Total non current assets		149,962	85,114	165,347	119,611
Current assets					
Inventories	19	3,442	3,213	1,875	1,796
Trade and other receivables	20	16,972	14,301	15,062	6,929
Cash and cash equivalents	21	24,448	30,463	12,836	22,606
Total current assets		44,862	47,977	29,773	31,331
Current liabilities					
Trade and other payables	23	(36,446)	(36,718)	(31,946)	(29,298)
Borrowings	26	(3,289)	(803)	(8,412)	(5,906)
Provisions	24	(3,057)	(3,650)	(2,302)	(3,009)
Total current liabilities		(42,792)	(41,171)	(42,660)	(38,213)
Total assets less current liabilities		152,032	91,920	152,460	112,729
Non current liabilities					
Trade and other payables	23	0	(18)	0	0
Borrowings	26	(57,920)	(4,360)	(67,781)	(34,343)
Provisions	24	(1,490)	(1,972)	(1,220)	(1,943)
Total non current liabilities		(59,410)	(6,350)	(69,001)	(36,286)
Total assets employed		92,622	85,570	83,459	76,443
Financed by					
Public dividend capital	29	146,098	143,300	146,098	143,300
Revaluation reserve		15,601	13,326	17,154	5,654
Income and expenditure reserve		(71,656)	(73,360)	(79,793)	(72,511)
Charitable fund reserves		2,579	2,304	0	0
Total taxpayers' & others' equity		92,622	85,570	83,459	76,443

The notes on pages 14 – 65 form an integral part of these financial statements

The Annual Accounts were formally approved by the Board of Directors and were signed on its behalf by:



Peter Lewis – Chief Executive

Date: 4 July 2023



Pippa Moger – Chief Finance Officer

Date: 4 July 2023

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY 2022/23

	Total	Charitable Funds	Public Dividend Capital	Revaluation Reserve	Income and Expenditure Reserve
	£'000	£'000	£'000	£'000	£'000
Taxpayers' Equity at 1 April 2022	85,570	2,304	143,300	13,326	(73,360)
(Deficit)/Surplus for the year	(5,696)	275	0	0	(5,971)
Revaluation gains and impairment losses property, plant and equipment	9,950	0	0	2,275	7,675
Public Dividend Capital received	2,798	0	2,798	0	0
Taxpayers' Equity at 31 March 2023	92,622	2,579	146,098	15,601	(71,656)

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY 2021/2022

	Total	Charitable Funds	Public Dividend Capital	Revaluation Reserve	Income and Expenditure Reserve
	£'000	£'000	£'000	£'000	£'000
Taxpayers' Equity at 1 April 2021	80,529	2,010	138,274	13,394	(73,149)
(Deficit)/Surplus for the year	83	294	0	0	(211)
Revaluation gains and impairment losses property, plant and equipment	(68)	0	0	(68)	0
Public Dividend Capital received	5,026	0	5,026	0	0
Taxpayers' Equity at 31 March 2022	85,570	2,304	143,300	13,326	(73,360)

The notes on pages 14 – 65 form an integral part of these financial statements.

Information on reserves

NHS charitable funds reserves

This balance represents the ring-fenced funds held by the NHS charitable funds consolidated within these accounts. These reserves are classified as restricted or unrestricted.

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS Group. Additional PDC may also be issued to NHS Foundation Trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the NHS Foundation Trust, is payable to the Department of Health and Social Care as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the NHS Foundation Trust.

CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2023

		Group		Trust	
		2022/23	2021/22	2022/23	2021/22
	Note	£'000	£'000	£'000	£'000
Cash flows from operating activities					
Operating (deficit)/surplus		(3,520)	2,581	(5,493)	(2,796)
Non-cash income and expense:					
Depreciation and amortisation		10,478	5,620	8,763	5,469
Net impairments and reversals of impairments		13,305	68	13,305	0
Income recognised in respect of capital donations*		(7,768)	(402)	(7,768)	(402)
(Increase) in receivables		(2,720)	2,666	(4,805)	13,202
(Increase) in inventories		(229)	(623)	(79)	(322)
Increase/(decrease) in payables and other liabilities		4,020	(2,701)	9,191	(5,551)
(Decrease)/increase in provisions		(617)	1,174	(964)	735
Corporation tax (paid)		(378)	(155)	0	0
NHS charitable funds - net movements in working capital, non-cash transactions cash flows		287	(296)	0	0
Net cash from operations		12,858	7,932	12,150	10,335
Cash flows from investing activities					
Interest received	10	696	12	1,495	1,055
Payments to acquire intangible assets	14	(259)	(1,131)	(232)	(1,062)
Payments to acquire tangible fixed assets	15	(22,721)	(5,594)	(23,694)	(4,492)
Receipt of cash donations to purchase capital assets		7,768	177	7,768	177
Net cash used in investing activities		(14,516)	(6,536)	(14,663)	(4,322)
Cash flows from financing activities					
Public Dividend Capital received	25	2,798	5,026	2,798	5,026
Movements on other loans including intercompany		(29)	(823)	0	(4,508)
Capital element of lease liability repayments		(3,964)	(119)	(6,320)	0
Capital element of PFI and other service concessions		(538)	(162)	(538)	0
Interest paid on loans including Department of Health loans		(120)	(184)	0	0
Interest element of lease liability repayments		(571)	(37)	(1,413)	(1,232)
Interest on PFI and other service concessions		(140)	(84)	(140)	0
PDC capital (paid)/refunded		(1,793)	(1,245)	(1,793)	(1,245)
Net cash used in financing activities		(4,357)	2,372	(7,406)	(1,959)
(Decrease)/increase/ in cash and cash equivalents		(6,015)	3,768	(9,919)	4,054
Cash and cash equivalents at 1 April		30,463	26,695	22,755	18,701
Cash and cash equivalents at 31 March	21	24,448	30,463	12,836	22,755

*Income received for assets as part of the Carbon Neutral Fund.

The notes on pages 14 – 65 form an integral part of these financial statements.

Notes to the Accounts

1. Accounting policies and other information

NHS England has directed that the financial statements of the Group shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury.

Consequently, the following financial statements have been prepared in accordance with the GAM 2022/23 issued by the Department of Health and Social Care.

The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Group for the purpose of giving a true and fair view has been selected.

The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Going concern

In preparation of the year end accounts the Board is required to undertake an assessment as to whether the Group will continue as a going concern.

The Group prepares its accounts under the financial reporting framework set out for the NHS, which is based on the HM Treasury Financial Reporting Manual (FReM). The FReM provides that the anticipated continued provision of services in the public sector is a sufficient basis for preparing the accounts on a going concern basis.

The Group merged with Somerset NHS Foundation Trust on 1 April 2023, this was a merger through acquisition. However, this does not change the Board of Directors expectation that the services provided by the Group will continue to be provided in the public sector in the future.

As the Board has every expectation that the services provided by the Group will continue to be provided in the public sector, it is appropriate to adopt the going concern basis in preparing the accounts for 2022/23. The Board has considered whether there are uncertainties regarding future issues which should be disclosed to enable a true and fair view.

There has been no application to the Secretary of State for the dissolution of the Group and following the preparation of detailed financial plans for 2023/24, no such application is planned.

The Directors, having made appropriate enquiries, have concluded that there is a reasonable expectation the Group will have access to adequate resources to continue in operational existence for the going concern assessment period of at least 12 months from approval of the financial statements. Therefore, these accounts have been prepared under a going concern basis as set out in IAS 1.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.1 Consolidation NHS Charitable Fund

The Group is the Corporate Trustee to Yeovil District Hospital NHS Charitable Fund. The Group has assessed its relationship to the charitable fund and determined it to be a subsidiary because the Group is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

The charitable fund's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Financial Reporting Standard (FRS) 102. On consolidation, necessary adjustments are made to the charity's assets, liabilities and transactions to:

- recognise and measure them in accordance with the Group's accounting policies and
- eliminate intra-group transactions, balances, gains and losses.

Other subsidiaries

Subsidiary entities are those over which the Group is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity.

The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines. The capital and reserves attributable to minority interests are included as a separate item in the Statement of Financial Position.

The Group wholly owns Symphony Healthcare Services Ltd which forms part of the consolidated accounts. Symphony Healthcare Services Ltd provides primary care services and turnover for the period ended 31 March 2023 was £29.3m.

The Group also wholly owns Simply Serve Ltd which provides Estates and Facilities services; turnover for the period ended 31 March 2023 was £36.6m and forms part of the consolidated accounts.

Joint ventures

Joint ventures are arrangements in which the Group has joint control with one or more other parties, and where it has the rights to the net assets of the arrangement. Joint ventures are accounted for using the equity method.

The Group has a joint venture with Yeovil Estates Partnership LLP in which it holds 50% of the equity and 50% of the voting rights.

The Group also owns 15.3% of SW Path Services LLP, SPS Facilities LLP and Southwest Pathology Service LLP and holds 20% of all the voting rights, this is not consolidated within the accounts due to immateriality.

Joint operations

Joint operations are arrangements in which the Group has joint control with one or more other parties and has the rights to the assets, and obligations for the liabilities, relating to the arrangement. The Group includes within its financial statements its share of the assets, liabilities, income and expenses within the financial statements.

Business Combinations

When acquiring a business from outside the Whole of Government Accounts boundary the Group will account for it in accordance with IFRS 3. Where applicable, the combination will be accounted for at fair value at the date of combination and any goodwill arising will be accounted for as an asset.

1.2 Income

Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations.

At the year end, the Group accrues income relating to performance obligations satisfied in that year. Where the Group's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS Contracts

The main source of income for the Group is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care Board (ICB) level. The majority of the Group's income is earned from NHS commissioners in the form of fixed payments to fund an agreed level of activity.

In 2022/23 fixed payments are set at a level assuming the achievement of elective activity targets.

The Group also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner.

In 2022/23 payment under these schemes is included in fixed payments from commissioners based on assumed achievement of criteria.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract.

In these cases it is assessed that the Group's interim performance does not create an asset with alternative use for the Group, and the Group has an enforceable right to payment for the performance completed to date.

It is therefore considered that the performance obligation is satisfied over time, and the Group recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS Injury cost recovery scheme

The Group receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer.

The Group recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment.

The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

The expected rate of non-recovery is 24.86%.

Top Up Income

Providers received additional non-recurrent support funding to cover lost income and increased costs directly linked to the COVID-19 outbreak totalling £1.3m in 2022/23.

Pay Award 2022/23

Providers will receive additional funding in relation to the nationally agreed Agenda for Change pay award for 2022/23, this has been accounted for in the 2022/23 position and equates to £4.4m.

Grants and Donations

Government grants are grants from government bodies other than income from commissioners or Groups for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

Where the grant is used to fund capital expenditure, it is credited to the Consolidated Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service.

Where these funds are paid directly to an accredited training provider from the Group's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

1.3 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees.

The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

1.4 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.5 Discontinued Operations

Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of Whole of Government Accounts are 'machinery of government changes' and treated as continuing operations.

1.6 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the Group
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or (£500 in Symphony Healthcare Services)
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent Expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably.

Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised.

Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (i.e. operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use.

Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at

the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis.

An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the Group's Private Finance Initiative (PFI) scheme where the construction is completed by a special purpose vehicle and the costs have recoverable VAT for the Group.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where costs capitalised in accordance with IAS 23, borrowings. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual. During 2022/23, a full valuation exercise to update the latest carrying values of Land, Buildings and Dwellings as at 31 March 2023 was undertaken by Cushman & Wakefield DTZ.

The valuation exercise was carried out in March 2023 with a valuation date of 31 March 2023. The COVID-19 pandemic and measures to tackle it continue to affect economies and real estate markets globally. Nevertheless, as at the valuation date property markets are mostly functioning, with transaction volumes and other relevant evidence at levels where enough market evidence exists upon which to base opinions of value. Accordingly - and for the avoidance of doubt, our valuation is not reported as being subject to 'material valuation uncertainty' as defined by VPS 3 and VPGA 10 of the RICS Valuation – Global Standards.

This explanatory note has been included to ensure transparency and to provide further insight as to the market context under which the valuation opinion was prepared. In recognition of the potential for market conditions to move rapidly in response to changes in the control or future spread of COVID-19 we highlight the importance of the valuation date.

The aftermath of the Grenfell Fire on 14 June 2017 resulted in a wholesale review of the regime relating to building safety. A public inquiry commenced in 2018 with a report on the findings of the first phase of the inquiry published in October 2019. The second phase of the inquiry commenced in January 2020 and is still ongoing.

An Independent Review of Building Regulations and Fire Safety led by Dame Judith Hackitt was published in May 2018. This included recommendations for a new Building Regulations

regime for residential buildings of 10 storeys (30m) or higher. The Government subsequently announced that Building Regulations would be amended from 21 December 2018 to ban the use of combustible materials on the external walls of new buildings over 18m containing flats, as well as, inter alia, buildings such as new hospitals, residential care homes and student accommodation. Due to the changes to the building regulations the ban will affect existing buildings undergoing major works or a change of use. On 20 January 2020 MHCLG published “Building safety advice for building owners, including fire doors” which consolidated the previously published advice notes including Advice Note 22. The advice note specifically deals with aluminium composite material panels, high pressure laminate panels, spandrel panels, balconies and external wall insulation systems as well as smoke control systems and fire doors. The advice note does not cover all types of wall systems for buildings below 18 metres but consideration is to be given to the spread of fire externally through the fire risk assessment taken into consideration the buildings occupancy and other factors which may result in remedial actions being required.

The Fire Safety Act 2021 came into force in May and aims to improve fire safety in multi-occupancy domestic premises. The Act requires responsible persons to assess, manage and reduce the fire risks posed by the structure and external walls of the buildings for which they are responsible (including cladding, balconies and windows). It applies to all multi-occupied residential buildings and is not dependent on the height of the building. The Act allows the Fire & Rescue Service to enforce against non-compliance in relation to the external walls and the individual doors opening onto the common parts of the premises, but the Act does not address remediation costs in relation to cladding or its replacement.

A 1% change in the valuation would have a £980,000 impact on the Statement of Financial Position with a £17,000 change on the PDC dividend due to be paid next year and accrued in these financial statements.

All of the £50 million net book value of land, buildings and dwellings subject to valuation relates to specialised assets valued on a depreciated replacement cost basis. Here the valuer bases their assessment on the cost to the Group of replacing the service potential of the assets. The uncertainty explained above relates to the estimated cost of replacing the service potential, rather than the extent of the service potential to be replaced.

The component elements of each property asset are depreciated individually where the value of the component parts are judged to be material in relation to the overall value of that asset and where the useful economic lives of the components are significantly different from that of the overall property asset. The component parts that are individually depreciated by the Group are building structures, engineering elements and external works.

The value of land for existing use purposes is assessed at existing use value. For non-operational properties including surplus land, the valuations are carried out at open market value. Cushman & Wakefield has supplied amended estimates of the diminution in value relating to operational buildings scheduled for imminent closure and subsequent demolition. These buildings have been written down in the accounts to these values. Open market values have also been provided for land and residences.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

The range of useful economic lives are shown in the table below:

	YDH & SSL Years	SHS Years
Buildings	51 to 63	1 to 50
Dwellings	57	0
Plant and Machinery	2 to 10	0
Transport equipment	5	0
Information technology	3 to 30	5
Furniture & Fittings	5 to 15	5 to 10

Property, plant and equipment which have been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Group, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their fair value less costs to sell. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated, government granted and other grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

This includes assets donated to the Group by the Department of Health and Social Care as part of the response to the coronavirus pandemic. As defined in the GAM, the Group applies the principle of donated asset accounting to assets that the Group controls and is obtaining economic benefits from at the year end.

During 2022/23, donations of £7,668,000 were donated to the Group in relation to the Carbon Neutral Fund.

Private Finance Initiative (PFI) transactions

PFI and LIFT transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's *FReM*, are accounted for as 'on-Statement of Financial Position' by the Group. In accordance with HM Treasury's *FReM*, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability.

Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate. The annual contract payments are apportioned between the repayment of the liability, a finance cost, the charges for services and lifecycle replacement of components of the asset.

The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as a finance cost as incurred. The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

1.7 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Group's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Group and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised when it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment.

An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

1.8 Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits across the entire group.

	Years
Intangible Assets – Purchased software	3 – 10

1.9 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the weighted average cost method.

The Group receives inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the Conceptual Framework, the Group has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department of Health and Social Care.

Inventories are reviewed to enable identification of slow moving and obsolete items and for condemnation, disposal and replacement of all unserviceable articles. Obsolete goods are disposed of in line with the Standing Financial Instructions guidance on disposals and condemnations, insurance, losses and special payments.

1.10 Financial instruments and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Group is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument.

The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Group's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, i.e., when receipt or delivery of the goods or services is made.

De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Group has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure.

Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost, fair value through income and expenditure.

Financial liabilities classified as subsequently measured at fair value through income and expenditure.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets.

The Group's loans and receivables comprise: cash and cash equivalents, NHS receivables, accrued income and 'other receivables'.

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

Other financial liabilities

All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method.

The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to Finance Costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

Determination of fair value

For financial assets and financial liabilities carried at fair value, the carrying amounts are determined from discounted cash flow analysis.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Group recognises an allowance for expected credit losses.

The Group adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses.

For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2). For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

1.11 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract.

It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The Group does not apply lease accounting to new contracts for the use of intangible assets.

The Group determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Group is reasonably certain to exercise.

Initial recognition and measurement

At the commencement date of the lease, being when the asset is made available for use, the Group recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Group's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 0.95% applied to new leases commencing in 2022 and 3.51% to new leases commencing in 2023.

The Group does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight line basis over the lease term or other systematic basis. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Group employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Group subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments.

Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Group as lessor

The Group assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Group's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Group's net investment outstanding in respect of the leases.

Operating leases

Rental income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Initial application of IFRS 16

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury has been applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaces IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations.

The standard has been applied using a modified retrospective approach with the cumulative impact recognised in the Income and Expenditure Reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 have only been applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments have not been revisited.

The Group as lessee

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Group's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the statement of financial position immediately prior to initial application. Hindsight has been used in determining the lease term where lease arrangements contain options for extension or earlier termination.

No adjustments have been made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets has a value below £5,000. No adjustments have been made in respect of leases previously classified as finance leases.

The Group as lessor

Leases of owned assets where the Group is lessor were unaffected by initial application of IFRS 16. For existing arrangements where the Group is an intermediate lessor, classification of all continuing sublease arrangements has been reassessed with reference to the right of use asset.

2021/22 comparatives

Comparatives for leasing transactions in these accounts have not been restated on an IFRS 16 basis. Under IAS 17 the classification of leases as operating or finance leases still applicable to lessors under IFRS 16 also applied to lessees.

In 2021/22 lease payments made by the Group in respect of leases previously classified as operating leases were charged to expenditure on a straight line or other systematic basis.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

1.12 Provisions

The Group recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation.

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2023:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	3.27%	0.47%
Medium-term	After 5 years up to 10 years	3.20%	0.70%
Long-term	After 10 years up to 40 years	3.51%	0.95%
Very long-term	Exceeding 40 years	3.00%	0.66%

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Group pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Group.

The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Group is disclosed at note 21 but is not recognised in the Group's accounts.

Non-clinical risk pooling

The Group participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Group pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising.

The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

1.13 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 24 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 24, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.14 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Group. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Group, is payable as public dividend capital dividend.

The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Group during the financial year.

Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined in the PDC dividend policy issued by the Department of Health and Social Care. This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-Groups-and-foundation-Groups>.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts.

The dividend calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

1.15 Value added tax

Most of the activities of the Group are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.16 Corporation tax

The NHS Foundation Trust does not have a corporation tax liability for the year 2022/23. Tax may be payable on activities as described below:

- the activity is not related to the provision of core healthcare as defined under Section 14(1) of the HSCA. Private healthcare falls under this legislation and is not therefore taxable;
- the activity is commercial in nature and competes with the private sector. In house trading activities are normally ancillary to the core healthcare objectives and are therefore not subject to tax;
- the activity must have annual profits of over £50,000.

Within the reporting group of Yeovil District Hospital NHS Foundation Trust subsidiary companies will have a corporation tax liability for 2022/23 financial year.

The net amount of any corporation tax payable by the subsidiaries for the period is immaterial to the Group accounts. Tax payable is disclosed in full in the notes to the subsidiaries individual statutory accounts.

1.17 Climate Change Levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

1.18 Foreign exchange

The functional and presentational currency of the Group is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

When accounting for such transactions any gains or losses are recognised through the losses and special payments and disclosed in note 12.

1.19 Third party assets

Assets belonging to third parties in which the Group has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

1.20 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments.

They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

1.21 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Group's accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

International accounting standard IAS1 requires estimates, assumptions and judgements to be continually evaluated and to be based on historical experience and other factors including expectation of future events that are believed to be reasonable under the circumstances. Actual results may differ from these estimates.

The purpose of evaluation is to consider whether there may be a significant risk of causing material adjustment to the carrying value of assets and liabilities within the next financial year, compared to the carrying value in these accounts. The following significant assumptions and areas of estimation and judgement have been considered in preparing these financial statements.

Value of land, buildings and dwellings £50,052,000 (2021/22 £56,651,000). This is the most significant estimate in the accounts and is based on the professional judgement of the Group's independent valuer with extensive knowledge of the physical estate and market factors.

The value does not take into account potential future changes in market value which cannot be predicted with any certainty.

The majority of the Groups estate is considered to be specialised assets as there is no open market for an acute hospital. The modern equivalent asset valuation is based on the assumption that a replacement hospital would be built on an alternative site, within the surrounding area of Yeovil.

Revisions to accounting estimates are recognised in the period in which the estimate is revised.

1.22 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2023.

1.23 Accounting standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases – application of liability measurement principles to PFI and other service concession arrangements

From 1 April 20223, the measurement principles of IFRS 16 will also be applied to the Group's PFI liabilities where future payments are linked to a price index representing the rate of inflation. The PFI liability will be remeasured when a change in the index causes a change in future repayments and that change has taken effect in the cash flow.

Such remeasurements will be recognised as a financing cost. Under existing accounting practices, amounts relating to changes in the price index are expensed as incurred.

Initial application of these principles will be on 1 April 2023 using a modified retrospective approach with the cumulative impact taken to reserves. This is expected to result in an increased the PFI liability on the statement of financial position. The effect of this has not yet been quantified. Upon transition to IFRS 16. The effect of this has not yet been quantified.

2. Operating Segments

Operating segments are reported in a manner consistent with the internal reporting provided to the Chief Operating Decision Maker. The Chief Operating Decision Maker, is responsible for allocating resources and assessing performance of the operating segments.

The chief operating decision maker for Yeovil District Hospital NHS Foundation Trust is the Group Board, which is made up of both Executive and Non-Executive Directors.

The Board is responsible for strategically and operationally leading the work of the Group.

The Non-Executive Directors bring external expertise to the organisation and provide advice and guidance to the Executive Directors. The Executive Directors take care of the day to day running of the Group.

The Key decisions are agreed at monthly Board meetings and sub-committee meetings of the Board, following scrutiny of performance and resource allocation.

The Group Board review and make decisions on activity and performance of the group as a whole entity, not for its separate business activities. The activities of the subsidiary companies are not considered sufficiently material to require separate disclosure.

The Groups divisional reports are set up to mirror the two clinical strategic business units of the Group, Elective Care and Urgent Care. Individual speciality service level positions group up into one of these two strategic business units.

The segmental reporting format reflects the Group management and internal reporting function, highlighting the position of both Group and subsidiaries independently and as a Group.

Cost and income are inclusive of all subsidiaries that support the running of the core acute services of Yeovil District Hospital NHS Foundation Trust.

	YDH			SSL	SHS	Group (Consolidated)
	Elective £'000	Non Elective £'000	Corporate £'000	£'000	£'000	£'000
Income	81,288	115,450	41,047	31,438	28,990	298,213
Pay	(49,851)	(64,086)	(26,341)	(11,588)	(22,587)	(174,453)
Non Pay	(16,267)	(19,475)	(69,147)	(18,454)	(6,387)	(129,730)
Total	15,170	31,889	(54,441)	1,396	16	(5,970)
Charitable Accounts						274
Operating Surplus						(5,696)

3. Operating income from patient care activities

3.1 Income from patient care activities (by nature)

	Group		Trust	
	2022/23	2021/22	2022/23	2021/22
	£'000	£'000	£'000	£'000
API Contracts	175,790	162,306	175,426	162,306
High cost drugs income	14,690	13,112	14,690	13,112
Other non protected clinical income	16	211	16	211
Community Services	28,022	21,717	0	0
Other NHS clinical income	364	51	0	51
Private patient income	3,217	2,348	3,057	2,206
Elective recovery fund	5,901	4,651	5,901	4,651
Agenda for change pay award central funding***	4,404	0	4,404	0
Pension Contribution central funding*	4,982	4,591	4,982	4,591
Clinical income from activities	237,386	208,987	208,476	187,128

*The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

**In March 2023 the government announced an additional pay offer for 2022/23, in addition to the pay award earlier in the year. Additional funding was made available by NHS England for implementing this pay offer for 2022/23 and the income and expenditure has been included in these accounts as guided by the Department of Health and Social Care and NHS England. In May 2023 the government confirmed this offer will be implemented as a further pay award in respect of 2022/23 based on individuals in employment at 31 March 2023.

3.2 Income from patient care activities (by source)

	Group		Trust	
	2022/23	2021/22	2022/23	2021/22
	£'000	£'000	£'000	£'000
CCG's	51,065	187,723	44,630	167,028
ICB's	156,613	0	135,922	0
NHS England	23,959	18,654	22,516	17,632
NHS Foundation Trusts	182	51	0	51
Local Authorities	2,172	0	2,172	0
Non - NHS: private patients	3,217	2,348	3,057	2,206
Non - NHS: overseas patients	163	0	163	0
NHS injury recovery scheme (was RTA)	15	211	16	211
Total income from activities	237,386	208,987	208,476	187,128

3.3 Income from activities arising from commissioner requested services

Under the terms of its provider license, the Group is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider license and are services that commissioners believe would need to be protected in the event of provider failure.

	Group and Trust	
	2022/23	2021/22
	£'000	£'000
Income from services designated (or grandfathered) as commissioner requested services	228,990	206,428
Other	8,396	2,559
Total	237,386	208,987

3.4 Overseas visitors (relating to patients charged directly by the NHS Foundation Trust)

	Group and Trust	
	2022/23	2021/22
	£'000	£'000
Income recognised this year	163	0
Cash payments received in-year	6	7
Amounts added to provision for impairment of receivables	0	0
Amounts written off in-year	18	1

4. Other operating income

	Group		Trust	
	2022/23	2021/22	2022/23	2021/22
	£'000	£'000	£'000	£'000
Research and development	923	1,024	923	1,024
Education and training	5,573	5,412	5,573	5,412
Receipt of capital grants and donations	7,768	402	7,768	402
Top up income	1,376	3,112	1,358	3,112
NHS charitable funds incoming resources	593	677	0	0
Other income	16,874	20,380	19,402	18,007
Total other operating income	33,107	31,007	35,024	27,957

Included within other income is income relating to catering, staff recharges, car parking, estates recharges and pharmacy drug sales as well as other additional income.

5. Operating expenses

5.1 Operating expenses comprised:

	Note	Group		Trust	
		2022/23 £'000	2021/22 £'000	2022/23 £'000	2021/22 £'000
Clinical negligence insurance		4,901	4,666	4,901	4,666
Consultancy costs		53	242	25	159
Depreciation on PPE and right of use assets and amortisation		10,478	5,620	8,763	5,469
Drug costs		22,462	23,953	25,529	22,565
Establishment		3,106	4,955	1,593	1,534
Fees for Audit					
- Statutory audit		103	87	103	87
- Associate Companies		36	29	0	0
Internal audit fees		55	55	55	55
Tax advisory services		153	295	54	266
Impairments	6	13,305	68	13,305	0
Increase in provisions		103	764	85	589
Legal fees		80	258	9	125
Losses, ex gratia & special payments		73	21	73	5,565
NHS charities expenditure		313	383	0	0
Premises		10,029	10,134	2,792	4,200
Purchase of healthcare from non NHS bodies *		8,461	8,107	29,789	35,161
Rentals under operating leases		0	1,377	0	790
Operating expenditure IFRIC 12		720	592	0	0
Services from:					
- CCG's, ICBS and NHS England		8	0	8	0
- NHS Providers		708	2,357	708	2185
Staff costs:					
- Executive Directors	7	1,181	1,149	895	841
- Other Staff costs	7	173,412	154,292	139,173	125,668
- Redundancy costs	7	369	589	346	589
- Non-Executive Directors' costs	7	86	91	86	91
Supplies and services (excluding drug costs)					
- Clinical		12,102	10,917	11,801	4,468
- General		4,002	3,875	534	848
Training		1,125	459	990	663
Transport		1,273	1,020	1,134	913
Other		5,316	1,058	6,242	384
		274,013	237,413	248,993	217,881

* The Group figure includes intercompany expenditure with non-NHS wholly owned subsidiaries.

A reclassification has taken place in year resulting in costs being allocated to supplies and services clinical that were previously allocated to purchase of healthcare non NHS bodies. The prior year has not be restated.

5.2 Limitation on auditor's liability

The limitation on the auditor's liability is £10,000,000 (2021/22 £10,000,000)

6. Impairment of assets

	Group	
	2022/23	2021/22
	£'000	£'000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	0	0
Other	13,305	68
Total net impairments charged to operating surplus / deficit	13,305	68
Impairments charged to the revaluation reserve	2,095	0
Total net impairments	15,400	68

The Group's land, buildings and dwellings were revalued by Cushman & Wakefield DTZ as at 31 March 2023. The Group's specialised buildings and associated land have been valued using the depreciated replacement cost method, based upon provision of a modern equivalent asset (MEA).

A fundamental principle of MEA valuations is that a hypothetical buyer would purchase the least expensive site that would be suitable and appropriate for the existing operations. The valuation of the Group's specialised land and buildings has therefore been based upon the Group hypothetically being located on a suitable alternative site away from the town centre, where the cost of the land would be significantly lower, but where the Group would still be able to provide the same level of service but the location of providing the service would be delivered from the model.

7. Staff costs

7.1 Staff costs

	Group		Trust	
	2022/23	2021/22	2022/23	2021/22
	£'000	£'000	£'000	£'000
Salaries and wages	131,300	117,158	103,207	93,954
Social Security Costs	11,866	10,289	11,071	9,581
Employer Contributions to NHSPA	12,007	11,165	11,433	10,541
Additional Pension Costs 6.3%	4,982	4,591	4,982	4,591
Termination Benefits	369	589	346	589
Apprenticeship Levy	366	315	217	315
Agency and contract staff	14,258	12,014	9,244	7,618
	175,148	156,121	140,500	127,189

The rise in expenditure relating to employer contributions to NHSPA relates to the employer contribution rate increasing to 20.6%. There is corresponding income shown in note 3.1.

8. Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of scheme liability as at 31 March 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account their recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The 2016 funding valuation also tested the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HMT published valuation directions dated 7 October 2021 (see [Amending Directions 2021](#)) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required.

The 2016 valuation reports can be found on the NHS Pensions website at <https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports>.

9. Retirements due to ill health

During 2022/23 there was one early retirement for the Group agreed on the grounds of ill-health totalling £44k, there was nil in 2021/22.

10. Finance income and expenses

	Group		Trust	
	2022/23	2021/22	2022/23	2021/22
	£'000	£'000	£'000	£'000
Finance Income				
Trust interest received	696	12	1,495	1,055
	<u>696</u>	<u>12</u>	<u>1,495</u>	<u>1,055</u>
Finance Expense				
Commercial Loans	(91)	(193)	0	0
Interest on leases	(574)	(37)	(1,413)	(1,306)
Interest on PFI's	(140)	(84)	(140)	(84)
Unwinding of discount on provisions	65	9	65	9
	<u>(740)</u>	<u>(305)</u>	<u>(1,488)</u>	<u>(1,381)</u>

11. Gains / losses on disposal/de-recognition of non-current assets

	Group		Trust	
	2022/23	2021/22	2022/23	2021/22
	£'000	£'000	£'000	£'000
(Loss) on disposal of fixed assets	(30)	(460)	(30)	(460)
	<u>(30)</u>	<u>(460)</u>	<u>(30)</u>	<u>(460)</u>

The disposals in 2022/23 and 2021/22 were in respect of non-protected assets.

12. The Late Payment of Commercial Debts (Interest) Act 1998

There were no amounts included within interest payable arising from claims made by businesses under this legislation.

13. Losses and special payments

	Group				Trust			
	2022/23		2021/22		2022/23		2021/22	
	No.	Value £'000	No.	Value £'000	No.	Value £'000	No.	Value £'000
Losses of Cash:								
Due to overpayment of salary	1	2	6	6	1	2	6	6
Other casues	13	8	12	9	13	8	12	9
Fruitless Payments:*	9	8	0	0	9	8	1	5,544
Bad Debts								
Private Patients	46	16	5	2	46	16	5	2
Overseas Visitors	18	18	1	1	18	18	1	1
Other	36	11	1	0	36	11	1	0
Ex Gratia payments:								
Loss of personal effects	21	10	12	3	21	10	12	3
Other	1	0	0	0	1	0	0	0
Total losses and special payments	145	73	37	21	145	73	38	5,565

These amounts are reported on an accruals basis, excluding provisions for future losses.

*The 2021/22 fruitless payment relates to an intercompany loan between the Group and one of the wholly owned subsidiaries, which was waived within the Group and converted to equity within the subsidiary entity, following a change in the nature of funding from the CCG.

14. Intangible Assets

14.1 Intangible assets at the balance sheet date comprise the following elements

	Group							
	2022/23				2021/22			
	Software licence	Patient record system	Assets under construction	Total	Software licence	Patient record system	Assets under construction	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Cost or valuation at 1 April	1,930	7,051	890	9,871	1,921	5,785	1,405	9,111
Additions - purchased	27	0	232	259	100	353	444	897
Reclassifications	7,051	(7,051)	0	0	0	913	(913)	0
Disposals	(36)	0	0	(36)	(91)	0	(46)	(137)
At 31 March	8,972	0	1,122	10,094	1,930	7,051	890	9,871
Amortisation at 1 April	1,741	2,627	0	4,368	1,669	1,824	0	3,493
Provided during the year	1,717	0	0	1,717	162	803	0	965
Reclassifications	2,627	(2,627)	0	0	0	0	0	0
Disposals	(6)	0	0	(6)	(90)	0	0	(90)
Amortisation at 31 March	6,079	0	0	6,079	1,741	2,627	0	4,368
Net book value								
- Purchased at 1 April	189	4,424	890	5,503	252	3,961	1,405	5,618
	189	4,424	890	5,503	252	3,961	1,405	5,618
Net book value								
- Purchased at 31 March	2,893	0	1,122	4,015	189	4,424	890	5,503
Total at 31 March	2,893	0	1,122	4,015	189	4,424	890	5,503

The patient record system is now included within software licence for 2022/23.

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	Trust							
	2022/23				2021/22			
	Software licence	Patient record system	Assets under construction	Total	Software licence	Patient record system	Assets under construction	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Cost or valuation at 1 April	860	6,706	861	8,427	885	5,440	1,405	7,730
Additions - purchased	232	0	0	232	66	353	415	834
Reclassifications	6,706	(6,706)	(861)	(861)	0	913	(913)	0
Disposals	(36)	0	0	(36)	(91)	0	(46)	(137)
At 31 March	7,762	0	0	7,762	860	6,706	861	8,427
Amortisation at 1 April	600	2,595	0	3,195	522	1,791	0	2,313
Reclassifications	2,595	(2,595)	0	0				
Provided during the year	1,636	0	0	1,636	169	804	0	973
Disposals	(6)	0	0	(6)	(91)	0	0	(91)
Amortisation at 31 March	4,825	0	0	4,825	600	2,595	0	3,195
Net book value								
- Purchased at 1 April	260	4,111	861	5,232	363	3,649	1,405	5,417
	260	4,111	861	5,232	363	3,649	1,405	5,417
Net book value								
- Purchased at 31 March	2,937	0	0	2,937	260	4,111	861	5,232
Total at 31 March	2,937	0	0	2,937	260	4,111	861	5,232

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15. Property plant and equipment

15.1 Property, plant and equipment at 31 March 2023 comprise the following elements

	Group								
	Freehold Land	Freehold buildings excluding dwellings	Freehold dwellings	Assets under construction & payments on account	Plant and machinery	Transport equipment	Information Technology	Furniture & fittings	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Cost or valuation at 1 April 2022	5,203	65,156	1,706	7,344	28,353	10	4,907	1,610	114,289
Reclassifications to right of use assets	0	(1,077)	0	0	0	0	0	0	(1,077)
Additions - purchased	0	0	0	9,721	159	0	35	84	9,999
Additions - IFRIC 12	0	0	0	0	1,043	0	0	0	1,043
Additions - donated	0	0	0	7,768	0	0	0	0	7,768
Impairments	(3,074)	(15,266)	(10)	0	0	0	0	0	(18,350)
Revaluation	190	8,285	535	0	0	0	0	0	9,010
Reclassifications	0	(659)	0	0	659	0	0	0	0
At 31 March 2023	2,319	56,439	2,231	24,833	30,214	10	4,942	1,694	122,682
Depreciation at 1 April 2022	51	14,566	798	0	16,661	6	2,477	841	35,400
Reclassifications to right of use assets	0	(82)	0	0	0	0	0	0	(82)
Provided during the year	0	2,281	49	0	2,015	1	516	137	4,999
Impairments	0	(2,884)	(1)	0	0	0	0	0	(2,885)
Reversal of impairments	0	(65)	0	0	0	0	0	0	(65)
Revaluation	0	(3,547)	(127)	0	0	0	0	0	(3,674)
Reclassifications	(51)	(92)	0	0	143	0	0	0	0
Accumulated depreciation at 31 March 2023	0	10,177	719	0	18,819	7	2,993	978	33,693
Net book value									
- Purchased at 1 April 2022	5,203	47,824	908	6,918	5,671	4	2,400	556	69,484
- Finance Leases at 1 April 2022	0	1,233	0	0	4,171	0	27	101	5,532
- Donated at 1 April 2022	0	1,533	0	426	1,799	0	3	112	3,874
Total at 1 April 2022	5,203	50,590	908	7,344	11,641	4	2,430	769	78,890
- Purchased at 31 March 2023	2,268	44,365	1,512	24,407	9,286	3	1,947	627	84,415
- Right of use assets 31 March 2023	0	0	0	0	0	0	0	0	0
- IFRIC 12 Assets at 31 March 2023	0	0	0	0	1,831	0	0	0	1,831
- Donated at 31 March 2023	0	1,898	0	426	328	0	2	89	2,743
Total at 31 March 2023	2,268	46,263	1,512	24,833	11,445	3	1,949	716	88,989

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	Trust							
	Freehold Land	Freehold buildings excluding dwellings	Freehold dwellings	Assets under construction & payments on account	Plant and machinery	Information Technology	Furniture & fittings	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Cost or valuation at 1 April 2022	5,152	52,428	986	7,373	16,547	2,834	628	85,948
Reclassifications to right of use assets	0	(31,997)	0	0	0	0	0	(31,997)
Additions - purchased	0	0	0	9,799	0	0	0	9,799
Additions - leased	0	0	0	0	1,043	0	0	1,043
Additions - donated	0	0	0	7,768	0	0	0	7,768
Reclassifications	0	0	0	861	0	0	0	861
Revaluation	0	4,127	654	0	0	0	0	4,781
Impairments	(3,074)	(6,123)	(10)	0	0	0	0	(9,207)
At 31 March 2023	2,078	18,435	1,630	25,801	17,590	2,834	628	68,996
Depreciation at 1 April 2022	0	4,374	84	0	4,909	951	288	10,606
Reclassifications to right of use assets	0	(2,644)	0	0	0	0	0	(2,644)
Provided during the year	0	970	162	0	1,320	496	77	3,025
Impairments	0	(831)	(1)	0	0	0	0	(832)
Reclassifications	0	0	0	0	92	0	0	92
Revaluation	0	(1,861)	(127)	0	0	0	0	(1,988)
Accumulated depreciation at 31 March 2023	0	8	118	0	6,321	1,447	365	8,259
Net book value								
- Purchased at 1 April 2022	5,152	45,288	902	6,947	5,253	1,853	127	65,522
- Finance Leases at 1 April 2022	0	1,233	0	0	4,586	26	101	5,946
- Donated at 1 April 2022	0	1,534	0	426	1,799	3	112	3,874
Total at 1 April 2022	5,152	48,055	902	7,373	11,638	1,882	340	75,342
- Purchased at 31 March 2023	2,078	16,529	1,512	17,607	8,748	1,385	174	48,033
- IFRIC 12 at 31 March 2023	0	0	0	0	1,043	0	0	1,043
- Donated at 31 March 2023	0	1,898	0	8,194	1,478	2	89	11,661
Total at 31 March 2023	2,078	18,427	1,512	25,801	11,269	1,387	263	60,737

16. Property plant and equipment

16.1 Property, plant and equipment at 31 March 2022 comprise the following elements

	Group								
	Freehold Land	Freehold buildings excluding dwellings	Freehold dwellings	Assets under construction & payments on account	Plant and machinery	Transport equipment	Information Technology	Furniture & fittings	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Cost or valuation at 1 April 2021	5,203	62,635	1,337	4,207	23,205	10	4,408	1,427	102,432
Additions - purchased	0	1,481	113	5,487	1,493	0	491	223	9,288
Additions - leased	0	0	0	0	3,536	0	0	0	3,536
Additions - donated	0	0	0	177	225	0	0	0	402
Reclassifications	0	1,117	256	(2,527)	1,014	0	128	12	0
Revaluation	0	(68)	0	0	0	0	0	0	(68)
Disposals	0	(9)	0	0	(1,120)	0	(120)	(52)	(1,301)
At 31 March 2022	5,203	65,156	1,706	7,344	28,353	10	4,907	1,610	114,289
Depreciation at 1 April 2021	0	12,253	761	0	15,612	5	2,168	769	31,568
Provided during the year	0	2,254	37	0	1,813	1	426	124	4,655
Impairments	0	68	0	0	0	0	0	0	68
Reversal of impairments	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0	0
Disposals	0	(9)	0	0	(713)	0	(117)	(52)	(891)
Accumulated depreciation at 31 March 2022	0	14,566	798	0	16,712	6	2,477	841	35,400
Net book value									
- Purchased at 1 April 2021	5,203	47,434	574	3,985	4,425	5	2,235	522	64,383
- Finance Leases at 1 April 2021	0	1,327	0	0	839	0	0	0	2,166
- Donated at 1 April 2021	0	1,621	2	222	2,329	0	5	136	4,315
Total at 1 April 2021	5,203	50,382	576	4,207	7,593	5	2,240	658	70,864
- Purchased at 31 March 2022	5,203	47,823	908	6,918	5,671	4	2,400	556	69,483
- Finance Leases at 31 March 2022	0	1,233	0	0	4,171	0	27	101	5,532
- Donated at 31 March 2022	0	1,534	0	426	1,799	0	3	112	3,874
Total at 31 March 2022	5,203	50,590	908	7,344	11,641	4	2,430	769	78,889

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	Trust							
	Freehold Land	Freehold buildings excluding dwellings	Freehold dwellings	Assets under construction & payments on account	Plant and machinery	Information Technology	Furniture & fittings	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Cost or valuation at 1 April 2021	5,152	50,773	617	4,208	11,468	2,401	639	75,258
Additions - purchased	0	547	113	5,487	1,425	425	29	8,026
Additions - leased	0	0	0	0	3,535	0	0	3,535
Additions - donated	0	0	0	205	225	0	0	430
Reclassifications	0	1,117	256	(2,527)	1,014	128	12	0
Revaluation	0	0	0	0	0	0	0	0
Disposals	0	(9)	0	0	(1,120)	(120)	(52)	(1,301)
At 31 March 2022	5,152	52,428	986	7,373	16,547	2,834	628	85,948
Depreciation at 1 April 2021	0	2,199	41	0	3,851	647	260	6,998
Provided during the year	0	2,200	37	0	1,757	421	80	4,495
Impairments	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0
Reclassifications	0	(16)	6	0	10	0	0	0
Revaluation	0	0	0	0	0	0	0	0
Disposals	0	(9)	0	0	(709)	(117)	(52)	(887)
Accumulated depreciation at 31 March 2022	0	4,374	84	0	4,909	951	288	10,606
Net book value								
- Purchased at 1 April 2021	5,152	46,804	576	3,986	7,041	1,749	243	65,551
- Finance Leases at 1 April 2021	0	1,678	0	0	20	0	0	1,698
- Donated at 1 April 2021	0	92	0	222	556	5	136	1,011
Total at 1 April 2021	5,152	48,574	576	4,208	7,617	1,754	379	68,260
- Purchased at 31 March 2022	5,152	45,287	902	6,947	5,253	1,854	127	65,522
- Finance Leases at 31 March 2022	0	1,233	0	0	4,586	26	101	5,946
- Donated at 31 March 2022	0	1,534	0	426	1,799	3	112	3,874
Total at 31 March 2022	5,152	48,054	902	7,373	11,638	1,883	340	75,342

17. Right of use assets – 2022/23

	Group				Of which: leased from DHSC group bodies	
	Property (land and buildings) £'000	Dwellings £'000	Plant & machinery £'000	Transport equipment £'000	Total £'000	£'000
Valuation / gross cost at 1 April 2022 - brought forward						
IFRS 16 implementation - reclassification of finance leased assets from PPE	0	0	1,077	0	1,077	0
IFRS 16 implementation - adjustments for existing operating leases/subleases	36,760	20,483	1,120	29	58,392	2,300
Additions	0	0	0	90	90	0
Remeasurements of the lease liability	(807)	1,289	0	3	485	(400)
Valuation/gross cost at 31 March 2023	35,953	21,772	2,197	122	60,044	1,900
Accumulated depreciation at 1 April 2022 - brought forward						
IFRS 16 implementation - reclassification of finance leased assets from PPE	0	0	82	0	82	0
IFRS 16 implementation - adjustments for existing subleases	0	0	0	0	0	0
Provided during the year	2,612	775	322	53	3,762	380
Accumulated depreciation at 31 March 2023	2,612	775	404	53	3,844	380
Net book value at 31 March 2023	33,341	20,997	1,793	69	56,200	1,520
 Net book value of right of use assets leased from NHS providers	 1,435	 0	 0	 0	 1,435	 1435
Net book value of right of use assets leased from DHSC group bodies	85	0	0	0	85	85

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	Trust				
	Property (land and buildings) £'000	Dwellings £'000	Plant & Machinery £'000	Total £'000	Of which: leased from DHSC group bodies £'000
Valuation / gross cost at 1 April 2022 - brought forward					
IFRS 16 implementation - reclassification of finance leased assets from PPE	30,365	0	1,632	31,997	0
IFRS 16 implementation - adjustments for existing operating leases / subleases	18,544	20,483	1,120	40,147	2,300
Remeasurements of the lease liability	(807)	1,289	0	482	(399)
Revaluation	5,330	0	0	5,330	0
Impairment	(9,273)	0	0	(9,273)	0
Valuation/gross cost at 31 March 2023	44,159	21,772	2,752	68,683	1,901
Accumulated depreciation at 1 April 2022 - brought forward					
IFRS 16 implementation - reclassification of finance leased assets from PPE	2,470	0	161	2,631	0
Provided during the year	3,005	775	322	4,102	380
Revaluation	(2,267)	0	0	(2,267)	0
Impairment	(1,478)	0	0	(1,478)	0
Accumulated depreciation at 31 March 2023	1,730	775	483	2,988	380
Net book value at 31 March 2023	42,429	20,997	2,269	65,695	1,521
 Net book value of right of use assets leased from other NHS providers	 1,435	 0	 0	 0	 0
Net book value of right of use assets leased from other DHSC group bodies	85	0	0	0	0

18. Revaluation of right of use assets

The Group's land, buildings and dwellings were revalued by Cushman & Wakefield DTZ as at 31 March 2023.

The Group's specialised buildings including Right Of Use Assets (two buildings and other buildings it was deemed the cost measurement was a suitable proxy as revaluation) and associated land have been valued using the depreciated replacement cost method, based upon provision of a modern equivalent asset (MEA).

All remaining Right Of Use Assets are subject to annual rent reviews and as a result, no revaluation has been performed. A fundamental principle of MEA valuations is that a hypothetical buyer would purchase the least expensive site that would be suitable and appropriate for the existing operations.

The valuation of the Group's specialised land and buildings has therefore been based upon the Group hypothetically being located on a suitable alternative site away from the town centre, where the cost of the land would be significantly lower, but where the Group would still be able to provide the same level of service but the location of providing the service would be delivered from the model.

18.1 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 26.

	Group	Trust
	2022/23	2022/23
	£000	£000
Carrying value at 31 March 2022	995	35,726
IFRS 16 implementation - adjustments for existing operating leases	58,392	40,147
Lease additions	90	0
Lease liability remeasurements	485	482
Interest charge arising in year	574	1,413
Lease payments (cash outflows)	(4,535)	(6,858)
Carrying value at 31 March 2023	56,001	70,910

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 6 Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

18.2 Maturity analysis of future lease payments at 31 March 2023

	Group		Trust	
		Of which leased from DHSC group bodies:		Of which leased from DHSC group bodies:
	Total 31 March 2023 £000	31 March 2023 £000	Total 31 March 2023 £000	31 March 2023 £000
Undiscounted future lease payments payable in:				
- not later than one year;	4,115	388	5,347	387
- later than one year and not later than five years;	58,204	1,162	50,882	1,162
- later than five years.	486	0	32,866	0
Total gross future lease payments	62,805	1,550	89,095	1,549
Finance charges allocated to future periods	(6,804)	(22)	(18,185)	(22)
Net lease liabilities at 31 March 2023	56,001	1,528	70,910	1,527
Of which:				
- Current	4,115	388	5,347	387
- Non-Current	51,886	1,140	67,003	1,140

18.3 Maturity analysis of finance lease liabilities at 31 March 2022 (IAS17 basis)

The following table details the maturity of obligations under leases the trust previously determined to be finance leases under IAS 17 at 31 March 2022.

	Group 31 March 2022 £000	Trust 31 March 2022 £000
Undiscounted future lease payments payable in:		
- not later than one year;	149	149
- later than one year and not later than five years;	594	594
- later than five years.	380	380
Total gross future lease payments	1,123	1,123
Finance charges allocated to future periods	(128)	(129)
Net finance lease liabilities at 31 March 2022	995	994
of which payable:		
- not later than one year;	118	118
- later than one year and not later than five years;	513	513
- later than five years.	364	364

18.4 Commitments in respect of operating leases as at 31 March 2022 (IAS 17 basis)

This note discloses costs incurred in 2021/22 and commitments as at 31 March 2022 for leases the trust previously determined to be operating leases under IAS 17.

	Group	Trust
	2021/22	2021/22
	£000	£000
Operating lease expense		
Minimum lease payments	1,377	790
Total	1,377	790
	31	31
	March	March
	2022	2022
	£000	£000
Future minimum lease payments due:		
- not later than one year;	1,289	790
years;	4,254	3,160
- later than five years.	19,350	18,960
Total	24,893	22,910

18.5 Initial application of IFRS 16 on 1 April 2022

IFRS 16 as adapted and interpreted for the public sector by HM Treasury has been applied to leases in these financial statements with an initial application date of 1 April 2022.

The standard has been applied using a modified retrospective approach without the restatement of comparatives. Practical expedients applied by the Group on initial application are detailed in the leases accounting policy in note 13.

Lease liabilities created for existing operating leases on 1 April 2022 were discounted using the weighted average incremental borrowing rate determined by HM Treasury as 0.95%.

Reconciliation of operating lease commitments as at 31 March 2022 to lease liabilities under IFRS 16 as at 1 April 2022

	Group 1 April 2022 £'000	Trust 1 April 2022 £'000
Operating lease commitments under IAS 17 at 31 March 2022	24,893	22,910
Impact of discounting at the incremental borrowing rate	0.95%	0.95%
IAS 17 operating lease commitment discounted at incremental borrowing rate	24,658	22,694
Less:		
Commitments for short term leases	(43)	
Other adjustments:		
Differences in the assessment of the lease term	31,477	51,324
Public sector leases without full documentation previously excluded from operating lease commitments	2,300	2,300
Finance lease liabilities under IAS 17 as at 31 March 2022	995	995
Other adjustments	0	
Total lease liabilities under IFRS 16 as at 1 April 2022	59,387	77,313

19. Inventories

	Group		Trust	
	31 March 2023	31 March 2022	31 March 2023	31 March 2022
Drugs	1,769	1,995	1,306	1,522
Consumables	1,664	1,185	569	274
Energy	9	33	0	0
	3,442	3,213	1,875	1,796

Inventories recognised in expenses for the year were £22,916,000.

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge.

During 2022/23 the Group received £620,000 of items purchased by DHSC.

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

20. Trade and other receivables

20.1 Trade and other receivables

	Group		Trust	
	31 March 2023 £'000	31 March 2022 £'000	31 March 2023 £'000	31 March 2022 £'000
Current				
Contract receivables	12,372	10,780	9,350	3,144
Amount owed by group undertakings	0	0	1,274	1,250
Allowance for other impaired receivables	(254)	(176)	(254)	(131)
Prepayments	1,370	2,203	411	383
Prepayments Capital	240	0	240	0
PDC dividend receivable	336	307	336	307
VAT receivable	2,889	878	2,581	603
Other receivables	19	309	1,124	1,373
Total current receivables	16,972	14,301	15,062	6,929
Non-current				
Contract receivables	540	557	540	710
Amount owed by group undertakings	0	0	20,542	23,189
Allowance for other impaired receivables	(91)	(154)	(91)	(154)
Other receivables	295	305	295	305
Total non-current receivables	744	708	21,286	24,050
Total receivables	17,716	15,009	36,348	30,979

20.2 Allowances for credit losses

	Group		Trust	
	31 March 2023 £'000	31 March 2022 £'000	31 March 2023 £'000	31 March 2022 £'000
At 1 April	330	674	330	674
Increase/(Decrease) in provision	60	(229)	60	(229)
Amounts utilised	(45)	(115)	(45)	(115)
As 31 March	345	330	345	330

An allowance for impairment is made where there has been an identifiable event which, evidences that the monies will not be recovered in full.

21. Cash and cash equivalents

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	Group		Trust	
	31 March 2023 £'000	31 March 2022 £'000	31 March 2023 £'000	31 March 2022 £'000
At 1 April	30,463	26,695	22,606	18,701
Net change in year	(6,015)	3,768	(9,770)	3,905
At 31 March	24,448	30,463	12,836	22,606
Broken down into:				
Cash at commercial banks and in hand	11,647	7,934	47	69
Cash with the Government Banking Service	12,801	22,529	12,789	22,537
Total cash and cash equivalents as in SoFP & SoCF	24,448	30,463	12,836	22,606

22. Third Party Assets

The Group had cash at bank and in hand at 31 March 2023 £371 (£492 at 31 March 2022) in relation to monies held by on behalf of patients.

23. Trade and other payables

	Group		Trust	
	31 March 2023 £'000	31 March 2022 £'000	31 March 2023 £'000	31 March 2022 £'000
Amounts falling due within one year:				
Receipts on account	0	775	0	0
NHS Accruals	1,187	2,228	849	118
Trade payables - capital	4,206	8,920	1,395	7,362
Other trade payables	6,419	5,159	1,627	3,246
Other payables	8,757	5,110	4,271	7,881
Accruals	15,870	14,526	23,604	10,691
NHS Charitable funds payables	7	0	0	0
Total current payables	36,446	36,718	31,746	29,298
Amounts falling due after one year:				
Other trade payables	0	18	0	0
Total non current payables	0	18	0	0
Total payables	36,446	36,736	31,746	29,298

24. Provisions for Liabilities and Charges

	Group				
	Injury Benefit £'000	Clinicians Pension £'000	Legal £'000	Other £'000	Total £'000
At 1 April 2022	1,024	316	9	4,273	5,622
Arising during the year	0	239	24	1,544	1,807
Change in discount rate	(145)	(262)	0	0	(407)
Utilised during the year	(61)	(1)	(1)	(888)	(951)
Reversed unused	(68)	0	0	(1,397)	(1,465)
Unwinding of discount	(65)	6	0	0	(59)
At 31 March 2023	685	298	32	3,532	4,547
Expected timing of cashflows:					
Within 1 year	61	3	32	2,961	3,057
1 - 5 years	234	15	0	0	249
over 5 years	390	280	0	571	1,241
	685	298	32	3,532	4,547

Provisions arising in year includes clinical pension tax reimbursement and potential workforce liabilities.

£99,645,975 is included in the provisions of the NHS Resolution at 31 March 2023 in respect of clinical negligence liabilities of the Group, (£122,084,215 at 31 March 2022). There has been a significant decrease in the total NHS Resolution provision and the Groups proportion due to reducing claims outstanding, this is still significantly higher than historically as a result of the COVID -19 pandemic.

25. Legal Claims

The provision is based on information provided by the NHS Resolution and refers to non-clinical claims against the Group.

26. Borrowings

	Group		Trust	
	31 Mar 2023 £'000	31 Mar 2022 £'000	31 Mar 2023 £'000	31 Mar 2022 £'000
Current				
Other Loans	29	2	0	0
Intercompany lease & loans	0	0	3,041	2,706
Lease liabilities	2,568	118	1,784	118
Obligations under PFI & service concessions	692	683	3,587	3,082
Total current borrowings	3,289	803	8,412	5,906
Non-current				
Other Loans	1,026	1,083	0	0
Intercompany lease & loans	0	0	32,110	31,522
Obligations under leases	53,433	877	33,975	877
Obligations under PFI & service concessions	3,461	2,400	1,696	1,944
Total non-current borrowings	57,920	4,360	67,781	34,343

26.1 On-SoFP PFI, LIFT or other service concession arrangements**Managed Equipment Solution for Diagnostic Imaging**

On 1 April 2019 the Group entered into a contract for the provision of a managed service within diagnostic imaging. The contract is for the following services:

- A Facilities Infrastructure Replacement Programme (FIRP), which includes the replacement, installation and decommissioning of all assets within the department along with an increase of modalities for ultrasound, MRI and CT scanning;
- The provision of a fully inclusive “Gold Standard” maintenance cover for the department, that includes all parts, durables and labour;
- The provision of a guaranteed uptime availability of the facility to perform diagnostic testing and reporting;
- A consumables management service paid for through a quarterly payment in advance based on an estimate of annual consumption. An assessment of actual Consumables provided is made each quarter and either a balancing invoice or credit note raised as appropriate.

A set of performance parameters has been agreed with the managed service provider. Penalties will apply if performance failures are not corrected within the agreed remedial period.

The accountancy treatment is that the Group’s future assets within the scope of the managed service will be purchased by the managed service provider.

New equipment bought by the service provider has been capitalised under IFRIC 12 where their useful lives are fully utilised during the 10 years of the managed equipment solution agreement. Where new asset lives extend beyond the 10 years of the agreement equipment has been accounted for as operating leases.

The total unitary payment made to the managed equipment solution provider during the 2022/23 financial year was £1,398,000 (2021/22 £1,324,000).

The values of payments due for 2023/24 for the managed facility service is £787,000.

26.2 Total future payments committed in respect of PFI, LIFT or other service concessions (Includes but is not limited to total future unitary payments)

	Group	
	31 Mar 2023	31 Mar 2022
	£'000	£'000
Not later than one year	1,577	1,400
Later than one year less than five years	7,887	5,597
Later than five years	0	2,799
Total	9,464	9,796

These payments include but are not limited to the total future unitary payments.

26.3 Total future payments committed in respect of PFI, LIFT or other service concessions

	Group	
	31 Mar 2023	31 Mar 2022
	£'000	£'000
Not later than one year	885	717
Later than one year less than five years	4,426	2,867
Later than five years	0	1,433
Total	5,311	5,017

27. Capital Commitments

There is £2,000,000 of capital commitments at 31 March 2023 (31 March 2022 £2,963,000). All commitments relate to plant, property and equipment.

28. Contingent Assets and Liabilities

There is contingent liabilities of £18,000 for the year ended 31 March 2023. There were no contingent assets or liabilities for the year ended 31 March 2022.

29. Movements in Public Dividend Capital

	Group and Trust	
	31 Mar 2023	31 Mar 2022
	£'000	£'000
Public dividend capital at 1 April	143,300	138,274
New public dividend capital received	2,798	5,026
Public dividend capital at 31 March	146,098	143,300

30. Movement in Investment in Subsidiary Undertakings

	Trust	
	31 Mar 2023	31 Mar 2022
	£'000	£'000
Shares in subsidiary undertakings	14,987	14,987
Loans to subsidiary undertakings > 1 year	20,544	23,189
	35,531	38,176
Loans to subsidiary undertakings < 1 year	1,124	1,124
Total	36,655	39,300

31. Related party transactions

The Group is under the common control of the Board of Directors. During the year none of the Board members or members of the key management staff or parties related to them, has undertaken any material transactions with Yeovil District Hospital NHS Foundation Trust.

During the year ended 31 March 2023, Yeovil District Hospital NHS Foundation Trust has had a significant number of material transactions with other entities for which the Department of Health and Social Care is regarded as the parent department as well as transactions through subsidiary companies and joint ventures. These entities are listed below:

2022/2023	Group and Trust			
	Income £'000	Expenditure £'000	Receivables £'000	Payables £'000
Dorset County Hospital NHS FT	102	447	0	89
Dorset University Healthcare NHS FT	17	95	4	0
Royal Devon University Healthcare NHS FT	772	270	139	52
Gloucestershire Hospitals NHS FT	6	938	6	62
Somerset FT	5,575	6,239	233	512
Health Education England	5,437	21	59	21
Dorset CCG	4,891	0	0	0
Dorset ICB*	16,684	0	56	0
Somerset CCG	45,813	0	0	0
Somerset ICB*	140,570	123	1,232	123
NHS England	19,224	0	5,436	0
NHS Resolution	0	4,901	0	124
Southwest Pathology Services (JV)	0	3,067	0	18
SPS Facilities (JV)	0	2,950	0	45

2021/2022	Group and Trust			
	Income £'000	Expenditure £'000	Receivables £'000	Payables £'000
Dorset County Hospital NHS FT	132	392	12	97
Dorset University Healthcare NHS FT	12	369	2	91
Royal Devon and Exeter NHS FT	786	242	75	13
Gloucestershire Hospitals NHS FT	21	1,151	5	85
Somerset FT	4,660	2,058	1,102	51
Health Education England	5,252	0	13	0
Dorset CCG	19,242	1	127	0
Somerset CCG	170,113	0	231	0
NHS England	17,632	0	1,406	345
NHS Resolution	0	4,666	0	0
Southwest Pathology Services (JV)	36	3,058	0	0
SPS Facilities (JV)	0	2,422	0	0

*On 1 July 2022 Integrated Care Boards (ICBs) became legally established through the Health and Care Act 2022 and CCG's were closed down. ICBs are partnerships or organisations that come together to plan and pay for health and care services to improve the lives of people who live and work in their area.

In addition, the Group has entered into transactions with other Government Departments and other central and local Government bodies. The Group has also received revenue and capital payments from a number of charitable funds. Some of the Groups of these charitable funds are also members of the Board of the NHS Foundation Trust. Full audited accounts are prepared for the Funds held on Group.

32. Group Structure**Simply Serve Limited – Company Number: 10847254****Registered office – Yeovil District Hospital, Yeovil, Somerset, BA21 4AT**

Simply Serve Ltd (SSL) was incorporated on 3 July 2017 and became operational on 1 February 2018. Simply Serve Ltd is 100% owned by Yeovil District Hospital NHS Foundation Trust.

SSL has been set up to support the Group's strategic objectives, improve efficiency and develop more cost effective ways of working. SSL provides a full range of professional estates and facilities services along with IT and procurement services to Yeovil District Hospital NHS Foundation Trust and other clients.

The key objectives of establishing SSL are as follows:

- Maintain and improve quality of services
- Free up Group management to focus on healthcare
- Develop a more efficient and cost effective service
- Retain staff within the YDH group providing opportunities and security
- Enhance the ability to recruit and retain key staff groups
- Enhance focus and flexibility on developing additional income generation opportunities

SSL operates as an arm's length organisation with its own board of directors and governance structure. Services are provided under contractual arrangements with detailed service specifications and key performance indicators.

Symphony Healthcare Services Ltd – Company Number: 06633460**Registered office – Wynford House, Yeovil, Somerset, BA22 8HR**

During 2016/17 Yeovil District Hospital NHS Foundation Trust acquired Pathways Healthcare and Social Care Alliance Ltd, the company was renamed to Symphony Healthcare Services Ltd.

As at 31 March 2023 Symphony Healthcare Services operates primary care services at locations within Somerset; Ilchester GP practice, Yeovil Health Centre, Buttercross Health Centre, Highbridge Medical Centre, Crewkerne Health Centre, Oaklands Surgery, Hamdon Medical Centre, Wincanton Health Centre, Crewkerne West One Surgery, The Meadows Surgery, Martock Surgery, South Petherton Surgery, Bruton Surgery and Exmoor Surgery, Ryalls Park Medical Centre, Lynton Health Centre, Creech Medical Centre, Lister House Surgery, North Petherton Surgery and Warwick House Medical Centre.

Yeovil District Hospital NHS Foundation Trust owns 100% of the equity and no goodwill arose in respect of the acquisitions. As per the NHS Act 2006 section 259 no goodwill can arise as part of the sale of primary care businesses.

	£000's
Consideration paid	0
Net Assets Acquired	0
Goodwill	<u>0</u>

Yeovil Estates Partnership LLP – Company Number: OC396172

Registered office – 5 The Triangle, Worcester, Worcestershire, WR5, 2QX

During 2014/15 Yeovil District Hospital NHS Foundation Trust procured a Strategic Estates Partner and as a result established the Joint Venture Yeovil Estates Partnership LLP to undertake strategic estates activity on behalf of the Group.

Yeovil Estates Partnership LLP was established on 29 October 2014. Yeovil District Hospital NHS Foundation Trust owns 50% of the equity of Yeovil Estates Partnership LLP and holds 50% of the voting rights.

No goodwill arose in respect of the subsidiary as the reporting Group established the company and received an interest in the company equal to the fair value of assets on its formation.

Southwest Pathology Services LLP – Company Number: OC370482

Registered office – 1 Kingdom Street, London, W2 6BD

The associate is Southwest Pathology Services LLP incorporated in the United Kingdom with its principal place of business being Somerset.

Southwest Pathology Service LLP provided pathology testing for the Group and other clients up until 28 February 2015. From 1 March 2015 it provides the analytical elements of pathology testing for the Group and other clients.

Yeovil District Hospital NHS Foundation Trust owns 15.3% of the equity of Southwest Pathology Services LLP and holds 20% of the voting rights on matters not requiring unanimous consent of members as identified within the contractual arrangements.

SPS Facilities LLP – Company Number: OC397788

Registered office – 1 Kingdom Street, London, W2 6BD

The associate is SPS Facilities LLP incorporated in the United Kingdom with its principle place of business being Somerset.

SPS Facilities LLP was established 1 March 2015 and provides the facilities elements of pathology testing for the Group and other clients and is expected to continue to do so for the long term.

Yeovil District Hospital NHS Foundation Trust owns 15.3% of the equity of SPS Facilities LLP and holds 20% of the voting rights on matters not requiring unanimous consent of members as identified within the contractual arrangements.

SW Path Services LLP – Company Number: OC383198

Registered office – 1 Kingdom Street, London, W2 6BD

The associate is SW Path Services LLP incorporated in the United Kingdom with its principle place of business being Somerset.

Yeovil District Hospital NHS Foundation Trust owns 15.3% of the equity of SW Path Services LLP and holds 20% of the voting rights on matters not requiring unanimous consent of members as identified within the contractual arrangements.

Yeovil District Hospital NHS Foundation Trust Charitable Fund

Registered Charity Number: 1057580

Registered office – Yeovil District Hospital, Yeovil, Somerset, BA21 4AT

The charitable purpose or purposes relating to the National Health Service (NHS umbrella charity) wholly or mainly for Yeovil District Hospital NHS Foundation Trust.

33. Financial Instruments

A financial instrument is a contract that gives rise to both a financial asset in one entity and a financial liability or equity instrument in another entity. IFRS 7, Financial Instruments: Disclosures, requires disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities. The financial assets and liabilities of the group are generated by day to day operational activities rather than being held to change the risks facing the Group in undertaking its activities.

Also financial instruments play a much more limited role in creating or changing risk than would be typical of the listed companies to which IFRS 7 mainly applies.

34. Financial Risk Management

The Group's financial risk management operations are carried out by the Group's Treasury Function, within the parameters formally defined within the Treasury Management Guidance, agreed by the Group Audit Committee. Group treasury activity is routinely reported and is subject to review by internal and external auditors.

The Group's financial instruments comprise of cash and liquid resources and various items such as trade debtors and creditors that arise directly from its operations. The Group does not undertake speculative treasury transactions.

34.1 Liquidity Risk

The NHS Foundation Trust's net operating costs are incurred under contracts with commissioners, which are financed from resources voted annually by Parliament. Yeovil District Hospital NHS Foundation Trust submitted an annual plan to its regulator NHS England for 2023/24.

34.2 Interest Rate Risk

100% of the Group's financial assets nil or fixed rates of interest. The Groups financial liabilities are subject to interest rate changes. This has been assessed as minimal, therefore, the Group is not exposed to significant interest rate risk.

34.3 Foreign Currency Risk

The Group has negligible foreign currency income or expenditure.

34.4 Credit Risk

The majority of the Group's income comes from Government bodies or other NHS organisations under contractual arrangements meaning that the Group is not exposed to high levels of credit risk.

Other income is subject to credit control procedures which are regularly reviewed by management. Outstanding debtors are referred to a credit collection agency once the Group has exhausted all other methods of collection.

34.5 Price Risk

The Group invests its surplus cash in Government Banking Services Accounts (GBS) therefore it is not subject to market price risk.

34.6 Cashflow Risk

Cash is invested in accordance with approved procedures. Cashflows are monitored and weekly forecasts are produced to ensure commitments are met. Payables are also monitored and managed to ensure all commitments are met.

34.7 Financial Assets

Group	Carrying Amount 31 Mar 2023 £'000	Fair Value 31 Mar 2023 £'000	Carrying Amount 31 Mar 2022 £'000	Fair Value 31 Mar 2022 £'000
Trade and other receivables	12,865	12,865	11,295	11,295
Cash at bank	24,464	24,464	30,463	30,463
	<u>37,329</u>	<u>37,329</u>	<u>41,758</u>	<u>41,758</u>
Trust	Carrying Amount 31 Mar 2023 £'000	Fair Value 31 Mar 2023 £'000	Carrying Amount 31 Mar 2022 £'000	Fair Value 31 Mar 2022 £'000
Trade and other receivables	36,052	36,052	30,979	30,979
Cash at bank	12,836	12,836	22,606	22,606
	<u>48,888</u>	<u>48,888</u>	<u>53,585</u>	<u>53,585</u>

34.8 Financial Liabilities

Group	Carrying Amount 31 Mar 2023	Fair Value 31 Mar 2023	Carrying Amount 31 Mar 2022	Fair Value 31 Mar 2022
	£'000	£'000	£'000	£'000
Borrowings	1,055	1,055	1,085	1,085
Leases	60,154	60,154	4,078	4,078
Other creditors	38,452	38,452	39,865	39,865
	<u>99,661</u>	<u>99,661</u>	<u>45,028</u>	<u>45,028</u>

Trust	Carrying Amount 31 Mar 2023	Fair Value 31 Mar 2023	Carrying Amount 31 Mar 2022	Fair Value 31 Mar 2022
	£'000	£'000	£'000	£'000
Leases	79,118	79,118	40,249	40,249
Other creditors	35,468	35,468	29,298	29,298
	<u>114,586</u>	<u>114,586</u>	<u>69,547</u>	<u>69,547</u>

Fair value is not significantly different from book value since, in the calculation of book value, the expected cashflows have been discounted by the HM Treasury discount rates.



Annual Report & Annual Accounts

2022/23

Yeovil District Hospital NHS Foundation Trust

Annual Report and Annual Accounts 2022/23

Presented to Parliament pursuant to
Schedule 7, paragraph 25(4) (a) of the National Health Service Act 2006

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1. FOREWORD FROM CHIEF EXECUTIVE

Welcome to the annual report for Yeovil Hospital NHS Foundation Trust (YDH), for the financial year 2022/3. This report provides detail of our operational and financial performance, but I'd like to provide a strategic overview of our achievements and challenges during this momentous year for the NHS.

During this financial year, we focussed both on providing urgent care for those patients who needed it and at the same time caring for those patients whose care was delayed as a result of the COVID-19 pandemic. Like other NHS providers across England, we saw record numbers of patients (66,479), many of them with complex care needs, attend the Emergency Department at Yeovil District Hospital compared to the previous year (60,009). At the same time, we provided treatment for those patients whose planned treatment had been delayed and reduced the number of long waiting patients, with 369 pathways waiting over 52 weeks compared to 756 in March 2022.

We faced inevitable operational challenges, as we sought to balance the needs of these two groups of patients and faced continued difficulty in discharging patients who did not need to be in an acute hospital but needed additional support. As we grappled with these challenges, we looked to innovative solutions and one of those that we implemented were "ready to go" units at both Yeovil District Hospital and Musgrove Park Hospital. These dedicated units, focus on rehabilitation and reduce the risk of patients deconditioning while they wait to leave hospital. This new model of care moves closer to patients' home environments and was so successful that it reduced the support some patients needed when they left hospital.

Alongside managing and responding to the operational challenges, we also focussed on ensuring that both our organisation, and our facilities, are best place to support our services and colleagues to succeed in the future.

In 2022/23 we went through the final planning and approval processes in preparation of merging our trust with Somerset NHS Foundation Trust (Somerset FT) on 1 April 2023. As a merged organisation we provide community, mental health and learning disability services throughout the county and into Dorset, along with acute services from both Yeovil Hospital and Musgrove Park Hospital and a quarter of Somerset's GP practices through our subsidiary Symphony Healthcare Services.

We merged because we want to provide better care for our patients and ensure that everyone in the county enjoys consistent access to high quality services irrespective of where they live. Working as one organisation, and therefore eliminating organisational boundaries, puts us in a better position to support people to stay well, give equal priority to mental and physical health, deliver services in the most appropriate setting, help us to further improve care for our patients and service users, and make better use of our resources. During 2022/3 our clinical and corporate services worked towards integrating and planning single countywide services.

It is also very important that we have facilities that support us to deliver the best care to our patients. In 2022/3 Yeovil District Hospital received £15m for a new ward and fifth operating theatre that will help us reduce waiting times for patients. The building work is split into two parts. The first part, which we expect to open in autumn 2024, will see Yeovil District Hospital's main theatre suite receive a significant refurbishment and the addition of a fifth operating theatre. The second part of the project is the addition of a new 20-bed ward which we expect to open a little earlier in spring 2024.

These facilities are in addition to a new £5m day theatre which will also help us to significantly reduce waiting times which grew during the pandemic. Work is already underway on the unit which uses funding from the Government's 'Targeted Investment Fund'. The new building will include a theatre suite with recovery rooms, reception and waiting areas, office space and a dedicated facility for colleagues.

The colleagues who work at our trust are right at the heart of our services and we want to ensure that we support them to develop in their roles, to stay healthy and well, and engage with them positively about how to develop and improve our services. I was delighted that colleagues at our trust provided such positive feedback as part of the annual NHS Staff Survey. YDH received the best scores nationally in five elements and both YDH and Somerset FT ranked first and second in order of colleagues "agreeing" or "strongly agreeing" they would recommend it as a place to work. The results also give us clear areas to improve, and my commitment is to continue working with colleagues to develop a supportive and collaborative environment.

I would like to pay tribute to a number of colleagues who reached significant milestones or national recognition for their work. Pat Wilcox, senior sister in our Emergency Department, celebrated 50 years as part of the team at YDH; Débora Horta, ward manager and senior sister in the Special Care Baby Unit, was shortlisted in the Nurse Leader of the Year category of this year's Nursing Times awards; Sarah Levy, head and neck, brain and sarcoma specialist nurse, was shortlisted for Macmillan Cancer Support's "Whatever It Takes" Award; and consultant sonographer Steve Savage was named "Sonographer of the Year" by the British Medical Ultrasound Society (BMUS).

Thank you to all my colleagues at YDH, to our charities, volunteers and supporters. I am enormously grateful for all that you do.



Peter Lewis, Chief Executive, 27 June 2023

2. PERFORMANCE REPORT

The purpose of this performance report and overview is to give the reader a short summary that provides them with sufficient information to understand the organisation, its purpose, the key risks to the achievement of its objectives and how it has performed during the year.

History of Yeovil District Hospital and its Statutory Background

The hospital opened in 1973 and was established as an NHS Foundation Trust on 1 June 2006. It took over the responsibilities, staff and facilities of the previous organisation, East Somerset NHS Trust. On 1 April 2023, Yeovil District Hospital NHS Foundation Trust was acquired by Somerset NHS Foundation Trust via a 'merger by acquisition'. All services previously provided by YDH are now provided by Somerset NHS Foundation Trust. As a public benefit corporation, Yeovil District Hospital NHS Foundation Trust ("YDH" or Yeovil District Hospital" or "the Trust") was authorised under the National Health Service Act to provide goods and services for the purposes of the health service in England.

A vision and mission have been developed for the merged Trust which focusses on supporting our colleagues to deliver outstanding and integrated patient care. The new 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. Further information on this can be found on page 13.

Purpose and Activities of Yeovil District Hospital

Yeovil District Hospital provides outpatient and inpatient consultant services to a catchment population of circa 200,000, primarily from the rural areas of South Somerset, North and West Dorset and parts of Mendip. In 2022/23, services were overseen by the Trust's two strategic divisions (urgent and elective care), which cover the following areas: A&E, acute and general medical services (including inpatient cardiology, gastroenterology, respiratory medicine, elderly care medicine, diabetes & endocrinology), a full range of medical outpatient services, critical care, trauma and orthopaedics, emergency and general surgery (including urology, ENT, ophthalmology and oral surgery), oncology, diagnostic services, paediatrics, obstetrics/maternity and gynaecology. The hospital is an accredited Trauma Unit as part of the Severn Trauma Network. Yeovil District Hospital NHS Foundation Trust was registered without conditions as a healthcare provider with the Care Quality Commission (CQC). The Trust had no branches outside the United Kingdom.

Strategic Context

Yeovil District Hospital is situated in Somerset, which is a largely rural county with a population of circa 572,000. In recent years, the Somerset population has continued to grow in size, with an ageing demographic. Nationally, the proportion of older people aged above 75 with a long-term condition has risen, and their needs are likely to become more complex, leading to increased demand for NHS services. In the next 25 years, in England, the number of people older than 85 will double to 2.6million.¹

While smoking rates in Somerset are decreasing; diabetes, obesity, dementia and mental health issues are on the rise. Faced with these challenges, as well as those from Covid-19, the case could not be clearer for joining up and integrating care around people rather than around traditional institutional silos.

¹ Raymond A, Bazeer N, Barclay C, Krelle H, Idriss O, Tallack C, Kelly E. Our ageing population: how ageing affects health and care need in England. The Health Foundation; 2021 (<https://doi.org/10.37829/HF-2021-RC16>).

The geography of Somerset and the surrounding areas, and the local population demographics present challenges for the provision of health services. There is an increased body of evidence around the challenges of providing health services to people living in rural areas and coastal communities.

We are struggling, like the rest of the NHS, with the impact of chronic nationwide workforce shortages, and this situation is exacerbated by local demographics as Somerset has proportionately fewer people of working age than other parts of the country. Many of our staff go above and beyond on a daily basis to do the best for patients, but the current position in some services is unsustainable, both for individual colleagues and our organisations.

In common with the experience across England, and partly stemming from the Covid-19 pandemic, we have seen collaboration across health and social care take place at a pace and scale previously unimaginable. The pandemic accelerated collaborative working in Somerset, enabling us to deliver care to those in need while at the same time radically changing ways of working, tackling local bureaucracy and becoming more integrated.

Merger with Somerset NHS Foundation Trust

Yeovil District Hospital NHS Foundation Trust was formally acquired by Somerset NHS Foundation Trust on 1 April 2023 as part of a 'merger by acquisition'. This was in response to the recognition that no individual organisation in Somerset had what it would take to respond to the challenges alone. The merger brought together our skills, knowledge and resources in health together with those of our colleagues in social care, education, housing and the voluntary sector to tackle health inequalities and to enable our communities to thrive.

The journey towards merging both Yeovil District Hospital NHS Foundation Trust and Somerset NHS Foundation started in May 2020, where both Trusts signed a Memorandum of Understanding (MoU) in which the Trusts committed to work together for the benefit of the Somerset population by aligning the Trusts' strategic goals and operational activities. The Trusts signed the MoU to improve services for patients, but it was not intended to be a permanent position. Moving towards acting as one Trust, but legally being two separate organisations, carries cost and time inefficiencies which were hard to justify in the long-term. There was also a risk of lack of clarity around accountabilities as we continued to integrate and blur some organisational boundaries.

Following directly from this greater collaborative working, the Trust Boards explored options for the future. This included using an agreed selection criteria leading to three shortlisted options. Independent support was sought from Deloitte LLP, resulting in the conclusion that neither a Partnership Board nor a Strategic Group Board model would deliver the sustainable system change that Somerset needs; and that a single leadership team and Board would be the most effective mechanism for realising the significant benefits to be had from closer collaboration. The Trust Boards therefore concluded that formally bringing the two organisations together was the preferred model.

Both Trusts worked closely together to decide which route to merge would be the least disruptive to colleagues, the least bureaucratic and the most cost effective. There are three routes available within the NHS in formally bringing two organisations together.

1. A **statutory merger** is the full dissolution of both trusts and the creation of a new trust. This is very complex, expensive, and disruptive. It requires all colleagues at both organisations to TUPE (transfer their employment) to a new organisation.
2. A **statutory acquisition** is not suitable for our situation and does not reflect the principles of our merger. This route is most commonly used when the acquired Trust

is underperforming and has safety issues. The staff of the acquired trust would TUPE to the acquiring organisation.

3. A '**merger by acquisition**' under Section 56A of the NHS Act 2006 is an application made jointly by an NHS foundation trust and another NHS foundation trust or NHS trust. This means one trust assumes the position of *acquirer* in order to enable the new organisation to be created. In almost all cases, this will be the organisation with the greatest number of sites as there is a fee to be paid for each property that transfers into the acquiring organisation.

This last route was considered the most effective, least expensive and least disruptive route to merger. Colleagues from the acquired trust TUPE'd into the organisation which assumed the role of acquiring trust.

Therefore, the Boards of both trusts committed to a merger by acquisition route, through which Yeovil Hospital was acquired by Somerset NHS Foundation Trust. This enabled us to get on with the important task of creating an organisation that is able to provide the best possible care for the population and be the best possible employer.

Despite the technical acquisition, this was a merger of equals, bringing together our expertise, experience, resources and cultures and passion for care to create a new organisation that is capable of developing and delivering world-class health and mental health care. Both Trusts wanted to create a merged organisation that brings together the best of both organisations.

Merger enables us to build a stronger, more resilient organisation that will provide an environment where colleagues can thrive, develop their careers, and are enabled to do the best job they can. Our newly developed People Strategy sets out how we will do this in a way that enables us to retain the talent we have and recruit the best people to come and work in Somerset.

The merger brings together 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 now in a unique position to provide genuinely integrated mental and physical health care, spanning whole patient pathways.

The key expected benefits of merger are summarised in the table below. In line with our clinical strategy, we have considered patient benefits in terms of time – both maximising years of healthy life and making time in healthcare count. Merger offers us significant scope to deliver benefits for patients and this is the primary driver for merger. It also helps us tackle our workforce issues, which in turn helps to drive high quality patient care.

Benefits	
Patients	
More time in good health (from better health outcomes) <ul style="list-style-type: none">• Earlier intervention meaning illness is less likely to escalate to crisis or emergency• Quicker access to diagnosis and treatment, including specialist care• Improved access to holistic care which meets both physical and mental health needs	Making every minute count (by eliminating wasted time in healthcare) <ul style="list-style-type: none">• Effective use of spare diagnostic and treatment capacity wherever it exists in the county• Eliminating wasteful steps in pathways, including duplicate

Benefits	
<ul style="list-style-type: none"> Improved patient safety from simpler, quicker pathways and shared patient record systems Better health outcomes as colleagues see wider range of clinical cases, share knowledge & best practice Unwarranted variation reduced through consistent county-wide pathways Ready access to patients' full clinical history via shared IT systems which increases patient safety and good clinical outcomes Equity of care across the county from consistent approach Improved patient experience from streamlined pathways, and in some cases less travel for care. 	<ul style="list-style-type: none"> investigations or steps without clinical value Smoother transfer between acute, community and mental health settings when all are run by the same Trust More care closer to home (in community settings) which increases patient choice and reduces patient travel time & inconvenience
Colleagues	
<ul style="list-style-type: none"> Improved wellbeing and motivation from more resilient services Increased job satisfaction from broader career opportunities Colleagues freed up for front line care by efficiencies deriving from streamlined pathways, shared IT systems, and removal of duplicate tasks Greater colleague capacity to implement transformational changes which benefit patients 	
Trust & System	
<ul style="list-style-type: none"> Improved recruitment & retention from improved staff offer Fragile services placed on a more sustainable footing Better able to respond to rising demand Easier to redirect resources to services or parts of a pathway where most needed Better placed to work with partners to implement new care models which are more responsive, and less bureaucratic & costly Easier to integrate with the work of partners when we are one organisation Better able to implement population health management and tackle health inequalities Creates further opportunities to align functions and services in Somerset 	

The full [Business Case](#) and [Patient Benefits Case](#) for the merger are available on the Trust's public website.

The Somerset healthcare system

Our system benefits from strong working relationships between health, social care and voluntary sector partners based on a culture of openness, support and constructive challenge.

Integrated care systems (ICS) have grown out of Sustainability and Transformation Partnerships (STPs) – local partnerships formed in 2016 to develop long-term plans for the future of health and care services in their area. ICSs became legal entities on 1 July 2022 as part of the Health and Care Act 2022 and includes a statutory Integrated Care Partnership (ICP), and a new NHS body called the Integrated Care Board (ICB).

An Integrated Care System (ICS) brings together the NHS organisations, councils, and wider partners in a defined geographical area to deliver more joined up approaches to improving health and care outcomes.

ICSs remove barriers between organisations to deliver better, more joined up care for local communities. ICS partners share a common vision to improve health and care, backed by robust operational and financial plans, collective leadership and accountability.

Collaborating as ICSs will help health and care organisations tackle complex challenges.



For several years prior to the formal establishment of ICSs, in Somerset we had been working in an integrated and collaborative way.

There is recognition of the growing challenges across the health and care system and the need to ensure that the various parts of the system work more closely together. Successful integration of patient pathways requires close collaborative working between all providers, including primary and social care, neighbouring trusts, other public sector organisations and the voluntary sector.

As a Provider, Yeovil District Hospital has had an active and strong leadership role to play in system and place-based partnerships, provider collaboratives, and the wider health and care system in England. This includes collaborating with system partners and local authorities to transform care and manage system performance and was clearly a key driver of the decision to merge with Somerset NHS Foundation Trust.

We have a strong track record of consistently engaging in shared planning and decision making through leaders participating with appropriate authority within the Somerset system, including in respect of capital plans. The Trust takes collective responsibility with our system partners for the delivery of services, which includes the management of risk across the whole Somerset system rather than focussing solely on the risks within the organisation. This in turn enables improvements to care and quality across pathways and services. The Trust is committed to recognise the need for sufficient resources and ensuring that digital and data systems enable this shared planning and decision making.

With respect to planning, the Trust ensures that its organisational plans integrate with the wider Somerset system plan and annual capital plans, agreeing areas of focus for service delivery and estates improvements. This includes the duty on local resource usage not exceeding the limit set by NHS England. One example of the collaborative working is that the first five organisational objectives for the merged Trust replicate the five health and care aims as agreed at system level. More information on this can be found on page 15.

Challenges to the healthcare system in 2022/23

In response to Covid-19, NHS organisations including Yeovil District Hospital were required to rapidly re-design services on a large scale in order to provide capacity and resource for the treatment of patients with Covid-19. This included the postponement of planned treatment, changing the way that appointments are provided, through the use of online and telephone consultations, redeploying staff and identifying additional bed and intensive care capacity. These changes in demand and supply not only affect patients with Covid-19, but have had a significant (and lasting) impact on the care we provide to the wider population.

Whilst Covid-19 restrictions have since been stood down across the country, the NHS is still required to retain a number of infection control policies and procedures. This continues to have an impact on the Trust's ability to restore all elective services. The longer-term impact has meant that elective waiting times have increased, with a significantly higher number of patients now waiting over 18 weeks for their treatment.

These changes in demand, coupled with the challenges in sickness and absence of nursing and medical staff, the recent industrial action taken by a range of staffing groups, and the wider system challenges in the availability of health and social care services, particularly home care, has been experienced by the entire Somerset health and social care system.

The merger has given us the opportunity to capitalise on the innovations made particularly in the early stages of the pandemic and embed them across the county. It is clear that work to deal with the consequences of Covid-19, including reducing the elective backlog, will be required for some time – possibly for years.

Despite the challenges faced during 2022/23, Yeovil District Hospital continued to maintain performance across a range of key performance standards, including the four-hour accident and emergency waiting times, although performance was below the nationally set targets. This is a direct impact of the continued demand experienced across the NHS. Further information on performance indicators and constitutional standards can be found on page 16 onwards.

The Trust was immensely proud of the 2022 staff survey results, which reflect the positive culture that exists within Yeovil District Hospital. Across the survey's themes, Yeovil Hospital scored higher than the benchmark group average and in three were consistent with the best in the country. This includes the themes: we are recognised and rewarded, we work flexibly, and we are a team. More information on the staff survey results can be found on page 67.

Our Vision, Strategy, Values and Behaviours

Recognising the integration and closer working with Somerset NHS Foundation Trust, we have developed a new vision, values and strategy that builds upon the previous organisations' visions and reflects the integrated services which the merged Trust provides, and our commitment to focus on the health of the population we serve. This vision is supported by shared values that we have developed following a widespread consultation exercise with colleagues from both organisations ahead of merger.

Our mission and vision for the merged Trust focusses on supporting our colleagues to deliver outstanding and integrated care.

Mission

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

Vision

Thriving Colleagues, Integrated Care, Healthier People

We will deliver this mission and vision via our single organisation strategy, which has the following eight objectives:

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

Our clinical strategy is core to the delivery of our vision for the merged Trust, and the first five objectives of the organisation strategy replicate the five health and care aims which have been agreed at system level. These clinical aims sit alongside our strategic financial and people objectives as our core three strategies. The final objective describes the type of organisation we want to be, linked to the delivery of our vision and values.

We know that we cannot deliver the five system clinical health and care aims on our own, so effective working with our partners in Somerset and beyond will be key to our success. The remaining enablers, which are all internal, will be supported by the following strategies:

- **Green Plan:** our actions to deliver our target of being a net zero carbon Trust by 2040
- **Digital strategy:** how we will provide digital services that drive excellent support and care, communication, information, and improved efficiency

- **Estates strategy:** how we will make best use of our combined estate to support the delivery of safe, effective, high-quality care
- **Quality strategy:** how we will ensure patient safety, learning and good clinical governance in the merged Trust
- **Communications and engagement strategy:** how we will engage, inform and involve our stakeholders in our work.

With the support of a specialist independent consultant, A Kind Life, we have developed a joint set of values and behaviours for the merged Trust which help us deliver our vision. These values provide a common set of expectations for how we deliver care and work together in pursuit of our vision. They will guide colleagues and help inform the developing culture of the merged Trust.

	I will ...	I won't...
Respect		
Honesty	make it safe and easy for people to speak up about issues, give kind and fair feedback, and be open to receiving it too	criticise people for mistakes, stay silent when needing to speak up, be closed to feedback about myself
Integrity	set and deliver high standards, adhere to follow agreed, evidence-based practice, professional, ambitious, try to do the right thing, put patients first	accept low standards, 'walk past' issues when I see them, come across as 'too busy' or often be late, unprofessional, fail to adhere to agreed, evidence-based practice
Equity	embrace others' strengths, value different backgrounds, cultures and stories, include others, advocate for equity and diversity in the organisation	dismiss others' views, experiences or backgrounds, ignore if you see someone being treated differently because of their background
Civility	be polite approachable and welcoming to everyone, challenge each other respectfully, be considerate of others	belittle or dismiss others, be rude, uncivil, or use an abrupt tone of voice, undermine or bully others, be reactive to others or ignore others
Kindness		
Compassion	treat people as valued individuals, protect their dignity and privacy with compassion, be patient, understanding, self aware, patient	be indifferent to others struggles, or dismissive of their feelings, stories or journeys, make mean comments or be unkind
Positivity	be optimistic, bring a positive, 'can-do' attitude, bring a smile, welcome change, be hopeful about what is possible, act with courage	focus on problems rather than solutions, moan, be negative or complain without acting to solve or improve the situation, avoid challenges and growth opportunities
Understanding	put myself in other people's shoes, act with empathy; take the time to understand others' concerns, be self aware; be authentic, calm	refuse to see things from other people's perspectives, or consider what might be going on for other people
Appreciation	notice the little things other people do to make a difference and give ABC appreciation so that they feel valued, celebrate success	ignore it when people do great things or 'take the credit' for others' achievements, only give negative feedback without appreciating what is going well
Teamwork		
Support	be attentive to other people's needs and feelings, reliable, offer help, do what I say I will, encourage others and help them take responsibility	avoid helping when I see someone in need, make people feel 'a burden', have a 'not my patient / job' attitude
Collaboration	work together, seek opportunities to share, ask for ideas and input, seek cross team and service input, involve and encourage others, communicate clearly	work in 'silos', not seek out opportunities to work with or share learning with other teams, services or divisions, isolate or exclude others
Listening	listen with curiosity and empathy, giving people time to speak, welcome different views, seek out information	dismiss others' views or ideas without giving them a chance to explain, talk over people as if they aren't there, ignore concerns, dictate, interrupt, lecture or argue
Trust	be open and transparent when communicating, building trusting relationships with colleagues, reassuring	be 'economical with the truth', make no effort to share information, withhold information others need, or leave them 'in the dark'

Prior to the development of this single vision and strategy, Yeovil District Hospital had four strategic objectives, supported by a clear set of organisational priorities. This vision and strategy were also developed in collaboration with staff from across the organisation. As well as guiding decision-making, the strategy was intended to provide staff with opportunities to identify and implement improvements in their own areas of work.

Yeovil District Hospital had a clear set of values that was based on the principles of iCARE. These principles were initially developed over fourteen years ago by nursing staff and underpinned all activities within the hospital; whether it was providing life-saving treatment, how staff relate to one another or our ambition of providing a warm and caring welcome to our hospital.

I	t reating our patients and staff as I ndividuals
C	e ffective C ommunication
A	p ositive A ttitude
R	R espect for patients, carers and staff
E	E nvironment conducive to care and recovery



2022/23 Performance Summary

The Trust was not inspected by the Care Quality Commission during 2022/23. The previous formal inspection was in February 2021, which was an unannounced, but routine, inspection at Yeovil District Hospital, focussed specifically on infection prevention and control. The Care Quality Commission conducted these inspections in care settings across the country, specifically to see that:

- adequate PPE is available for staff and residents to control infection safely;
- staff are properly trained to deal with outbreaks and the proper procedures are in place;
- shielding and social distancing is being complied with; and
- layout of premises, use of space and hygiene practice promote safety.

The findings from the report were wholly positive with the Care Quality Commission recognising that the Trust had a clear vision and strategy for continuously improving practices relating to infection prevention and control, and that these practices were aligned with other departments and the wider healthcare system. The report outlined that staff felt respected, supported and valued, and the service had an open culture where staff could raise concerns without fear. An assurance system was recognised to be in place for infection prevention and control, which enabled performance issues and risks to be reviewed.

The Care Quality Commission identified outstanding practice with Yeovil Hospital in relation to infection prevention and control, including the Trust recognising the importance of, and benefitting from, bringing the bed management team and infection prevention and control team together to work as one team during the pandemic. Another area of outstanding practice was recognising the value and importance of a high degree of support for staff and,

in the recent staff survey, the Trust was rated among the best in the country for staff engagement.

A small number of 'should-do' actions were identified, including the review of processes to update and review policies and standard operating procedures, identify and document actions to improve compliance following audits, include a review of any eye protection when auditing infection prevention and control compliance, and to consider systems and processes to easily gain assurance about cleaning regime completed.

This infection prevention and control inspection does not influence the Care Quality Commission ratings for the Trust. Therefore, the Trust's rating remained in place from the full inspection conducted in 2019/20 of which an overview is provided below.

The 2019/20 report outlined there had been clear progress since the previous inspection and in two domains the highest Outstanding rating was achieved. The hospital's core services were rated as Good for caring and for being effective, responsive and well led. The hospital was rated as Requires Improvement under the safe domain. It is important to clarify the reasons behind the ratings given against the safe domain, which related to technical aspects of the service and did not, in themselves, suggest clinical risk to patients. The Care Quality Commission noted certain areas where it would like to have seen greater clarification, evidence or improvement, including the need for greater consistency in record keeping and changes to the support provided for children and young people with mental health issues. All 'must do' actions identified by the Care Quality Commission were completed in 2020/21 with ongoing monitoring as to their effectiveness.

The Care Quality Commission published the Trust's Use of Resources report at the same time, which is based on an assessment undertaken by NHS Improvement. As has previously been noted, the Trust was rated as Inadequate for using its resources productively. The combined rating for the Trust, taking into account the Care Quality Commission's inspection for the quality of services and NHS Improvement's assessment for Use of Resources, is Requires Improvement.

Subsequent to the Use of Resources inspection, the Trust underwent an externally facilitated Financial Governance Review commissioned by NHS England and Improvement. The purpose of the review was to look at the Trust's understanding of its financial position and fitness of the arrangements in place to deliver continuous improvement. In addition, the report was to provide assurance to both the regulators and the Trust Board and make recommendations for improvement.

The Financial Governance Review again outlined that the major factors contributing to the deficit related to diseconomies of scale due to the hospital's size and rurality, loss making subsidiary companies, aspects of the 2019/20 contractual arrangements and excess operational costs. There were however, a number of areas of good practice, including:

- appropriate Board and Committee focus on finance
- sound and accurate financial reporting
- effective Financial Resilience and Commercial Committee; and
- Cost Improvement Plan delivery is well organised and reported.

A number of opportunities for improvement were identified, including strengthening the business planning process, the accountability framework, presentation of financial information, developing a more dynamic financial management culture and exploring additional CIP opportunities.

To facilitate these improvements, the Trust established three action and delivery plans. The first considered the 2019/20 financial recovery and was delivered in that year; the second is a financial governance and control improvement plan, which has been delivered despite the challenges of Covid-19; and finally, the development of a four-year financial recovery and sustainability plan to 2023/24, which has since been superseded in its original form by the development of the merger and Integrated Care System proposals.

The matrix of core service results from the Care Quality Commission inspection is shown below:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑ Apr 2019	Good ↑ Apr 2019	Good ↔ Apr 2019	Outstanding ↑↑ Apr 2019	Good ↑ Apr 2019	Good ↑ Apr 2019
Medical care (including older people's care)	Requires improvement ↔ Apr 2019	Good ↔ Apr 2019	Good ↔ Apr 2019	Good ↑ Apr 2019	Good ↑ Apr 2019	Good ↑ Apr 2019
Surgery	Requires improvement Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016
Critical care	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016
Maternity	Good Apr 2019	Good Apr 2019	Outstanding Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019
Services for children and young people	Requires improvement ↔ Apr 2019	Good ↔ Apr 2019	Good ↔ Apr 2019	Good ↔ Apr 2019	Good ↑ Apr 2019	Good ↑ Apr 2019
End of life care	Requires improvement ↓ Apr 2019	Good ↑ Apr 2019	Good ↔ Apr 2019	Good ↔ Apr 2019	Good ↑ Apr 2019	Good ↑ Apr 2019
Outpatients	Good Jul 2016	N/A	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016
Overall*	Requires improvement ↔ Apr 2019	Good ↑ Apr 2019	Good ↔ Apr 2019	Good ↑ Apr 2019	Good ↑ Apr 2019	Good ↑ Apr 2019

Our year 2022/23



47,697
patients admitted



159,915
radiology tests



66,479
ED attendances



2,688
children admitted



1,253
babies born



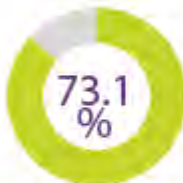
1,817
patients treated
for cancer



referral to treatment
within 18 weeks
(Target 92%)
up to March 2023



410
stroke patients
treated



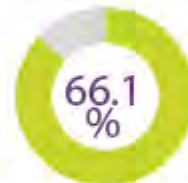
ED patients seen
within 4 hours
(Target 95%)



353
fractured hips
mended



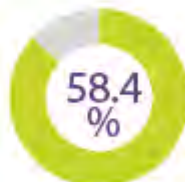
543
patients
assessed
by the frailty
team



Diagnostic six week
performance
(Target 99%)



4,460
admissions
avoided
through AEC



Cancer
2 Week Wait
(Target 93%)



Cancer
31 Day First
(Target 96%)



Cancer 62 Day
Standard
(Target 85%)



27
new doctors



23
new nurses
inc. unregistered
& students



3,008 treated for
COVID-19
2,833 recovered
from COVID-19

The period ending in March 2023 has once again been a challenging year in the history of the NHS and Yeovil District Hospital. The longer-term impacts of the Covid-19 pandemic continue to be felt, with the initial need to postpone non-urgent routine hospital treatment in order to free up staff and bed capacity, having had a significant impact on waiting times across all specialties.

The Somerset system's elective waiting lists have significantly increased, and the recovery of this position is likely to take some time. The Trust has worked to reduce waiting times, focussing on patients with the highest clinical priority and those who have waited the longest. Progress in this has been further impacted by the industrial action in recent months.

As of the end of March 2023, 4,665 pathways were waiting over 18 weeks for a definitive treatment, compared to 4,123 for the same period the previous year. There has however been a reduction in the number of long waiting patients, with 369 pathways waiting over 52 weeks compared to 756 in March 2022.

In line with increased demand experienced across the NHS, there has been a 'bounce back' in the number of referrals. As such, as of 31 March 2023, there were 14,487 incomplete patient pathways compared to 11,623 in March 2019 prior to the pandemic.

The Trust has experienced a significant growth in the number of people attending the hospital's Emergency Department. 2022/23 saw an increase in attendances of 9.7% compared to the previous year. Alongside this increase in activity, the acuity level of patients attending has risen. This, alongside challenges in patient flow throughout the hospital as a result of complexities on patient discharge and access to community services, had impacted the Emergency Department performance with 78% of patients seen within the four-hour target compared to 88% the previous year. In March 2023, 26% of emergency department attendances resulted in an inpatient stay.

Performance against the diagnostic waiting times standard varied throughout the year. Across all diagnostic tests, 70.2% of patients were seen within the six-week wait target. This had been impacted by reduced capacity within echocardiology and audiology. Further work is ongoing to improve this position with recent improvements in imaging waiting times.

At the start of the Covid-19 pandemic, the Trust recognised the importance of supporting and protecting patients whose condition or treatment put them at increased risk of severe Covid-19 symptoms. Therefore, in May 2020, as part of the efforts to maintain essential services and to keep patients safe, the oncology and haematology services were moved to a new home at St Margaret's Hospice, Yeovil. This prevented patients having to attend the hospital and meant that they could maintain their care within a dedicated space, remote from the hospital's other clinical services, staff and patients.

The maintenance of these essential services has meant that cancer services has continued throughout, with 90.7% of patients receiving their treatment within 31 days. There have been some variations in the achievement of the two-week wait suspected cancer performance, partially due to an overall increase in the number of two-week wait referrals, but also due to patient choice and capacity constraints.

The 62-day standard has also been impacted by the capacity issues within dermatology and colorectal. The standard has also been impacted by the number of shared pathways with tertiary providers. Despite these specific challenges, the Trust continues to deliver comparatively good performance against 28-day diagnostic standard.

Notwithstanding the challenges faced, in 2022/23 Yeovil Hospital was consistently rated as a good performer against the national position across the whole range of indicators. This continued performance is testament to the commitment and dedication of our staff and volunteers.

With regard to financial performance, for 2022/23, the Yeovil District Hospital Group reported a break-even position, which was in line with the plan. Services continue to be under significant pressure from high levels of demand and difficulties discharging patients in a

timely manner, although this has eased from the peaks seen during winter. This is a significant achievement in what has been an extremely challenging year, however it is important to recognise the scale of the underlying financial challenge that remains and will need to be tackled in the future.

The Trust achieved £4.563m in Cost Improvement Plans (CIP) which was in line with plan. However, of this only £1.009m (22%) is recurrent. Work is continuing as we look to increase the level of recurrent CIP into 2023/24.

The Board recognises the continued challenges regarding the financial position and is committed to work to address these through its own internal focus on efficiency and productivity. It will also work collaboratively with local partners to ensure a system response to the countywide deficit position and address the key strategic issues identified as driving this position.

Performance Analysis and Assurance

Throughout the organisation, structured governance arrangements have remained in place with clear lines of reporting from “Ward to Board” across operational, quality, safety, patient experience and finance metrics, through steering groups and assurance committees, to the Board. The Board monitors and reviews key quality, operational and financial performance metrics through the Board of Directors, which meets eight times a year. Further scrutiny takes place within the Audit Committee, Governance and Quality Assurance Committee, the Financial Resilience and Commercial Committee and the People Committee on a monthly, bi-monthly or a quarterly basis.

Operational dashboards are monitored and reviewed by individual wards and departments and the urgent and elective care strategic business units. These dashboards include key quality metrics covering infection control, patient safety and falls. The performance metrics for Yeovil District Hospital are set nationally and reported to NHS England which holds the hospital to account along with the Trust’s commissioners through contracting arrangements.

Each report or paper received by either the Board or a Board Assurance Committee includes a cover sheet outlining how the relevant information contained within the report links with the strategic priorities of the Trust in conjunction with any specific risks that are addressed by the paper. These risks may be recorded on the corporate risk register and/or departmental risk registers.

Alongside the Board Assurance Committees, the business units, through Quality, Outcomes, Finance and Performance (QOFP) review meetings, ensure direct oversight of the operational performance reporting and assurance process.

These meetings include the executive team, business managers, senior nurses and clinical directors who review performance along with a focus on any specific risks identified through departmental and corporate risk registers. The performance overview includes a balanced scorecard of financial, workforce, quality and operational performance KPIs. Any areas where performance has declined are reviewed and any risks are considered.

Equality of Service Delivery

As a public sector organisation, there is a statutory requirement to ensure that equality, diversity and human rights are embedded into all functions and activities as per the Equality Act 2010, the Human Rights Act 1998 and the NHS Constitution. In all aspects of our business we will have due regard to the need to working towards achieving the general duties set out in the act:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share protected characteristics and those who do not.

This means that the Trust should:

- work towards removing or minimising disadvantages suffered by people due to their protected characteristics;
- take steps to meet the needs of people from protected groups where these are different from the needs of other people; and
- encourage people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Work we have undertaken during 2022/23 to ensure equality of service delivery includes the following:

- We continue to have a thriving approach to co-production, with Recovery Partners (Experts by Experience) involved in many aspects of patient participation as well as co-producing projects and service developments. The rollout of 'Attend Anywhere' clinics across Somerset has been successfully adopted within most outpatient services, enabling the continued delivery of care to patients across Somerset during the pandemic.
- We have identified that we wish to strengthen further, at a system level, approaches to people with Learning Disabilities. The launch event for this is in its planning stages.
- We have developed the Neurodevelopmental team partnership, to provide an equitable and consistent pathway approach to Autism referrals across the county, as part of the wider special educational needs and disabilities (SEND) work.
- Interpretation services have been adapted to remote working through virtual and telephone appointments, and take-up has remained high.
- The NHS Long Term Plan commits to making further improvements to the care for people with dementia, identifying dementia as an improvement priority. It aims to improve the care provided to people with dementia and delirium, whether they are in hospital or at home. In Somerset we have launched the Somerset Dementia Wellbeing model, a collaboration between VCSE and statutory dementia services, who are working together to improve diagnosis, enhance support in the community and provide an excellent, consistent service for people with dementia and their carers in Somerset. The aims of the service are to:
 - co-produce and improve diagnosis processes and performance and boost post-diagnostic support for all people in Somerset wherever they live or engage with services;
 - provide quick access to trusted, localised dementia information, physically, digitally and by phone call;
 - provide better dementia training for all carers, paid and unpaid, and all health and care staff involved in dementia care;
 - raise awareness of dementia across the county and make Somerset a dementia-friendly community; and
 - provide more support, respite and opportunities for networking and peer support for all carers.

Summary of the Principal Risks faced and how these have affected the delivery of objectives

As described in the foreword to this Annual Report, the NHS has continued to experience significant challenges, both in relation to increasing demand for services, staff sickness and absence, and those challenges directly associated with ensuring safe patient care whilst maintaining infection control policies and protocols.

The impact of Covid-19 continues to be felt with a number of reconfigurations and requirements still in place in order to care for patients and maintain safe pathways for patients attending. Through the initial phases of the pandemic, a number of colleagues were initially deployed across services and departments to support the Trust's response. This inevitably resulted in the postponing and suspension of some planned treatment pathways or the need to carry out appointments in a virtual format.

In more recent times, the continued growth in demand, coupled with staff shortages, through either absence or the recent industrial action, has meant the recovery of elective services has been further challenged. The Trust has also observed an increase in the acuity of patients attending the hospital as a potential consequence of de-conditioning during the pandemic and challenges in accessing patient care.

In addition to these overarching risks and issues, the Trust recognises a number of principal risks to the organisation, as monitored by the Board Assurance Framework. The Board Assurance Framework identifies which of the strategic objectives may be at risk because of inadequacies in the operation of controls, or where the Trust has insufficient assurance that the actions and mitigations will deliver the objectives. At the same time, it encompasses the control of risk, provides structured assurances about where risks are being managed and ensures that objectives are being delivered.

The common areas of risk identified across the objectives are:

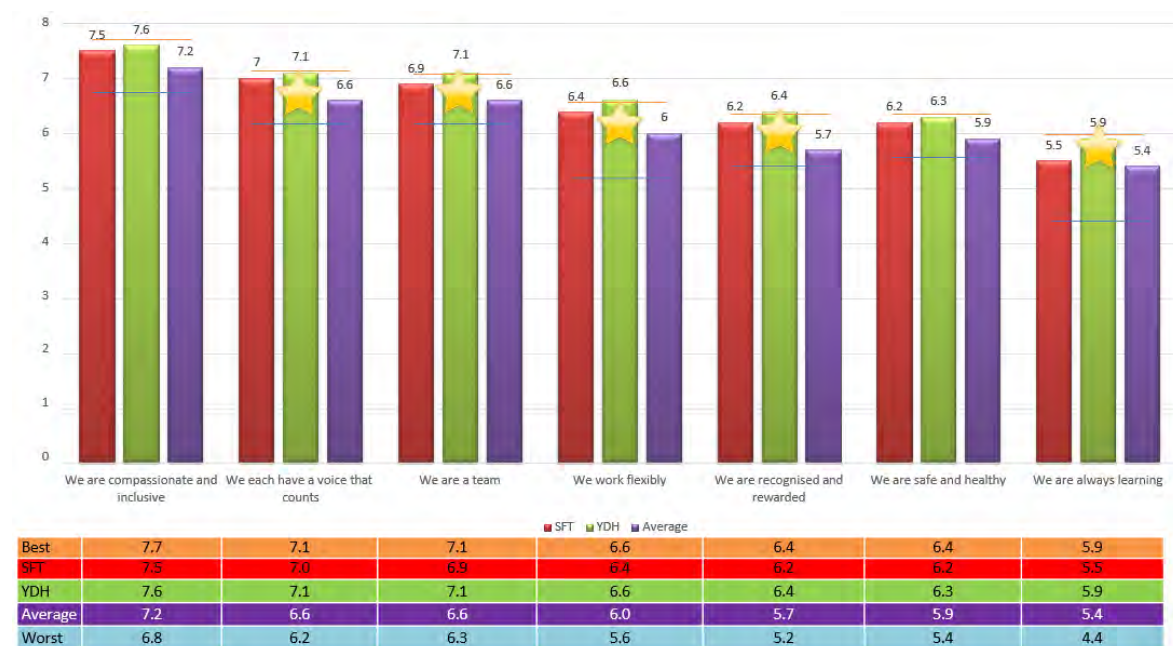
- pressures in social care and intermediate care;
- insufficient capacity to meet demand;
- infrastructure investment and aging estate;
- pressures in primary care;
- workforce recruitment and retention;
- the impact of the pandemic; and
- delivery of financial plans.

The current level of activity being faced by the Trusts across all their services continues to impact significantly the steps to deliver all objectives and mitigate the risks. Recent Board and system-level discussions on the pressures in primary care, social care and other providers and their impact on the Trusts' achievements of our clinical and corporate objectives continue to be reviewed.

Achievements, Celebrations and Anniversaries within 2022/23

Staff Survey Results

The 2022 NHS Staff Survey was completed throughout October and November. The survey provides feedback on the nine elements and themes of the NHSE People Promise, with Yeovil District Hospital receiving the best scores nationally in five of the elements, including ranking first in order of colleagues “agreeing” or “strongly agreeing” they would recommend it as a place to work.



Further information on the staff survey can be found within the Staff Report on page 61.

“Sonographer of the Year” in national awards

Yeovil Hospital consultant sonographer Steve Savage was named “Sonographer of the Year” by the British Medical Ultrasound Society (BMUS). Nominated by his own team, the submission celebrated all his good work supporting colleagues in the team and his patients, but his work is far reaching across the Trust including the Emergency Department, the intensive care unit and respiratory teams. From training other consultants and GPs, to setting up lunchtime tutorials for student radiographers, and encouraging his team members, his work has benefited patients across Somerset and beyond.



Celebrations as a second surgical robot is confirmed for Somerset

Main theatres at Yeovil Hospital will be home to a new surgical robot in 2023. This robot will be in addition to the robot installed within Musgrove Park Hospital in Taunton which means that patients across Somerset, regardless of postcode, will have equal access to the more intricate, less invasive surgery the da Vinci Xi surgical system enables surgeons to perform.

Da Vinci systems are used in a range of surgical specialities including urology, gynaecology, colorectal, thoracic and head and neck. There are more than 34,000 independent studies

that suggest robotic-assisted surgery can offer patients demonstrated benefits compared with open surgery. These can include reduced blood loss, reduced risk of infection, fewer complications, a reduced length of stay in hospital thanks to the improved recovery time, and a reduced chance of readmission.

Triple military awards scoop for our NHS trusts

In September 2022, Somerset FT and Yeovil District Hospital scooped three national military awards. Both trusts were jointly named employer of the year in the English Veterans awards, with our Armed Forces and Veteran Colleague Network chair, Anna Vere, winning a role model of the year award. Anna was also named advocate of the year in the Ex-Forces in Business Awards. Her double award win is a testament to her work over the last 18 months to help embed the needs of military personnel and veterans in healthcare and to support her fellow NHS colleagues from the armed forces community.



£15m funding boost for additional theatre and new ward

In March 2023, plans were unveiled as part of an initiative that will help cut waiting times for patients across Somerset with the introduction of a new ward and a fifth theatre at Yeovil Hospital. This exciting news is in addition to the new day theatre (which opened in May 2023), the breast care unit planned for the site, and the building of a new surgical centre at Musgrove Park Hospital in Taunton, demonstrating fantastic investment in healthcare for communities across Somerset. The building work will be split into two parts. The first will see Yeovil Hospital's main theatre receive a significant refurbishment, including increasing space in the recovery area, as well as an extension that will add a fifth theatre to the existing four, increasing the number of operations that can be performed each year in the county.

The second part of the project will be the addition of a new 20-bed ward. This will be made up of single, ensuite rooms and is set to be a dedicated orthopaedic ward with physio space for early rehabilitation to take place, supporting patients to get home as soon as possible after their operation.

UNICEF Accreditation

Yeovil Hospital were proud to announce that the Maternity Team achieved reaccreditation for the UNICEF UK Baby Friendly Initiative (BFI). The BFI establishes high-quality care for public services to deliver support for families from feeding to developing loving relationships, giving our new families the very best start.

UNICEF stated that: "The staff at Yeovil District Hospital NHS Foundation Trust are commended for their hard work over the last two years in continuing to support mothers. It was clear to the assessment team, that in many areas pregnant women and new mothers receive a high standard of care."



Special Care Baby Unit received recognition for the care given to families

In addition to the Maternity Team achieving their reaccreditation, the Special Care Baby Unit (SCBU) at Yeovil Hospital passed the first stage in the Bliss Baby Charter accreditation scheme.

The Bliss Baby Charter was designed by the charity Bliss to standardise a high quality of family centred care across the UK. The charter focuses on seven core principles including social, developmental and emotional needs, feeding and discharge, all with the purpose of ensuring consistent care across the country. Being a part of The Baby Bliss Charter has a wide range of benefits for both families and the SCBU teams, from support implementing care that is consistent with other units to professional development training for staff to help increased parental confidence and reduce hospital stays.

Senior Sister celebrates 50 years of dedication to Yeovil Hospital

In January, Senior ED Sister Pat Wilcox celebrated 50 years as part of the team at Yeovil Hospital, having started at the age of 18. The current Yeovil Hospital building itself turns 50 in 2023, meaning Pat was one of the members of the team that helped clean and move the beds and equipment from the old Yeovil General Hospital.

Pat has spent half a century dedicated to the people of Yeovil and the surrounding areas, working most of that time in the Emergency Department. Chief Nurse Hayley Peters said: "50 years of dedication to Yeovil Hospital, caring for the people of Yeovil and the surrounding areas, is absolutely amazing. I am extremely proud of Pat for her outstanding contribution to nursing – a truly inspirational and much-loved member of the team. On behalf of all of us here, I would like to thank Pat wholeheartedly as we mark this special anniversary."



Overseas Recruitment – Yeovil International Recruitment

Yeovil International Recruitment now supports over 30 Trusts and Organisations with recruitment of Adult Nurses, Mental Health Nurses, Children's nurses, Midwives, Radiographer's, Operation Department Practitioners, Occupational Therapists, and Podiatrists. We are now an approved supplier on the NHS Workforce Alliance framework for international recruitment and OSCE training, which gives us more scope to work with trusts via the framework.

The OSCE training team delivers OSCE training to over 13 trusts and care homes, covering Adult, Mental Health, Children's, Learning Disability and Midwife OSCE. Our pass rate is consistently above the national average and is on the recommended training list with NSHEI.

Over the last 12 months we have been part of the national team setting up an international programme of recruiting Operating Department Practitioners, working closely with NHS England and the Health and Care Professions Council (HCPC) to agree standards for registration. We have developed an Essential Anaesthetic Transition Programme to train international ODPs and Anaesthetic Nurses to ensure they ensure they meet a minimum standard of competency to work independently in the UK. In addition, we are the only Trust in the UK to achieve Association for Perioperative Practice (AFPP) accreditation for this training programme.

Recruitment of international healthcare professionals at the Trust remains a priority, ward vacancies across Yeovil District Hospital, Musgrove Park Hospital and community hospital sites have reduced significantly with many areas fully established. Targeted recruitment for the emergency department and theatres continues. We are also the lead on a regional programme of International Mental Health Nurse recruitment supporting recruitment to the Southwest, where we have recruited and deployed 129 Mental Health nurses across six trusts.

Group Entities

Yeovil District Hospital has a number of joint ventures and subsidiary companies. Joint ventures are separate entities over which Yeovil District Hospital has joint control with one or more other parties. The meaning of control is where the Trust has the power to exercise control or a dominant influence so as to gain economic or other benefits.

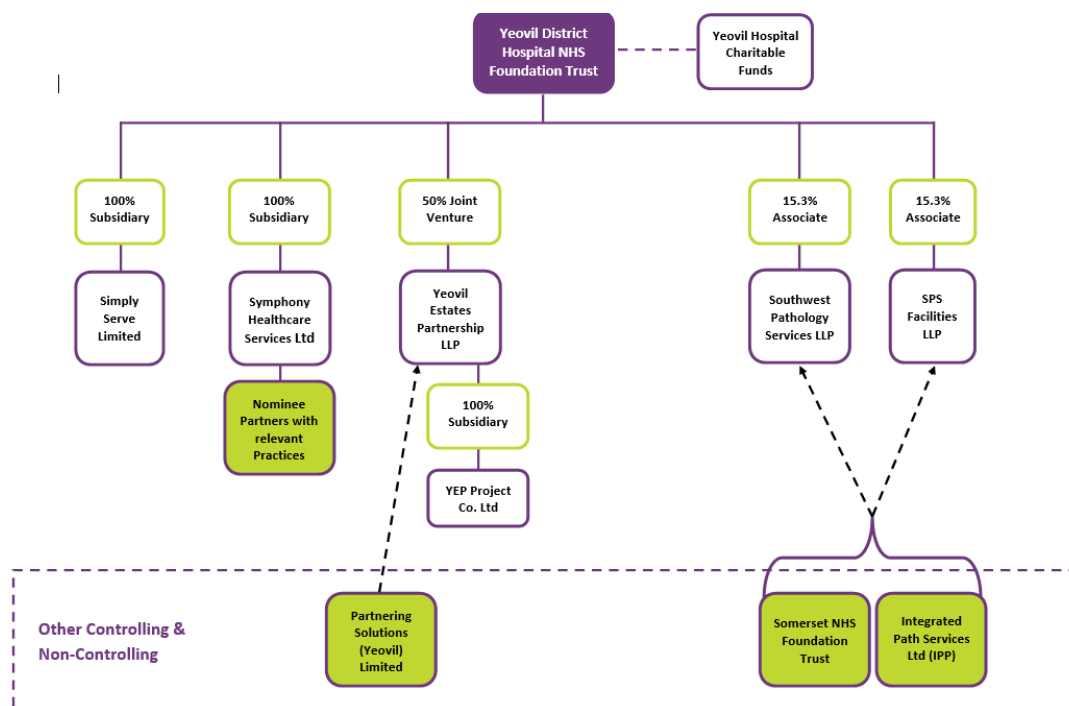
During 2022/23, Yeovil District Hospital owned or had shares in the following subsidiary companies:

- Simply Serve Limited (100%)
- Symphony Healthcare Services Limited (100%)
- Yeovil Property Operating Company (100%) (dissolved on 31 January 2023)

Yeovil District Hospital owns a proportion of the following joint ventures and associates:

- Southwest Pathology Services LLP (15.3%)
- SPS Facilities LLP (15.3%)
- Yeovil Estates Partnership LLP (50%)

The group structure (as of 31 March 2022) can be seen below:



Yeovil Hospital Charity: Yeovil District Hospital NHS Foundation Trust was the corporate trustee for Yeovil Hospital Charitable Fund. The charity was created to work for the benefit of Yeovil Hospital, its patients and its staff. It works to improve patient care by funding facilities, services, projects and equipment. During the year, the Charity continued to fundraise for the Breast Unit Appeal.

Simply Serve Limited: The Trust's wholly owned estates and facilities management company, Simply Serve Limited, commenced operations in February 2018. Simply Serve Limited was created to ensure that the Trust is able to develop cost effective services together with enhancing the ability to recruit and retain key staff groups. The company protects existing jobs, creates new employment opportunities in the local community and ensures the continued quality provision of crucial hospital services. The Trust considers that Simply Serve Limited and all members of staff employed are very much a part of the Yeovil District Hospital group and the values, culture and objectives for the company and the Trust are closely aligned.

Simply Serve Limited's overall performance has grown in strength with most key service metrics showing strong performance and a strong financial position. The organisation has provided vital support to Yeovil Hospital in its response to the continued demands on the NHS.

During the year, Simply Serve Limited continued to support and grow its profitable customer base and service offering. Maintenance, compliance and other services are provided to a number of customers including several GP practices operated by Symphony Healthcare Services Limited.

In 2022/23, Simply Serve Limited achieved accreditation for both BS EN ISO 9001 - 2015 and BS EN ISO 14001 - 2015. This is an accredited decontamination certification as meeting the requirements of EU Directive 93/42/EEC. The ISO certification allows it to provide a sterilisation and decontamination service to healthcare providers in both public and private sectors as well as Electro Medical Engineering (EME) who have already obtained the 9001 Quality Standard. All other necessary accreditation for the performance of high quality, effective services has been achieved and maintained.

Symphony Healthcare Services Limited: Symphony Healthcare Services was a critical part of the national Vanguard programme designed to stabilise primary care as well as being the vehicle through which new models of care can be delivered. In particular, supporting patients to live independently, allowing GPs to focus on those most in need and reducing overnight hospital stays.

Following establishment in April 2016, the organisation has continued to develop over the last six years and now provides primary care services to approximately 119,000 patients. During 2022/23, Symphony Healthcare Services has not integrated any new practices and the following are therefore part of the organisation:

Practice	Integration	Merged	List Size: March 2023
Buttercross Health Centre	07/04/16	1 July 18	7,675
The Ilchester Surgery	07/04/16		
Yeovil Health Centre	07/04/16	1 Sept 17	11,039
Oaklands Surgery	01/08/17		
Highbridge Medical Centre	01/04/17		13,484
Crewkerne Medical Centre	01/07/17	1 July 18	12,668
West One Surgery	01/07/18		
Wincanton Health Centre	01/10/17		8,978
Hamdon Medical Centre	01/05/18		5,959
The Meadows Surgery	01/11/18		4,213
Martock Surgery	01/12/18	Pre-integration	10,876
South Petherton Medical Centre	01/12/18		
Bruton Surgery	01/02/19		5,744
Exmoor Medical Centre	01/04/20		3,910
Ryalls Park Medical Centre	01/04/21		5,697
Lyn Health Centre	01/07/21		2,486
Creech Medical Centre	01/10/21		4,906
Lister House Surgery	01/10/21		6,761
North Petherton Surgery	01/10/21		6,953
Warwick House Medical Centre	01/10/21		7,731
TOTAL			119,080

Symphony Healthcare Services has continued to manage and support these practices by embedding the organisation's vision, mission and values. It has spent a considerable time nurturing a team culture across the organisation with noticeable improvements evidenced within the 2022 Symphony Healthcare Services annual staff survey, with 74% of staff responding, providing a good cross section of staff views to support changes and improvements.

Although the organisation has not taken on any further practices during the year, it has supported the operational management of Burnham & Berrow Medical Centre (Burnham-on-Sea) following the surgeries rating of 'Inadequate' by the CQC. Symphony specifically was key to identifying the underlying issues and supporting the work to make necessary improvements. Following this, the surgery is now expected to join the organisation during 2023 given the relationships built and improvements demonstrated.

Specifically, under the organisation's 'transformation' agenda, Symphony Healthcare Services continues to review new initiatives to determine potential benefits for patients and staff – particularly in being able to manage increasing demand as well as supporting staff health & wellbeing to contribute to our ambitions of becoming an employer of choice. During 2021/22 the organisation also continues to support the Covid-19 booster programmes and supported health checks for Ukrainian refugees.

The practices have demonstrated impressive quality despite the challenges, and in particular the organisation is immensely proud of Exmoor Medical Centre as the surgery was rated CQC 'Outstanding' in April 2022. Following a respite in inspections from the CQC to support winter resilience during 2022, the organisation now anticipates the inspections of four of its most recently acquired surgeries during 2023/24, required due to the previous change in provider. Symphony Healthcare Services will continue to build upon the outcomes of all the inspections to ensure the continuing development of quality services for all patients across all practices.

Symphony Healthcare Services broke even in 2022/23 with the help of an increasing level of funding from the Somerset Integrated Care Board. There is a widening gap between supply (i.e. imposed contractual funding and scarcity of resource) and demand in the primary care sector leading to very unfavourable market forces and with no resolution likely in the short-term.

The Symphony Healthcare Services practices continue to participate within 10 Primary Care Networks (PCN) across the Somerset and Devon County, making the most of the additional roles that accompany the PCN work to support the multidisciplinary teams already developed within the organisation.

Yeovil Property Operating Company Ltd: Yeovil District Hospital established a subsidiary company, Yeovil Property Operating Company Ltd, to facilitate integration of GP practices. It previously enabled former GMS practices to subcontract service delivery to SHS whilst retaining the right to receive notional rent from NHSE. The company was incorporated on 19 January 2016. The Trust has restructured the leasing arrangements for practices, therefore this company was dissolved on 31 January 2023.

Yeovil Estates Partnership LLP: Yeovil Estates Partnership LLP (YEP) is a strategic estates partnership with Interserve Prime to provide an estate, infrastructure and service transformation solution to generate value and savings, in line with clinical strategy. The 15-year partnership (established on 29 October 2014) enables the Trust to fully explore all its options and ensures that these are realistic and fundable, as well as identifying opportunities for the Trust to earn income, which can be reinvested into frontline services.

Southwest Pathology Services LLP, SPS Facilities LLP:

Established in 2011/12, Southwest Pathology Services took responsibility for delivering the full range of laboratory services to Musgrove Park Hospital and Yeovil District Hospital on 1 June 2012, serving a population of over 500,000 and over 100 GP practices. The SPS hub laboratory provides services for the NHS and other organisations in the southwest, undertaking the high quality, efficient processing of routine and non-urgent testing, reporting results according to clinically agreed turnaround times.

Further information on all group entities can be found within the Trust's Annual Accounts 2022/23. The Trust has no overseas operations other than recruitment campaigns.

A handwritten signature in black ink, appearing to read 'Peter Lewis', with a stylized flourish at the end.

Peter Lewis, Chief Executive, 27 June 2023

3. PERFORMANCE ANALYSIS

The full annual accounts are provided at the end of this document. This section provides a summary of the key figures.

Going Concern

In preparation of the year end accounts the Board is required to undertake an assessment as to whether the Trust will continue as a going concern.

The Trust prepares its accounts under the financial reporting framework set out for the NHS, which is based on the HM Treasury Financial Reporting Manual (FReM). The FReM provides that the anticipated continued provision of services in the public sector is a sufficient basis for preparing the accounts on a going concern basis.

The Group merged with Somerset NHS Foundation Trust on 1 April 2023, this was a merger through acquisition. However, this does not change the Board of Directors expectation that the services provided by the Group will continue to be provided in the public sector in the future.

As the Board has every expectation that the services provided by the Trust will continue to be provided in the public sector, it is appropriate to adopt the going concern basis in preparing the accounts for 2022/23. The Board has considered whether there are uncertainties regarding future issues which should be disclosed to enable a true and fair view. The Board concluded there are no material uncertainties that may cast significant doubt about the Trust's ability to continue as a going concern.

Summary Statement of Comprehensive Income

	Group 2022/23	Group 2021/22
	£'000	£'000
Operating income from continuing operations	270,493	239,994
Operating expenses of continuing operations	(274,013)	(237,413)
Operating (deficit)/surplus	(3,520)	2,581
Finance income	696	12
Finance expense – unwinding of discount on provisions and financial liabilities	(740)	(305)
PDC dividend expense	(1,764)	(1,793)
Net finance costs	(1,808)	(2,086)
(Loss) on disposal of non-current assets	(30)	(460)
Corporation tax Expense	(338)	48
Surplus/ (Deficit) for the year	(5,696)	83
Revaluation gains and impairment losses – property, plant and equipment	9,951	(68)
Total comprehensive income for the year	4,254	15

Income

	Group 2022/23	Group 2021/22
Clinical income	£'000	£'000
Block contract/system envelope	175,790	162,306
High-cost drugs Income	14,690	13,112
Other non-protected clinical income	16	211
Community Services Income	28,022	21,717
Other NHS clinical income	364	51
Private patient income	3,217	2,348
Elective recovery income	5,901	4,651
Agenda for change pay award central funding	4,404	0
Pension contribution central funding*	4,982	4,591
Clinical income from activities	237,386	208,987
Other operating income		
Research and development	923	1,024
Education and training	5,573	5,412
Receipts of capital grants and donations	7,768	402
Resources from NHS charities excluding investment income	593	677
Top up income	1,376	3,112
Other income**	16,874	20,380
Total other operating income	33,107	31,007
Total operational income	270,493	239,994

*The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

**Included within 'other income' is income relating to car parking, catering, staff recharges, estates recharges and additional other income.

Expenditure

	Group 2022/23	Group 2021/22
	£'000	£'000
Clinical negligence insurance	(4,901)	(4,666)
Consultancy costs	(53)	(242)
Depreciation and amortisation	(10,478)	(5,620)
Drug costs	(22,462)	(23,953)
Establishment	(3,106)	(4,955)
Fees for Audit:		
- Statutory audit	(103)	(87)
- Audit related assurance services	(35)	(29)
Internal audit fees	(55)	(55)
Tax advisory services	(153)	(295)
Impairment	(13,305)	(68)
Increase provisions	(125)	(764)

	Group	Group
	2022/23	2021/22
Legal fees	(80)	(258)
Losses, ex gratia and special payments	(73)	(21)
NHS charities expenditure	(313)	(383)
Premises	(10,029)	(10,314)
Purchase of healthcare from non-NHS bodies	(8,461)	(10,464)
Rentals under operating leases	0	(1,377)
Operating Expenditure IFRIC 12	(720)	(592)
Staff costs:		
- Executive directors'	(1,181)	(1,149)
- Other staff costs	(173,412)	(154,292)
- Redundancy costs	(369)	(589)
- Non-executive director costs	(86)	(91)
Supplies and services (excluding drug costs)		
- Clinical	(12,102)	(10,917)
- General	(4,002)	(3,875)
Training	(1,125)	(459)
Transport	(1,273)	(1,020)
Other	(5,295)	(1,058)
Total Operational Expenditure	(274,013)	(237,413)

Agency Staffing

Nursing

Our success with overseas recruitment has meant that we continue to have a low level of nursing vacancies across inpatient clinical areas. However, there were periods of high sickness during Covid-19 that meant temporary nurse staff were required. This resulted in the Trust spending more on temporary staffing than we planned.

The number of staff we have on our Bank remains high due to our policy of “auto enrolment” for all our nursing staff to ensure that they are able to work additional shifts.

Yeovil Hospital continues to recruit overseas nurses for a number of other trusts and is a ‘Recruitment Hub’ for the South of England. Our recruitment programme has been recognised by Health Education England as the “best end to end recruitment service in the whole of the NHS”. The service includes full support in the advertising, interview, registration, pre-employment document check stages as well as providing training and assessments for the required Objective Structured Clinical Examinations (OSCE).

Medical

Medical staffing continues to be the most challenging area of recruitment with locum agencies dominating the labour market and demanding high pay rates. This, alongside the demands during Covid-19, has meant that the Trust has spent more on temporary staff than planned.

Capital Investment

£7.5m was invested in Capital schemes in 2022/23, this included significant upgrades to the Sterile Services Department Ventilation plant, Jasmine Ward Refurbishment, outpatient expansion, replacement medical equipment and Modular theatre.

The Trust was awarded £2.8m PDC funding during the year, of which £2.6m was to aid elective recovery in continuation of another theatre and Modular Ward and £0.2m in respect of digital capacity. The Trust also received grant funding of £7.8m from Salix in relation to Carbon energy reduction schemes. Under the Managed Equipment service, over £1m of replacement equipment and enabling works was completed.

Summary Statement of Financial Position

	Group	Group
	2022/23	2021/22
	£m	£m
Non-current assets	149,962	85,114
Current assets	44,862	47,977
Current liabilities	(42,792)	(41,171)
Total assets less current liabilities	152,032	91,920
Non-current liabilities	(59,410)	(6,350)
Total assets employed	92,622	85,570
Total taxpayers equity	92,622	85,570

Cashflow Statement

	Group	Group
	2022/23	2021/22
	£'000	£'000
Cash flows from operating activities		
Operating surplus	(3,520)	2,581
Non-cash income and expense:		
Depreciation and amortisation	10,478	5,620
Net impairments and reversals of impairments	13,305	68
Income recognised in respect of capital donations	(7,768)	(402)
(Increase)/decrease in receivables and other assets	(2,727)	2,666
(Increase)/decrease in inventories	(229)	(623)
Increase/(decrease) in payables and other liabilities	4,419	2,701
Increase/(decrease) in provisions	(1,016)	1,174
Corporation Tax	(378)	(155)
NHS Charitable funds net movement in working capital	294	0
Net cash generated from operations	12,858	7,932
Cash flows from investing activities		
Interest received	696	12
Payments to acquire intangible assets	(259)	(1,131)
Payments to acquire tangible fixed assets	(22,721)	(5,594)
Receipt of cash donations to purchase capital assets	7,768	177
Prepayment of PFI capital contributions (cash payments)		(253)
Other movements in investing activities		0
Net cash used in investing activities	(14,516)	(6,536)

	Group	Group
	2022/23	2021/22
Cash flows from financing activities		
Public Dividend Capital received	2,798	5,026
Public Dividend Capital Interest (paid)	(1,793)	(1,245)
Movements on other loans	(29)	(823)
Interest paid on loans	(120)	(184)
Loans repaid - including finance lease capital	(4,502)	(281)
Interest element of finance lease	(571)	(37)
Other capital movements	(140)	(84)
Net cash used in financing activities	(4,357)	2,372
Increase / (decrease) in cash and cash equivalents	(6,015)	3,768
Cash and cash equivalents at 1 April	30,463	26,695
Cash and cash equivalents at 31 March	24,448	30,463

Income Disclosures Statement

Yeovil District Hospital confirms that income from health services is greater than income from any other source. Income that is raised through other sources is reinvested back into the Trust to improve healthcare provision.

Cost Improvement Plans (CIP)

In year, savings of £4,562k were delivered in line with plan. 22% of cost improvement plans achieved were recurrent (£1,009k). This saving reflects 1.7% of turnover.

With continuing impact of COVID-19 and the efforts to increase capacity to recover the elective care waiting times, the achievement of recurrent plans was less than previous years. The level of non-recurrent savings reflects the way the organisation took short term opportunities to save costs.

Environmental Sustainability

"There is a rapidly closing window of opportunity to secure a liveable and sustainable future for all."

The viability of humanity living within planetary boundaries rests on the actions we take in the next seven years. There's no time to lose to keep to the target of limiting the change of global average temperature to below 1.5°C.

This is the conclusion of the Intergovernmental Panel on Climate Change (IPCC) in its latest report, which sets out to summarize the scientific data on global temperature rises, fossil fuel emissions and the impact of the climate crisis.

The health impacts of climate change and the causes of climate change include:

- increased heat wave events leading to more heat related admissions to hospitals;
- burning of fossil fuels (and wood) linked to poor air quality leading to increases in respiratory illness and other health conditions; and
- extreme weather events, that climate change will make more common will impact people's mental health.

Research has shown that climate action aligned with Paris Agreement targets would save millions of lives due to improvements in air quality, diet and physical activity, among other benefits.

A Green Plan has been developed and was approved by the Trust Boards of Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust in 2022, bringing together the sustainability objectives of both organisations into one plan to take forward in our newly merged trust. The Green Plan includes a vision for sustainability in the Trusts:

‘To allow the people of Somerset to live well for longer, we must undertake to minimise our impact on the local and global environment. Our Green Plan will provide buildings that utilise zero carbon energy, our services will minimise the use of resources and we will improve ecology and biodiversity on our sites to provide a haven of wellbeing for our patients, colleagues and visitors.

Our colleagues will be the driving force of changes in our clinical practice to improve sustainability. Colleague engagement activities will promote sustainable change with links to quality improvement processes and other change programmes at the trusts, to drive sustainable decision making.’

The 2022-25 Green Plan sets nine strategic aims for improving sustainability and reducing carbon emissions. Within these aims objectives and actions have been set to drive the Trusts towards achieving these aims and the net zero target of 2040. The strategic aims are as follows:

- A green whole organisation approach
- Net zero carbon buildings
- Reducing waste generated by our services
- Reducing emissions from travel
- Green anaesthesia and other medicine
- Working with our supply chain
- Sustainable catering and diets
- Transformation to digital healthcare
- Adaption to the impacts of climate change



The strategic aims and objectives of the Green Plan are guiding the development of action plans to tackle the Trust's impact on the environment including the impact on air quality, climate change and single use plastics.

In order to support the necessary investment required to achieve the long-term strategy of becoming a Net Zero NHS, an application for funding for what became known as the Public Sector Decarbonisation Scheme phase 3 or PSDS3 opened in November 2021. In the full knowledge of this new phase being issued, the Trust worked in partnership with the Carbon Energy Fund (CEF) and Veolia (our current contracted operator for our two combined heat and power systems (CHP's)) to identify and then determine the award criteria in the context of the likely benefits to the Trust.

The £10m grant funded decarbonisation work at YDH is also progressing. Lighting upgrades and upgrades to the control systems for heating and ventilation are underway. Window replacement has begun but was then paused due to capacity to shut down areas of the hospital whilst windows are installed. Air source heat pump and electrical infrastructure installations will be undertaken over 2023.

Following a successful bid to the Low Carbon Skills Fund, heat decarbonisation plans have been developed for Yeovil District Hospital sites. The plans help to identify the sites where opportunities exist to reduce carbon emissions from heating and hot water systems and the financial investment required for the installation of low carbon heating systems. These plans will be developed into more detailed designs in the future as and when sites require replacement systems.

The first Trust wide Travel Survey was undertaken in February 2023. Colleagues were asked to answer questions on how they travel to work and what would improve their ability to use public transport or active travel options. The Energy Savings Trust has completed a review of the Trust's fleet and provided a report on the adoption of electric vehicles and charging infrastructure across the Trust sites. Additional electric vehicle charging points have been installed in the YDH car park for staff and visitors.

Waste Management

Through the introduction of education and management, the Trust's food waste has reduced, with further reductions expected as the programme is expanded throughout the Trust's wards.

In addition, Simply Serve Limited's Procurement Team continues to explore to seek both carbon neutral and reduced packaging procurement strategies in recognition of the wider impact and thus benefit that awareness can have to the environment.



Peter Lewis, Chief Executive, 27 June 2023

4. ACCOUNTABILITY REPORT

NHS Foundation Trust Code of Governance Disclosures

The directors are required to prepare an annual report and accounts for each financial year. The directors consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and stakeholders to assess Yeovil District Hospital's performance, business model and strategy.

Yeovil District Hospital has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, as revised in July 2014 applies to the 2022-23 year. It was based on the principles of the UK Corporate Governance Code issued in 2012. An updated Code of Governance came into effect on 1 April 2023.

How the Board of Directors and the Council of Governors Operate (Including the Handling of any Disputes)

The Trust's constitutional documents, relevant legislation and the regulatory framework set out how the Board and the Council of Governors exercise their functions. The Trust retained a register of interests for the Council of Governors and the Board, and these were reviewed at least annually. The register for all Board members is presented to the Board of Directors meeting at each meeting. The registers are also available, on request, from the Company Secretary. A list of interests of the Board is available within published Board papers.

The general duty of the Board and of each director individually is to act with a view to promoting the success of the Trust to maximise the benefits for its members and for the public. As such, the overall objective of the Board is to secure the long-term success of the organisation. The Board has the same role as that of any other unitary Board – to set strategic direction and to oversee the work of the executive to ensure that corporate objectives and performance targets are achieved. No individual on the Board has unfettered powers of decision. All powers which have not been retained by the Board or delegated to a committee of the Board are exercised on its behalf by the Chief Executive. If the Chief Executive is absent, powers delegated to him may be exercised by a nominated officer after taking appropriate advice from the Chief Finance Officer. The Board remains accountable for all of its functions, including those that have been delegated.

The Board may appoint committees consisting wholly or partly of directors, or wholly or partly of persons who are not directors. The committees of the Board are: Audit Committee, Governance and Quality Assurance Committee, Financial Resilience and Commercial Committee, People Committee and a Remuneration Committee (which approves the appointment of executive directors and reviews their performance annually along with their levels of remuneration).

The National Health Service Act 2006 gave the Council of Governors various statutory roles and responsibilities, and these were expanded, clarified and added to through both the 2012 and 2022 Health and Social Care Acts.

The Council of Governors is responsible for appointing and, if appropriate, removing the Chairman and non-executive directors (on the recommendation of the Appointments Committee), for appointing the external auditors and for approving (or not) the appointment of the Chief Executive. It is responsible for deciding the remuneration and other terms and conditions of the Chairman and non-executive directors (on the recommendation of the

Appointments Committee), for receiving the annual accounts, any report of the auditor on them, and the annual report at a general meeting of the Council of Governors.

The Council of Governors is also responsible for holding the non-executive directors, individually and collectively, to account for the performance of the Board, representing the interests of members, approving significant transactions or any application by the Trust to enter into a merger, acquisition or dissolution, deciding whether its non-NHS work would significantly interfere with its NHS work, and reviewing amendments to the organisation's Constitution.

The Council of Governors comprises elected and appointed governors and is chaired by the Trust Chairman. The Council of Governors may not delegate any of its powers to a committee or sub-committee, but it may appoint committees or working groups consisting of governors, directors, and other persons to assist it in carrying out its functions. The committees and working groups of the Council of Governors in operation during 2022/23 were: Appointments Committee, Strategy and Performance Working Group and Membership and Communications Working Group. Members of the Board, including the non-executive directors, regularly attend the Council of Governors and their working groups. The Chairman and Chief Executive regularly meet with the governors who are also encouraged to attend and observe meetings of the Board and its assurance committees as part of their role.

During 2022/23, the Council of Governors discharged its statutory duties. The governors contributed to the development of the Trust's plans and reviewed key aspects of finance, performance and quality through its various activities. They received the Annual Accounts and the Annual Report at the Annual General Meeting. To comply with its role to hold the Non-Executive Directors to account, the Council of Governors regularly met with them and requested updates and attended meetings of the Board and its assurance committees. The governors received regular updates on the proposed merger with Somerset NHS Foundation Trust and the associated due diligence processes. The governors then considered and approved the application for the acquisition of Yeovil District Hospital NHS Foundation Trust by Somerset NHS Foundation Trust.

In the event of a dispute between the Council of Governors and the Board, in the first instance the Chairman shall seek to resolve it (on advice from the Company Secretary and/or Senior Independent Director and such other guidance as the Chairman may see fit to obtain). If the Chairman is unable to address the dispute, he shall appoint a special committee comprising equal numbers of directors and governors to consider the circumstances and to make recommendations to the Council of Governors and the Board. If the recommendations (if any) of the special joint committee are unsuccessful, the Chairman may refer the dispute back to an external mediator appointed by an organisation selected by him. There were no disputes between the Council of Governors and the Board during 2022/23.

The Senior Independent Director is available to governors and members should they have concerns which they have not been able to resolve through the normal channels of communication via the Chairman and Chief Executive or for which such contact is inappropriate. To contact the Senior Independent Director, all correspondence, marked private and confidential, should be sent to the Company Secretary at Management Office, Yeovil District Hospital, Higher Kingston, Yeovil, BA21 4AT.

Audit Function and Audit Committee Role

The Audit Committee has responsibility for providing assurance to the Board concerning the system of internal control, risk management, financial statements and compliance and

governance. The Audit Committee oversees the effective operation of the internal and external audit programme and counter fraud activities.

BDO was the Trust's appointed internal auditor and they undertook reviews for the level of assurance on the adequacy of internal control arrangements, including risk management and governance. The Trust's external auditor was KPMG which provided the Trust's statutory audit services.

During 2022/23, KPMG reviewed whether their general procedures support their independence and objectivity, including any matters related to the provision of non-audit services, and positive affirmation has been presented to the Audit Committee. This is in line with guidance from the National Audit Office, which states that the total fees for advisory services should not exceed 70% of the total fee for all audit work carried out a public body.

When considering the effectiveness of the external auditors, the Audit Committee:

- reviewed in detail the presentations, reports and communications from KPMG;
- expected attendance from KPMG at every scheduled Audit Committee; and
- received the external audit plan and kept it under review to ensure the quality of the external audit and to assess any risks of delivery against plan.

In addition, the non-executive director members of the Audit Committee, including the Chair of the Audit Committee, met with KPMG and BDO to seek views about the executive directors, particularly the Chief Finance Officer, as to their effectiveness. KPMG and BDO also met regularly with members of the executive team to broaden their knowledge of Yeovil District Hospital and to provide information on sector developments and examples of best practice. KPMG has built a strong and effective working relationship with the internal auditors to maximise assurance to the Audit Committee, avoid duplication and provide joint value for money. During the year, the Audit Committee considered the following significant audit risks identified by external audit:

- Fraudulent recognition of non-pay expenditure
- Management Override of Controls
- Valuation of Land and Buildings

The Audit Committee also considered the financial statements risks identified by external audit through their risk assessment processes. KPMG issued an unqualified opinion on the Trust's financial statements audit for 2022/23. In addition, no significant weaknesses were identified with regard to the Trust's arrangements for ensuring value for money. The external auditors did not identify any recommendations based upon their risk assessment.

Governors and Membership Information

The Council of Governors meet on a quarterly basis and comprised of up to 13 elected public governors, three elected staff governors, two local authority governors and up to four other partnership governors. The organisations currently specified as Partnership Organisations that may appoint a partnership governor are NHS Somerset Clinical Commissioning Group (which became the Somerset Integrated Care Board in July 2022), NHS Dorset CCG (which became the Dorset Integrated Care Board) and the subsidiary companies of the Trust as one "Partnership Organisation Group", which may appoint up to two members to the Council of Governors.

Members of the public who reside within the Trust's various constituencies can be elected as a public governor. Elected governors (public and staff) are usually appointed for three-year terms. Alison Whitman remained Lead Governor during 2022/23.

Anyone aged 14 and over who lives in England may become a member of Yeovil District Hospital, subject to a small number of exclusions. The public constituency is divided into six areas, five of which cover core wards and districts served by the hospital across Dorset and Somerset. The sixth constituency (Rest of Somerset and England) acknowledges the interest of members from a wider catchment area.

As at 31 March 2023, membership of the public constituency saw a decrease compared to the previous year at 6,932. Public membership equates to approximately 4% of the Trust's catchment area. As at 31 March 2023, membership of the staff constituency saw an increase to 3,624.

Continuous internal quality assurance assessments of membership data are undertaken to promote accuracy, remove duplicate records and resolve any other inconsistencies. The membership statistics and details of elected governors are provided as follows:

Public Membership

Constituency	Greater Yeovil	South Somerset (S&W)	South Somerset (N&E)	Dorset	Mendip	Rest of Somerset & England	Total
31 March 2023	2,239	1,492	1,632	879	504	184	6,928

Staff Membership

Staff Membership	2022/23
31 March 2023	2,518

Elected Governors – Public Constituency

Name	Constituency	Date Elected	Attendance at Council of Governor Meetings 22/23
Michael Beales	Greater Yeovil	01/06/2018 01/06/2021 01/06/2021	3/5
John Webster	Greater Yeovil	01/06/2014 01/06/2017 01/08/2020	3/5
Tony Robinson	South Somerset (S&W)	01/06/2016 01/06/2019 01/06/2022	5/5
Ian Hawkins	South Somerset (S&W)	01/06/2022	5/5
David Moses*	South Somerset (S&W)	01/08/2020	0/1
Steve Ashton**	South Somerset (S&W)	01/09/2022	4/4
Nigel Stone	South Somerset (N&E)	22/02/2021	5/5
Peter Shorland	Dorset	01/09/2019	5/5
Virginia Membrey	Mendip	01/06/2017 01/08/2020	4/5

Alison Whitman	Rest of Somerset & England	01/06/2014 01/06/2017 01/08/2020	5/5
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*David Moses stood down in 2022.

**Steve Ashton was co-opted onto the Council following David Moses departure.

Elected Governors - Staff Constituency

Name	Constituency	Date Elected	Attendance at Council of Governor Meetings 22/23
Gustavo Gomez*	Staff	01/06/2021	NA
Paul Porter**	Staff	01/06/2013 01/06/2016 01/06/2019	NA
Julie Reeve	Staff	01/09/2019	5
Nick Crow	Staff	01/11/2021	2
Liz Workman	Staff	01/06/2022	4

*Gustavo Gomez left the organisation after the election period and there were no other staff candidates to co-opt into the position.

**Paul Porter completed his term before the first meeting within the year.

Appointed Governors

Name	Stakeholder Organisation	Attendance at Council of Governor Meetings 22/23
Dirk Williamson	YDH Subsidiary Company "Partnership Organisation Group"	5/5
David Recardo	South Somerset District Council	NA
Lou Evans	Somerset CCG	NA
Faye Purbrick	Somerset County Council	NA
Mike Hewitson	South Somerset District Council	1/5
Adam Dance	South Somerset County Council	3/5
Caroline Gamblin	Somerset ICB	1/2

Three new appointed Governors were chosen to represent the Councils and the Integrated Care Board.

Membership Strategy and Representation

YDH recognises the importance of having a strong and representative membership. With approximately 7,000 public members, the Trust has access to an extensive community of users and supporters. The aim for the Trust is to encourage members to sign up to Somerset Foundation Trust, to improve the quality of engagement with the members and to recruit younger members. YDH has a membership coordinator who works with the communications and patient experience teams to develop and implement the membership strategy.

In the latter part of 2022/23, with changes to policies and procedures following the COVID-19 pandemic and visitors now being allowed into the hospital, the governors were able to begin Governor Surgeries in the outpatient department. Further options are constantly being

discussed to assist with membership and public engagement in a socially distanced and safe manner. Further engagement with members as part of the process for the proposed integration with Somerset NHS Foundation Trust included letters from the CEO and the membership team. These letters were posted and emailed to the Trust members throughout the last year.

There is a Membership and Communications Working Group of the Council of Governors, which was established to set and evaluate the strategic priorities in relation to membership and to review membership recruitment opportunities and activities. The working group comprises public and staff governors and reports to the Council of Governors.

Yeovil District Hospital holds events, produces marketing and publicity material and distributes a hospital newsletter to all members. Governors will also undertake opportunistic recruitment and communication within their communities.

Contact Information for Members

The Corporate Services Officer acts as the key point of contact for governors. Any member wishing to raise an issue with a director or governor can do so by writing, emailing or telephoning the individual at Yeovil District Hospital or by speaking to the governor in their constituency. Contact details for Directors, Governors and the Corporate Services Officer are available on the website.

Directors' Report

Statement of Disclosure to the Auditors

So far as the directors are aware, there is no relevant audit information of which the Trust's auditor is unaware. The directors have taken all steps that ought to have been taken as a director in order to make themselves aware of any relevant audit information and to establish that the Trust's auditor is aware of that information.

Statement on Compliance with Cost Allocation and Charging Guidance Issued by HM Treasury

Yeovil District Hospital has complied with the cost allocation and charging requirements set out in HM Treasury and Office of Public Sector Information Guidance.

Income Disclosures

The income received from the provision of goods and services for purposes other than providing healthcare is less than that received for providing healthcare. The other income received enables the Trust to invest in healthcare for the benefit of patients. No political or charitable donations have been made by Yeovil District Hospital.

Better Payment Practice Code

Under the national Better Payment Practice Code, the Trust aims to pay non-NHS invoices within 30 days of receipt. As outlined below, 87% of NHS invoices and 91% of non-NHS invoices were paid within this target in 2022/23 by volume. By value NHS and non-NHS were 89% and 91% respectively.

	2022/23		2021/22	
	Number	£000s.	Number	£'000
Total NHS trade invoices paid in year	831	12545	748	7,710
Total NHS trade invoices paid within target	725	11463	702	7,315
Percentage of NHS trade invoices paid within target	87%	91%	94%	95%
Total Non-NHS trade invoices paid in year	32227	97,490	30935	114,385
Total Non-NHS trade invoices paid within target	28700	88,230	28889	108,673
Percentage of non-NHS trade invoices paid within target	89%	91%	93%	95%

Quality Governance

The Quality Account and the annual governance statement provide an overview of the arrangements that were in place to govern service quality, including descriptions of how the Trust continued to improve patient care and enhance the patient experience. Details of Yeovil District Hospital's activities in research and development and information about patient care activities will be set out in the Quality Account.

The Board

The membership, skills and expertise of the Board of Yeovil District Hospital NHS Foundation Trust during 2022/23, together with attendance at meetings, the commitments of the Board members are outlined below.

Following the merger by acquisition with Somerset NHS Foundation Trust on 1 April 2023, all members of the Board who were in post on 31 March 2023 transferred to the new Board of Somerset NHS Foundation Trust.

Martyn Scrivens+

Chairman



Martyn joined the Trust Board as a Non-Executive Director in April 2018. He became Interim Chairman in November 2021. Martyn is a Fellow of the Institute of Chartered Accountants and chaired the Institute's Internal Audit Advisory Panel. He has 40 years of experience in audit and risk management, operating at Board level with both the public and private sector. Over the last 15 years he has led the internal audit functions first at a major UK bank and then at a global investment and wealth management bank. From 2010 to 2012, he was a board member of the East Kent Hospitals NHS Trust. Martyn chaired the Trust's Financial Resilience and Commercial Committee.

Public Board Attendance: 11/11

Audit Committee Attendance: 1/1

Board Remuneration Committee Attendance: 1/1

Jane Henderson+***Deputy Chairperson / Non-Executive Director / Senior Independent Director (until 31 May 2022)**

Jane Henderson joined the Trust Board in June 2013. Jane has held a number of high-profile regional and national leadership roles, including Chief Executive of the South West Regional Development Agency, Regional Director of the Government Office for the South West and Director of Finance and Funding for the Higher Education Funding Council for England. Previous non-executive board roles include Dementia UK, and Bath Spa University, where Jane was chair of the governing body. Jane is Chair of the Governance and Quality Assurance Committee and is the Trust's Senior Independent Director.

Public Board Attendance: 1/1

Audit Committee Attendance: 1/1

Board Remuneration Committee Attendance: 0/0

Graham Hughes+***Non-Executive Director**

Graham Hughes joined the Trust Board in April 2018. Graham has over 40 years of experience in the financial and legal sectors and was previously an Executive Director of Bank and Clients PLC. Prior to this, in his capacity as Managing Partner and latterly Chairman, he developed a legal practice to a multi office large employer. He has a deep understanding of commercial and risk management within the financial sector together with a thorough knowledge of the core strategic principles of heavily regulated and competitive sectors.

He has also been involved in change management, developing policies for large and complex organisations including Whistle

blowing, IT Security and Data Protection and People policies. Graham chairs the Trust's Workforce Committee, Remuneration Committee and is Chairman of Simply Serve Limited. He is also a member of the Governance and Quality Assurance Committee and the Financial Resilience and Commercial Committee.

Public Board Attendance: 11/11

Audit Committee Attendance: 2/2

Board Remuneration Committee Attendance: 1/1

Paul Mapson+***Non-Executive Director**

After a career spanning 41 years in the NHS, including 17 years as Director of Finance and Information at University Hospitals Bristol NHS Foundation Trust, Paul retired in June 2019.

He is Chair of the Audit Committee and member of the Financial Resilience and Commercial Committee.

Paul joined the Trust Board in March 2020.

Public Board Attendance: 10/11

Audit Committee Attendance: 5/5

Board Remuneration Committee Attendance: 1/1

Jan Hull**Non-Executive Director**

Jan spent the early part of her career with Unilever, in an international perfumery business covering sales, marketing and general management roles, including two years in the USA. She has over 20 years' experience of the NHS in Somerset, initially in public health and later as deputy chief executive for NHS Somerset, until she became managing director of the South, Central and West Commissioning Support Unit. Jan retired from this post in 2016. Jan has worked at senior level with all of the major health and social organisations in the county, including primary care, local authorities and the voluntary sector. She also has significant experience of structural change, having led the merger of three commissioning support units in 2015. Jan joined the Trust Board in September 2021.

Public Board Attendance: 10/11

Board Remuneration Committee Attendance: 1/1

Alexander Priest**Non-Executive Director**

Following a degree and PhD in chemistry at Oxford University (where he used A.I. to design anti-cancer drugs), Alex started his career promoting apprentice partnerships as chief executive of an educational charity in London. In January 2016, he jumped from a successful career in intellectual property law to become chief executive of Mind (the mental health charity) in his home county of Somerset, where he now farms with his young family. Alex also holds various trusteeships and directorships in the property, education and third sectors. Alex joined the Trust Board in June 2022.

Public Board Attendance: 11/11

Board Remuneration Committee Attendance: 1/1

Peter Lewis**Chief Executive**

Peter Lewis was appointed as the Joint Chief Executive of Somerset NHS Foundation Trust and Yeovil District Hospital, NHS Foundation Trust in September 2021 – the first role within the new single leadership team across both trusts.

Peter joined Taunton and Somerset NHS Foundation Trust in 2005 as Director of Finance and Performance. He then became Deputy Chief Executive of the acute trust in 2008 and took on the responsibility of Chief Operating Officer in 2010. Following the alliance between Taunton and Somerset NHS Foundation Trust and Somerset Partnership Foundation Trust in May 2017, Peter became Chief Executive of both organisations in November 2017. Prior to joining Taunton and Somerset NHS Foundation Trust, Peter was Director of Performance at Dorset and Somerset Strategic Health Authority, and also worked in both

commissioning and provider organisations in Somerset prior to that. Peter is also a fellow of the Chartered Institute of Management Accountants.

Public Board Attendance: 10/11

Hayley Peters**Chief Nurse**

Hayley became the executive Director of Patient Care at Musgrove Park Hospital in September 2015, having joined the trust as Deputy Director of Nursing in July 2013. Hayley went on to become the Chief Nurse for both Taunton and Somerset NHS Foundation Trust and Somerset Partnership NHS Foundation Trust in November 2017 before the two trusts merged to form Somerset NHS Foundation Trust in April 2020. Prior to becoming an executive, Hayley worked in senior clinical leadership roles in the South West, London and the South East. Hayley's early professional career centred in critical care, first as an intensive care nurse and later, following a period of training at Birmingham Medical School, as one of the very first physician's assistants to practise in the UK. Hayley was appointed as the Chief Nurse in January 2022.

Public Board Attendance: 10/11

Pippa Moger**Chief Finance Officer**

Pippa was appointed as Chief Finance Officer in January 2022. Pippa has over 19 years of experience in NHS finance and over twelve years at deputy and director level. She has worked across regulator, commissioning and providers sectors during this period and has a broad perspective on NHS finances. Pippa joined Somerset Partnership NHS Foundation Trust in June 2013 as director of finance and business development. She was then appointed as director of finance for Taunton and Somerset NHS Foundation Trust and Somerset Partnership NHS Foundation Trust in October 2017 before the two trusts merged to form Somerset NHS Foundation Trust in April 2020. Pippa believes

NHS resources must be used in the most efficient and effective way while ensuring patient safety is not compromised. Pippa is a fellow of the Association of Chartered Certified Accountants (ACCA). Pippa's previous role was Director of Finance, Somerset NHS Foundation Trust.

Public Board Attendance: 9/11

Audit Committee Attendance: 4/5

Daniel Meron**Chief Medical Officer**

Daniel Meron was appointed as the Chief Medical Officer, Somerset NHS Foundation Trust and Yeovil District Hospital, NHS Foundation Trust in January 2022. Daniel joined Somerset Foundation Trust in December 2019 from his role of chief medical officer of Solent NHS Trust, which provides mental health, community and primary care services to people living in Southampton, Portsmouth and some parts of Hampshire and the Isle of Wight. He was also deputy medical director at University Hospital Southampton Foundation Trust, a large teaching hospital providing secondary and tertiary acute services in Wessex. Daniel combined senior leadership roles with active front-line clinical work as a consultant in liaison psychiatry in Southampton General Hospital, as well as being actively engaged in research at the School of Medicine, University of Southampton.

Public Board Attendance: 8/11

Non-voting directors who attended meetings of the Board during the year were:

Matthew Bryant

Chief Operating Officer – Hospital Services (until 5 March 2023)



Matthew Bryant was appointed as the Chief Operating Officer – Hospital Services in January 2022, following a previous joint role as Chief Operating Officer for Hospital Services for YDH and SFT since January 2021.

He was appointed as Chief Operating Officer of Taunton and Somerset NHS Foundation Trust in 2015, and as Chief Operating Officer (acute hospital services) on the joint executive team for Taunton & Somerset NHS Foundation Trust and Somerset Partnership NHS Foundation Trust in 2017 following the establishment of the alliance between the two trusts.

Matthew is responsible for the day-to-day running of both Yeovil District Hospital, Musgrove Park Hospital and the community hospitals in Somerset. Matthew has worked in the NHS in the South West since 1998. Previously, he managed medical and surgical services at the Royal Devon and Exeter Hospital for over a decade, and was part of the management team when that trust became one of the country's first foundation hospitals. He led the trust's delivery of new models of care for older people, which included a strong focus on integration with services outside hospital. He helped establish the Peninsula Medical School in Exeter, of which he became an honorary fellow, teaching undergraduate medical students about healthcare management. He was also involved in the commissioning of specialist services and the development of joint working for health authorities across Devon and Cornwall. Matthew joined the NHS on the national general management training scheme, after graduating from Oxford University. He is a trustee of Hospiscare, the palliative care provider for Exeter, East and mid-Devon, and a visiting specialist at Plymouth University Medical School. Matthew left the Trust in March 2023.

Public Board Attendance: 10/10

Shelagh Meldrum

Chief Officer – Partnerships and Collaboration (until 7 June 2022)



Shelagh Meldrum joined the Trust Board in February 2016. Shelagh joined YDH with a background in nursing and as a clinical services leader in both the NHS and private facilities. Shelagh began her career in the NHS as a senior nurse working in acute medicine, and subsequently as a senior specialist nurse in neurology. She later became a clinical services lead, managing the six departments, which formed the directorate of specialist medicine. Following a 14-year career in the NHS Shelagh worked as Head of Clinical Services in various independent healthcare facilities. Shelagh previously worked for Circle Healthcare, opening and holding the position of Hospital Director and Registered Manager at CircleBath Hospital for five years and then took up the role of Hospital Director and Registered Manager at CircleReading Hospital in 2014. As part

of the formation of the single executive team across YDH and SFT, Shelagh became the Chief Officer – Partnerships and Collaboration in January 2022.

Public Board Attendance: ½

Andy Heron**Chief Operating Officer – Neighbourhoods, Mental Health & Families****Chief Operating Officer (from 25 February 2023)**

Andy Heron was appointed as the Chief Operating Officer – Neighbourhoods, Mental Health & Families, in January 2022. Andy joined the NHS in Somerset in 2014 when he joined Somerset Partnership NHS Foundation Trust as chief operating officer. Having originally qualified as an occupational therapist, he worked in a number of clinical roles within mental health across the South West before moving into leadership roles during the 1990s. Andy played a role in the establishment of a new specialist NHS mental health trust serving the Avon and Wiltshire areas and became the general manager of mental health services for a seven year period up to 2006. Following this Andy gained a broad range of experience in London and the South West in senior commissioning and provider roles in the NHS, and also in social care, with most of his work being focused on service modernisation. Andy maintains a strong interest in care

pathway redesign and service transformation and in recent years has taken on a number of system leadership roles within Somerset, centred on improving patient flow and working with partners in the development successful community alternatives to hospital admission. Having worked closely with colleagues at Yeovil Hospital over a number of years, initially on the Somerset delayed transfers of care programme and more recently in system leadership roles for the vaccination programme and community oximetry.

Public Board Attendance: 10/11

Isobel Clements**Chief of People and Organisational Development**

Isobel Clements was appointed as the Chief of People and Organisational Development in January 2022.

Isobel started her career at Musgrove Park Hospital in 1988 and held several senior human resources and organisational development management roles, including at associate and deputy level, until she was appointed Director of People and Organisational Development in 2018 for both Taunton and Somerset NHS Foundation Trust and Somerset Partnership NHS Foundation Trust before the two trusts merged to form Somerset NHS Foundation Trust in April 2020. Isobel has played a key role in developing the Trust's system of distributed leadership, in ensuring that the organisation's values are brought to life in everyday behaviour. She has overseen a number of leadership development programmes that substantial numbers of our leaders have benefitted from. Isobel is a member of the

Chartered Institute of Personnel and Development

Public Board Attendance: 11/11

David Shannon**Director of Strategy and Digital Development**

David Shannon was appointed as the Director of Strategy and Digital Development in January 2022.

David joined Musgrove Park Hospital in 2016 as Director of Finance and went on to become the Director of Strategic Development and Improvement for both Taunton and Somerset NHS Foundation Trust and Somerset Partnership NHS Foundation Trust in October 2017 before the two trusts merged to form Somerset NHS Foundation Trust in April 2020. David was previously Director of Operational Finance at North Bristol NHS Trust from June 2014. Before that he spent six years at Nottingham University Hospitals NHS Trust. He originally joined the NHS in 1998 on its graduate financial management training scheme. David is a member of the Chartered Institute of Management Accountants.

Public Board Attendance: 10/11

Phil Brice**Director of Corporate Services**

Phil Brice was appointed as the Director of Corporate Services in January 2022.

Phil joined Somerset Partnership NHS Foundation Trust in 2012, having worked in the NHS since 2000. He went on to become the Director of Governance and Corporate Development for both Taunton and Somerset NHS Foundation Trust and Somerset Partnership NHS Foundation Trust in October 2017 before the two trusts merged in April 2020 to form Somerset NHS Foundation Trust. He worked for the Somerset Heath Authority before becoming Director of Corporate Services for Taunton Deane Primary Care Trust and then Director of Corporate Services and Communications for NHS Somerset from 2006 – 2011. He previously worked for the Treasury Solicitor's department, the Parliamentary and Health Service Ombudsman and AXA PPP healthcare.

Public Board Attendance: 10/11

Audit Committee Attendance: 4/5

Key

* Indicates member of the Audit Committee

+Indicates member of the Board Remuneration Committee

Further information on all Directors' declarations of interest are published within the Board of Directors meeting papers that are available on the Trust's website.

Performance Evaluation of the Board/Governance Arrangements (Including Details of External Facilitation)

The Board continuously reviewed and considered its expertise and experience, and Yeovil District Hospital was confident that it has the necessary skills and capability within the Board in 2022-23 and that the balance was appropriate to the requirements of the Trust. The Board was satisfied that Yeovil District Hospital applies those principles, systems and standards of good corporate governance that reasonably would be regarded as appropriate for a supplier of healthcare services to the NHS. The Trust had structured governance arrangements in place with clear lines of reporting from "ward to Board" across operational, quality, safety, patient experience and finance, through assurance committees, to the Board.

NHS Foundation Trusts are subject to the recommendations of the *NHS Foundation Trust Code of Governance* (modelled on best practice UK governance principles) and the *Well-Led Framework*, which encourage Boards to conduct a formal evaluation of their own performance and that of its committees and directors.

The Trust continuously reviews its Board governance structure, and this has been reviewed as part of the planning for the merger with Somerset NHS Foundation Trust to ensure clear lines of accountability from the Board to all teams across the organisation and its subsidiaries.

In previous years, the Trust undertook a review of the effectiveness of the Board of Directors. This review included a revised schedule for the Board of Directors that rotated between strategically and operationally focussed meetings, providing a suitable framework for the review and consideration of strategic developments, both within the hospital, the Somerset Integrated Care System and the wider healthcare system.

In 2022/23, an internal review, led by the Deputy Director of Integrated Governance, was commenced to ensure that the risk reporting arrangements remained adequate and identify if any further improvements could be made in light of the integration between Yeovil District Hospital and Somerset NHS Foundation Trust. This included the review of the reporting of risk, the risk categories and Risk Appetite for the two organisations.

No material inconsistencies between the annual governance statement, corporate governance statement, annual report and reports from the Care Quality Commission have been identified.



Peter Lewis, Chief Executive, 27 June 2023

Annual Remuneration Report

This report is made by the Board of Yeovil District Hospital NHS Foundation Trust in compliance with:

- Sections 420 to 422 of the Companies Act 2006 (that apply to NHS foundation trusts);
- Parts 2 and 4 of schedule 8 of the Regulations as adopted by NHS Improvement;
- Regulation 11 and parts 3 and 5 of Schedule 8 of the Large and Medium sized Companies and Groups (Accounts and Reports) Regulations 2008; and
- Elements of the NHS Foundation Trust Code of Governance.

The term “senior manager” covers those who influence the decisions of the Trust as a whole, rather than the decisions of individual directorates or departments and the Board has decided that disclosures will be made in respect of Executive Directors and Non-Executive Directors.

Annual Statement on Remuneration and Senior Managers’ Remuneration Policy

The Remuneration Committee of the Board is responsible for reviewing and agreeing the salary and allowances payable to and the performance of the Chief Executive and Board level executive directors of Yeovil District Hospital. Details of the membership and the number of meetings held by the Remuneration Committee are contained in the directors’ report from page 45. In 2022/23, the Committee was chaired by Graham Hughes, Non-Executive Director. The Chief Executive attended the Remuneration Committee to give advice as required. No other person attended the Remuneration Committee to provide advice or services. To ensure there are no conflicts of interest concerning items on the meeting agenda, the member of staff to which discussions pertain is not in attendance.

With the exception of the Chief Executive, directors, doctors, and some key functional roles, all staff of Yeovil District Hospital are remunerated in accordance with the NHS National Pay Structure, Agenda for Change. The Chief Executive and all executive directors of Yeovil District Hospital are employed on substantive contracts under the Very Senior Managers pay scheme. The pay policy for Executive Director remuneration aims to deliver the main principles for director remuneration under Section E of the NHS Foundation Trust Code of Governance. A six months’ notice period is required for loss of office as set out in their service contracts. The principles, on which the determination of payments for loss of office will be approached, will be to comply with statutory and contractual obligations and to ensure the continuing effectiveness of the organisation.

When reviewing executive pay, the Remuneration Committee undertakes a competitive benchmarking exercise and considers whether it is set at a sufficient rate to attract, retain and motivate executive directors to successfully lead the organisation and deliver its strategic objectives. While the Trust did not consult with employees on the remuneration policy regarding senior managers, it did take into account the national pay and conditions on NHS employees. The Remuneration Committee adopts the principles of the Agenda for Change framework when considering executive directors’ pay. Where an individual director is paid more than £150,000, the Trust has taken steps to assure itself that remuneration is set at a competitive rate in relation to other similar NHS Foundation Trusts, and that this rate enables the Trust to attract, motivate and retain senior managers with the necessary abilities to manage and develop the Trust’s activities fully for the benefit of patients. During 2022/23, the Remuneration Committee reviewed the salary for the Chief Operating Officer.

Remuneration Packages for Non-Executive Directors

The remuneration packages for Non-Executive Directors in 2022/23 was:

Salary	£45,867 per annum for Non-Executive Chairman
Salary	£13,000 per annum for Non-Executive Directors

Future Remuneration Policy Table

Element of pay (Component)	How component supports short and long term strategic objective/goal of the Trust	Operation of the component	Performance metric used and time period
Salary	Provides a stable basis for recruitment and retention, taking into account the Trust's position in the labour market and need for a consistent approach to leadership. Stability, experience, reputation and widespread knowledge of local needs and requirements, supports the Trust's short term and strategic objectives.	Market testing, including the review of national benchmarking survey results, seeks to identify salary paid for similar role. Individuals are remunerated by spot salary on a case-by-case basis.	Pay is reviewed by the Remuneration Committee in relation to individual performance throughout the financial year. Increases are ordinarily in line with the wider NHS workforce as recommended by the NHS Pay Review Body.
Taxable benefits	Provides a solid basis for recruitment and retention of top leaders in sector. Forms part of the recruitment and retention of executive directors by ensuring that the Trust remains competitive.	Any taxable benefit is agreed by the Remuneration Committee. There is no maximum amount payable.	Reviewed by financial years.
Bonus	No bonus scheme operates at the Trust therefore the maximum that could be paid is £0.		
Pension	Provides a solid basis for recruitment and retention of top leaders in sector.	Contributions within the relevant NHS pension scheme. Details of the schemes current in place can be found at www.nhsbsa.nhs.uk/nhs-pensions	Contribution rates are set by the NHS Pension Scheme.
Fees	n/a	n/a	n/a

Fair Pay (subject to audit)

The Trust is required to disclose the relationship between the remuneration of the highest-paid director and the lower quartile, median and upper quartile remuneration of the workforce.

The banded remuneration of the highest paid director at Yeovil District Hospital in the financial year 2022/23 was £135,000 - £140,000 (2021/22 £165,000 - £170,000). This represents an 18% reduction from 2021/22, as a result of changes to the executive structure of the Trust in preparation for the merger with Somerset NHS Foundation Trust.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

For employees of the Trust as a whole, the range of remuneration in 2022/23 was from £2,005 to £144,697 (2021/22 – £2,005 to £226,190). The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is -3.2%.

One employee received remuneration in excess of the highest-paid director. This was 11 in 2021/22.

The remuneration of the employee at the 25th percentile, median and 75th percentile is set out below. The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce.

	25 th percentile	Median	75 th Percentile
Salary component of pay	£21,318 (2021/22: £20,045)	£32,934 (2021/22: £30,272)	£48,526 (2021/22: £49,815)
Total pay and benefits excluding pension benefits	£21,882 2021/22: £20,154	£30,459 (2020/21: £28,277)	£48,629 2021/22: £49,999
Pay and benefits excluding pension; pay ratio for highest paid director	6.3:1 (2021/22: 8.3:1)	4.5:1 (2021/22: 5.4:1)	2.8:1 (2021/22: 3.4:1)

Expenses of the Governors and Directors

The Trust has policies on the payment of expenses that governs all staff, including directors, governors and volunteers. During 2022/23, the expenses paid to members of the Board and directors attending the Board totalled £2,194. During the same period, the expenses paid to the members of the Council of Governors totalled £0. The combined sum for expenses was £325, which compares to £325 for 2021/22, £539 for 2020/21, £5,540 for 2019/20 and £12,570 for 2018/19. This reduction is a result of the COVID-19 pandemic and the reduction in travel to and from meetings and conferences.

Salary and Pension Entitlements of Senior Managers 2022/23 (subject to audit)

Name and Title		2022/23					
		Salary	Expense payments (taxable)	Performance pay and bonuses	Long term performance pay and bonuses	All pension-related benefits*	TOTAL
		(bands of £5,000)	(Rounded to the nearest £100)	(bands of £5,000)	(bands of £5,000)	(bands of £2,500)	(bands of £5,000)
		£000	£00	£000	£000	£000	£000
M Scrivens	Chairman	30 - 35	0	0	0	0	30 - 35
M Dunster	SHS Chairman	5 - 10	0	0	0	0	5 - 10
J Hull	YDH Non-Executive Director	5 - 10	0	0	0	0	5 - 10
J Henderson	YDH Non-Executive Director	0 - 5	0	0	0	0	0 - 5
G Hughes	YDH Non-Executive Director	10 - 15	900	0	0	0	10 - 15
P Mapson	YDH Non-Executive Director	10 - 15	300	0	0	0	10 - 15
A Priest	YDH Non-Executive Director	0 - 5	0	0	0	0	0 - 5
P Lewis	YDH Chief Executive	65 - 70	100	0	0	0	65 - 70
P Moger	YDH Chief Finance Officer	40 - 45	200	0	0	80 - 82.5	120 - 125
M Bryant	YDH Chief Operating Officer Hospital Services	35 - 40	0	0	0	10 - 12.5	50 - 55
A Heron	YDH Chief Operating Officer Hospital Services	40 - 45	100	0	0	37.5 - 40	80 - 85
D Meron	YDH Chief Medical Officer	60 - 65	0	0	0	67.5 - 70	130 - 135
S Meldrum	YDH Chief Officer for Collaboration & Partnerships	15 - 20	0	0	0	0	15 - 20
H Peters	YDH Chief Nurse	35 - 40	100	0	0	52.5 - 55	90 - 95
D Shannon	YDH Director of Strategy and Digital Development	40 - 45	200	0	0	47.5 - 50	85 - 90
I Clements	YDH Chief of People and Organisational Development	35 - 40	200	0	0	70 - 72.5	110 - 115
P Brice	YDH Director of Corporate Services	35 - 40	100	0	0	62.5 - 65	95 - 100
K White	SHS Managing Director	105 - 110	0	0	0	0	105 - 110
Dr B Balian	SHS Medical Director	135 - 140	0	0	0	0	135 - 140
Dr H Sampson	SHS Strategic Development Director	20 - 25	0	0	0	0	20 - 25
Dr I Wyer	SHS Director of Wider Primary Care	0 - 5	0	0	0	0	0 - 5
D Stevens	SSL Managing Director	55 - 60	0	0	0	0	55 - 60
C Radestock	SSL Estates & Facilities Director, Acting Managing Director	105 - 110	0	0	0	0	105 - 110
K Mattravers	SSL Head of Procurement	55 - 60	0	0	0	17.5 - 20	75 - 80

Notes:

*Pension related benefits is the in-year increase in the overall pension of any given employee. As the pension scheme is a final salary scheme any large increase or decreases to salaries significantly changes the in-year benefits calculation. This amount is not paid by the Trust.

The list of names includes those who commenced and/or finished their period of employment, or were in temporary positions in the financial year.

The remaining taxable expense payments relates to the additional mileage allowance paid over and above the Inland Revenue allowance.

On 10 January 2022, a single executive team was appointed across Yeovil District Hospital and Somerset NHS Foundation Trust. As such, the salary for some individuals is provided as a 30% portion attributed at Yeovil District Hospital from this date onwards. Pension related benefits are shown at 100%.

Salary and Pension Entitlements of Senior Managers 2021/22 (subject to audit)

Name and Title		2021/22					
		Salary	Expense payments (taxable)	Performance pay and bonuses	Long term performance pay and bonuses	All pension-related benefits*	TOTAL
		(bands of £5,000)	(Rounded to the nearest £100)	(bands of £5,000)	(bands of £5,000)	(bands of £2,500)	(bands of £5,000)
		£000	£00	£000	£000	£000	£000
P von der Heyde	Chairman	25 – 30	0	0	0	0	25 - 30
M Scrivens	Non-Executive Director, Interim Chairman	25 - 30	0	0	0	0	25 - 30
M Dunster	SHS Chairman	5 - 10	0	0	0	0	5 - 10
G Hughes	Non-Executive Director	10 - 15	0	0	0	0	10 - 15
J Henderson	Non-Executive Director	10 - 15	0	0	0	0	10 - 15
P Mapson	Non-Executive Director	10 - 15	0	0	0	0	10 - 15
J Hull	Non-Executive Director	0 - 5	0	0	0	0	0 - 5
J Higman	YDH Chief Executive	75 – 80	0	0	0	40 – 42.5	115 - 120
P Lewis	YDH Chief Executive	30 – 35	0	0	0	15 – 17.5	50 - 55
S James	YDH Chief Finance Officer	95 – 100	0	0	0	17.5 – 20	110 – 115
P Moger	YDH Chief Finance Officer	5 – 10	0	0	0	0 - 2.5	5 - 10
M Bryant	YDH Chief Operating Officer Hospital Services	40 – 45	0	0	0	35 -37.5	75 - 80
A Heron	YDH Chief Operating Officer Neighbourhoods, Mental Health & Families	5 – 10	0	0	0	7.5 – 10	15 - 20
S Barron-Fitzsimons	YDH Director of Operations	105 – 110	0	0	0	70 – 72.5	180 - 185
Dr M Kane	YDH Chief Medical Officer for Acute Hospitals	205 – 210	0	0	0	45 – 47.5	255 - 260
Dr D Meron	YDH Chief Medical Officer	10 -15	0	0	0	22.5 - 25	35 - 40
S Meldrum	YDH Deputy Chief Executive / Chief Nurse & Director of People	115 – 120	0	0	0	0	115 - 120
H Peters	YDH Chief Nurse	5 – 10	100	0	0	0 – 2.5	5 - 10
J Martin	YDH Director of Transformation	280 – 285	0	0	0	110 - 112.5	375 - 380
D Shannon	YDH Director of Strategy and Digital Development	5 – 10	100	0	0	7.5 – 10	15 - 20
I Clements	YDH Chief of People and Organisational Development	5 – 10	100	0	0	10 – 12.5	20 - 25
P Brice	YDH Director of Corporate Services	5 – 10	0	0	0	5 – 7.5	10 - 15
K White	SHS Managing Director	105 – 110	0	0	0	0	105 - 110
Dr B Balian	SHS Medical Director	130 – 135	0	0	0	0	130 - 135
Dr H Sampson	SHS Strategic Development Director	25 – 30	0	0	0	0	25 - 30

Name and Title		2021/22					
		Salary	Expense payments (taxable)	Performance pay and bonuses	Long term performance pay and bonuses	All pension-related benefits*	TOTAL
		(bands of £5,000)	(Rounded to the nearest £100)	(bands of £5,000)	(bands of £5,000)	(bands of £2,500)	(bands of £5,000)
		£000	£00	£000	£000	£000	£000
Dr I Wyer	SHS Director of Wider Primary Care	0 – 5	0	0	0	0	0 - 5
D Stevens	SSL Managing Director	95 – 100	0	0	0	77.5 - 80	175 - 180
C Radestock	SSL Estates and Facilities Director, SSL Acting Managing Director	90 – 95	0	0	0	0	90 - 95

Notes: M Kane's salary includes pay for their clinical and non-clinical responsibilities.

*Pension related benefits is the in-year increase in the overall pension of any given employee. As the pension scheme is a final salary scheme any large increase or decreases to salaries significantly changes the in-year benefits calculation. This amount is not paid by the Trust.

The list of names includes those who commenced and/or finished their period of employment, or were in temporary positions in the financial year.

The remaining taxable expense payments relates to the additional mileage allowance paid over and above the Inland Revenue allowance.

On 10 January 2022, a single executive team was appointed across Yeovil District Hospital and Somerset NHS Foundation Trust. As such, the salary for some individuals is provided as a 30% portion attributed at Yeovil District Hospital from this date onwards. Pension related benefits are shown at 100%.

Pension Benefits of Senior Managers 2022/23 (subject to audit)

Name and Title		Real increase in pension at pension age (bands £2,500)	Real increase in pension lump sum at pension age (bands £2,500)	Total accrued pension at pension age at 31 March 2023 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2023 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2022	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2023	Employer's contribution to stakeholder pension
		£000	£000	£000	£000	£000	£000	£000	£000
P Moger	YDH Chief Finance Officer	2.5 - 5	5 - 7.5	50 - 55	90 - 95	870	72	755	0
M Bryant	YDH Chief Operating Officer Hospital Services	0 - 2.5	0	50 - 55	95 - 100	875	12	819	0
A Heron	YDH Chief Operating Officer Hospital Services	2.5 - 5	0	45 - 50	65 - 70	894	43	807	0
D Meron	YDH Chief Medical Officer	2.5 - 5	0 - 2.5	65 - 70	145 - 150	1467	82	1315	0
H Peters	YDH Chief Nurse	2.5 - 5	0 - 2.5	50 - 55	95 - 100	894	49	803	0
D Shannon	YDH Director of Strategy and Digital Development	2.5 - 5	0 - 2.5	45 - 50	80 - 85	740	39	662	0
I Clements	YDH Chief of People and Organisational Development	2.5 - 5	2.5 - 5	55 - 60	120 - 125	1085	70	966	0
P Brice	YDH Director of Corporate Services	2.5 - 5	2.5 - 5	35 - 40	70 - 75	777	68	671	0
D Stevens	SSL Managing Director	0 - 2.5	0 - 2.5	15 - 20	5 - 10	549	0	242	0
K Mattravers	SSL Head of Procurement	5 - 7.5	0 - 2.5	5 - 10	0 - 5	0	11	69	0

Notes: As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members. Posts are shared between Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust. Full pension figures attributed to the employee have been disclosed in the table above rather than the amount chargeable to the Trust. A number of individuals have opted out of the pension scheme and therefore are not included above. A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capitalised value of the pension scheme benefits accumulated by a member at a particular point in time. The benefits valued are the member's accumulated benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accumulated in their former scheme. The pension figures shown relate to the benefits that the individual has accumulated as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accumulated to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries. Real increase / (decrease) in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accumulated pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period. Cash equivalent transfer value (CETV) figures are calculated using the guidance on discount rates for calculating unfunded public service contribution rates that was extant on 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023/24 CETV figures.

NHS Pensions are using pension and lump sum data from their systems without any adjustment for a potential future legal remedy required as a result of the McCloud judgement. (This is a legal case concerning age discrimination over the manner in which UK public service pension schemes introduced a CARE benefit design in 2015 for all but the oldest members who retained a Final Salary design.). We believe this approach is appropriate given that there is still considerable uncertainty on how the affected benefits within the new NHS 2015 Scheme would be adjusted in future once legal proceedings are completed.

Pension Benefits of Senior Managers 2021/22 (subject to audit)

Name and Title		Real increase in pension at pension age (bands £2,500)	Real increase in pension lump sum at pension age (bands £2,500)	Total accrued pension at pension age at 31 March 2021 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2021 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2020	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2021	Employer's contribution to stakeholder pension
		£000	£000	£000	£000	£000	£000	£000	£000
J Higman	YDH Chief Executive	2.5 - 5	0 – 2.5	55 - 60	120 - 125	972	62	1,039	0
P Lewis	YDH Chief Executive	2.5 - 5	0 - 2.5	80 – 85	175 - 180	1,454	1,369	62	0
S James	YDH Chief Finance Officer	0 – 2.5	0 – 0	45 - 50	120 - 125	1,045	46	1,096	0
P Moger	YDH Chief Finance Officer	0 – 2.5	0 - 0	45 - 50	80 - 85	755	738	0	0
M Bryant	YDH Chief Operating Officer Hospital Services	5 – 7.5	10 – 12.5	50 - 55	100 - 105	819	699	97	0
A Heron	YDH Chief Operating Officer Neighbourhoods, Mental Health & Families	2.5 - 5	0	40 - 45	65 - 70	807	748	36	0
S Barron-Fitzsimons	YDH Director of Operations	0 – 2.5	0 – 2.5	20 - 25	30 - 35	192	51	244	0
D Meron	YDH Chief Medical Officer	5 – 7.5	2.5 - 5	55 - 60	140 - 145	1,315	1,192	88	0
M Kane	YDH Chief Medical Officer	2.5 - 5	0 – 2.5	45 - 50	90 - 95	754	62	820	0
H Peters	YDH Chief Nurse	0 - 0	0 - 0	45 - 50	90 - 95	803	802	0	0
J Martin	YDH Director of Transformation	5 – 7.5	10 – 12.5	35 - 40	80 - 85	630	118	752	0
D Shannon	YDH Director of Strategy & Digital Transformation	0 – 2.5	0 - 0	40 - 45	75 - 80	662	617	23	0
I Clements	YDH Chief of People	2.5 - 5	0 – 2.5	50 - 55	115 - 120	966	902	41	0
P Brice	YDH Director of Corporate Services	0 – 2.5	0	30 - 35	65 - 70	671	629	23	0
D Stevens	SSL Managing Director	2.5 - 5	5 - 7.5	30 - 35	50 - 55	465	82	549	0

Notes: As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members. A number of individuals have opted out of the pension scheme and therefore are not included above. A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capitalised value of the pension scheme benefits accumulated by a member at a particular point in time. The benefits valued are the member's accumulated benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accumulated in their former scheme. The pension figures shown relate to the benefits that the individual has accumulated as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accumulated to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries. Real increase / (decrease) in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accumulated pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period. No other directors are part of the NHS Pension Scheme hence non-inclusion in the above table. NHS Pensions are using pension and lump sum data from their systems without any adjustment for a potential future legal remedy required as a result of the McCloud judgement. (This is a legal case concerning age discrimination over the manner in which UK public service pension schemes introduced a CARE benefit design in 2015 for all but the oldest members who retained a Final Salary design.). We believe this approach is appropriate given that there is still considerable uncertainty on how the affected benefits within the new NHS 2015 Scheme would be adjusted in future once legal proceedings are completed.

Payments for loss of office (subject to audit)

This section includes information on any individuals who were a senior manager in the current or in a previous financial year that has received a payment for loss of office during the financial year. All payments made for loss of office were contractual payments as per the national NHS terms and conditions.

Assistant Director – Financial Strategy

£194,121

This payment is made up from three elements: redundancy payment, basic pay and lieu of notice.

Payments to past senior managers (subject to audit)

There were no payments of money or other assets to any individual who was not a senior manager during the financial year but had previously been a senior manager at any time.



Peter Lewis, Chief Executive, 27 June 2023

Staff Report

Our colleagues across Yeovil District Hospital have continued to provide the best possible care for our patients during a year where we experienced the most challenging operational circumstances. We have seen unprecedented pressures across the whole care system which has led to difficulties unlocking our patient flow and leading to more patients for our teams to care for. Once again teams across the Trust have challenged themselves and each other to devise and implement new and innovative ways to manage this unprecedented impact and continue to provide safe and compassionate care; and we are immensely proud of what they have achieved.

This year we have also experienced, for the first time in many cases, several of our recognised Trades Unions balloting to consider industrial action. Following this our junior doctors took strike action in March 2023. We are proud that our leaders managed this with compassion and prepared teams to collaborate, showing their support for our colleagues working flexibly to ensure our patients received the best care during this time. Recognising that some patients' treatment was delayed as a result, and the impact this has had on them and their families, the industrial action was managed well across both our trusts and was a positive experience for learning.

The Group (including subsidiary companies) employs the following people (as at 31 March 2023):

Headcount (Excluding Bank Employees)			
	Female	Male	Grand Total
Directors & Chief Executive	3	5	8
Non-Executives & Chairman	1	4	5
Other Senior Managers	14	7	21
All other employees	2645	742	3387
Grand Total	2663	758	3421

Headcount (Including Bank Employees)			
	Female	Male	Grand Total
Directors & Chief Executive	3	5	8
Non-Executives & Chairman	1	4	5
Other Senior Managers	14	7	21
All other employees	3297	931	4428
Grand Total	3315	947	4262

Full-Time Equivalent (Excluding Bank Employees)			
	Female	Male	Grand Total
Directors & Chief Executive	0.90	1.50	2.40
Non-Executives & Chairman	0.30	3.30	3.60
Other Senior Managers	13.03	6.62	19.65
All other employees	2204.89	690.47	2895.36
Grand Total	2219.12	701.89	2921.01

The average number of employees employed by the Group:

Average Number of Employees (Full-Time Equivalent)	2022/23			2020/21
	Permanent	Other	Total	Total
Medical and dental	203.7	130.0	333.7	307.4
Administration and estates	690.5	29.7	720.2	671.8
Healthcare assistants and other support staff	505.8	15.2	521.0	513.4
Nursing, midwifery and health visiting staff	888.5	29.9	918.4	837.7
Scientific, therapeutic and technical staff	329.5	23.8	353.3	350.3
Total Average Numbers	2618.0	228.6	2846.6	2680.7

Staff Costs

Group	2022/23	2021/22
	Total	Total
	£000	£000
Salaries and wages	131,300	117,158
Social security costs	11,866	10,289
Employer's contributions to NHS pensions	12,007	11,165
Additional Pension Costs 6.3%	4,982	4,591
Agency/contract staff	14,258	12,014
Apprenticeship levy	366	315
Termination benefits	369	589
Total staff costs	175,148	156,121

Absence Data

The Trust's sickness absence data is published as part of the national NHS Digital publications and is available here: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates>

Sickness absence remains higher than experienced prior to the pandemic and there has been periods when the number of colleagues not able to work due to sickness, has been significant. This has led to unprecedented levels of planning and operational effort from the temporary staffing, management, and site management teams to support teams to care for our patients.

Staff Turnover

In recent years, the Trust has seen a fluctuation in staff turnover rates. In March 2022, the YDH staff turnover rate was 18.7% compared to 15.6% for March 2019 prior to the pandemic. The People Team remains focussed on reviewing and understanding turnover, ensuring interventions are in place to replace to reduce the level of turnover by responding to the causes of colleagues leaving. Several interventions are also being developed as part of the focus on the NHS People Promise and retention programme.

Equality, Diversity and Human Rights (Including Policies Relating to Disabled Persons)

As a public sector organisation, The Trust is statutorily required to ensure that equality, diversity, and human rights are embedded into its functions and activities as per the Equality Act 2010, the Human Rights Act 1998, and the NHS Constitution. Anyone who is an

employee of Yeovil District Hospital, or who uses NHS services as a patient, has a right to be protected from discrimination and be treated fairly.

Early in 2022, the Inclusion Team was formed to support Yeovil District Hospital (YDH) and Somerset NHS Foundation Trust (SFT) ahead of our planned merger. SFT and YDH have both made progress towards equality, diversity, and inclusion. Both organisations have an inclusion strategy and have made commitments under annual reporting including the Workforce Race Equality Standard, Workforce Disability Equality Standard, gender pay gap reporting, and the Equality Delivery System.

Yeovil District Hospital holds a Disability Confident Employer accreditation, we are committed to the Armed Forces Covenant, and in 2022 received a Gold award under the Defence Employer Recognition Scheme.

There are six active colleague networks that welcome members from across YDH and SFT. These networks provide a safe space for colleagues to share their experiences and to provide peer support. The networks also host events and raise awareness of inclusion cross both organisations. Our networks include:

- Armed Forces and Veterans Network
- LGBTQ+ Network
- Lived Experience Network (for colleagues with a disability)
- Multicultural Network
- Neurodiversity Network
- Women's Network

The merger provides an opportunity to review progress to date, and to adopt a new, innovative, approach to inclusion. We have set out our ambitions in our 'Inclusion Roadmap'. Our roadmap outlines our short-term plan for creating the framework, governance structures and ways of working that we will put in place that will enable us to define and measure impact and create sustainable and systemic change.

Our vision is to be a Trust where everyone knows that their unique skills and abilities are valued, and where each member of our community feels they belong. We want to be a Trust with a truly inclusive culture, and with policies and ways of working that are equitable.

Our approach is how we create change. Our actions address the cultures, behaviours, policies, and processes that create or maintain inequality. Our approach is to 'fix the system'. This is fundamentally different from traditional approaches to inclusion that 'fix people' to fit into an existing system. We are moving away from one-off events or interventions that focus on the assumed deficits of underrepresented groups, towards actions that make our processes such as recruitment, development, retention, and progression inclusive and equitable.

Our approach also represents a significant shift in the role and purpose of an Inclusion Team. We will transition from a 'project' based model, to providing consultation and advice for leaders and teams to embed inclusion within their work and behaviours. We have a growing inclusion team supporting both SFT and YDH - Inclusion Leads from each organisation and a new Head of Inclusion came together to form a merged inclusion team early in 2022. Since then, the team has grown from 3 to 5 colleagues.

To ensure equality of opportunity, the Trust supports disabled persons working at the hospital to access learning and development opportunities. This includes meeting with them individually and putting in place a tailored support plan. There is a workplace adjustments

policy in place to support colleagues and their managers ensure the right support is in place to enable colleagues with a disability to thrive at work.

For medical and nursing students, any support needs are aligned with those of the university to which they are affiliated. However, we want to go above and beyond what is statutorily required. We also offer pre-interview support and guidance, tailoring advice to each individual's needs, ensuring feedback is gained to aid career and personal development.

The Trust has committed to offering a guaranteed interview to applicants with a disability, or applicants who are a veteran or member of the armed forces, if they meet the minimum requirements for a role. Applicants for roles with Yeovil District Hospital are offered an adjustment to ensure a fair, equitable and accessible recruitment process.

Information on the Trust's Workforce Disability Equality Standard (WDES), Workforce Race Equality Standard (WRES) and Gender Pay Gap is available on the Somerset NHS Foundation Trust website.

People Policies and Actions applied during the Financial Year

In 2022-23, all Yeovil District Hospital people policies were in a single Human Resources Manual. The handbook includes policies to cover all aspects of employment and includes clear guidance in an accessible format. The policies include processes for maternity, shared parental, and paternity leave, disability in the workplace, equality and inclusion and recruitment and selection for ensuring fair employment, training and career development opportunities for individuals with protected characteristics. Work has been underway to integrate policies ahead of the merger with Somerset NHS Foundation Trust.

Actions on Areas of Concern and Involvement of Staff in the Improvement of Performance

The Trust fosters a culture of openness where our people can freely speak up about any issue, big or small. This includes patient safety or something that effects a colleague's experience at work. Our 'Freedom to Speak up Guardians' provide a simple, accessible route for both colleagues and learners to speak up in confidence. Every concern is taken seriously with appropriate support/guidance offered and agreed actions taken to attain resolution.

The guardians take every opportunity to ensure learning is established when colleagues speak up, and this is shared appropriately, including up to Board level, to prevent similar experiences for others. They support cases from colleagues across the organisation and across the range of professional groups, signifying this is a trusted and useful route for speaking up.

The Trust Board engages in development sessions to ensure Freedom to Speak Up is role modelled from the highest level. They support the guardians with walkabouts, provide additional problem solving to address blockers, discuss themes and triangulate data and discuss individual concerns (with colleague permission).

The Trust has Staff Governors and subsidiary company Partnership Governors from a variety of roles across the Trust, both clinical and non-clinical. Our Staff Governors strengthen the link between our people and broader decision-making processes.

Health and Safety

Fire, health and safety arrangements during 2022/23 have been focused on building and fire safety compliance in response to the changes in legislation referencing the Building and Fire Safety Acts respectively, shaping the future of fire safety for high rise buildings. Fire safety works in particular have been targeted at improving and recording passive fire protection within buildings. Compartmentation works have taken place on the inpatient ward areas in order to mitigate patient evacuation risks. A fire door replacement programme has been targeted at improving compliance, with fire doors to enable the main building tower block fire evacuation lifts to be commissioned. A software system has also been adopted to record the building fire compartmentation strategy, which is used to support the fire risk assessment process and provide reference for records of building alterations. In adopting technology, a cloud-based system has been installed to monitor the fire alarm system across buildings on the hospital site. This system provides evidence in compliance with servicing and maintenance with enhancements in the way fire alarm cascading response is carried out. All these innovations are helping the Trust to manage information in line with the Golden Thread approach in response to the changes in building fire safety reforms.

A programme of health and safety audits was carried out during 2022 with training to support health and safety monitors and first aiders. Training for safety monitors has taken place to maintain competency in hazardous substances assessment, fire warden responsibilities and first aid responders. A number of managers and supervisors have trained in managing safely to support the estates and facilities management responsibilities. Sharps safety has been a particular focus with a visit from the Health and Safety Executive identifying improvements to be made in ensuring safer type sharps are prioritised. This has resulted in a full audit and improvement plan put in place through main theatres.

Security improvements have been made in enhancing CCTV coverage across hospital premises. Lockdown procedures have been tested and improvements made to the cascade calling system and building lockdown controls.

A programme of Fire, Health & Safety and Security meetings took place during 2022/23. This programme brought together a joint health and safety working group aimed at aligning health and safety management arrangements in line for organisational merger. A combined health and safety policy has been developed in consultation with Union member representation to move forward into 2023/24.

Occupational Health

Yeovil Hospital had an outsourced Occupational Health Service and a constructive relationship with the provider which had been developed over a number of years. A range of management information is provided which enables us to identify key areas in which support is needed. The Trust pays particular attention to the top three reasons for sickness absence, namely musculoskeletal, stress and mental health.

Our 'Employee Assistance Programme' supports our people by offering specialist information on a range of topics such as counselling, debt management support, stress intervention support, and career guidance. All our people are able to access the service via a freephone hotline, which is available 24 hours a day 365 days a year, or by using a website with comprehensive information and guidance.

Counter Fraud and Corruption

Yeovil District Hospital supports the NHS Counter Fraud Authority strategy that aims to reduce fraud, bribery and corruption within the NHS. We are committed to the prevention,

detection and investigation of any such allegations and will seek to apply criminal, disciplinary, regulatory and civil sanctions where allegations are upheld. This includes the recovery of identified financial losses to ensure that NHS resources are used for their intended purpose - the delivery of patient care. We expect all organisations / contractors instructed by our organisation to demonstrate a comparable commitment in order to do business with us. This enables us to reassure our patients, members and stakeholders that public funds are protected and safeguarded.

The Trust employs a Counter Fraud Manager who during 2022/23 has conducted both proactive and reactive work in line with the requirements of the Government Functional Standard 013: Counter Fraud ('functional standards').

To limit our exposure to the risks of fraud, bribery, and corruption we also have a number of key policies and procedures which includes, but is not limited to anti-fraud, bribery and corruption policy/procedure, Raising Concerns policy and a Code of Conduct and Conflict of Interest policy. These policies apply to all colleagues and individuals who act on behalf of our organisation.

The success of our approach is dependent on colleagues, stakeholders, service users, visitors or anyone associated with the Trust to report suspicions of Fraud, Bribery and Corruption. We actively encourage reporting to the nominated Counter Fraud Manager, Chief Finance Officer or to the NHS Counter Fraud Authority.

Engaging our People

Much of the suite of internal communications has been maintained throughout the last year, including weekly bulletins, all colleague emails for operational and internal initiatives, live video updates, intranet (YCloud) updates, and colleague meetings, alongside the monthly staff recognition scheme, the iCARE Champion Award.

Senior leaders across SFT and YDH come together regularly to meet with Executive Team members to discuss financial, performance, operational and other issues of importance at Senior Management Operational Team Meeting. Development of this group takes place on a quarterly basis and a programme of development is planned to start from May 2023.

In addition to the suite previously used, further channels have been used to reach and engage with colleagues.

A Leadership Forum has been setup for these senior colleagues with two sessions having run in 2022 and these will continue to run throughout the 2023/24 financial year.

The engagement champion cohort has met on a monthly basis throughout the year and this work will continue during the next year; conversations have taken place with this group to ensure agreement. This group will continue to provide rich feedback monthly around colleague engagement and wellbeing and will be used to drive colleague engagement such as People Pulse and NHS Staff Survey as well as other initiatives.

During the merger process there have been listening events held for teams and individuals by People Services colleagues.

The live video updates, held via Teambrief and chaired by a member of the executive team have been introduced. These operate across both trusts to bring important updates to colleagues throughout the trusts on a three-weekly basis.

From April 2023, the weekly bulletin, known as Staff News, replaced the CONECTBulletins and is available to all colleagues across the newly merged trust.

Staff Survey

The 2022 NHS Staff Survey was completed during October and November 2022 with a 50% response rate. This year was the second year that the staff survey was aligned to the themes of the NHS people promise. Our results can be seen in the table below:



This table highlights the overwhelmingly positive feedback from our people. In every theme the Trust scored higher than the benchmark group average and in five were consistent with the best. We are really encouraged that our results have remained so positive despite so many challenges, however as you would expect, morale has decreased slightly, but feedback is overwhelmingly more positive than comparators.

The strongest themes for the Trust in 2022 remain the People Promise of, we are compassionate and inclusive, with the Trust comfortably averaging higher than other trusts in the four elements that make up this theme. The second strongest theme is staff engagement, with the Trust again scoring well above the average of other trusts.

The element of “we are always learning”, which is made up of the element of appraisals and development, is our lowest ranked but has made statistically significant improvements since last year and reflects the intended focus that was noted in last year’s report.

The People Promises of ‘we are safe and healthy’ and ‘morale’ have been noted as having significantly lower scores than the 2021 survey.

The staff survey for 2022 was the second to be aligned to the national themes of the people promise, retaining staff engagement and morale themes from previous surveys. The comparator data against last year is shown below:

People Promise Theme	2022		2021	
	Trust Score	Benchmarking Group Score	Trust Score	Benchmarking Group Score
We are compassionate and inclusive	7.6	7.2	7.7	7.1
We are recognised and rewarded	6.4	5.7	6.5	5.8
We each have a voice that counts	7.1	6.6	7.2	6.6
We are safe and healthy	6.3	5.9	6.4	5.9
We are always learning	5.9	5.3	5.6	5.2
We work flexibly	6.6	6.0	6.7	5.9
We are a team	7.1	6.6	7.1	6.5
Staff engagement	7.2	6.8	7.3	6.8
Morale	6.2	5.7	6.4	5.7

Score: 0 = low 10 = high

Benchmarking data for previous years is shown below.

	2020		2019		2018	
	Trust	Benchmarking Group	Trust	Benchmarking Group	Trust	Benchmarking Group
Equality, diversity and inclusion	9.1	9.1	9.2	9.0	9.2	9.1
Health and wellbeing	6.9	6.1	6.7	5.9	6.7	5.9
Immediate managers	7.2	6.8	7.4	6.8	7.2	6.7
Morale	6.6	6.2	6.6	6.1	6.4	6.1
Quality of appraisals	n/a	n/a	5.9	5.6	5.7	5.4
Quality of care	7.7	7.5	7.7	7.5	7.5	7.4
Safe environment – bullying and harassment	8.4	8.1	8.3	7.9	8.2	7.9
Safe environment – violence	9.4	9.5	9.4	9.4	9.3	9.3
Safety culture	7.0	6.8	6.9	6.7	6.7	6.6
Staff engagement	7.4	7.0	7.4	7.0	7.3	7.0
Team working	6.7	6.5	n/a	n/a	n/a	n/a

Score: 0 = low 10 = high

Future Plans

Appraisals remain an area of focus into 2023 and work continues to ensure that the quality of the conversation as well as numbers completed are a priority. A working group is reviewing the Staff Survey results, and together with the recommendations from the internal audit carried out in 2022 in Somerset Foundation Trust, a work plan has been developed. This sits alongside the work already underway as part of the People Promise exemplar site in terms of ways of retaining colleagues.

Future Priorities and Targets

Our People Strategy 2023 – 2028 sets out our vision on how we will retain, develop, inspire and attract our people, underpinned by our values and expected behaviours. It takes a holistic approach where wellbeing, leadership and inclusion are infused to support an environment where colleagues thrive. The strategy sets the focus for the future priorities across five commitments; how we care for our people, develop our people, support compassionate and inclusive leadership, retain, and attract talent, and constantly learn and transform. The high-level ambitions within the strategy support the merger of our services and development of integrated models of care.

Areas of focus in year one includes:

- launching and embedding our values and behaviours, weaving them throughout our approaches to people;
- developing robust workforce supply pipelines to reduce vacancy levels and high levels of agency usage;
- expanding career pathways and learner capacity through new education pathways;
- introducing more new roles and ways of working, utilising newly developed integrated care models to offer broader more attractive roles, improving retention and colleague experience and career progression;
- focussing on leadership and management development to enable leaders to empower high performing teams;
- excelling in the delivery of the NHS People Promise to reduce turnover;
- optimising temporary resources and reducing high-cost agency spend;
- continuing to drive improvements in colleague experience and wellbeing to reduce absence levels;
- developing greater digital capabilities for our colleagues to improve productivity; and
- weaving inclusion throughout our practice, focus on systemic solutions to increase the sense of belonging.

Trades Union Disclosures

The table below sets out the amount of time our Staff Side Representatives have spent on Trades Unions activities:

	2022/23
Number of Staff Side Representatives	12
Percentage of time spend on facility time	8.75%
Amount spend on facility time:	
• Total cost of facility time	£29,708
• Total pay bill	£325,028
Percentage of paid facility time spend on trade union activities calculated as (total cost of facility time/total pay bill) x 100	9.14%

Expenditure on Consultancy

£53k – includes architect fees, site surveys, fees relating to the merger with Somerset NHS Foundation Trust.

Off-payroll Arrangements

Nothing to declare.

Exit Packages

	2022/23	2022/23	2022/23	2021/22
	Compulsory redundancies	Other departures	Total Number	Total number
< £10,000	0	1	0	0
£10,001 - £25,000	1	1	2	1
£25,001 - £50,000	0	0	0	0
£50,001 - £100,000	0	0	0	0
£100,001 - £150,000	1	0	1	0
£150,001 - £200,000	1	0	1	2
>£200,000	0	0	0	1
Total Number	3	2	5	4
Total resource cost			£369,000	£589,000

Other (non-compulsory) departure payments

	2022/23	2022/23	2021/22	2021/22
	Number of Agreements	Value of Agreements	Number of Agreements	Value of Agreements
		£000		£000
Mutually agreed resignations (MARS) contractual costs	2	29	0	0
Contractual payments in lieu of notice	0	0	0	0
Total	2	29	0	0

Non-Contractual Departure Payments

There were no non-contractual departure payments made.

Board Members and/or senior officials with significant financial responsibility

	2022/23
	Number of Engagements
Number of off-payroll engagement of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed "board members and/or senior officials with significant financial responsibility".	18

Regulatory Ratings

NHS Oversight Framework

NHS England's NHS Oversight Framework provides the framework for overseeing systems including providers and identifying potential support needs. NHS organisations are allocated to one of four 'segments'.

A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). A segment does not determine specific support requirements. By default, all

NHS organisations are allocated to segment 2 unless the criteria for moving into another segment are met. These criteria have two components:

- a) objective and measurable eligibility criteria based on performance against the six oversight themes using the relevant oversight metrics (the themes are: quality of care, access and outcomes; people; preventing ill-health and reducing inequalities; leadership and capability; finance and use of resources; local strategic priorities); and
- b) additional considerations focused on the assessment of system leadership and behaviours, and improvement capability and capacity.

An NHS foundation trust will be in segment 3 or 4 only where it has been found to be in breach or suspected breach of its licence conditions.

Yeovil District Hospital NHS Foundation Trust was placed in segment 2. This segmentation information is the Trust's position as at March 2023. Current segmentation information for NHS trusts and foundation trusts is published on the NHS England website.

Statement of the Chief Executive's Responsibilities as the Accounting Officer of Yeovil District Hospital NHS Foundation Trust

The NHS Act 2006 states that the Chief Executive is the Accounting Officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the *NHS Foundation Trust Accounting Officer Memorandum* issued by NHS England.

NHS England has given Accounts Directions which require Yeovil District Hospital NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Yeovil District Hospital NHS Foundation Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* (and the *Department of Health and Social Care Group Accounting Manual*) have been followed, and disclose and explain any material departures in the financial statements;
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance;
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy; and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the foundation trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the *NHS Foundation Trust Accounting Officer Memorandum*.



Peter Lewis, Chief Executive, 27 June 2023

5. ANNUAL GOVERNANCE STATEMENT 2022/23

Scope of Responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

The Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Yeovil District Hospital NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Yeovil District Hospital for the year ended 31 March 2023 and up to the date of approval of the annual report and accounts.

Capacity to Handle Risk

As Accounting Officer, the Chief Executive is ultimately responsible for the leadership of risk management and for ensuring the organisation has adequate capacity in place to handle risk. The Board oversees that appropriate structures and robust systems of internal control are in place, supported by the Audit Committee and Governance and Quality Assurance Committee.

The Director of Corporate Services is the designated executive director with Board level accountability for clinical quality, safety and risk management. The Chief Medical Officer, Chief Nurse and Chief Executive support this role. Yeovil District Hospital has a designated Head of Risk (Deputy Director of Integrated Governance) and a Trust Risk Manager within the Clinical Governance Department together with a Maternity Governance Lead Role who acts as the Maternity Risk Manager. In addition, the Boards of the group's subsidiary companies are responsible for reviewing the risks associated with that entity although the Yeovil District Hospital is ultimately responsible for risk management.

The non-executive director who chairs the Audit Committee, supported by the Governance and Quality Assurance Committee, independently reports to the Board with assurance on the appropriateness and effectiveness of risk management and internal control processes. A Quality Assurance Committee chaired by the Director of Corporate Services, reviews compliance against the Care Quality Commission and Health and Safety Executive standards across the Trust's regulated activities. This process allows for a systematic review of compliance, providing assurance and highlighting areas of risk and focus for improvement.

To ensure that a risk management culture is embedded across the Trust, there are actions in place to guarantee that staff are clear as to their responsibilities with regard to risk management with communication of the risk management strategy amongst staff. Guidance and training are provided by the Head of Risk and the Trust's Risk Manager to all new senior

members of staff on the risk management process at Yeovil District Hospital. Additional on-going training is also provided through the Trust wide Governance meetings, preceptorship nurse training and supported team one-to-one or group department-led training sessions. The Head of Risk and the Trust's Risk Manager meet regularly with risk owners and service leads to ensure all risks on the risk register, and identified risks managed locally within departments, are scored, actioned and reviewed appropriately.

The Head of Risk was appointed into a joint post, working across Yeovil District Hospital and Somerset NHS Foundation Trust from April 2022. In 2022/23, an internal review, led by the Head of Risk, was commenced to ensure that the risk reporting arrangements within both organisations remained adequate and to identify if any further improvements could be made in light of the integration between Yeovil District Hospital and Somerset NHS Foundation Trust. This included the review of the reporting of risk, risk scoring, risk processes, and Risk Appetite and Risk Tolerance for the two organisations.

The Board considered that the risk scoring matrix continued to be suitable, however a change in the level of risk escalation was considered, with any risks scoring 15 or above escalated and reported to Board level. During the year, as risk management arrangements have been aligned, the relationship between Directorate/Service Group risks and Corporate risks scoring 15 or above has been explored and a process developed which will commence from April 2023.

In addition, a review of the Corporate Risk Register and Board Assurance Framework (BAF) formats was undertaken to improve the monitoring processes and provide additional assurance on any mitigating actions. The BAF includes details of the principal risks that may affect the Trust achieving its objectives or core aims, how they are currently controlled and what sources of assurance the Board have that the risks are being addressed and managed appropriately. It also details action to address the risks to reduce the risk rating to the target level and to meet the risk appetite set. Links to risks on the Corporate Risk Register are included within the BAF to demonstrate the relationship between operational risks to the delivery of the strategic objectives.

Training

Risk management training is completed through various in-house channels at Yeovil District Hospital; this training is designed to equip staff with the necessary skills to enable them to manage risk effectively. The Trust's induction programme ensures that both clinical and non-clinical staff are provided with details of internal risk management systems and processes. This Trust-wide induction is augmented by local orientation within each department or specialty. For members of staff who are likely to be risk owners or services lead, additional training and induction is provided by the Head of Risk or the Trust's Risk Manager. In addition, and to act as a reminder, all members of staff are required to complete mandatory training. This training reflects the essential training needs and includes risk management processes such as fire, health and safety, manual handling, resuscitation, infection control, safeguarding and information governance. Skills and competencies are also assessed for medical device equipment and for blood transfusion to ensure safety in care. E-learning and workbooks support this programme and are provided as the preferred model of training.

The Trust has a number of trained investigators to undertake Serious Incident Investigations. Additional training for managing safety alerts is provided on a needs basis. Learning from national and internal reports and from external and internal investigations is presented at the Board, the assurance committees and/or their sub-groups.

The remit of the Patient Experience Team and the management of complaints and PALS processes were integrated into the Clinical Governance Department in 2017. Learning from incidents and claims is presented through the Patient Safety Committee whilst complaints and PALS are reviewed through the Patient Experience Committee. In addition, learning from incidents, patient safety alerts, complaints and PALS is shared through the Serious Incident Review Group. These committees and/or forums continually identify opportunities for improvement with the learning cascaded via monthly peer review and governance meetings.

The Trust continues to exhibit areas of good practice with regard to integrated learning and the embedding of a learning culture throughout the Trust. This includes ensuring all responses from investigation managers are SMART actions, with allocated responsible officers and clear implementation dates. All managers have been reminded of their responsibilities and been provided with guidance on developing SMART actions accompanied by a template action plan for completion. Monitoring reports for complaints and incidents are produced and monitored by management and the Board of Directors. The Governance and Quality Assurance Committee receives updates from the Patient Experience Department on a quarterly basis with the Board receiving a high-level update on the learning from complaints and incidents as part of the Trust's Operational and Financial Reports.

Yeovil District Hospital also understands the importance of audits and uses these to ensure that processes in place throughout the Trust are robust and of required standards. Where recommendations have been presented, the Trust reviews these through the relevant department and Board assurance committees to make further improvements in methods of working.

The Risk and Control Framework

Risk management processes are set out in the Trust Risk Management Strategy, which was reviewed and updated in April 2021 to include the introduction of the Executive Committee, clarifying the risk management arrangements for the subsidiary companies of the YDH Trust Group and updating roles and terminology.

During the year, as part of the alignment of risk management arrangements lead by the Head of Risk, a Risk Management Strategy has been developed with key stakeholders for the new integrated organisation.

The Board of Directors developed a risk management vision and risk management objectives for the new integrated organisation. The Risk Management Strategy was developed outlining how the organisation will meet its risk management vision and objectives and how these will ensure the Trust will achieve its strategic objectives. The Strategy includes the building blocks to achievement and a comprehensive implementation plan.

The Risk Management Strategy was approved by the Board of Directors at a meeting held in common with Somerset NHS Foundation Trust in March 2023 which came into immediate effect for both Yeovil District Hospital and Somerset NHS Foundation Trust. A Risk Management Policy, which will provide additional information on the risk management processes is in development for the new integrated organisation.

The previous Risk Management Strategy, which was in place until March 2023 applied to the hospital, with the Trust's subsidiary companies Simply Serve Limited and Symphony Healthcare Services having developed strategies based on the Yeovil District Hospital model. All risks across these entities are managed through the implemented Ulysses Risk Management System. The Head of Risk is currently working with the Trust's subsidiary

companies to develop strategies based on the approved Risk Management Strategy for the new integrated organisation.

The Risk Management Strategy demonstrates the organisational risk management structure, which details that all committees have a shared responsibility for managing risk across the organisation. The Trust recognises that there is an acceptable level of risk within the Trust; this may be defined as potential hazards that are either small enough to have an immaterial effect on the achievement of organisational objectives, or are significant risks that have been mitigated by the establishment of effective controls. The Trust's risk appetite identifies what level of risk is acceptable at departmental level and at which point this risk is required to be escalated. Systematic identification of risks starts with a structured risk assessment with identified risks documented on departmental risk registers. These risks are analysed in order to determine their relative likelihood and consequence using risk matrix scoring.

During the year as part of the development of the Risk Management Strategy for the new organisation, the Board of Directors supported by the Head of Risk, discussed and agreed the risk appetite and risk tolerance levels for the new integrated organisation. A risk appetite and risk tolerance statement were included within the Risk Management Strategy as approved in March 2023. The risk appetite and risk tolerance statement sets out the Board's strategic approach to risk-taking by defining its boundaries and risk tolerance thresholds. This is reviewed on an annual basis by the Yeovil District Hospital Board and during the year by the Board of Directors in common with Somerset NHS Foundation Trust. The risk appetite and risk tolerance statement does not negate the opportunity to potentially take decisions that result in risk-taking that is outside of the risk appetite. The Yeovil District Hospital risk appetite statement in use during 2022/23 was considered against the following risk categories: quality and governance; compliance and performance; continuity of service; operational risk; financial risk; business risk; and reputation risk.

For 2022/23, the following risk appetite was in place:

Key Element	Risk Appetite	Risk Tolerance
Quality and Governance (All quality related risks)	Minimal (as little as reasonably possible) – Preference for ultra-safe delivery options that have a low degree of inherent risk and only for limited reward potential	Low (Risks rated: 1-6)
Business Risk (Loss of referrals, loss of support from CCG, Providers etc.)	Cautious – Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward	Moderate (Risks rated: 8-10)
Compliance and Performance (Risks with compliance to licence requirements, data privacy etc.)	Minimal (as little as reasonably possible) – Preference for ultra-safe delivery options that have a low degree of inherent risk and only for limited reward potential	Low (Risks rated: 1-6)
Continuity of Service (Risks to the Trust being able to provide services that are required of it)	Minimal (as little as reasonably possible) – Preference for ultra-safe delivery options that have a low degree of inherent risk and only for limited reward potential	Low (Risks rated: 1-6)
Operational Risks (Risks covering staffing, health and safety, security, fire, IT etc.)	Minimal (as little as reasonably possible) – Preference for ultra-safe delivery options that have a low degree of inherent risk and only for limited reward potential	Low (Risks rated: 1-6)

Financial Risks (Accounting risk, credit risk, market risk, liquidity risk and budget risks)	Minimal (as little as reasonably possible) – Preference for ultra-safe delivery options that have a low degree of inherent risk and only for limited reward potential	Low (Risks rated: 1-6)
Reputation Risks (Damage to reputation through bad publicity etc.)	Minimal (as little as reasonably possible) – Preference for ultra-safe delivery options that have a low degree of inherent risk and only for limited reward potential	Low (Risks rated: 1-6)

The risk appetite approved in March 2023 based on the [Good Governance Institute Risk Appetite for NHS Organisations Matrix](#), for the new integrated organisation is:

Risk Appetite	Definition
None (0)	Avoidance of risk and uncertainty is a key organisational objective
Minimal (1)	Minimal (as little as reasonably possible). Preference for very safe delivery options that have a low degree of inherent risk and only for limited reward potential
Cautious (2)	Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward
Open (3)	Willing to consider all potential delivery options while also providing an acceptable level of reward (and value for money)
Seek (4)	Eager to be innovative and choose options offering potentially higher business rewards (despite greater inherent risk)
Significant (5)	Confident in setting high levels of risk appetite because of controls, forward scanning and responsiveness systems are robust

Strategic Objective	Risk Appetite
Improve the health and wellbeing of the population	Seek (4)
Provide the best care and support to people	Open (3)
Strengthen care and support in local communities	Seek (4)
Reduce inequalities	Seek (4)
Respond well to complex needs	Seek (4)
Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture	Seek (4)
Live within our means and use our resources wisely	Financial Management - Open (3) Commercial – Seek (4)
Develop a high performing organisation delivering the vision of the trust	Seek (4)

In April 2022, the Board reviewed the risk scoring matrix and considered that it continued to be suitable, however a change in the level of risk escalation was approved. The risk scoring matrix is summarised as using the 5x5 matrix and moved from having four levels of risk escalation to three. The revised risk scoring matrix was reflected in the Risk Management Strategy which was approved in March 2023.

Consequence	Likelihood				
	Rare 1	Unlikely 2	Possible 3	Likely 4	Certain 5
Negligible - 1	1	2	3	4	5
Minor - 2	2	4	6	8	10
Moderate - 3	3	6	9	12	15
Major - 4	4	8	12	16	20
Catastrophic - 5	5	10	15	20	25

KEY:  Low Risk  Medium Risk  High Risk

1-6	= Low Risk	Needs to be resolved or accepted at Departmental level*
8-12	= Medium Risk	Needs to be resolved or accepted at Service Group level*
15-25	= High Risk	To be resolved or accepted at Trust level

**If the risk is not acceptable and cannot be resolved at the appropriate level, it needs to be escalated to the next level*

The Quality Report for 2022/23 will outline the progress made in areas of patient safety, clinical outcomes and patient experience. The Patient Safety Committee monitors all patient safety improvement, with information on quality and patient safety received monthly by the Board and scrutinised in depth on a quarterly basis by the Governance and Quality Governance Assurance Committee.

The Trust aims to promote a high level reporting, low level harm culture with regard to incident reporting with monitoring processes in place to identify incidents and risks. These are analysed for trends to prevent reoccurrence. Should an investigation be triggered, this is reviewed by the Clinical Governance team and any identified learning is reported back through clinical teams. At all times, members of staff are encouraged to report incidents with support provided by managers and through training.

Yeovil District Hospital utilises the national reporting and learning system (NRLS) for the reporting of all patient safety incidents together with mechanism to ensure action on safety alerts, recommendations and guidelines made by all relevant central bodies such as NHS England, the Medical Healthcare Regulatory Authority (MHRA) and the National Institute for Health and Care Excellence (NICE).

The Quality Assurance Committee has an annual work plan for the assessment of key areas in line with national standards. This approach provides the ability to identify areas of compliance risk and co-ordinates action plans for mitigation. The impact and requirements of Care Quality Commission regulation are reflected within internal procedural documents. The quality, operational, financial and workforce performance report presented to the Board is categorised under the Care Quality Commission standards. Regular monthly teleconferences with quarterly face-to-face meetings take place between the Trust and the regional Care Quality Commission to review any recent complaints, incidents, risks and learning etc. The Trust is fully compliant with the registration requirements of the Care Quality Commission.

Continuing risks affecting the organisation

The last few years have been extremely challenging for the NHS with continuing unprecedented levels of demand that have been reflected at Yeovil District Hospital, alongside industrial action taken by colleagues across different staff groups. These challenges are reflected within the wider region including North and West Dorset and parts of Mendip for which Yeovil District Hospital also provides services. The pressure of this is felt across the local health and social care economy, with ever-increasing demand, coupled with difficulties in having sufficient staff to deal with demand and complexity of patient conditions.

Notwithstanding the risks outlined above, the Trust still faces a number of risks continuing into 2023/24, including:

- Risk 0021 Unsafe numbers of attendances in the Emergency Department
- Risk 0331 Insufficient intermediate care capacity
- Risk 0049 Increased demand – opening of escalation areas
- Risk 0497 SHS not becoming financially self-sustaining

There are a number of mitigating actions and processes in place to reduce these risks as outlined in the Trust's Corporate Risk Register. In addition, the Trust's principal risks are captured and monitored within the Board Assurance Framework, which is published within the Trust's Board of Directors papers on a quarterly basis.

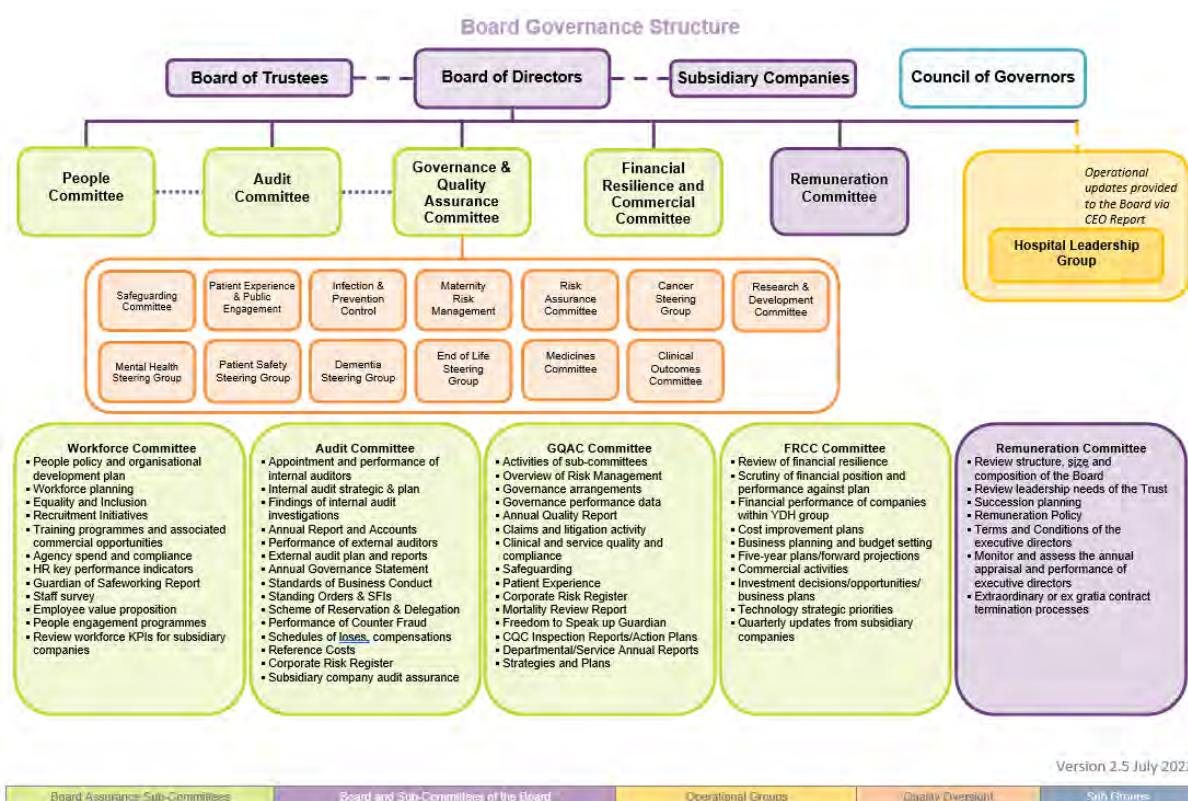
Principles of Corporate Governance

The Board is satisfied that in 2022/23 Yeovil District Hospital applied those principles, systems and standards of good corporate governance, which reasonably would be regarded as appropriate for a supplier of healthcare services to the NHS. The Trust had structured governance arrangements in place with clear lines of reporting from "ward to Board" across operational, quality, safety, patient experience and finance, through assurance committees, to the Board.

To ensure compliance with Condition 4 (Condition FT4) of the Trust's license with NHS Improvement which relates to governance, NHS foundation trusts are subject to the recommendations of the NHS Foundation Trust Code of Governance (modelled on best practice UK governance principles) and the Well-Led and Use of Resources Frameworks.

The Trust had a standardised rolling agenda programme for the Board and its assurance committees. A clear Board Governance Structure was in place that outlined the reporting lines from ward to Board (see diagram below). This structure includes a number of Board Assurance Committees.

The Board Governance Structure in place during 2022/23 is shown below:



The Audit Committee receives the findings from across the Trust group of internal audit investigations, reviews the internal audit strategy and plan, annual accounts and reports, standards of business conduct, and counter fraud. In 2022/23 it met on a quarterly basis as a committee held in common with Somerset NHS Foundation Trust.

The Governance and Quality Assurance Committee has a wide remit to review a number of topics, including clinical and service quality and compliance, safeguarding, patient experience, learning from deaths, departmental annual reports, Quality Improvement Strategy, Annual Quality Report and claims and litigation activity. In 2022/23 it met on a quarterly basis as a committee held in common with Somerset NHS Foundation Trust.

The Financial Resilience and Commercial Committee supports the Board by reviewing financial resilience of the organisation, scrutinising the financial position and performance against the financial plan, the financial performance of the wider Yeovil District Hospital group, progress against cost improvement plans, business planning and budget setting, commercial activities and considering investment decisions, opportunities and business plans. In 2022/23 it met monthly as a committee held in common with Somerset NHS Foundation Trust.

The People Committee advises the Board on the strategic, transformational workforce agenda and reviews the HR data sent to the Board. In addition, it focuses on agency staffing rates and the expenditure, mandatory training, appraisal, occupational health, sickness management and ESR data quality. The committee scrutinises workforce data and plans across the entire Yeovil District Hospital Group. In 2022/23 it met on a bi-monthly basis as a committee held in common with Somerset NHS Foundation Trust.

As part of the integration between Yeovil Hospital and Somerset NHS Foundation Trust and to reduce duplication across the single executive team, the majority of the Board assurance committees have moved a committee in common approach across the two organisations.

Further work was completed to develop and align terms of reference where appropriate ahead of formal merger between the Trusts.

Individual Board meetings also take place within Simply Serve Limited and Symphony Healthcare Services. These Board meetings review the strategic and commercial direction of the respective organisations together with various key performance indicators across various categories, including performance, activity levels and workforce. These entities reported directly to the Trust Board of Directors Part B meetings on a quarterly basis with a highlight report outlining recent developments, activity, financial performance and strategic direction. This arrangement has continued post-merger with reporting to the Somerset NHS Foundation Trust Board. In addition, the entities report to the Financial Resilience and Commercial Committee on their financial and commercial performance. The Trust's People Committee also scrutinised the workforce data of the Yeovil District Hospital group.

There are constructive working relationships in place with key public stakeholders, including governors, NHS England, and the Somerset and Dorset Integrated Care Systems. Where specific issues arise, these are addressed through proactive and candid dialogue or via scheduled monitoring meetings.

Governors were invited to observe each meeting of the Board and regularly participated in the functioning of the Board assurance committees alongside the Financial Resilience and Commercial Committee, People Committee, Risk Assurance Committee, Audit Committee and Governance and Quality Assurance Committee.

The Trust held its virtual Annual General Meeting on Friday 30 September 2022. The AGM included updates from the Chairman, an overview of our year from the Chief Executive, presentations on our Hospital@Home service and urology services integration, and a report from Lead Governor Alison Whitman on behalf of the Council of Governors.



The Trust had a Code of Conduct and Conflicts of Interest Policy in line with the national 'Managing Conflicts of Interest in the NHS' guidance provided by NHS England in 2017. In line with this policy and guidance, the Trust sought declarations from all members of staff identified as a "decision maker". The interests of the Board of Directors were published within each set of Board meeting papers and are available on the public website. Additional procedures were in place to ensure that conflicts of interests were suitably managed or avoided during all procurement and tender processes.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures were in place to ensure all employer obligations contained within the scheme's regulations are complied with. This included ensuring that deductions from salaries, employer's contributions and payments into the scheme were in accordance with the scheme rules, and that member Pension Scheme records were accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Trust undertook risk assessments and Carbon Reduction Delivery Plans were in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that the organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements were complied with.

Emergency Preparedness, Resilience and Response

The NHS England and NHS Improvement Core Standards for Emergency Preparedness, Resilience and Response (EPRR) are the minimum standards which NHS organisations and providers of NHS funded care must meet. Every year commissioners and providers have to complete a self-assessment.

The Trust self-assesses its EPRR activities against these standards on an annual basis. They enable agencies to co-ordinate activities and provide a consistent framework for self-assessment, peer review and more formal control processes carried out by regulatory organisations. However, due to the ongoing response to the Covid-19 pandemic and national NHS Major Incident Level, NHS England opted for a "light touch" approach over the last two years. This year was therefore the first full assessment against the national standards since 2019. The last assessment rated Yeovil District Hospital as having achieved full compliance.

The Trust was required to submit its self-assessment against the national core standards to the Somerset Integration Care Board (ICB) but these were discussed and agreed with the ICB at a joint confirm and challenge meeting, held with the ICB and Somerset NHS Foundation Trust on 31 October 2022. The assessments set out the 68 core standards divided into ten domains to provide an overall compliance rating. Yeovil District Hospital NHS Foundation Trust achieved substantial compliance, being assessed as fully compliant against 66 of the 68 core standards. The areas of partial compliance related to decision logging and business continuity audit and actions have been identified to meet these standards going forward.

Review of Economy, Efficiency and Effectiveness of the Use of Resources

The NHS continues to experience a challenging economic environment, namely as a direct result of the continuing unprecedented levels of demand on health and social care, and in Somerset there is a higher proportion of residents aged over 65 than the rest of England.

There are difficulties in the recruitment of substantive staff, and an increasing complexity of patient conditions.

NHS England undertook a quality and financial governance review as part of their assurance work in light of the merger between Yeovil District Hospital NHS Foundation Trust and Somerset NHS Foundation Trust. These reviews were conducted against their published guidance *Assuring and supporting complex change - Statutory transactions, including mergers and acquisitions*.

For both reviews, NHS England considered current processes and, where possible, proposals for future processes in the enlarged organisation. In order to carry out the work, NHS England observed a Board meeting and relevant committees as well as reviewing a sample of committee papers and speaking to a selection of trust executives and non-executives.

The quality and financial governance reviews did not highlight any material concerns in relation to governance that needed to be addressed before the transaction could proceed.

NHS England review found the Board to be an effective and unified team, with a thoughtful and forward-thinking approach to leadership. They observed a collegiate and respectful culture, with a clear patient focus. The review also evidenced an effective approach to quality governance over the broad range of activities that are overseen by the Boards in common of the two Trusts. While quality issues were discussed in depth, observations suggested that more time could be given to detailed challenge of finances at Board level. However, NHS England also heard from trust leadership during our review about the positive impact of changes made to strengthen financial governance to date, as well as appropriate areas of focus going forwards.

The Trust has developed an action plan against the recommendations outlined as part of the review and this will continue to be monitored by the Board of Directors to ensure recommendations are completed as appropriate.

For 2022/23, the Yeovil District Hospital Group reported a break-even position, which was in line with the plan. The Trust achieved £4.563m in Cost Improvement Plans (CIP) which was in line with plan. However, of this only £1.009m (22%) is recurrent. Work is continuing as we look to increase the level of recurrent CIP into 2023/24.

The Board recognises the continued challenges regarding the financial position and is committed to work to address these through its own internal focus on efficiency and productivity. It will also work collaboratively with local partners to ensure a system response to the countywide deficit position and address the key strategic issues identified as driving this position.

Typically, budget setting is completed through detailed analysis by qualified accountants within the finance team using current year actuals as a baseline. The team in turn liaises with various departments and managers on the proposed budgets which are amended, if required, following this input. The executive directors then consider the draft budget prior to full consideration by the Finance Committee and ultimately by the Board of Directors. This robust process ensures that resources are planned on an economic, efficient and effective basis.

The Trust's performance is monitored via the quality, operational and financial performance reports at meetings of the Board. Operational management and the co-ordination of services are delivered by the Service Groups. Performance is also reviewed via Quality, Outcomes, Finance and Performance (QOFP) review meetings on a monthly basis.

The Trust's internal audit operational plan includes sections on financial assurance and managing resources effectively; the findings of any audits are reported to the Audit Committee. There is also scrutiny as to the economy, efficiency and effectiveness of the use of resources as part of the external audit plan and the Value for Money review.

The Audit Committee also considered the financial statements risks identified by external audit through their risk assessment processes. KPMG issued an unqualified opinion on the Trust's financial statements audit for 2022/23. In addition, no significant weaknesses were identified with regard to the Trust's arrangements for ensuring value for money.

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.

The Trust's Data Security and Protection Toolkit submission for 2022/23 will be completed in June 2023. It is expected that all mandatory evidence items will be reached, with an assessment status of 'standards met'.

In line with the DSPT reporting tool, two incidents were reported to the ICO in 2022/23. The ICO was content with the actions taken on both and no further action was taken.

All incidents are 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 Audit Committee.

The Senior Information Risk Owner position was held by the Director of Strategy and Digital Development.

Data Quality and Governance

To provide assurance that the Trust has appropriate controls in place regarding the reporting of data, the following arrangements were in place in 2022/23:

- Information in relation to quality, safety and patient experience was considered by the relevant sub-groups and the Directorates. Data was presented to the Board on a monthly basis. In addition, the information was scrutinised by the Governance and Quality Assurance Committee (which was chaired by a non-executive director) on a quarterly basis.
- Operational leads and the Directorate Deputy Directors presented via Quality, Outcomes, Finance and Performance (QOFP) review meetings on a monthly basis.
- Data and reports were presented to the Governance and Quality Assurance Committee to enable the opportunity for debate about quality measures and any key risks.
- Data quality was monitored through the Monthly Data Quality Steering Group. National Data Quality indicators such as DQMI (Data Quality Maturity Index) are published monthly by NHS England, and these are used to highlight areas for improvement within all the Trust's core Hospital Information Systems.

- The Patient Safety Committee, Patient Experience and Engagement Steering Group and Clinical Outcomes Committees monitored safety incidents, complaints, mortality and clinical audit reports and the data was presented to review progress against the quality strategy and to produce the Quality Report.
- Compliance with NICE guidance was measured and monitored through the Directorates and the Clinical Outcomes Committee. A high-level overview was provided quarterly to the Governance and Quality Assurance Committee.
- External sources of information were used to inform reporting, including outcomes of inspections and peer reviews and monitoring of mortality rates provided by Dr Foster.
- Quality measures and CQUINs (Commissioning for Quality and Innovation) were agreed with the Somerset Integrated Care Board, and these were monitored in-year through the CQUIN Steering Group.
- The Trust's Quality Report in draft form was externally reviewed by the Somerset Integrated Care Board, HealthWatch and the Somerset Overview and Scrutiny Committee.
- The local indicator for the Quality Accounts was selected by the Council of Governors and monitored by them on a quarterly basis alongside quality and patient safety updates.
- Assurance was gained through the annual internal audit programme and by the work of the external auditors in reviewing the quality report indicators.

Review of Effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within Yeovil District Hospital who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee, the Governance and Quality Assurance Committee and Risk Assurance Committee; a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Trust's Risk Management Strategy outlines the process for maintaining the effectiveness of the system of internal control. Assurance as to the effectiveness of the system of internal control is primary overseen by the Audit Committee, which reports to the Board, supported by the Governance and Quality Assurance Committee. Where weaknesses are identified, recommendations are made and action plans for improvement monitored through this assurance process to ensure continuous improvement of the system in place. The Governance and Quality Assurance Committee also reviews the Risk Assurance Committee work plan and governance framework in respect of their assigned risk review areas, reporting directly to the Board.

The Trust's Head of Internal Audit Opinion outlines that BDO is able to provide moderate assurance that there are no major weaknesses in the internal control system for the areas reviewed in 2022/23. Therefore, the statement of assurance is not a guarantee that all aspects of the internal control system are adequate and effective. The statement of assurance should confirm that, based on the evidence of the audits conducted, there are no signs of material weaknesses in the framework of control.

In assessing the level of assurance to be given, BDO took into account the following:

- All internal audits undertaken by BDO LLP during 2022/23. The Key Financial Systems audit provided substantial assurance for both design of controls and operational effectiveness.
- Any follow-up action taken in respect of audits from previous periods for these audit areas. The Trust has a good record of implementing audit recommendations. We have closed all prior year recommendations and management are proactive in discussing plans to address risks identified in the 2022/23 audits.
- Whether any significant recommendations have not been accepted by management and the consequent risks – all recommendations were accepted by management.
- The effects of any significant changes in the organisation's objectives or systems.
- Matters arising from previous internal audit reports to Yeovil District Hospital NHS FT.
- The Trust is expected to break-even against its agreed control total at year-end.
- Any limitations which may have been placed on the scope of internal audit – no restrictions were placed on our work.

Conclusion

I am satisfied that effective systems of internal control are in place and that the culture of risk management is embedded at Yeovil District Hospital. There are no significant internal control issues which have been identified during the course of the year or in relation to this annual governance statement.



Peter Lewis, Chief Executive, 27 June 2023

Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	SFT 2022/23 Annual Accounts and Annual Report
SPONSORING EXEC:	Pippa Moger, Chief Finance Officer Phil Brice, Director of Corporate Services
REPORT BY:	Pippa Moger, Chief Finance Officer Phil Brice, Director of Corporate Services
PRESENTED BY:	Pippa Moger, Chief Finance Officer
DATE:	20 September 2023

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

Executive Summary and Reason for presentation to Committee/Board	<p>The Trust is required to present the 2022/23 annual accounts and annual report to the Council of Governors.</p> <p>As part of the external audit process, the Trust received an unqualified opinion and our external auditors, KPMG, will be presenting their external audit opinion on the accounts to the meeting.</p>
Recommendation	The Council of Governors is asked to note the 2022/23 annual accounts and annual report.

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

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



Equality and Inclusion

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

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

Not applicable to this report.

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

Public/Staff Involvement History

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

Not applicable to this report.

Previous Consideration

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

The annual accounts and annual report are presented to the Council of Governors on an annual basis.

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

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

☒ Yes

☐ No

Somerset NHS Foundation Trust

Annual accounts for the year ended 31 March 2023

Foreword to the accounts

Somerset NHS Foundation Trust

These accounts, for the year ended 31 March 2023, have been prepared by Somerset NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed



Name Peter Lewis
Job title Chief Executive
Date 27 June 2023

Statement of Changes in Equity for the year ended 31 March 2023

	Public dividend capital	Revaluation reserve	Financial assets reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2022 - brought forward	212,589	77,595	(2,325)	22,125	309,984
Implementation of IFRS 16 on 1 April 2022	-	-	-	109	109
(deficit) for the year	-	-	-	(38,069)	(38,069)
Impairments	-	(29,896)	-	-	(29,896)
Revaluations	-	12,794	-	-	12,794
Fair value (losses) on equity instruments designated at fair value through OCI	-	-	(147)	-	(147)
Public dividend capital received	19,433	-	-	-	19,433
Taxpayers' and others' equity at 31 March 2023	232,022	60,493	(2,472)	(15,835)	274,208

Statement of Changes in Equity for the year ended 31 March 2022

	Public dividend capital	Revaluation reserve	Financial assets reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2021 - brought forward	176,713	69,221	-	32,808	278,742
Deficit for the year	-	-	-	(10,683)	(10,683)
Impairments	-	(3,169)	-	-	(3,169)
Revaluations	-	11,545	-	-	11,545
Fair value (losses) on equity instruments designated at fair value through OCI	-	-	(2,325)	-	(2,325)
Public dividend capital received	35,876	-	-	-	35,876
Other reserve movements	-	(2)	-	-	(2)
Taxpayers' and others' equity at 31 March 2022	212,589	77,595	(2,325)	22,125	309,984

The notes on pages 8 to 58 form part of these accounts.

Statement of Comprehensive Income

		2022/23	2021/22
	Note	£000	£000
Operating income from patient care activities	3	682,669	596,679
Other operating income	4	61,783	70,536
Operating expenses	6	(775,422)	(669,673)
Operating (deficit) from continuing operations		(30,970)	(2,458)
Finance income	10	983	27
Finance expenses	11	(1,777)	(1,709)
PDC dividends payable		(6,933)	(7,103)
Net finance costs		(7,727)	(8,785)
Other gains / (losses)	12	249	(244)
Share of profit of joint arrangements	18	379	804
(Deficit) for the year from continuing operations		(38,069)	(10,683)
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	(29,896)	(3,169)
Revaluations	16	12,794	11,545
Fair value (losses) on equity instruments designated at fair value through OCI	19	(147)	(2,325)
Other reserve movements		-	(2)
Total comprehensive (expense) for the period		(55,318)	(4,634)

The notes on pages 8 to 58 form part of these accounts.

Statement of Financial Position

		31 March 2023 £000	31 March 2022 £000
Note			
Non-current assets			
	Intangible assets	13 21,127	20,339
	Property, plant and equipment	14 292,186	323,891
	Right of use assets	17 25,943	-
	Investments in associates and joint ventures	18 282	797
	Other investments / financial assets	19 14	161
	Receivables	21 2,369	2,669
	Total non-current assets	341,921	347,857
Current assets			
	Inventories	20 7,391	5,723
	Receivables	21 44,446	21,212
	Non-current assets for sale and assets in disposal groups	22 -	15
	Cash and cash equivalents	22 42,510	58,729
	Total current assets	94,347	85,679
Current liabilities			
	Trade and other payables	23 (94,749)	(83,485)
	Borrowings	24 (7,086)	(3,846)
	Provisions	25 (1,836)	(850)
	Other liabilities	23.1 (8,783)	(7,152)
	Total current liabilities	(112,454)	(95,333)
	Total assets less current liabilities	323,814	338,203
Non-current liabilities			
	Borrowings	24 (45,121)	(22,736)
	Provisions	25 (2,544)	(3,283)
	Other liabilities	23.1 (1,941)	(2,200)
	Total non-current liabilities	(49,606)	(28,219)
	Total assets employed	274,208	309,984
Financed by			
	Public dividend capital	232,022	212,589
	Revaluation reserve	60,493	77,595
	Financial assets reserve	(2,472)	(2,325)
	Income and expenditure reserve	(15,835)	22,125
	Total taxpayers' equity	274,208	309,984

The notes on pages 8 to 58 form part of these accounts.



Name Peter Lewis
Position Chief Executive
Date 27 June 2023

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health and Social Care as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Financial assets reserve

This reserve comprises changes in the fair value of financial assets measured at fair value through other comprehensive income. When these instruments are derecognised, cumulative gains or losses previously recognised as other comprehensive income or expenditure are recycled to income or expenditure, unless the assets are equity instruments measured at fair value through other comprehensive income as a result of irrevocable election at recognition.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the Trust.

Statement of Cash Flows

		2022/23	2021/22
	Note	£000	£000
Cash flows from operating activities			
Operating (deficit)		(30,970)	(2,458)
Non-cash income and expense:			
Depreciation and amortisation	6.1	26,777	22,371
Net impairments	7	38,644	12,597
Income recognised in respect of capital donations	4	(1,647)	(1,428)
Amortisation of PFI deferred credit		(259)	(259)
(Increase) / decrease in receivables and other assets		(22,671)	2,928
(Increase) in inventories		(1,668)	(939)
Increase / (decrease) in payables and other liabilities		28,020	(18,655)
Increase in provisions		683	1,710
Other movements in operating cash flows		-	(2,486)
Net cash flows from / (used in) operating activities		36,909	13,381
Cash flows from investing activities			
Interest received		983	27
Purchase of intangible assets		(5,927)	(5,889)
Purchase of PPE and investment property		(54,099)	(49,839)
Sales of PPE and investment property		693	-
Receipt of cash donations to purchase assets		1,193	1,437
Net cash flows from / (used in) investing activities		(57,157)	(54,264)
Cash flows from financing activities			
Public dividend capital received		19,433	35,876
Movement on loans from DHSC		(848)	(848)
Movement on other loans (Note 1)		(893)	-
Capital element of lease liability repayments (Note 1)		(2,964)	(810)
Capital element of PFI, LIFT and other service concession payments		(2,060)	(1,924)
Interest on loans		(217)	(168)
Interest element of lease liability repayments		(277)	(198)
Interest paid on PFI, LIFT and other service concession obligations		(1,281)	(1,337)
PDC dividend (paid)		(7,757)	(6,372)
Cash flows from (used in) other financing activities (Note 2)		893	1
Net cash flows from / (used in) financing activities		4,029	24,220
(decrease) in cash and cash equivalents		(16,219)	(16,663)
Cash and cash equivalents at 1 April - brought forward		58,729	75,391
Cash and cash equivalents at 31 March	22	42,510	58,729

Note 1

During 2021/22, the Trust terminated the Energy Finance lease and transferred the remaining balance on the Finance agreement from Finance Lease to borrowings and classified as 'other loans'. This will be repaid annually with the final payment due September 2023.

Note 2

Joint venture dividend received from Southwest Pathology Services LLP (SPS LLP)

The notes on pages 8 to 58 form part of these accounts.

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS England has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2022/23 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

On 1 April 2023, The Trust acquired the assets and business of Yeovil District Hospital (YDH) NHS FT forming Somerset NHS Foundation Trust (SFT) through merger by acquisition and there is a reasonable expectation that SFT has adequate resources to continue in operational existence for the next 12 months

The Trust has prepared its financial plans and cash flow forecasts for the coming year on the assumption that funding will be received from the Department of Health and Social Care. Discussions to date indicate this funding will be forthcoming. These funds are expected to be sufficient to enable the Trust to meet its obligations as they fall due; and will be accessed through the nationally agreed process published by NHS England and the Department of Health and Social Care.

There has been no application to the Secretary of State for the dissolution of the Trust and following the preparation of detailed financial plans for 2023/24, no such application is planned.

The Board of Directors has therefore concluded that these financial statements should be prepared on a going concern basis as there is a reasonable expectation that the Trust will have adequate resources to continue in operational existence for the next 12 months.

Joint ventures

Joint ventures are arrangements in which the Trust has joint control with one or more other parties, and where it has the rights to the net assets of the arrangement. Joint ventures are accounted for using the equity method.

Note 1.3 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

In 2022/23, the Trust has accrued the funding received from NHS England associated to the pay award

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's income is earned from NHS commissioners in the form of fixed payments to fund an agreed level of activity.

In 2022/23 fixed payments are set at a level assuming the achievement of elective activity targets. These are termed 'aligned payment and incentive' contracts. These payments are accompanied by a variable-element to adjust income for actual activity delivered on elective services and advice and guidance services.

Elective recovery funding provides additional funding for the delivery of elective services. In 2022/23 elective recovery funding was included within the aligned payment and incentive contracts. In 2021/22 income earned by the system based on achievement of elective recovery targets was distributed between individual entities by local agreement and income earned from the fund was accounted for as variable consideration.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner. In 2022/23 payment under these schemes is included in fixed payments from commissioners based on assumed achievement of criteria.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset. The expected rate of non-recovery is 24.86% (2021/22: 23.76%).

Note 1.4 Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grant is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.5 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

Note 1.6 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.7 Discontinued operations

Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of Whole of Government Accounts are 'machinery of government changes' and treated as continuing operations.

Note 1.8 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings - market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements

During 2022/23, SFT re-tendered its valuation contract to include the re-modelling of MEA hypothesis and Cushman & Wakefield was successful, sub-contracting the MEA modelling to NTW Solutions (NTW), a wholly owned subsidiary of Northumberland Tyne and Wear NHS Foundation Trust. NTW So took the existing MEA's in operation across the Community/Mental health and the Acute provision and together with discussions with Estates and finance colleagues formed two revised MEA's. The Acute MEA now incorporates a full assessment of the space required to operate a modern functioning healthcare facility.. The CH/MH model has condensed its 5-hub basis down to 3 reflecting the current levels of service provision.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual using Build Cost Information published by the RICS Building Cost Information Service. During 2022/23, a full valuation exercise to update the latest carrying values as at 31 March 2023 was undertaken by Cushman & Wakefield DTZ.

The valuation exercise was carried out in March 2023 with a valuation date of 31 March 2023. The COVID-19 pandemic and measures to tackle it continue to affect economies and real estate markets globally. Nevertheless, as at the valuation date property markets are mostly functioning, with transaction volumes and other relevant evidence at levels where enough market evidence exists upon which to base opinions of value. Accordingly - and for the avoidance of doubt, our valuation is not reported as being subject to 'material valuation uncertainty' as defined by VPS 3 and VPGA 10 of the RICS Valuation – Global Standards. This explanatory note has been included to ensure transparency and to provide further insight as to the market context under which the valuation opinion was prepared. In recognition of the potential for market conditions to move rapidly in response to changes in the control or future spread of COVID-19 we highlight the importance of the valuation date.

The aftermath of the Grenfell Fire on 14 June 2017 resulted in a wholesale review of the regime relating to building safety. A public inquiry commenced in 2018 with a report on the findings of the first phase of the inquiry published in October 2019. The second phase of the inquiry commenced in January 2020 and is still ongoing.

An Independent Review of Building Regulations and Fire Safety led by Dame Judith Hackitt was published in May 2018. This included recommendations for a new Building Regulations regime for residential buildings of 10 storeys (30m) or higher. The Government subsequently announced that Building Regulations would be amended from 21 December 2018 to ban the use of combustible materials on the external walls of new buildings over 18m containing flats, as well as, inter alia, buildings such as new hospitals, residential care homes and student accommodation. Due to the changes to the building regulations the ban will affect existing buildings undergoing major works or a change of use. On 20 January 2020 MHCLG published "Building safety advice for building owners, including fire doors" which consolidated the previously published advice notes including Advice Note 22. The advice note specifically deals with aluminium composite material panels, high pressure laminate panels, spandrel panels, balconies and external wall insulation systems as well as smoke control systems and fire doors. The advice note does not cover all types of wall systems for buildings below 18 metres but consideration is to be given to the spread of fire externally through the fire risk assessment taken into consideration the buildings occupancy and other factors which may result in remedial actions being required.

The Fire Safety Act 2021 came into force in May and aims to improve fire safety in multi-occupancy domestic premises. The Act requires responsible persons to assess, manage and reduce the fire risks posed by the structure and external walls of the buildings for which they are responsible (including cladding, balconies and windows). It applies to all multi-occupied residential buildings and is not dependent on the height of the building. The Act allows the Fire & Rescue Service to enforce against non-compliance in relation to the external walls and the individual doors opening onto the common parts of the premises, but the Act does not address remediation costs in relation to cladding or its replacement.

A 1% change in the valuation would have a £1.8 million impact on the Statement of Financial Position with a £32,000 change on the PDC dividend due to be paid next year and accrued in these financial statements.

Of the £177 million net book value of land, buildings and dwellings subject to valuation, £173 million relates to specialised assets valued on a depreciated replacement cost basis. Here the valuer bases their assessment on the cost to the Trust of replacing the service potential of the assets. The uncertainty explained above relates to the estimated cost of replacing the service potential, rather than the extent of the service potential to be replaced.

The value of land for existing use purposes is assessed at existing use value. For non-operational properties including surplus land, the valuations are carried out at open market value. Cushman & Wakefield has supplied amended estimates of the diminution in value relating to operational buildings scheduled for imminent closure and subsequent demolition. These buildings have been written down in the accounts to these values. Open market values have also been provided for land and residences.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

This includes assets donated to the trust by the Department of Health and Social Care or NHS England as part of the response to the coronavirus pandemic. As defined in the GAM, the Trust applies the principle of donated asset accounting to assets that the trust controls and is obtaining economic benefits from at the year end.

Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

PFI and LIFT transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-Statement of Financial Position' by the Trust. In accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost, the charges for services and lifecycle replacement of components of the asset. The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as a finance cost as incurred.

The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Buildings, excluding dwellings	36	76
Dwellings	55	58
Plant & machinery	5	20
Transport equipment	3	10
Information technology	3	8
Furniture & fittings	3	10

Note 1.9 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Software licences	2	10

Note 1.10 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

The Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department of Health and Social Care.

Note 1.11 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.12 Financial assets and financial liabilities**Recognition**

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets and Financial Liabilities are classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Financial assets measured at fair value through other comprehensive income

A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition. The Trust has irrevocably elected to measure the following equity instruments at fair value through other comprehensive income: -

Sensyne PLC shares

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires

Note 1.13 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The Trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a lessee

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 0.95% applied to new leases commencing in 2022 and 3.51% to new leases commencing in 2023.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term or other systematic basis. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as a lessor

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Initial application of IFRS 16

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury has been applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaces *IAS 17 Leases*, *IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations.

The standard has been applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 have only been applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments have not been revisited.

The Trust as lessee

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the statement of financial position immediately prior to initial application. Hindsight has been used in determining the lease term where lease arrangements contain options for extension or earlier termination.

No adjustments have been made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets has a value below £5,000. No adjustments have been made in respect of leases previously classified as finance leases.

The Trust as lessor

Leases of owned assets where the Trust is lessor were unaffected by initial application of IFRS 16. For existing arrangements where the Trust is an intermediate lessor, classification of all continuing sublease arrangements has been reassessed with reference to the right of use asset.

2021/22 comparatives

Comparatives for leasing transactions in these accounts have not been restated on an IFRS 16 basis. Under IAS 17 the classification of leases as operating or finance leases still applicable to lessors under IFRS 16 also applied to lessees. In 2021/22 lease payments made by the Trust in respect of leases previously classified as operating leases were charged to expenditure on a straight line basis.

Note 1.14 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2023:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	3.27%	0.47%
Medium-term	After 5 years up to 10 years	3.20%	0.70%
Long-term	After 10 years up to 40 years	3.51%	0.95%
Very long-term	Exceeding 40 years	3.00%	0.66%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2023:

	Inflation rate	Prior year rate
Year 1	7.40%	4.00%
Year 2	0.60%	2.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of 1.70% in real terms (prior year: minus 1.30%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 25.1 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.15 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 32 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 32, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.16 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2022/23.

Note 1.17 Standards, amendments and interpretations in issue but not yet effective or adopted**IFRS 16 Leases - application of liability measurement principles to PFI and other service concession arrangements**

From 1 April 2023, the measurement principles of IFRS 16 will also be applied to the Trust's PFI liabilities where future payments are linked to a price index representing the rate of inflation. The PFI liability will be remeasured when a change in the index causes a change in future repayments and that change has taken effect in the cash flow. Such remeasurements will be recognised as a financing cost. Under existing accounting practices, amounts relating to changes in the price index are expensed as incurred.

Initial application of these principles will be on 1 April 2023 using a modified retrospective approach with the cumulative impact taken to reserves. This is expected to result in an increased PFI liability on the Statement of Financial Position. The effect of this has not yet been quantified.

Other standards, amendments and interpretations

The effective date for IFRS17 is now 1 April 2025. The standard has not yet been adopted but work will be undertaken to identify insurance contracts and determine the appropriate accounting treatment.

Note 1.18 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

International accounting standard IAS1 requires estimates, assumptions and judgements to be continually evaluated and to be based on historical experience and other factors including expectation of future events that are believed to be reasonable under the circumstances. Actual results may differ from these estimates.

It should be noted that while management must make judgements in relation to applying the recognition of balance sheet items (trade payables; provisions, deferred and accrued income) these are not considered significant judgements.

The purpose of evaluation is to consider whether there may be a significant risk of causing material adjustment to the carrying value of assets and liabilities within the next financial year, compared to the carrying value in these accounts. The following significant assumptions and areas of estimation and judgement have been considered in preparing these financial statements.

Land, buildings and dwellings

Value of land, buildings and dwellings £177,178,000 (2021/22 £213,277,000). This is the most significant estimate in the accounts and is based on the professional judgement of the Trust's independent valuer; Cushman & Wakefield with extensive knowledge of the physical estate and market factors.

The value does not take into account potential future changes in market value which cannot be predicted with any certainty.

The majority of the Trusts estate is considered to be specialised assets as there is no open market for an acute, community and mental health hospital. The modern equivalent asset valuation is based on the assumption that a replacement hospital would be built on an alternative site, within the surrounding area of Somerset.

The MEA has been revised and updated during 2022/23 by Trust Finance and Estate staff working with NTW Solutions Management. The model is owned by the Trust and we are able to tweak where events occur during 2023/24 and beyond. There are currently two MEA models, one for community and mental health where the model has changed from a 5 hub to a 3 hub model, reducing space utilisation and duplicated plant facility and a model at Musgrove Park Hospital where there has been in plant areas for each building and a reduction in office/meeting room space taking into account different ways of working/agile working and less face-face interaction.

The key judgements driving Land, buildings and dwellings valuations are:

- building cost index reduction
- increased obsolescence factors, ventilation health regulation in healthcare patient flow areas
- updated MEA

Revisions to accounting estimates are recognised in the period in which the estimate is revised.

Note 1.19 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.20 Value added tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.21 Corporation tax

The Trust is a Health Service Body within the meaning of s986 Corporation Taxes Act 2010. Accordingly it is not liable to corporation tax. The Trust is also exempt from tax on chargeable gains under s271(3) Taxation of Chargeable Gains Act 1992. There is, however, a power for HM Treasury to submit an order to Parliament which will dis-apply the corporation tax exemption in relation to particular activities of an NHS Foundation Trust (s987 Corporation Taxes Act 2010). Accordingly, the Trust is potentially within the scope of corporation tax in respect of activities to be specified in the order which are not related to, or ancillary to, the provision of healthcare, and where the profits therefrom exceed £50,000 per annum. Until such an order is approved by Parliament, the Trust has no corporation tax liability.

Note 1.22 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.23 Foreign exchange

The functional and presentational currency of the trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items are translated at the spot exchange rate on 31 March
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

Note 1.24 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

Note 1.25 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.26 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 2 Operating Segments

Operating segments are reported in a manner consistent with the internal reporting provided to the Chief Operating Decision Maker. The Chief Operating Decision Maker, who is responsible for allocating resources and assessing performance of the operating segments, has been identified as the Board that makes strategic decisions. The Somerset NHS Foundation Trust is managed by the Board of Directors, which is made up of both Executive and Non-Executive Directors. The Board is responsible for strategically and operationally leading the work of the Trust. The Non-Executive Directors bring external expertise to the organisation and provide advice and guidance to the Executive Directors. The Executive Directors take care of the day to day running of the Trust.

The Board is therefore considered to be the Chief Operating Decision Maker (CODM) of the Trust.

The monthly financial information presented to the Board includes a Trust level Statement of Comprehensive Income, a Statement of Financial Position, a Statement of Cash flows and a number of other financial indicators including Covid-19 spend, capital expenditure, performance against cost improvement plans, agency spend and debt analysis. The segmental expenditure data is included by way of a separate note reporting achievement against planned expenditure inclusive of any directorate specific income and highlighting any variances. It is acknowledged that the analysis of figures included below is different to that used for the remainder of the financial statements. The detail includes current budget and year to date data, in each case comparing actual data to plan. The commentary also includes the Directorates' contribution to Trust wide initiatives, such as cost improvement programmes. Other information reported to the Board is specifically analysed for its purpose, for example trust pay spend against budget analysed by employee groups and income stream expectations by type (NHS Clinical, non NHS etc) compared to actual achieved. Information such as delivery of the savings plan is a trust wide position paper but detailed into the areas tasked with implementing savings.

The Trust has used three key factors in its identification of its reportable operating segments. The key factors are that the reportable operating segment:

- a) engages in activities from which it earns revenues and incurs expenses;
- b) reports financial results which are regularly reviewed by the Trust's Board of Directors to make decisions about allocation of resources to the segment and to assess its performance; and
- c) has discrete financial information.

The Trust's reportable segments and services provided are:

Integrated and Urgent Care

The services provided by this operating segment include A&E, MIU, Cardiology, Care of the Elderly, Endocrinology, Neurology, Rehabilitation, Respiratory and Stroke services.

Surgical Care

The services provided by this operating segment include Gastroenterology, Upper and Lower GI Surgery, Vascular, Breast Care Centre, Dermatology, Urology, Orthopaedics, Theatres, ITU/HDU, Anaesthetics, Sterile Services, Pre-op Assessment, Surgical Admissions, General Outpatients and Orthopaedic Services.

Clinical Support and Specialist

The services provided by this operating segment include the dedicated Cancer Centre, Haematology & Oncology, Pharmacy, Therapies, Pathology, Imaging, Speech and Language Therapy and other diagnostic testing.

Corporate Support Services

This segment provides corporate management for the Trust and includes the administrative aspects of governance and professional management of all clinical staff, the Trust Board, Finance, Information and IT, People Services, Organisational Development, Performance Management, Operational Management, Education and Training, central clinical functions of operational managers, clinical site managers, discharge coordination, patient transport and winter response actions.

Families Care Directorate

The services provided by this operating segment include Reproductive Medicine, EPAC, Gynaecology, Maternity and Paediatrics (including Somerset Neo-Natal Intensive Care Unit), Child and Adolescent Mental Health Services, Primary Care Dental Service and Community Services.

Mental Health and LD

The services provided by the mental health and LD segment include inpatient services for adult acute including Psychiatric Intensive Care Unit (PICU), Section 136 health based places of safety; rehabilitation and older peoples mental health inpatient, commissioned inpatient services of low secure and CAMHS Tier 4; Home Treatment/Crisis services; Perinatal; Psychiatric Liaison; Community mental health services including open mental health working in collaboration with voluntary VSC; forensic liaison services; Assertive Outreach; Talking Therapies and Learning Disability services

Primary Care and Neighbourhoods

The services provided by this operating segment include District Nursing & Rehab services, provision of dementia and older peoples mental health services, Intermediate Care Model, Community Hospitals and the newly created Virtual Wards which include respiratory, frailty and digital.

The table below summarises details reported to the Board

	2022/23	2021/22
	£'000	£'000
Operating Income	661,001	596,860
Total Corporate Income	661,001	596,860
Expenditure less sundry income		
Primary Care and Neighbourhoods	(76,177)	(38,590)
Families Care Directorate	(55,866)	(49,358)
Mental Health and LD	(71,928)	(59,718)
Integrated and Urgent Care	(91,586)	(110,673)
Surgery	(120,098)	(107,285)
Clinical Support and Specialist Services	(96,137)	(84,646)
TOTAL OPERATING DIRECTORATES	(511,792)	(450,270)
Corporate and other services	(180,179)	(149,048)
TOTAL OTHER SERVICES	(180,179)	(149,048)
Total Operating Expenditure	(691,971)	(599,318)
Trust EBITDA	(30,970)	(2,458)
Net Finance Costs	(7,099)	(8,225)
(Deficit)/Surplus for the year from continuing operations	(38,069)	(10,683)
Remove Capital Donations/grants I&E impact	(575)	(45)
Remove Impairments	38,644	12,597
Performance on a control total basis	-	1,869
Other comprehensive income		
Will not be reclassified to income and expenditure:		
Impairments	(29,896)	(3,169)
Revaluations	12,794	11,545
Fair value (losses) on equity instruments designated at fair value through OCI	(147)	(2,325)
Other recognised gains and losses	-	(2)
Total comprehensive income / (expense) for the period	(55,318)	(4,634)

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.3

Note 3.1 Income from patient care activities (by nature)	2022/23 £000	2021/22 £000
Acute services		
Income from commissioners under API contracts*	353,911	318,898
High cost drugs income from commissioners (excluding pass-through costs)	40,895	37,451
Other NHS clinical income	-	3,718
Mental health services		
Income from commissioners under API contracts*	93,207	104,801
Services delivered under a mental health collaborative	9,202	-
Community services		
Income from commissioners under API contracts*	114,552	88,705
Income from other sources (e.g. local authorities)	14,220	2,765
All services		
Private patient income	2,339	1,819
Elective recovery fund	8,811	8,215
Agenda for change pay award central funding ***	17,784	-
Additional pension contribution central funding**	19,235	17,725
Other clinical income	8,513	12,582
Total income from activities	682,669	596,679

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2022/23 National Tariff payments system documents.

<https://www.england.nhs.uk/publication/past-national-tariffs-documents-and-policies/>

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

*** In March 2023 the government announced an additional pay offer for 2022/23, in addition to the pay award earlier in the year. Additional funding was made available by NHS England for implementing this pay offer for 2022/23 and the income and expenditure has been included in these accounts as guided by the Department of Health and Social Care and NHS England. In May 2023 the government confirmed this offer will be implemented as a further pay award in respect of 2022/23 based on individuals in employment at 31 March 2023

Note 3.2 Income from patient care activities (by source)

	2022/23 £000	2021/22 £000
Income from patient care activities received from:		
NHS England	126,734	97,604
Clinical Commissioning Groups	125,255	477,765
Integrated Care Boards	398,313	-
Department of Health and Social Care	2	142
Other NHS providers	10,279	5,662
NHS other	-	218
Local authorities	14,851	3,640
Non-NHS: private patients	2,339	1,819
Non-NHS: overseas patients (chargeable to patient)	148	108
Injury cost recovery scheme	1,273	742
Non NHS: other	3,475	8,979
Total income from activities	682,669	596,679
Of which:		
Related to continuing operations	682,669	596,679

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	2022/23	2021/22
	£000	£000
Income recognised this year	148	108
Cash payments received in-year	57	63

Note 4 Other operating income

	2022/23			2021/22		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	2,974	-	2,974	2,923	-	2,923
Education and training	29,399	-	29,399	26,068	-	26,068
Non-patient care services to other bodies	15,508	-	15,508	14,430	-	14,430
Reimbursement and top up funding	4,897	-	4,897	16,233	-	16,233
Income in respect of employee benefits accounted on a gross basis	2,201	-	2,201	2,317	-	2,317
Receipt of capital grants and donations and peppercorn leases	-	1,647	1,647	-	1,428	1,428
Charitable and other contributions to expenditure	-	1,105	1,105	-	1,541	1,541
Revenue from operating leases	-	325	325	-	293	293
Amortisation of PFI deferred income / credits	-	259	259	-	259	259
Other income (Note 1)	3,468	-	3,468	5,044	-	5,044
Total other operating income	58,447	3,336	61,783	67,015	3,521	70,536

Of which:

Related to continuing operations	61,783	70,536
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Note 1

2022/23: Other income includes £1.0m Merger management and service charge to YDH, £0.9m Somerset County Council Mental Health Rethink funding (2021/22 £0.5m), £0.3m Private patient and £0.2m Cancer services income.

Note 4.1 Income from activities arising from commissioner requested services

Under the terms of its provider licence, the Trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2022/23	2021/22
	£000	£000
Income from services designated as commissioner requested services	660,042	581,988
Income from services not designated as commissioner requested services	84,410	85,046
Total	744,452	667,034

The Trust sold two buildings during the year that were held within "Assets held for sale".

The building was not fit for purpose and the service has been reinstated elsewhere within Somerset; proceeds received: £199,000, costs of sale: £5,000, and net book value: £15,000 resulting in a gain on disposal £179,000.

The second building was not fit for purpose and a replacement building has been purchased in year; proceeds received: £383,000 (cost of sale included), net book value: £356,000 resulting in a gain on disposal: £27,000.

The Trust also sold some surplus telephony equipment back to the manufacturer at a gain on disposal of £38,000; proceeds: £114,000 with a NBV: £76,000.

Note 5 Operating leases - Somerset NHS Foundation Trust as lessor

This note discloses income generated in operating lease agreements where Somerset NHS Foundation Trust is the lessor.

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis. This includes a different maturity analysis of future minimum lease receipts under IAS 17 compared to IFRS 16.

Note 5.1 Operating lease income

	2022/23 £000	2021/22 £000
Lease receipts recognised as income in year:		
Variable lease receipts / contingent rents	325	-
Other		293
Total in-year operating lease income	325	293

Note 5.2 Future lease receipts

	31 March 2023 £000
Future minimum lease receipts due at 31 March 2023:	
- not later than one year	325
Total	325
	31 March 2022 £000
Future minimum lease receipts due at 31 March 2022:	
- not later than one year;	260
- later than one year and not later than five years;	334
Total	594

Note 6.1 Operating expenses

	2022/23	2021/22
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	1,353	125
Purchase of healthcare from non-NHS and non-DHSC bodies	28,301	31,786
Staff and executive directors costs	508,976	447,681
Remuneration of non-executive directors	115	134
Supplies and services - clinical (excluding drugs costs)	39,484	33,893
Supplies and services - general	24,100	21,204
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	48,137	46,004
Consultancy costs	298	311
Establishment	9,477	7,342
Premises	16,139	13,381
Transport (including patient travel)	1,811	978
Depreciation on property, plant and equipment and right of use assets	21,638	17,498
Amortisation on intangible assets	5,139	4,873
Net impairments	38,644	12,597
Movement in credit loss allowance: contract receivables / contract assets	30	37
Movement in credit loss allowance: all other receivables and investments	190	521
Increase/(decrease) in other provisions	-	662
Change in provisions discount rate(s)	(405)	63
Fees payable to the external auditor		
audit services- statutory audit	139	119
Internal audit costs	101	110
Clinical negligence	13,933	14,209
Legal fees	713	1,116
Insurance	529	269
Education and training	2,474	3,112
Expenditure on short term leases (current year only)	396	-
Operating lease expenditure (comparative only)	-	3,468
Redundancy	654	86
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	3,558	3,367
Car parking & security	247	65
Hospitality	30	-
Losses, ex gratia & special payments	541	586
Subscriptions	393	329
Interpreting costs	562	514
Other (Note 1)	7,725	3,233
Total	775,422	669,673
Of which:		
Related to continuing operations	775,422	669,673

Note 1

Other expenditure includes £3.5m Out of Area Named Patients (2021/22: £0.4m), £1.7m Discharge to Assess intermediate care, £0.8m of Surgical services for the Independent Sector (2021/22: £1.3m), £0.5m health research (2021/22: £0.5m), £0.6m Drugs service recharge from Yeovil District Hospital and £0.3m Nuclear services recharge from University Hospital Bristol & Weston.

Note 6.2 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £1million (2021/22: £1 million).

Note 7 Impairment of assets

	2022/23	2021/22
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price/Modern Equivalent Asset	38,644	12,597
Total net impairments charged to operating surplus / deficit	38,644	12,597
Impairments charged to the revaluation reserve	29,896	3,169
Total net impairments	68,540	15,766

The Trust's land, buildings and dwellings were revalued by Cushman & Wakefield DTZ as at 31 March 2023. The Trust's specialised buildings and associated land have been valued using the depreciated replacement cost method, based upon provision of a modern equivalent asset (MEA). A fundamental principle of MEA valuations is that a hypothetical buyer would purchase the least expensive site that would be suitable and appropriate for the existing operations. The valuation of the Trust's specialised land and buildings has therefore been based upon the Trust hypothetically being located on a suitable alternative site away from the town centre, where the cost of the land would be significantly lower, but where the Trust would still be able to provide the same level of service but the location of providing the service would be delivered from the model.

Applying these MEA revaluations has resulted in a net impairment overall decrease in the Trust's estate, recorded in property, plant and equipment. £38,644,000 has been recognised as a net impairment charged to the Statement of Comprehensive Income. (2021/22: net impairment of £12,597,000) and the remaining £29,896,000 has been recognised as an impairment to the revaluation reserve (2021/22: £3,169,000).

Note 8 Employee benefits

	2022/23	2021/22
	Total	Total
	£000	£000
Salaries and wages	358,466	316,632
Social security costs	38,026	30,697
Apprenticeship levy	1,795	1,640
Employer's contributions to NHS pensions	63,451	58,826
Temporary staff (including agency)	51,847	42,687
Total gross staff costs	513,585	450,482
Of which		
Costs capitalised as part of assets	3,955	2,715

Note 8.1 Retirements due to ill-health

During 2022/23 there were 13 early retirements from the Trust agreed on the grounds of ill-health (4 in the year ended 31 March 2022). The estimated additional pension liabilities of these ill-health retirements is £497,879 (£230,080 in 2021/22).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 9 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as at 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 at 20.6%, and the Scheme Regulations were amended accordingly.

The 2016 funding valuation also tested the cost of the scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HMT published valuation directions dated 7 October 2021 that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at <https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports>.

Note 10 Finance income

Finance income represents interest received on assets and investments in the period.

	2022/23	2021/22
	£000	£000
Interest on bank accounts	983	27
Total finance income	983	27

Note 11.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2022/23	2021/22
	£000	£000
Interest expense:		
Interest on loans from the Department of Health and Social Care	145	163
Interest on other loans	103	-
Interest on lease obligations	277	167
Main finance costs on PFI and LIFT schemes obligations	1,281	1,337
Total interest expense	1,806	1,667
Unwinding of discount on provisions	(29)	(21)
Other finance costs	-	63
Total finance costs	1,777	1,709

Note 12 Other gains / (losses)

	2022/23	2021/22
	£000	£000
Gains on disposal of assets	249	-
Losses on disposal of assets	-	(244)
Total gains / (losses) on disposal of assets	249	(244)

During 2022/23: The gain on disposal related to buildings and equipment disposals. The Trust sold two buildings during the year that were held within "Assets held for sale". The first building was not fit for purpose and the service has been reinstated elsewhere within Somerset; proceeds received: £199,000, costs of sale: £5,000, and net book value: £15,000 resulting in a gain on disposal £179,000.

The second building, again was not fit for purpose and a replacement building has been purchased in year; proceeds received: £383,000 (cost of sale included), net book value: £356,000 resulting in a gain on disposal: £27,000.

The Trust also sold some surplus telephony equipment back to the manufacturer at a gain on disposal of £38,000; proceeds: £114,000 with a NBV: £76,000.

During 2021/22: The loss on disposal relates to derecognised Covid Plant & Machinery assets that have been returned to the Department of Health and Social Care (DHSC), as agreed with the DHSC asset transfer team. £244,000 was returned leaving a remaining Net Book Value @ 31/3/2022 of £1,100,000. During 2020/21, £1,479,000 was recognised as donated asset additions.

Note 13.1 Intangible assets - 2022/23

	Software licences £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2022 - brought forward	33,238	5,175	38,413
Additions	4	5,923	5,927
Reclassifications	1,060	(1,060)	-
Valuation / gross cost at 31 March 2023	34,302	10,038	44,340
Amortisation at 1 April 2022 - brought forward	18,074	-	18,074
Provided during the year	5,139	-	5,139
Amortisation at 31 March 2023	23,213	-	23,213
Net book value at 31 March 2023	11,089	10,038	21,127
Net book value at 1 April 2022	15,164	5,175	20,339

Note 13.2 Intangible assets - 2021/22

	Software licences £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2021 - as previously stated	28,550	3,974	32,524
Additions	1,554	4,335	5,889
Reclassifications	3,134	(3,134)	(0)
Valuation / gross cost at 31 March 2022	33,238	5,175	38,413
Amortisation at 1 April 2021 - as previously stated	13,178	-	13,178
Provided during the year	4,873	-	4,873
Reclassifications	23	-	23
Amortisation at 31 March 2022	18,074	-	18,074
Net book value at 31 March 2022	15,164	5,175	20,339
Net book value at 1 April 2021	15,372	3,974	19,346

Note 14.1 Property, plant and equipment - 2022/23

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2022 - brought forward	13,301	194,531	5,457	63,582	81,564	116	27,300	7,301	393,152
IFRS 16 implementation - reclassification of existing finance leased assets to right of use assets	-	-	-	-	(218)	-	-	-	(218)
Additions	-	599	-	38,310	3,646	-	-	-	42,555
Impairments	(6,221)	(73,113)	(268)	-	-	-	-	-	(79,602)
Reversals of impairments	266	8,505	-	-	-	-	-	-	8,771
Revaluations	184	7,168	459	-	-	-	-	-	7,811
Reclassifications	-	26,927	103	(28,337)	550	-	757	-	-
Transfers to / from assets held for sale	(103)	-	(255)	-	-	-	-	-	(358)
Disposals / derecognition	-	-	-	-	(143)	-	-	-	(143)
Valuation/gross cost at 31 March 2023	7,428	164,617	5,496	73,555	85,399	116	28,057	7,301	371,971
Accumulated depreciation at 1 April 2022 - brought forward	-	9	3	-	44,337	63	19,593	5,254	69,259
IFRS 16 implementation - reclassification of existing finance leased assets to right of use assets	-	-	-	-	(145)	-	-	-	(145)
Provided during the year	-	7,393	234	-	6,627	11	2,891	858	18,014
Impairments	-	(1,887)	(56)	-	-	-	-	-	(1,943)
Reversals of impairments	-	(355)	-	-	-	-	-	-	(355)
Revaluations	-	(4,800)	(176)	-	-	-	-	-	(4,976)
Transfers to / from assets held for sale	-	-	(2)	-	-	-	-	-	(2)
Disposals / derecognition	-	-	-	-	(67)	-	-	-	(67)
Accumulated depreciation at 31 March 2023	-	360	3	-	50,752	74	22,484	6,112	79,785
Net book value at 31 March 2023	7,428	164,257	5,493	73,555	34,647	42	5,573	1,189	292,186
Net book value at 1 April 2022	13,301	194,522	5,454	63,582	37,227	53	7,707	2,045	323,891

Note 14.2 Property, plant and equipment - 2021/22

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 April 2021 - as previously stated	12,571	184,980	3,849	41,908	71,532	114	24,505	7,843	347,302
Additions	-	7,565	-	45,681	3,525	-	1,115	-	57,886
Impairments	(321)	(32,206)	(124)	-	-	-	-	-	(32,651)
Reversals of impairments	400	11,422	-	-	-	-	-	-	11,822
Revaluations	81	8,712	271	-	-	-	-	-	9,064
Reclassifications	584	14,058	1,461	(24,007)	6,764	2	1,680	(542)	0
Transfers to / from assets held for sale	(14)	-	-	-	-	-	-	-	(14)
Disposals / derecognition	-	-	-	-	(257)	-	-	-	(257)
Valuation/gross cost at 31 March 2022	13,301	194,531	5,457	63,582	81,564	116	27,300	7,301	393,152
Accumulated depreciation at 1 April 2021 - as previously stated	-	9	(0)	-	38,289	50	16,529	4,463	59,340
Provided during the year	-	6,769	159	-	6,458	11	3,004	1,097	17,498
Impairments	-	(4,248)	-	-	-	-	-	-	(4,248)
Reversals of impairments	-	(814)	-	-	-	-	-	-	(814)
Revaluations	-	(2,325)	(156)	-	-	-	-	-	(2,481)
Reclassifications	-	618	-	-	(397)	2	60	(306)	(23)
Disposals / derecognition	-	-	-	-	(13)	-	-	-	(13)
Accumulated depreciation at 31 March 2022	-	9	3	-	44,337	63	19,593	5,254	69,259
Net book value at 31 March 2022	13,301	194,522	5,454	63,582	37,227	53	7,707	2,047	323,893
Net book value at 1 April 2021	12,571	184,971	3,849	41,908	33,243	64	7,976	3,380	287,962

Note 14.3 Property, plant and equipment financing - 31 March 2023

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	7,427	138,654	5,493	73,560	25,647	41	5,572	981	257,375
On-SoFP PFI contracts and other service concession arrangements	-	18,720	-	-	5,934	-	-	-	24,654
Owned - donated/granted	-	6,881	-	-	3,066	-	-	210	10,157
Total net book value at 31 March 2023	7,427	164,255	5,493	73,560	34,647	41	5,572	1,191	292,186

Note 14.4 Property, plant and equipment financing - 31 March 2022

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	13,301	172,955	5,454	63,582	25,377	38	7,290	1,583	289,580
Finance leased	-	-	-	-	3,513	-	-	55	3,568
On-SoFP PFI contracts and other service concession arrangements	-	18,788	-	-	4,798	-	413	-	23,999
Owned - donated/granted	-	2,777	-	-	3,539	15	4	409	6,744
Total net book value at 31 March 2022	13,301	194,520	5,454	63,582	37,227	53	7,707	2,047	323,891

Note 14.5 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2023

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Subject to an operating lease	-	1,666	-	-	-	-	-	-	1,666
Not subject to an operating lease	7,427	162,589	5,493	73,560	34,647	41	5,572	1,191	290,521
Total net book value at 31 March 2023	7,427	164,255	5,493	73,560	34,647	41	5,572	1,191	292,187

Note 15 Donations of property, plant and equipment

During 2022/23, donations of £1,647,000 were donated to the Trust, £1,195,000 donated by Salix for the energy performance grant (2021/22: £1,437,000, £1,000,000 was donated by Plymouth University for redevelopment of the Academy, the balance relating to various equipment purchases).

There were no restrictions on the use of donated assets.

Note 16 Revaluations of property, plant and equipment

Valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual. During 2022/23, a full valuation exercise to update the latest carrying values of Land, Buildings and Dwellings as at 31 March 2023 was undertaken by Cushman & Wakefield DTZ.

The valuation exercise was carried out in March 2023 with a valuation date of 31 March 2023. The COVID-19 pandemic and measures to tackle it continue to affect economies and real estate markets globally. Nevertheless, as at the valuation date property markets are mostly functioning, with transaction volumes and other relevant evidence at levels where enough market evidence exists upon which to base opinions of value.

Note 17 Leases - Somerset NHS Foundation Trust as a lessee

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis.

Note 17.1 Right of use assets - 2022/23

	Property (land and buildings) £000	Plant & machinery £000	Transport equipment £000	Total £000	Of which: leased from DHSC group bodies £000
IFRS 16 implementation - reclassification of existing finance leased assets from PPE or intangible assets	-	218	-	218	-
IFRS 16 implementation - adjustments for existing operating leases / subleases	28,944	68	91	29,103	14,447
Additions	487	-	14	501	-
Remeasurements of the lease liability	(110)	-	-	(110)	-
Impairments	(8)	-	-	(8)	-
Revaluations	7	-	-	7	-
Valuation/gross cost at 31 March 2023	29,320	286	105	29,711	14,447
IFRS 16 implementation - reclassification of existing finance leased assets from PPE or intangible assets	-	145	-	145	-
Provided during the year	3,521	63	40	3,624	-
Impairments	(1)	-	-	(1)	-
Accumulated depreciation at 31 March 2023	3,520	208	40	3,768	-
Net book value at 31 March 2023	25,800	78	65	25,943	14,447
					-

Note 17.2 Revaluations of right of use assets

The Trust's land, buildings and dwellings were revalued by Cushman & Wakefield DTZ as at 31 March 2023. The Trust's specialised buildings including Right Of Use Assets (two buildings and other buildings it was deemed the cost measurement was a suitable proxy as revaluation) and associated land have been valued using the depreciated replacement cost method, based upon provision of a modern equivalent asset (MEA). All remaining Right Of Use Assets are subject to annual rent reviews and as a result, no revaluation has been performed. A fundamental principle of MEA valuations is that a hypothetical buyer would purchase the least expensive site that would be suitable and appropriate for the existing operations. The valuation of the Trust's specialised land and buildings has therefore been based upon the Trust hypothetically being located on a suitable alternative site away from the town centre, where the cost of the land would be significantly lower, but where the Trust would still be able to provide the same level of service but the location of providing the service would be delivered from the model.

The associated impairment and revaluation notes are disclosed in Note 8 and 17 respectively.

Note 17.3 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 24.1.

	2022/23
	£000
Carrying value at 31 March 2022	51
IFRS 16 implementation - adjustments for existing operating leases	28,590
Lease additions	501
Lease liability remeasurements	(110)
Interest charge arising in year	277
Lease payments (cash outflows)	(3,241)
Carrying value at 31 March 2023	26,068

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 6.1. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

Note 17.4 Maturity analysis of future lease payments at 31 March 2023

	Total	Of which leased from DHSC group bodies:
	31 March	31 March
	2023	2023
	£000	£000
Undiscounted future lease payments payable in:		
- not later than one year;	3,342	1,375
- later than one year and not later than five years;	24,251	12,527
Total gross future lease payments	27,593	13,902
Finance charges allocated to future periods	(1,525)	(661)
Net lease liabilities at 31 March 2023	26,068	13,241
Of which:		
- Leased from other NHS providers	3,342	1,375

Note 17.5 Maturity analysis of finance lease liabilities at 31 March 2022 (IAS 17 basis)

The following table details the maturity of obligations under leases the trust previously determined to be finance leases under IAS 17 at 31 March 2022.

	31 March 2022 £000
Undiscounted future lease payments payable in:	
- not later than one year;	48
- later than one year and not later than five years;	<u>4</u>
Total gross future lease payments	<u>52</u>
Finance charges allocated to future periods	<u>(1)</u>
Net finance lease liabilities at 31 March 2022	<u><u>51</u></u>
of which payable:	
- not later than one year;	47
- later than one year and not later than five years;	4

Note 17.6 Commitments in respect of operating leases at 31 March 2022 (IAS 17 basis)

This note discloses costs incurred in 2021/22 and commitments as at 31 March 2022 for leases the trust previously determined to be operating leases under IAS 17.

	2021/22 £000
Operating lease expense	
Minimum lease payments	<u>3,468</u>
Total	<u><u>3,468</u></u>

	31 March 2022 £000
Future minimum lease payments due:	
- not later than one year;	3,468
- later than one year and not later than five years;	12,858
- later than five years.	<u>13,209</u>
Total	<u><u>29,535</u></u>

Note 17.7 Initial application of IFRS 16 on 1 April 2022

IFRS 16 as adapted and interpreted for the public sector by HM Treasury has been applied to leases in these financial statements with an initial application date of 1 April 2022.

The standard has been applied using a modified retrospective approach without the restatement of comparatives. Practical expedients applied by the Trust on initial application are detailed in the leases accounting policy in note 13.

Lease liabilities created for existing operating leases on 1 April 2022 were discounted using the weighted average incremental borrowing rate determined by HM Treasury as 0.95%.

Reconciliation of operating lease commitments as at 31 March 2022 to lease liabilities under IFRS 16 as at 1 April 2022

	1 April 2022
	£000
Operating lease commitments under IAS 17 at 31 March 2022	29,535
Impact of discounting at the incremental borrowing rate	0.95%
IAS 17 operating lease commitment discounted at incremental borrowing rate	29,256
Less:	
Commitments for short term leases	(81)
Commitments for leases that had not commenced as at 31 March 2022	(584)
Irrecoverable VAT previously included in IAS 17 commitment	(4,273)
Other adjustments:	
Rent increases/(decreases) reflected in the lease liability, not previously reflected in the IAS 17 commitment	4,166
Finance lease liabilities under IAS 17 as at 31 March 2022	51
Other adjustments	106
Total lease liabilities under IFRS 16 as at 1 April 2022	28,641

Note 18 Investments in associates and joint ventures

	2022/23	2021/22
	£000	£000
Carrying value at 1 April - brought forward	797	-
Share of profit / (loss)	379	797
Disbursements / dividends received	(894)	-
Carrying value at 31 March	282	797

The Trust holds a 51.4% share in each of Southwest Pathology Services LLP (SPS LLP), Southwest Path Services LLP (services LLP) and SPS Facilities LLP (LLP). The joint venture, Southwest Pathology Services LLP (SPS LLP), was established to deliver and develop laboratory based pathology services throughout the region. Laboratory processing of tests is carried out by SPS LLP, whilst responsibility for the interpretation of the test results remains with the Trust. The Trust has retained customer contracts for the provision of a complete pathology service with GPs, independent sector providers and other third parties and SPS LLP charges the Trust for the cost of processing those tests. During 2013/14 the trust entered into another Joint Venture partnership with Integrated Pathology Partnerships Ltd and Yeovil District Hospital NHS Foundation Trust. This 'sister' joint venture, Southwest Path Services LLP, was established to deliver a range of additional testing services to Trusts, including point of care testing of patients' glucose levels. These entities are jointly controlled by the Trust, Yeovil District Hospital NHS FT and Integrated Pathology Partnership Ltd. The arrangements are treated as a joint venture and are accounted for using equity accounting, such that 51.4% of the surplus / (deficit) made is included in the Trust's SOCI and 51.4% of the net assets of the Joint Venture are included in the SOFP of the Trust. In 2014/15 SPS LLP was restructured to form SPS LLP and SPS Facilities LLP.

	SPS LLP (Services)		SPS Facilities LLP		Combined	
	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22
	£000	£000	£000	£000	£000	£000
Profit and loss account						
Turnover	13,483	14,704	12,708	13,592	26,191	28,296
Cost of sales	(12,683)	(13,507)	(12,034)	(12,534)	(24,717)	(26,041)
Gross Profit	800	1,197	674	1,058	1,474	2,255
Operating Expenditure	(383)	(362)	(355)	(327)	(738)	(690)
Profit before tax	417	835	319	733	736	1,565
Trust's share of profit in Statement of Comprehensive Income	214	429	165	377	379	806
Statement of Financial Position						
Non current assets						
Current assets	569	1,359	427	1,179	996	2,538
	569	1,359	427	1,179	996	2,538
Payables: amounts due within one year	(201)	(498)	(247)	(489)	(448)	(986)
Payables: amounts due in greater than one year	0	0			0	0
	(201)	(498)	(247)	(489)	(448)	(986)
Net Assets/(Liabilities)	368	861	180	690	548	1,552
Share of net assets recognised in the Statement Of Financial Position	189	442	100	355	282	797

Note 19 Other investments / financial assets (non-current)

	2022/23	2021/22
	£000	£000
Carrying value at 1 April - brought forward	161	-
Acquisitions in year	-	2,486
Movement in fair value through OCI	(147)	(2,325)
Carrying value at 31 March	14	161

Sensyne shares

On 4 May 2021 the Trust received 1,428,571 of ordinary shares in Sensyne Plc. The agreement allows for the Trust to provide anonymised datasets, compliant to Information Commissioner Officer's standards, and to undertake jointly funded research across all parties. The share price at the Initial Price Offering (IPO) was 174p per share giving the Trust an investment value of £2,485,714 however the Trust is locked into holding the shares for up to 2 years. The Trust has made the decision to recognise the investment as Fair Value through other comprehensive income (FVOCI) given the equities are not held for trading and as part of a long term strategic relationship. The Trust has recognised the initial investment, under IFRS 15, fully as revenue in 2021/22 as the Trust has received the shares and satisfied all explicit performance obligations contained within the Strategic Relationship Agreement and continue to work in partnership with Sensyne Plc. The Trust will treat any subsequent gains or losses through the Financial Assets reserve.

During 2022/23, Sensyne re-financed the business, divesting parts of the business that were not wholly focused on the use of data for research purposes. This resulted in a dilution of member shareholding which in turn reduced the Trusts' share value to £14,000.

Note 20 Inventories

	31 March 2023 £000	31 March 2022 £000
Drugs	1,940	1,890
Consumables	22	15
Energy	198	288
Other	5,231	3,530
Total inventories	7,391	5,723

Inventories recognised in expenses for the year were £61,261,000 (2021/22: £57,185,000). Write-down of inventories recognised as expenses for the year were £0 (2021/22: £0).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2022/23 the Trust received £1,089,000 of items purchased by DHSC (2021/22: £1,454,000).

The deemed cost of these inventories was charged directly to expenditure on receipt with the corresponding benefit recognised in income.

Note 21 Receivables

	2023 £000	2022 £000
Current		
Contract receivables	35,071	15,859
Capital receivables	454	-
Allowance for impaired contract receivables / assets	(116)	(104)
Allowance for other impaired receivables	(478)	(638)
Prepayments (non-PFI)	5,733	4,582
PDC dividend receivable	710	-
VAT receivable	966	1,134
Other receivables	2,106	379
Total current receivables	44,446	21,212
Non-current		
Contract receivables	1,872	1,880
Allowance for impaired contract receivables / assets	(465)	(447)
Other receivables	962	1,236
Total non-current receivables	2,369	2,669
Of which receivable from NHS and DHSC group bodies:		
Current	30,658	9,793
Non-current	962	1,236

Note 21.1 Allowances for credit losses

	2022/23		2021/22	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 April - brought forward	551	638	514	117
New allowances arising	116	478	104	638
Changes in existing allowances	25	-	31	(117)
Reversals of allowances	(111)	(288)	(98)	-
Utilisation of allowances (write offs)	-	(350)	-	-
Allowances as at 31 Mar 2023	581	478	551	638

Note 21.2 Non-current assets held for sale and assets in disposal groups

	2022/23	2021/22
	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April	15	-
Assets classified as available for sale in the year	356	14
Assets sold in year	(371)	-
Reversal of impairment of assets held for sale	-	1
disposal groups at 31 March	0	15

During 2022/23: The Trust sold two buildings during the year that were held within "Assets held for sale". The first building was not fit for purpose and the service has been reinstated elsewhere within Somerset; proceeds received: £199,000, costs of sale: £5,000, and net book value: £15,000 resulting in a gain on disposal £179,000.

The second building, again was not fit for purpose and a replacement building has been purchased in year; proceeds received: £383,000 (cost of sale included), net book value: £356,000 resulting in a gain on disposal: £27,000.

Note 22 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2022/23	2021/22
	£000	£000
At 1 April	58,729	75,392
Net change in year	(16,219)	(16,663)
At 31 March	42,510	58,729
Broken down into:		
Cash at commercial banks and in hand	54	111
Cash with the Government Banking Service	42,456	58,618
Total cash and cash equivalents as in SoFP	42,510	58,729

Note 22.1 Third party assets held by the trust

Somerset NHS Foundation Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2023	31 March 2022
	£000	£000
Bank balances	47	25
Total third party assets	47	25

Note 23 Trade and other payables

	2023	2022
	£000	£000
Current		
Trade payables	5,508	6,292
Capital payables	6,736	21,842
Accruals	52,586	35,693
Social security costs	9,166	8,642
PDC dividend payable	-	114
Other payables	14,635	5,272
Total current trade and other payables	94,749	83,485

Of which payables from NHS and DHSC group bodies:

Current	2,601	3,671
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Note 23.1 Other liabilities

	31 March	31 March
	2023	2022
	£000	£000
Current		
Deferred income: contract liabilities	8,524	6,893
Deferred PFI credits / income	259	259
Total other current liabilities	8,783	7,152
Non-current		
Deferred PFI credits / income	1,941	2,200
Total other non-current liabilities	1,941	2,200

Deferred PFI credits relate to a public private partnership project (PPP) for the building of a car park (completed in October 2006) and the provision of services for 25 years. The ownership of the building will pass to the Trust after the 25 year concession period. The residual value (assessed by professional valuation) is £4,468,000. Throughout this period, the operator pays an agreed proportion of the car parking fees to the Trust; no other financial transactions take place. Since 2009/10, this has been accounted for under International Financial Reporting Standards and the asset together with the outstanding liability is required to be accounted for in the Statement of Financial Position.

Note 24.1 Borrowings

	31 March	31 March
	2023	2022
	£000	£000
Current		
Loans from DHSC	885	890
Other loans	928	892
Lease liabilities*	3,342	47
Obligations under PFI, LIFT or other service concession contracts **	1,931	2,017
Total current borrowings	7,086	3,846
Non-current		
Loans from DHSC	4,972	5,820
Other loans	-	893
Lease liabilities*	22,726	4
Obligations under PFI, LIFT or other service concession contracts **	17,423	16,019
Total non-current borrowings	45,121	22,736

* The Trust has applied IFRS 16 to lease arrangements within these accounts from 1 April 2022 without restatement of comparatives. More information about leases and the impact of this change in accounting policy can be found in note 17.

** Obligations under PFI, LIFT and other services are made up of 2 balances: Radiology Managed Equipment Service of £6,965,000 at an interest rate of 3.9% with final payment in June 2027 and The Beacon centre PFI of £12,460,000 at an interest rate of 8.5% with final payment in April 2040.

Note 24.2 Reconciliation of liabilities arising from financing activities - 2022/23

	Loans from DHSC £000	Other loans £000	Lease Liability £000	PFI and LIFT schemes £000	Total £000
Carrying value at 1 April 2022	6,710	1,785	51	18,036	26,582
Cash movements:					
Financing cash flows - payments and receipts of principal	(848)	(893)	(2,964)	(2,060)	(6,765)
Financing cash flows - payments of interest	(150)	(67)	(277)	(1,281)	(1,775)
Non-cash movements:					
Impact of implementing IFRS 16 on 1 April 2022	-	-	28,590	-	28,590
Additions	-	-	501	3,470	3,971
Lease liability remeasurements	-	-	(110)	-	(110)
Application of effective interest rate	145	103	277	1,281	1,806
Other changes	-	-	-	(92)	(92)
Carrying value at 31 March 2023	5,857	928	26,068	19,354	52,207

Note 24.3 Reconciliation of liabilities arising from financing activities - 2021/22

	Loans from DHSC £000	Other loans £000	Lease Liability £000	PFI and LIFT schemes £000	Total £000
Carrying value at 1 April 2021	7,563	-	2,742	19,426	29,731
Cash movements:					
Financing cash flows - payments and receipts of principal	(848)	-	(810)	(1,924)	(3,582)
Financing cash flows - payments of interest	(168)	-	(198)	(1,337)	(1,703)
Non-cash movements:					
Additions	-	-	-	534	534
Application of effective interest rate	163	-	167	1,337	1,667
Other changes	-	1,785	(1,850)	-	(65)
Carrying value at 31 March 2022	6,710	1,785	51	18,036	26,582

Note 25 Provisions for liabilities and charges analysis

	Pensions: early departure costs £000	Pensions: injury benefits £000	Legal claims £000	Other £000	Total £000
At 1 April 2022	687	1,518	84	1,844	4,133
Change in the discount rate	(89)	(316)	-	-	(405)
Arising during the year	105	78	93	1,836	2,112
Utilised during the year	(72)	(84)	(49)	(1,155)	(1,360)
Reversed unused	(64)	-	(7)	-	(71)
Unwinding of discount	(9)	(20)	-	-	(29)
At 31 March 2023	558	1,176	121	2,525	4,380
Expected timing of cash flows:					
- not later than one year;	68	84	121	1,563	1,836
- later than one year and not later than five years;	264	323	-	81	668
- later than five years.	226	769	0	881	1,876
Total	558	1,176	121	2,525	4,380

Pensions: early departure costs

Pensions - early departure costs relate to Pre1995 early retirements. These are calculated on figures supplied by the NHS Pensions Agency and a significant amount of the payments are expected to be greater than one year.

Pensions: injury benefits

Injury Benefit provisions are based on figures supplied by the NHS Pensions Agency. A significant amount of the payments are expected to be for a period greater than 1 year.

Legal Claims

The provisions are based on the expected values and probabilities quantified by NHS Resolution. The outcome of these cases are inherently uncertain and the timing of payments is dependant on the progression of each case. The figures included in the summary are based purely on the Trust's excess reflecting the fact that the NHS Resolution makes the majority of payments direct. See also note 28.

Other

Provisions arising in year include clinical pension tax reimbursement (NHS England and the Government fully fund these payments) and potential workforce pension liabilities.

Note 25.1 Clinical negligence liabilities

At 31 March 2023, £296,663k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Somerset NHS Foundation Trust (31 March 2022: £437,271k).

Note 26 Contingent assets and liabilities

	31 March 2023 £000	31 March 2022 £000
Value of contingent liabilities		
NHS Resolution legal claims	(36)	(31)
Net value of contingent liabilities	(36)	(31)

Note 27 Contractual capital commitments

	31 March 2023 £000	31 March 2022 £000
Property, plant and equipment (Note 1)	40,919	49,641
Intangible assets	401	16
Total	41,320	49,657

Note 1

31 March 2023: £33,020,000 relates to the building works to the Surgical centre, currently under construction on the Musgrove Park Hospital site (31 March 2022: £49,641,000), £900,000 relates to Rowan Ward building refurbishment in Yeovil and £1,439,000 relating to dental refurbishment in Dorset.

Note 28 On-SoFP PFI, LIFT or other service concession arrangements

Note 28.1 The Beacon Centre

The project agreement is with the Taunton Linac Company Limited (the operator) for the provision of an Oncology and Haematology Centre on the Musgrove Park Hospital site (The Beacon Centre) including the supply and maintenance of the building and major medical equipment within the facility. The facility opened in May 2009 and provides state of the art non-surgical cancer services to the residential population of Somerset, in a suitable location and setting at Somerset NHS Foundation Trust. The new Oncology and Haematology Centre provides:

- Two Linear Accelerators (a third has been purchased by the Trust)
- One simulation suite with processing and treatment planning facilities
- 18 bed Oncology Ward
- Chemotherapy suite for 22 day patients
- Outpatients suite with 4 consulting and 8 examination rooms

Key Features of the Scheme:

In return for an agreed monthly payment, the following facilities are provided to the Trust by the Operator plus associated hard Facilities Management and asset renewal services:

- Inpatient and Outpatient facilities
- Radiotherapy treatment area
- Administrative offices
- Public spaces

Under the Project Agreement, the above facilities are provided at a pre-determined level of quality for the 30 year term (excluding the construction period).

The operator has also procured, installed, and will maintain and replace major medical equipment for the full 30 years of the operating period. The major equipment requirements include two Linear Accelerators. However, soft Facilities Management services such as portering, catering and cleaning are provided by the Trust and are outside the scope of this PFI project.

Nature of Payment

The Operator provides the services in return for an annual service charge. In covering payment for facilities, other services and financing, the annual service charge is unitary in nature. The Trust has agreed a payment mechanism that incorporates the principles of the NHS Standard Form contract. This relates payment to the successful (or otherwise) achievement of the service and quality standards set out in the output specification. The unitary payment can be abated for instances of non-performance against the standards in the output specification up to a maximum of 100% of the unitary fee, which fall into three areas:

- i) Failure events – where there is a failure to meet a specific service standard relating to a particular area of the hospital.
- ii) Failure events – relating to the Radiotherapy Equipment.
- iii) Quality failures – where there is a failure to supply a service across a wider range of parameters, which cannot be attributed to a specific area of the hospital.

The unitary payment relating to the Beacon Centre is set by the contract between the Trust and the operator and is subject to an inflationary uplift based on the Retail Price Index (RPI). The total unitary payment for 2022/23 amounted to £3,984,387 (2021/22: £3,894,387) and for 2023/24 will be £3,984,317. The value of the liability at 31 March 2023 was £10,762,459 (31 March 2022: £11,652,486) and the net book value of the assets was £7,875,000 (31 March 2022: £4,742,000).

Property ownership

The site on which the new Oncology facilities have been built is in the freehold ownership of the Trust.

Expiry of contract

On expiry of the contract (May 2039), the facility will revert to the ownership of the Trust for no payment.

Note 28.2 Provision of Multi-Storey Car Park

This is a public private partnership project (PPP). It relates to the building of a car park (completed in October 2006) and the provision of services for 25 years. The ownership of the building will pass to the Trust after the 25 year concession period. The residual value (assessed by professional valuation) is £4,468,000. Throughout this period, the operator pays an agreed proportion of the car parking fees to the Trust; no other financial transactions take place. Since 2009/10, this has been accounted for under International Financial Reporting Standards and the asset together with the outstanding liability is required to be accounted for in the Statement of Financial Position. The asset and liability are summarised below:

	31 March 2023 £000	31 March 2022 £000
Net Book Value of asset (included in property, plant and equipment, note 15)	9,100	7,075
Liability (see deferred PFI income, note 21)	2,200	2,459

Note 28.3 Managed Equipment Solution for Diagnostic Imaging

On 20 July 2017 the Trust entered into a contract for the provision of a managed service contract within diagnostic imaging. The contract is for the following services:

-A Facilities Infrastructure Replacement Programme (FIRP), which includes the replacement, installation and decommissioning of all assets within the department along with an increase of modalities for ultrasound, MRI and CT scanning;

-The provision of a fully inclusive "Gold Standard" maintenance cover for the department, that includes all parts, durables and labour;

-The provision of a guaranteed uptime availability of the facility to perform diagnostic testing and reporting;

-A consumables management service;

-A full inventory management service;

-Technical training for all modalities;

-Professional training availability for radiographer reporting courses;

-Data collection and analysis to allow for patient level costing within the department;

-Market, professional, technical and analytical intelligence to work in partnership with the Trust, for the purposes of delivering continual improvement in quality and practice across the diagnostic imaging department;

The service provider receives payment in two elements:-

-A managed facility service paid for through a unitary payment fixed for the duration of the contract apart from annual RPI indexation, paid quarterly in advance.

-A consumables management service paid for through a quarterly payment in advance based on an estimate of annual consumption. An assessment of actual consumables provided is made each quarter and either a balancing invoice or credit note raised as appropriate.

A set of performance parameters has been agreed with the managed service provider. Penalties will apply if performance failures are not corrected within the agreed remedial period.

The accountancy treatment is that ownership of the Trust's existing asset portfolio within the scope of the managed service has been transferred to the managed service provider at fair market value. The assets have been recapitalised to the balance sheet under IFRIC 12. New equipment bought by the service provider has been capitalised under IFRIC 12 where their useful lives are fully utilised during the 10 years of the managed equipment solution agreement. Where new asset lives extend beyond the 10 years of the agreement equipment has been accounted for as operating leases.

The total unitary payment made to the managed equipment solution provider during the 2022/23 financial year for the managed facility service was £2,909,436 (2021/22: £2,569,967) and consumables management service of £1,200,000 (2021/22: £950,000). The total unitary payment for 2023/24 will be £3,583,336. The value of the liability at 31 March 2023 was £8,592,292 (31 March 2022: £6,384,024) and the net book value of the assets was £2,469,584 (31 March 2022: £2,965,292).

Note 29 On-SoFP PFI, LIFT or other service concession arrangements**Note 29.1 On-SoFP PFI, LIFT or other service concession arrangement obligations**

The following obligations in respect of the PFI, LIFT or other service concession arrangements are recognised in the statement of financial position:

	31 March 2023 £000	31 March 2022 £000
Gross PFI, LIFT or other service concession liabilities	31,104	30,762
Of which liabilities are due		
- not later than one year;	3,219	3,285
- later than one year and not later than five years;	14,601	11,315
- later than five years.	13,284	16,162
Finance charges allocated to future periods	(11,750)	(12,726)
Net PFI, LIFT or other service concession arrangement obligation	19,354	18,036
- not later than one year;	1,931	2,017
- later than one year and not later than five years;	10,313	6,800
- later than five years.	7,110	9,219

Note 29.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future commitments under these on-SoFP schemes are as follows:

	31 March 2023 £000	31 March 2022 £000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	79,215	83,238
Of which payments are due:		
- not later than one year;	7,562	6,887
- later than one year and not later than five years;	27,558	27,308
- later than five years.	44,095	49,043

Note 29.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	2022/23 £000	2021/22 £000
Unitary payment payable to service concession operator	6,899	6,628
Consisting of:		
- Interest charge	1,281	1,337
- Repayment of balance sheet obligation	2,060	1,924
- Service element and other charges to operating expenditure	3,558	3,367
Total amount paid to service concession operator	6,899	6,628

Note 30 Financial instruments

Note 30.1 Financial risk management

IFRS 9, dealing with financial instruments, require disclosure of the role that financial instruments have had during the year in creating or changing the risks the Trust faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with local Integrated Care Boards and the way those Integrated Care Boards are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of the listed companies to which these standards mainly apply.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest-rate risk

The Trust has the power to borrow for capital expenditure subject to affordability as confirmed by NHS England, the independent regulator. Some of the financial instruments have a fixed interest rate which means the Trust is exposed to interest rate risk. If the interest rate moves interest paid could be higher than the market rates, and/or interest received could be lower than the market rates.

Credit risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2023 are in receivables from customers, as disclosed in the Receivables note (Note 20).

Cash deposited with financial institutions outside the Government Banking Service at 31 March 2023 was £5,000 (2021/22: £40,000). These balances relate to the Private Patient wing.

Liquidity risk

The Trust's net operating costs are incurred under contracts with local Integrated Care Boards, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from retained surpluses and funds obtained from the Independent Trust Financing Facility or central funding from the Department of Health and Social Care in the form of Public Dividend Capital. The Trust has undertaken a going concern review involving a year's future cash flow assessment. Following this review, the Trust has concluded that it is not exposed to significant liquidity risks.

The Trust's operating costs are incurred under contracts with Integrated Care Boards and Specialist Commissioners, which are financed from resources voted annually by Parliament.

The Trust currently finances its capital expenditure from funds made available from cash surpluses generated by the Trust's activities. The PFI project relating to the Beacon Centre has created liabilities on the Statement of Financial Position that the Trust is committed to meeting for the duration of the service concession. This liability is subject to an annual inflationary uplift. Similarly, the Trust is committed to the Energy Project which added a leasing liability to the Trust's SOFP in 2011/12 and which increased in 2012/13. The Trust is committed to the payment of this leasing obligation for the duration of the 11 year lease term. The Trust has also entered into a radiology managed facility service for a period of 10 years and is committed to meeting the liabilities created on the statement of financial position for the duration of the agreement. In addition, the Trust completed the new surgical ward development (the Jubilee Building) during 2013/14 and supported existing cash reserves to fund this development by drawing against a £12 million loan facility from the Foundation Trust Financing Facility. The approval of major capital projects such as the Jubilee Building are subject to comprehensive project development processes involving the creation of separate project boards, continuous scrutiny by the Trust Board and also through the involvement of NHS partners including the Trust's principal ICB and NHS England.

Investment risk

The Trust has the ability to invest surplus cash; the risks resulting from transactions of this nature are mitigated by the Trust's treasury and investment policies and protocols and by the reporting of performance against financial targets to NHS England.

Note 30.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2023	Held at amortised cost £000	Held at fair value through OCI £000	Total book value £000
Trade and other receivables excluding non financial assets	38,409	-	38,409
Other investments / financial assets	-	14	14
Cash and cash equivalents	42,510	-	42,510
Total at 31 March 2023	80,919	14	80,933

Carrying values of financial assets as at 31 March 2022	Held at amortised cost £000	Held at fair value through OCI £000	Total book value £000
Trade and other receivables excluding non financial assets	15,315	-	15,315
Other investments / financial assets	-	161	161
Cash and cash equivalents	58,729	-	58,729
Total at 31 March 2022	74,044	161	74,205

Note 30.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2023	Held at amortised cost £000	Total book value £000
Loans from the Department of Health and Social Care	5,857	5,857
Obligations under leases	26,068	26,068
Obligations under PFI, LIFT and other service concession contracts	19,354	19,354
Other borrowings	928	928
Trade and other payables excluding non financial liabilities	85,583	85,583
Total at 31 March 2023	137,790	137,790

Carrying values of financial liabilities as at 31 March 2022	Held at amortised cost £000	Total book value £000
Loans from the Department of Health and Social Care	6,710	6,710
Obligations under leases	51	51
Obligations under PFI, LIFT and other service concession contracts	18,036	18,036
Other borrowings	1,785	1,785
Trade and other payables excluding non financial liabilities	74,729	74,729
Total at 31 March 2022	101,311	101,311

Note 30.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2023	31 March 2022
	£000	£000
In one year or less	94,060	79,988
In more than one year but not more than five years	41,877	15,336
In more than five years	15,656	19,228
Total	151,593	114,552

Note 31 Losses and special payments

	2022/23		2021/22	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Cash losses	-	-	4	4
Fruitless payments and constructive losses	1	1	-	-
Bad debts and claims abandoned	201	463	76	45
Stores losses and damage to property	2	-	1	-
Total losses	204	464	81	49
Special payments				
Compensation under court order or legally binding arbitration award	-	-	1	1
Ex-gratia payments	61	77	69	536
Extra-statutory and extra-regulatory payments	-	-	1	2
Total special payments	61	77	71	539
Total losses and special payments	265	541	152	588
Compensation payments received				

Note 32 Related parties

Transactions between the Trust and its related parties are reviewed each year and declared below.

During the year, there were no related party transactions relating to board members or members of the key management staff or parties related to them.

The individuals and entities that the Department of Health and Social Care identifies as meeting the definition of Related Parties set out in IAS 24 (Related Party Transactions) are also deemed to be related parties of entities within the Departmental Group.

This note therefore sets out the individuals and entities which we have assessed as meeting the IAS 24 definition of Related Parties for the year ending 31 March 2023 to assist group bodies in preparing disclosures compliant with IAS 24.

	Payments to related party	Receipts from related party	Amounts owed to related party	Amounts due from related party
	2022/23 £000	2022/23 £000	31/03/2023 £000	31/03/2023 £000
Department of Health and Social Care	-	930	-	367
NHS England	53	113,929	1,077	19,558
Health Education England	-	29,895	-	279
NHS Bath and North East Somerset, Swindon and Wiltshire CCG	-	196	n/a	n/a
NHS Bristol, North Somerset and South Gloucestershire CCG	-	485	n/a	n/a
NHS Dorset CCG	-	337	n/a	n/a
NHS Kernow CCG	-	64	n/a	n/a
NHS Devon CCG	-	2,509	n/a	n/a
NHS Somerset CCG	-	121,063	n/a	n/a
NHS Somerset ICB	-	385,217	-	4,037
NHS Bath and North East Somerset, Swindon and Wiltshire ICB	-	633	-	4
NHS Bristol, North Somerset and South Gloucestershire ICB	1	1,842	7	11
NHS Dorset ICB	-	1,047	-	5
NHS Cornwall and the Isles of Scilly ICB	-	186	-	6
NHS Devon ICB	-	7,730	-	14
Devon Partnership NHS Trust	3	8,119	1,735	4,625
North Bristol NHS Trust	886	225	477	57
Royal United Hospitals Bath NHS Foundation Trust	304	401	110	3
Dorset County Hospitals NHS Foundation Trust	451	24	204	3
Dorset Healthcare University NHS Foundation Trust	181	17	-	18
Gloucester Hospitals NHS Foundation Trust	167	4	143	-
Great Western Hospitals NHS Foundation Trust	-	24	-	-
Royal Devon University Healthcare NHS Foundation Trust	307	1,988	128	94
Avon & Wiltshire Mental Health NHS Trust	10	752	8	-
University Hospitals Bristol and Weston NHS Foundation Trust	827	309	463	93
Yeovil District Hospital NHS Foundation Trust	5,749	6,040	332	498
NHS Resolution	14,260	-	-	-
NHS Property Services	1,790	-	12	-
Other NHS bodies	1,838	6,106	1,069	241
Charitable Funds	10	166	-	49
In addition, the Trust has had a number of material transactions with other government departments and other central and local				
NHS Pension Scheme	63,451	-	6,143	-
HM Revenue & Customs	39,821	-	9,166	966
Somerset County Council	841	16,485	148	552
Ministry Of Defence	72	-	-	-
Other central and local government bodies	1,843	466	2,996	260
Other related parties				
SPS Facilities Limited	10,771	219	-	17
Integrated Pathology Partnerships Limited	-	-	-	-
South West Pathology Services LLP	9,393	202	-	34

On 1 July 2022, integrated care boards (ICBs) became legally established through the Health and Care Act 2022 and CCGs were closer down. ICBs are partnerships or organisations that come together to plan and pay for health and care services to improve the lives of people who live and work in their area.

The equivalent disclosures made for 2021/22 were as follows:

	Payments to related party	Receipts from related party	Amounts owed to related party	Amounts due from related party
	2021/22 £000	2021/22 £000	31/03/2022 £000	31/03/2022 £000
Department of Health and Social Care	-	911	-	422
NHS England	138	100,673	2,024	6,484
Health Education England	8	25,033	3	179
CCG	-	807	-	4
NHS Bristol, North Somerset and South Gloucestershire CCG	-	1,923	-	10
NHS Dorset CCG	-	1,324	-	-
NHS Kernow CCG	1	-	-	-
NHS Devon CCG	-	9,860	-	-
NHS Somerset CCG	-	463,941	143	1,877
Devon Partnership NHS Trust	-	3,865	298	343
North Bristol NHS Trust	434	210	367	36
Royal United Hospitals Bath NHS Foundation Trust	399	371	167	-
Dorset County Hospitals NHS Foundation Trust	492	17	116	-
Dorset Healthcare University NHS Foundation Trust	174	48	3	23
Gloucester Hospitals NHS Foundation Trust	-	0	183	17
Great Western Hospitals NHS Foundation Trust	5	24	4	-
Royal Devon & Exeter NHS Foundation Trust	465	1,175	36	23
Leeds Teaching Hospitals NHS Foundation Trust	4	71	1	32
Avon & Wiltshire NHS Trust	358	766	353	-
University Hospitals Bristol and Weston NHS Foundation Trust	1,001	303	527	139
Yeovil District Hospital NHS Foundation Trust	4,423	3,135	1,419	154
NHS Resolution	14,533	-	-	-
NHS Property Services	1,761	-	16	-
Other NHS bodies	1,674	3,952	54	50
Charitable Funds	-	720	2	8
In addition, the Trust has had a number of material transactions with other government departments and other central and local				
NHS Pension Scheme	58,826	-	-	5
Somerset County Council	2,815	4,782	-	458
Ministry Of Defence	35	-	-	31
Other central and local government bodies	34,574	241	8,720	1,246
Other related parties				
Wiveliscombe GP Surgery (Note 1)	-	1,114	-	-
North Petherton GP Surgery (Note 1)	-	283	-	64
Warwick House GP Surgery (Note 1)	-	851	-	-
Creech House GP Surgery (Note 1)	-	317	-	326
SPS Facilities Limited	11,430	190	-	63
Integrated Pathology Partnerships Limited	57	-	13	374
South West Pathology Services LLP	9,857	190	-	47

Note 1

During 2021/22, the management of the Primary Care Practices shown above transferred over to Yeovil District Hospital.

Note 33 Events after the reporting date

On 1 April 2023, Somerset NHS Foundation Trust acquired the assets and business of Yeovil District Hospital NHS Foundation Trust; forming Somerset NHS Foundation Trust through merger by acquisition; approved by NHS England. The merger formed to improve the services and care we deliver to our patients of Somerset.



Somerset
NHS Foundation Trust

Annual Report and Accounts 2022/23

outstanding care
listening and leading
working together

Somerset NHS Foundation Trust

Annual Report and Accounts 2022/23

**Presented to Parliament pursuant to
Schedule 7, paragraph 25 (4) (a) of the
National Health Service Act 2006**

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WELCOME FROM THE CHAIRMAN

It is my pleasure to welcome you to the annual report for Somerset NHS Foundation Trust for 2022/23. It has been another challenging year for the NHS in England, but one in which our trust has made some significant steps that put us on a very good footing for the future. This report provides detail of our operational and financial performance, but I'd like to provide a strategic overview of our achievements and challenges during this momentous year for the NHS.

During this financial year, we focussed both on providing urgent care for those patients who needed it and at the same time caring for those patients whose care was delayed as a result of the COVID-19 pandemic. We faced inevitable operational challenges, as we sought to balance the needs of these two groups of patients and faced continued difficulty in discharging patients when they were medically fit.

As we grappled with these challenges, we looked to innovative solutions and one of these were "ready to go" units at both Musgrove Park Hospital and Yeovil District Hospital (YDH). These dedicated units, focus on rehabilitation and reduce the risk of patients deconditioning while they wait to leave hospital. This new model of care was so successful that it reduced the support some patients needed after they were discharged.

We also worked hard to provide services that support our patients in a range of settings; and to provide facilities that are fit for the 21st century and support and enable us to provide the very best care. We opened the following facilities in a range of settings, and developed the following services or alternative ways of delivering care, in 2022/3:

- A new ophthalmology diagnostic centre, near junction 25 of the M5, is a "one stop shop" that enables patients to have a range of diagnostic tests in the same appointment. A second centre, run by Yeovil District Hospital NHS Foundation Trust, opened later in the year in Yeovil's Quedam Shopping Centre. These centres build on the NHS' aim to develop a series of community diagnostic centres away from acute hospital sites and will enable us to reduce the delays patients have experienced as a result of the pandemic and help us to meet the challenge of future demand for ophthalmic services.
- A new specialist community hub in the Horizon Centre in Taunton is providing children and young people with emotional and mental health support in a relaxed setting. A multi-disciplinary team of NHS professionals works alongside a range of voluntary and third sector organisations at the hub, which is run in partnership by our trust and Young Somerset.
- Two facilities in Bridgwater. The first, in partnership with Open Mental Health, provides support for people with mental health challenges. Depending on a person's needs, support is provided by the NHS or one of a wide range of third sector partners, including, Citizen's Advice, Age UK Somerset or Second Step, a community mental health charity. The second facility is a health and wellbeing hub located in the former Victoria Park medical centre that provides a range of services for people of all ages from pre-natal to end of life care.

- A new £11.5 million surgical decision unit at Musgrove Park Hospital means that our surgical teams can assess patients more rapidly to determine whether they need emergency surgery or can be safely discharged home. The unit, that is part of our ambitious Musgrove 2030 programme, brings surgeons, emergency doctors and other healthcare professionals closer together, with a much better environment for patients and colleagues.
- A community investigation hub at Burnham-on-Sea Community Hospital means that many patients no longer need to travel to Musgrove Park Hospital for hospital-related blood tests. It also means that they can get their tests done before they see a hospital consultant, which saves time or additional hospital appointments.
- Farmers and agricultural workers can access health and emotional wellbeing support at two new health hubs at Frome Livestock Market and Exmoor Farmers Livestock Auction. Along with general health checks, farmers can get specialist advice from NHS professionals about lifestyle, as well as any concerns about their emotional wellbeing and mental health.

At the same time as developing well-placed facilities and services for our patients, we focussed on putting our trust on the best possible footing for the future. In 2022/3 we went through the final planning and approval processes in preparation to merge our trust with Yeovil District Hospital NHS Foundation Trust on 1 April 2023. We merged because we want to provide better care for our patients and ensure that everyone in the county enjoys consistent access to high quality services irrespective of where they live. Working as one organisation, and therefore eliminating organisational boundaries, puts us in a better position to support people to stay well, give equal priority to mental and physical health, deliver services in the most appropriate setting, help us to further improve care for our patients and service users, and make better use of our resources.

During 2022/3 our clinical and corporate services worked towards integrating and planning single county-wide services and we merged our two trusts to create the new Somerset NHS Foundation Trust on 1 April 2023. Fundamentally this merger is driven by the multiple needs of our patients which cut across our previous organisation structure. The same person may well have a need for mental health and acute services, or acute and community services, or community and primary care services. By bringing all our services together we believe we will be able to make a real impact on population health and help people manage their own health to a much greater degree than at present. I look forward to updating you on this work in future years.

It was clearly an extremely busy year for our trust, in which we responded to extreme immediate pressures on our services - and planned for the future. Our colleagues are at the very heart of this work, and our aim is to support them to develop in their roles, to stay healthy and well, and engage with them positively about how to develop and improve our services.

I was delighted that colleagues at our trust, and YDH provided such positive feedback as part of the annual NHS Staff Survey. YDH received the best scores nationally in five elements and both YDH and Somerset FT ranked first and second

in order of colleagues “agreeing” or “strongly agreeing” they would recommend it as a place to work. The results also give us clear areas to improve, and we will continue working with colleagues to develop a supportive and collaborative environment.

I would like to particularly mention pay tribute to some colleagues, teams and services who received national recognition for their work. They included our homelessness nursing team that was shortlisted for a prestigious Royal Society of Public Health award for “health and wellbeing”; Somerset’s Open Mental Health alliance that was recognised with a national NHS Improvement Award for collaboration; and a team from Musgrove Park Hospital and Infinity Health that was shortlisted for an HSP Partnership Award for a project to ‘banish the bleep out of hours’, replacing paper task lists and beeps for a digital task management solution that was found to save an average of 91 minutes per doctor, per shift, and has contributed to a significantly smoother operation of the hospital, including reduced overload and bleep fatigue for colleagues.

As we work through another rewarding year in the NHS, I thank to all my colleagues at our trust, our governors, charities, volunteers and supporters. I am enormously grateful for all that you do, and it is my privilege to work with you again in 2023/24.

Signed

A handwritten signature in black ink that reads "Colin Drummond". The signature is written in a cursive, flowing style.

COLIN DRUMMOND OBE DL
Chairman

27 June 2023

PERFORMANCE REPORT

The purpose of the overview is to provide a brief summary about Somerset NHS Foundation Trust (The Trust), its purpose, strategic objectives (and any key risks to the achievement of those objectives) as well as details of how we have performed over the year.

Purpose and activities of the Trust

Somerset NHS Foundation Trust was formed on 1 April 2020 when Somerset Partnership NHS Foundation Trust (SPFT) and Taunton and Somerset NHS Foundation Trust (TST) merged. The transaction was ground-breaking because it created the first Trust in mainland England to provide integrated community, mental health and acute hospital services.

Somerset Partnership and Taunton and Somerset NHS Foundation Trusts established a close working relationship when we formed an alliance in May 2017. In late 2017, we established a joint executive team that oversaw all aspects of both Trusts' operations and worked to a single set of strategic objectives covering hospital, community and mental health services. With services working more closely together than ever before, we made improvements to the care and support our patients and service users receive. However, it became clear that we needed to merge in order to remove the barriers that add unnecessary delay and cost to the care we provide, and to truly integrate community, mental health and hospital services.

Map of key Somerset Healthcare Sites



The impetus for our merger came from colleagues who saw the improvements that we can make if these services work together differently. Our clinical strategy is built from the ground up, based on the experience of our colleagues and services, and our knowledge of the growing needs of our population. This impetus drove our initial merger and is core to our subsequent merger with Yeovil District Hospital NHS Foundation Trust, so that we can realise these ambitions and benefits for the whole population of Somerset.

Somerset NHS Foundation Trust provides a wide range of services for the whole of Somerset, as well as acute services for people in the north, west and centre of the county (population c.350,000) and more specialist services across the county and beyond. We work with health and social care partners in Somerset to ensure that we deliver outstanding services that meet the needs of our population.

The Trust provides acute services from Musgrove Park Hospital (MPH) in Taunton, which has around 700 inpatient beds. We also operate 13 community hospitals (with over 220 beds), providing inpatient, outpatient and diagnostic services, and seven Minor Injuries Units.

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 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. The Trust was named Mental Health Trust of the year at the 2021 Health Service Journal awards.

Somerset NHS Foundation Trust cares for some people from neighbouring counties who live close to the county border. In 2022/23, the Trust treated around 18,600 people in total from across north Somerset, Devon, Bristol and Bath & North East Somerset (BANES), Wiltshire, Swindon, and South Gloucestershire.

We are privileged to work with over 9,000 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.

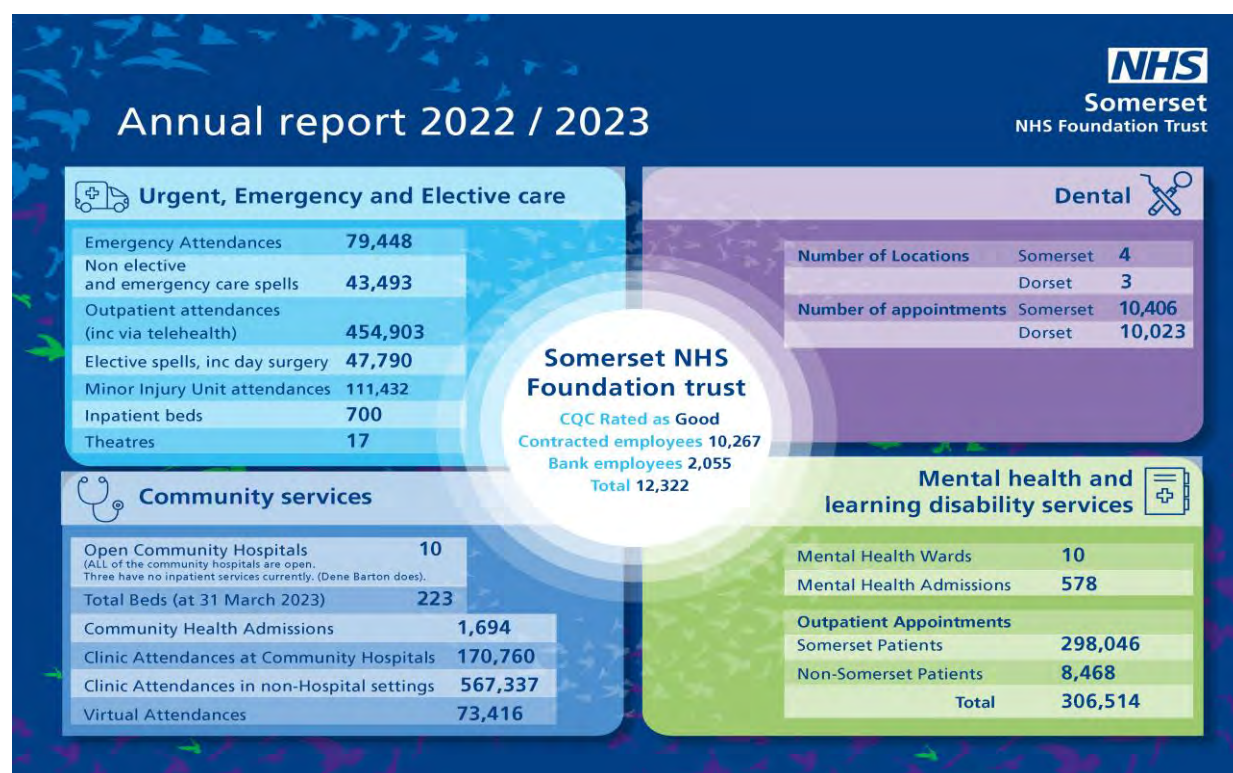
The Trust's general services are commissioned by the local Integrated Care Boards while specialist services are nationally commissioned.

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.

During 2022/23 we concluded our business case and completed our merger with Yeovil District Hospital NHS Foundation Trust. We have operated with a single executive team across both organisations since January 2022 and held board meetings and sub-committees in common during the whole of 2022/23. NHS England issued an Amber rating on the proposed merger in April 2023 and the two boards and councils of governors approved the business case for merger on 17 April 2023 which was supported by the Secretary of State to create the new Somerset NHS Foundation Trust which was formally established on 1 April 2023.

A vision and mission have been developed for the merged Trust which focusses on supporting our colleagues to deliver outstanding and integrated patient care. The new 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.

Some key facts about Somerset NHS Foundation Trust and our services are shown in Figure 1 below:



Strategic Context

Somerset is a largely rural county with a population of circa 572,000. In recent years, the Somerset population has continued to grow in size, with an ageing demographic. Nationally, the proportion of older people aged above 75 with a long-term condition has risen, and their needs are likely to become more complex, leading to increase demand for NHS services. In the next 25 years, in England, the number of people older than 85 will double to 2.6million.¹

While smoking rates in Somerset are decreasing; diabetes, obesity, dementia and mental health issues are on the rise. Faced with these challenges, as well as those from Covid-19, the case could not be clearer for joining up and integrating care around people rather than around traditional institutional silos.

The geography of Somerset and the surrounding areas, and the local population demographics presents challenges for the provision of health services. There is an increase body of evidence around the challenges of providing health services to people living in rural areas and coastal communities.

We are struggling, like the rest of the NHS, with the impact of chronic nationwide workforce shortages, and this situation is exacerbated by local demographics as Somerset has proportionately fewer people of working age than other parts of the country. Many of our staff go above and beyond on a daily basis to do the best for patients, but the current position in some services is unsustainable, both for individual colleagues and our organisations.

In common with the experience across England, and partly stemming from the Covid-19 pandemic, we have seen collaboration across health and social care take place at a pace and scale previously unimaginable. The pandemic accelerated collaborative working in Somerset, enabling us to deliver care to those in need while at the same time radically changing ways of working, tackling local bureaucracy and becoming more integrated.

Merger with Yeovil District Hospital NHS Foundation Trust

Yeovil District Hospital NHS Foundation Trust was formally acquired by Somerset NHS Foundation Trust on 1 April 2023 as part of a 'merger by acquisition'. This was in response to the recognition that no individual organisation in Somerset had what it would take to respond to the challenges alone. The merger brought together our skills, knowledge and resources in health together with those of our colleagues in social care, education, housing and the voluntary sector to tackle health inequalities and to enable our communities to thrive.

The journey towards merging both Yeovil District Hospital NHS Foundation Trust and Somerset NHS Foundation started in May 2020, where both Trusts signed a Memorandum of Understanding (MoU) in which the Trusts committed to work together for the benefit of the Somerset population by aligning the Trusts' strategic

¹ Raymond A, Bazeer N, Barclay C, Krelle H, Idriss O, Tallack C, Kelly E. Our ageing population: how ageing affects health and care need in England. The Health Foundation; 2021 (<https://doi.org/10.37829/HF-2021-RC16>).

goals and operational activities. The Trusts signed the MoU to improve services for patients, but it was not intended to be a permanent position. Moving towards acting as one Trust, but legally being two separate organisations, carried cost and time inefficiencies which were hard to justify in the long-term. There was also a risk of lack of clarity around accountabilities as we continued to integrate and blur some organisational boundaries.

Following directly from this greater collaborative working, the Trust Boards explored options for the future. This included using an agreed selection criteria leading to three shortlisted options. Independent support was sought from Deloitte LLP, resulting in the conclusion that neither a Partnership Board nor a Strategic Group Board model would deliver the sustainable system change that Somerset needs; and that a single leadership team and Board would be the most effective mechanism for realising the significant benefits to be had from closer collaboration. The Trust Boards therefore concluded that formally bringing the two organisations together was the preferred model.

Both Trusts worked closely together to decide which route to merge would be the least disruptive to colleagues, the least bureaucratic and the most cost effective. There are three routes available within the NHS in formally bringing two organisations together.

1. A **statutory merger** is the full dissolution of both trusts and the creation of a new trust. This is very complex, expensive, and disruptive. It requires all colleagues at both organisations to TUPE (transfer their employment) to a new organisation.
2. A **statutory acquisition** is not suitable for our situation and does not reflect the principles of our merger. This route is most commonly used when the acquired Trust is underperforming and has safety issues. The staff of the acquired trust would TUPE to the acquiring organisation.
3. A '**merger by acquisition**' under Section 56A of the NHS Act 2006 is an application made jointly an NHS foundation trust and another NHS foundation trust or NHS trust. This means one trust assumes the position of *acquirer* in order to enable the new organisation to be created. In almost all cases, this will be the organisation with the greatest number of sites as there is a fee to be paid for each property that transfers into the acquiring organisation.

This last route was considered the most effective, least expensive and least disruptive route to merger. Colleagues from the acquired trust TUPE into the organisation which has assumed the role of acquiring trust.

Therefore, the Boards of both trusts committed to a merger by acquisition route, through which Yeovil Hospital was acquired by Somerset NHS Foundation Trust. This enabled us to get on with the important task of creating an organisation that is able to provide the best possible care for the population and be the best possible employer.

Despite the technical acquisition, this was a merger of equals, bringing together our expertise, experience, resources and cultures and passion for care to create a new

organisation that is capable of developing and delivering world-class health and mental health care. Both Trusts wanted to create a merged organisation that brings together the best of both organisations.

Merger enables us to build a stronger, more resilient organisation that will provide an environment where colleagues can thrive, develop their careers, and are enabled to do the best job they can. Our newly developed People Strategy sets out how we will do this in a way that enables us to retain the talent we have and recruit the best people to come and work in Somerset.

The merger brings together 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 now in a unique position to provide genuinely integrated mental and physical health care, spanning whole patient pathways.

The key expected benefits of merger are summarised in the table below. In line with our clinical strategy, we have considered patient benefits in terms of time – both maximising years of healthy life and making time in healthcare count. Merger offers us significant scope to deliver benefits for patients and this is the primary driver for merger. It also helps us tackle our workforce issues, which in turn helps to drive high quality patient care.

Benefits	
Patients	
<p>More time in good health (from better health outcomes)</p> <ul style="list-style-type: none"> • Earlier intervention meaning illness is less likely to escalate to crisis or emergency • Quicker access to diagnosis and treatment, including specialist care • Improved access to holistic care which meets both physical and mental health needs • Improved patient safety from simpler, quicker pathways and shared patient record systems • Better health outcomes as colleagues see wider range of clinical cases, share knowledge & best practice • Unwarranted variation reduced through consistent county-wide pathways • Ready access to patients' full clinical history via shared IT systems which increases patient safety and good clinical outcomes • Equity of care across the county from consistent approach 	<p>Making every minute count (by eliminating wasted time in healthcare)</p> <ul style="list-style-type: none"> • Effective use of spare diagnostic and treatment capacity wherever it exists in the county • Eliminating wasteful steps in pathways, including duplicate investigations or steps without clinical value • Smoother transfer between acute, community and mental health settings when all are run by the same Trust • More care closer to home (in community settings) which increases patient choice and reduces patient travel time & inconvenience

Benefits	
<ul style="list-style-type: none"> Improved patient experience from streamlined pathways, and in some cases less travel for care. 	
Colleagues	
<ul style="list-style-type: none"> Improved wellbeing and motivation from more resilient services Increased job satisfaction from broader career opportunities Colleagues freed up for front line care by efficiencies deriving from streamlined pathways, shared IT systems, and removal of duplicate tasks Greater colleague capacity to implement transformational changes which benefit patients 	
Trust & System	
<ul style="list-style-type: none"> Improved recruitment & retention from improved staff offer Fragile services placed on a more sustainable footing Better able to respond to rising demand Easier to redirect resources to services or parts of a pathway where most needed Better placed to work with partners to implement new care models which are more responsive, and less bureaucratic and costly Easier to integrate with the work of partners when we are one organisation Better able to implement population health management and tackle health inequalities Creates further opportunities to align functions and services in Somerset 	

The full [Business Case](#) and [Patient Benefits Case](#) for the merger are available on the Trust's public website.

The Somerset healthcare system

Our system benefits from strong working relationships between health, social care and voluntary sector partners based on a culture of openness, support and constructive challenge.

Integrated care systems (ICS) have grown out of Sustainability and Transformation Partnerships (STPs) – local partnerships formed in 2016 to develop long-term plans for the future of health and care services in their area. ICSs became legal entities on the 1 July 2022 as part of the Health and Care Act 2022 and includes a statutory Integrated Care Partnership (ICP), and a new NHS body called the Integrated Care Board (ICB).

An Integrated Care System (ICS) brings together the NHS organisations, councils, and wider partners in a defined geographical area to deliver more joined up approaches to improving health and care outcomes.

ICSs remove barriers between organisations to deliver better, more joined up care for local communities. ICS partners share a common vision to improve health and care, backed by robust operational and financial plans, collective leadership and accountability.

Collaborating as ICSs will help health and care organisations tackle complex challenges.



For several years prior to the formal establishment of ICSs, in Somerset we had been working in an integrated and collaborative way.

There is recognition of the growing challenges across the health and care system and the need to ensure that the various parts of the system work more closely together. Successful integration of patient pathways requires close collaborative working between all providers, including primary and social care, neighbouring Trusts, other public sector organisations and the voluntary sector.

In response to Covid-19, NHS organisations were required to rapidly re-design services on a large scale in order to provide capacity and resource for the treatment of patients with Covid-19. This included the postponement of planned treatment, changing the way that appointments are provided, through the use of online and telephone consultations, redeploying staff and identifying additional bed and intensive care capacity. These changes in demand and supply not only affect patients with Covid-19, but have had a significant (and lasting) impact on the care we provide to the wider population.

Whilst Covid-19 restrictions have since been stood down across the country, the NHS is still required to retain a number of infection control policies and procedures.

This continues to have an impact on the Trust's ability to restore all elective services. The longer-term impact has meant that elective waiting times have increased, with a significantly higher number of patients now waiting over 18 weeks for their treatment.

These changes in demand, coupled with the challenges in sickness and absence of nursing and medical staff, the recent industrial action taken by a range of staffing groups, and the wider system challenges in the availability of health and social care services, particularly home care, has been experienced by the entire Somerset health and social care system.

The merger has given us the opportunity to capitalise on the innovations made particularly in the early stages of the pandemic and embed them across the county. It is clear that work to deal with the consequences of Covid-19, including reducing the elective backlog, will be required for some time – possibly for years.

Despite the challenges faced during 2022/23, we continued to maintain performance across a range of key performance standards, although performance was below the nationally set targets. This is a direct impact of the continued demand experienced across the NHS.

The NHS Annual Staff Survey for 2022 remains aligned to the People Promise themes, with the addition of 'Staff Engagement' and 'Morale'. In 2022 we scored better than the benchmark comparator in all nine themes. The themes that scored the most positive included: 'We are compassionate and inclusive', 'We each have a voice that counts' and 'Staff Engagement'. In 2022 we also saw a more positive score in the theme of 'We are always learning'.

As a foundation trust we benefit from the support of and dedication of our volunteers, our Council of Governors, our Leagues of Friends, Love Musgrove, charities, and partners – and we thank them for their contribution.

Equality of service delivery

As a public sector organisation, there is a statutory requirement to ensure that equality, diversity and human rights are embedded into all functions and activities as per the Equality Act 2010, the Human Rights Act 1998 and the NHS Constitution. In all aspects of our business, we will have due regard to the need to working towards achieving the general duties set out in the act:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share protected characteristics and those who do not.

This means that the Trust should:

- Work towards removing or minimising disadvantages suffered by people due to their protected characteristics.

- Take steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encourage people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Work we have undertaken during 2022/23 to ensure equality of service delivery includes:

- We continue to be part of a three-year project, “Advancing Mental Health Equalities” (AMHE), which is supported by the Royal College of Psychiatry. This project is now in year two and we have an advanced plan for one Community of Identity (rural communities) with an emerging plan for a further Community - Gypsy, Roma and Travellers. We have Experts by Experience involved in the overarching project group as well as the subgroups.
- Our Open Mental Health Services were co-produced and developed with service users to improve access among all groups. Open Mental Health, alongside public health, have secured fixed-term funding to develop a project to support access for underserved communities, which will further complement the above. This project is now up and running and is led by SPARK (Somerset’s Voluntary, Community and Social Enterprise [VCSE] infrastructure organisation).
- We have identified that we wish to strengthen further, at a system level, approaches to people with Learning Disabilities. The launch event for this is in its planning stages.
- We continue to have a thriving approach to co-production, with Recovery Partners (Experts by Experience) involved in many aspects of patient participation as well as co-producing projects and service developments. The rollout of ‘Attend Anywhere’ clinics across Somerset has been successfully adopted within most outpatient services, enabling the continued delivery of care to patients across Somerset during the pandemic.
- We have developed the Neurodevelopmental team partnership, to provide an equitable and consistent pathway approach to Autism referrals across the county, as part of the wider special educational needs and disabilities (SEND) work.
- Self-referral into our Child and Adolescent Mental Health Service (CAMHS) for 15–17-year-olds started in September / October 2021. This is to be expanded and will be for young people aged 12 years and over, supported by a promotional campaign in schools.
- Interpretation services have been adapted to remote working through virtual and telephone appointments, and take-up has remained high.
- We have broadened the access to digital assessment and treatment for children with diabetes and we have appointed a Youth Worker and Health Care Assistant to ensure understanding of the technology. This offers better

solutions to overcome frequently encountered barriers and empowers children living with diabetes to understand their own health status and manage the response effectively and efficiently, ultimately improving health outcomes.

- The NHS Long Term Plan commits to making further improvements to the care for people with dementia, identifying dementia as an improvement priority. It aims to improve the care provided to people with dementia and delirium, whether they are in hospital or at home. In Somerset we have launched the Somerset Dementia Wellbeing model, a collaboration between VCSE and statutory dementia services, who are working together to improve diagnosis, enhance support in the community and provide an excellent, consistent service for people with dementia and their carers in Somerset. The aims of the service are to:
 - Co-produce and improve diagnosis processes and performance and boost post-diagnostic support for all people in Somerset wherever they live or engage with services.
 - Provide quick access to trusted, localised dementia information, physically, digitally and by phone call.
 - Provide better dementia training for all carers, paid and unpaid, and all health and care staff involved in dementia care.
 - Raise awareness of dementia across the county and make Somerset a dementia-friendly community.
 - Provide more support, respite and opportunities for networking and peer support for all carers.

Personalised Care

Over 100 people working in our Neighbourhoods have completed our Personalised Conversations and Health Coaching Skills Training, a programme that has been developed by NHS England South-West Integrated Personalised Care Team with Involvement from Somerset NHS Foundation Trust, including a Lead Educator role, based in SFT. There have been more colleagues working in Somerset's Neighbourhoods through the training than any other area in the South-West, showing a huge commitment to personalised care, enabling people to have better "what matters to you" conversations, understanding people's priorities, and supporting them in their health and social care goals. The programme has been shortlisted for the "Best Educational Programme in the NHS" category of the HSJ Awards. In addition to the number of people who have received training, Somerset's Neighbourhoods have also shown a huge commitment to delivering the training through a train the trainer approach, with ten Trainer/Facilitators delivering training within their roles across the county.

Volunteer to Career Programme

Somerset FT was successful in its bid for the Volunteer to Career Programme, a 2022/23 programme commissioned by Health Education England to promote careers within the NHS to people who have little/no experience of health and social care. The Volunteer Neighbourhood Responder role has been created, whereby people who

are interested in careers in health and social care, and align with our values, can choose the services that they would like to deliver, and the Neighbourhood Teams across the integrated care system can 'book out' volunteers. Once the volunteers have decided in which area they would like to work, they are offered career coaching conversations, and offered a 'free ticket' to an interview for advertised entry level jobs within our health and care systems. Once we have completed the pilot in North Sedgemoor, we aim to roll it out to other Neighbourhoods across Somerset in a bid to promote health and social care careers and reduce the number of vacancies across our systems.

North Sedgemoor Opportunity

Somerset FT has been driving integrated working in North Sedgemoor Neighbourhood. In collaboration with the NHS England 'Safe Day Programme', a working strategy has been developed to improve the health of our local population and reduce health inequalities. The follow four areas were agreed at system level, and are progressing:

- *A Fearless Community: Improving the health and social care of our neighbourhood through engaging with our service users and workforce, making them equal partners in our service design, and ensuring psychological safety.*
- *The One Team Collaborative: A multi-disciplinary team of teams, without organisational boundaries, working together to proactively address the health and social care needs of North Sedgemoor's neighbourhood.*
- *Health and Wellbeing Hub: A place that is owned by the neighbourhood of North Sedgemoor, where people can access health and social care. A place that strengthens community connections and improves the health and wellbeing of the current population and that of future generations.*
- *Working Together and Reducing Duplication: Working together to establish truly integrated services spanning all our health and social care organisations in North Sedgemoor through identifying enablers and aligning processes.*

Successes of this work to date include:

- A community investigation hub operating out of Burnham on Sea War Memorial Hospital, enabling people to access hospital investigations locally.
- The CLEAR Programme: workforce modelling and redesign study of Primary Care services within North Sedgemoor to improve access to health services for our local population.
- A review of local dressings provision, and a new delivery model proposed, delivering wound care in a community environment with access to health coaching, social prescribing, and peer support.
- IT systems can now communicate between Primary Care and Somerset FT.
- Population health data is being used by the multi-disciplinary team to proactively support people in the community, keeping them well in their own homes.

- We are at the end of the first-year pilot of the Somerset System Peri-Operative Services with the aim to improve surgical outcomes for all patients on our elective surgical waiting lists. So far, around 700 patients countywide have been identified with modifiable risk factors with around 100 patients already achieving their target goal for optimisation. The next phase of funding is awaiting approval to enable activation of the countywide service with the following ambitions:
 - Scaling up of the well-received countywide Peri-Operative Diabetes programme to implement Diabetes support for every patient referred onto the waiting list, from GP practices across Somerset. This programme enables patient engagement with education around the importance of optimising their diabetes, practice nurse support and helps to minimise the burden on primary care by assisting and supporting in the medical management of our elective care waiting list diabetic patients. The programme is impartial to location or numbers of referrals into the programme (from GP practices) and will enable a wholly equitable Somerset wide Peri-Operative Diabetes service.
 - The first iteration of prescriptive exercise programmes for elective care patients on the waiting list and those coming onto the waiting list. The Exercise workstream will, in the first instance, invite patients awaiting hip/knee replacements, with a number of choices; varying degrees of digital exercise programme (SASP, HOPE), paper-based exercises (for those patients who are digitally excluded and cannot travel) and face-to-face programmes in local leisure centres (for those patients who are digitally excluded, can travel and who would prefer to be in a more face-to-face social setting). The subsequent phase will invite all patients on the waiting list to join an exercise programme, regardless of location or accessibility restrictions.
 - We have utilised a 'Benefit in Kind' funding support offer from Apodi Pharmaceuticals to implement a six-month iron infusion service (at Williton Community Hospital) to offer patients swift access to iron infusions and, in some case, ease the burden of travel to Taunton for patients in more rural locations of the county. Following data analysis of how well the service is received, our ambition is to expand an iron infusion service across the wider reach of community hospitals for equitable, faster and more convenient access for all patients requiring an infusion prior to surgery.
 - We have secured a 'Health Coaches' pilot with the Northwest Somerset Primary Care Network team to truly understand the mechanics of a health coaching team. With patients who might not otherwise have access to social prescriptive services, this pilot will help us to understand how we support patients in the community, who might not otherwise ask for help. Health Coach support includes assisting patients with their emotional and mental health wellbeing, mobility, taking part in social activities and addressing issues with diet, alcohol, smoking and weight management.
 - Somerset has been offered the opportunity (as one of ten Trusts across the country) to pilot the development and implementation of a referral pathway to the national NHS Digital Weight Management (12-week) Programme (DWMP), for patients on selected elective care waiting lists. We have a higher-than-average obesity prevalence, with 66% of adults either overweight or obese. All patients on the elective care waiting list, regardless of location

will be offered the opportunity to self-refer to the DWMP, prior to surgery. This in turn helps us to address existing health inequalities and high levels of unhealthy weight in our population. The pilot will run for a year (April 2023 to April 2024) with view to implementing the referral pathway on completion.

- The newly established SFT Tobacco Reduction Team have already achieved a 78% conversation rate of referrals, for patients on the elective waiting list, to receive smoking cessation support via Smoke Free Somerset, prior to surgery. This programme offers countywide support with equitable identification of patients being offered smoking reduction and smoking cessation support.
- Work is being undertaken with our Talking Therapies team to pilot an offer of an 'Emotional Health Check' for all Trauma & Orthopaedic (T&O) outpatients following decision to treat. This programme particularly helps to support patients who might not otherwise be aware of their emotional health and does not discriminate according to age, sex, ethnicity, mobility, residential location or education. The initial assessment, directly following face to face consultation with a T&O surgeon is gentle, informational, and helps to identify patients who might benefit from a referral onto a Talking Therapies pathway.
- The Cancer Prehabilitation team are two months into a 12-month programme to offer patients exercise, nutrition and emotional wellbeing support, via a weekly 'PreHab Hub'. The service covers patients on a colorectal, lung and / or prostate cancer pathway and offers face-to-face and virtual assessment options. Leisure centres countywide are participating in prescribed exercise programmes for referred patients, enabling equitable and fair access across the county for all patients on these pathways.

PERFORMANCE REPORT ANALYSIS

During 2022/23 Somerset NHS Foundation Trust continued to maintain performance across a broad range of indicators linked to the delivery of high-quality care to patients.

Review of Trust Strategy and Business Model

2022/23 was the second full year of Somerset NHS Foundation Trust following the merger of Somerset Partnership and Taunton and Somerset NHS Foundation Trusts. This year we also made significant progress with our plans to merge with Yeovil District Hospital NHS Foundation Trust, and in the development of the Somerset Integrated Care System.

We have continued to strive to deliver high quality care in line with our vision and values, whilst focusing on key areas of improvement such as recovering from the COVID-19 pandemic, and delivering reduced waiting times for patients.

Mission, Vision and Values

We have developed a mission and vision for the merged Trust which focus on supporting our colleagues to deliver outstanding and integrated patient care.

Our mission, vision and objectives

On the path to our merger, we have developed a new vision, values and strategy that builds upon the previous organisations' visions and reflects the integrated services which the merged Trust provides, and our commitment to focus on the health of the population we serve. This vision is supported by shared values that we have developed following a widespread consultation exercise with colleagues from both organisations ahead of merger.

Our vision and vision for the merged Trust focusses on supporting our colleagues to delivery outstanding and integrated care.

Mission

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

Vision

Thriving Colleagues, Integrated Care, Healthier People

We will deliver this mission and vision via our single organisation strategy, which has the following eight objectives:

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

Our clinical strategy is core to the delivery of our vision for the merged Trust, and the first five objectives of the organisation strategy replicate the five health and care aims which have been agreed at system level. These clinical aims sit alongside our strategic financial and people objectives as our core three strategies. The final objective describes the type of organisation we want to be, linked to the delivery of our vision and values.

We know that we cannot deliver the five system clinical health and care aims on our own, so effective working with our partners in Somerset and beyond will be key to our success. The remaining enablers, which are all internal, will be supported by the following strategies:

- **Green Plan:** our actions to deliver our target of being a net zero carbon Trust by 2040
- **Digital strategy:** how we will provide digital services that drive excellent support and care, communication, information, and improved efficiency
- **Estates strategy:** how we will make best use of our combined estate to support the delivery of safe, effective, high quality care
- **Quality strategy:** how we will ensure patient safety, learning and good clinical governance in the merged Trust
- **Communications and engagement strategy:** how we will engage, inform and involve our stakeholders in our work.

With the support of a specialist independent consultant, A Kind Life, we have developed a joint set of values and behaviours for the merged Trust which help us deliver our vision. These values provide a common set of expectations for how we deliver care and work together in pursuit of our vision. They will guide colleagues and help inform the developing culture of the merged Trust.

Our Values

With the support of a specialist independent consultant, A Kind Life, we have developed a joint set of values and behaviours for the merged Trust which help us

deliver our vision. These values provide a common set of expectations for how we deliver care and work together in pursuit of our vision. They will guide colleagues and help inform the developing culture of the merged Trust.

	I will ...	I won't...
Respect		
Honesty	make it safe and easy for people to speak up about issues, give kind and fair feedback, and be open to receiving it too	criticise people for mistakes, stay silent when needing to speak up, be closed to feedback about myself
Integrity	set and deliver high standards, adhere to follow agreed, evidence-based practice, professional, ambitious, try to do the right thing, put patients first	accept low standards, 'walk past' issues when I see them, come across as 'too busy' or often be late, unprofessional, fail to adhere to agreed, evidence-based practice
Equity	embrace others' strengths, value different backgrounds, <u>cultures</u> and stories, include others, advocate for equity and diversity in the organisation	dismiss others' views, experiences or backgrounds, ignore if you see someone being treated differently because of their background
Civility	be polite approachable and welcoming to everyone, challenge each other respectfully, be considerate of others	belittle or dismiss others, be rude, uncivil, or use an abrupt tone of voice, undermine or bully others, be reactive to others or ignore others
Kindness		
Compassion	treat people as valued individuals, protect their dignity and privacy with compassion, be patient, understanding, self aware, patient	be indifferent to others struggles, or dismissive of their feelings, <u>stories</u> or journeys, make mean comments or be unkind
Positivity	be optimistic, bring a positive, 'can-do' attitude, bring a smile, welcome change, be hopeful about what is possible, act with courage	focus on problems rather than solutions, moan, be negative or complain without acting to solve or improve the situation, avoid challenges and growth opportunities
Understanding	put myself in other people's shoes, act with empathy; take the time to understand others' concerns, be self aware; be authentic, calm	refuse to see things from other people's perspectives, or consider what might be going on for other people
Appreciation	notice the little things other people do to make a difference and give ABC appreciation so that they feel valued, celebrate success	ignore it when people do great things or 'take the credit' for others' achievements, only give negative feedback without appreciating what is going well
Teamwork		
Support	be attentive to other people's needs and feelings, reliable, offer help, do what I say I will, encourage others and help them take responsibility	avoid helping when I see someone in need, make people feel 'a burden', have a 'not my patient / job' attitude
Collaboration	work together, seek opportunities to share, ask for ideas and input, seek cross team and service input, involve and encourage others, communicate clearly	work in 'silos', not seek out opportunities to work with or share learning with other teams, <u>services</u> or divisions, isolate or exclude others
Listening	listen with curiosity and empathy, giving people time to speak, welcome different views, seek out information	dismiss others' views or ideas without giving them a chance to explain, talk over people as if they aren't there, ignore concerns, dictate, interrupt, lecture or argue
Trust	be open and transparent when communicating, building trusting relationships with colleagues, reassuring	be 'economical with the truth', make no effort to share information, withhold information others need, or leave them 'in the dark'

Care Quality Commission (CQC)

Somerset NHS Foundation Trust was inspected by the CQC in September 2022 and the report published on 23 January 2023.

The CQC team carried out a short notice announced inspection of the trust's acute wards for adults of working age and psychiatric intensive care unit, specialist community mental health services for children and young people and community end of life care services of the trust as part of their continual checks on the safety and quality of healthcare services. The CQC further inspected the well-led key question for the trust overall.

The CQC rated the trust's community mental health services for children and young people (CAMHS) as outstanding and our community end of life services and our

acute wards for adults of working age and psychiatric intensive care unit as good overall.

The CQC praised the trust's work and said:

“it is a remarkable achievement to merge trusts at the beginning of a national pandemic and yet Somerset NHS Foundation Trust has continued to maintain the good quality of service that we had come to expect from both Somerset Partnership NHS Foundation Trust and Taunton and Somerset NHS Foundation Trust”.

The CQC inspection team found outstanding practice which it highlights in the report and includes the CAMHS team's work and approach to eliminating waiting times for the service and the work of community end of life team to consider the specific needs of patient groups and better meet their needs.

As part of its consideration of how “well-led” the trust is, the CQC observed a number of meetings and met leaders across the trust. The CQC also spoke to a range of patients, carers and colleagues about our services during their inspection, as detailed in their report. The CQC's inspection team noted that:

- The trust has a clear vision and set of values that colleagues understand.
- The trust has well-embedded clinical leadership.
- The senior leadership team demonstrated a high level of awareness of the priorities and challenges facing the trust and how these were being addressed.
- Overall leaders had the skills and abilities to run the service, were visible and approachable for patients and colleagues and supported colleagues to develop their skills and take on more senior roles.
- Leaders operated effective governance processes and colleagues at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn.
- Leaders and colleagues actively and openly engage with patients, staff, equality groups, the public and local organisations to plan and manage services and collaborate with partner organisations to help improve services for patients.
- Colleagues feel respected, supported and valued.
- We promote equality and diversity in our daily work.
- Colleagues are focussed on the needs of our patients.

The CQC inspection report also provided some valuable insights about where we can improve, most notably at a trust-wide level by reviewing how we increase representation of black and minority ethnic colleagues in some areas and address the issues that black and minority ethnic colleagues report about bullying and harassment.

Within the services that it inspected, the CQC also highlighted issues for us to address which we are following up. We have taken immediate action to rectify the specific environmental issues within our mental health wards. We are also making wider improvements with the development of a new ward in Yeovil and the

refurbishment of Rowan ward which cares for adults of working age who are experiencing an acute mental health problem.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires Improvement ↔ Jan 2023	Good ↔ Jan 2023	Outstanding ↑ Jan 2023	Good ↔ Jan 2023	Good ↔ Jan 2023	Good ↔ Jan 2023

Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute locations	Requires Improvement	Good	Outstanding	Good	Good	Good
Mental health	Good	Good	Good	Good	Good	Good
Community	Requires Improvement	Good	Outstanding	Good	Good	Good
Overall trust	Requires Improvement ↔ Jan 2023	Good ↔ Jan 2023	Outstanding ↑ Jan 2023	Good ↔ Jan 2023	Good ↔ Jan 2023	Good ↔ Jan 2023

New and Enhanced Services

During the year we have continued to rise to the challenges faced across the NHS as we recover from the COVID-19 pandemic and attempt to improve backlogs. Our target of at least 75% of patients waiting no more than six weeks for diagnostics was met after steady improvement throughout the year, and we exceeded targets for mental health discharge follow-ups, and talking therapies.

As with many other trusts, we struggled to meet waiting time targets in Accident and Emergency, and for elective treatments. However, our Clinical Strategy and new model of care recognises the barriers to improvement in these areas, and sets out how we will overcome them. This includes continuing to implement new ways of working, particularly through the use of new technologies. We will continue to adapt our recruitment practices, to ensure that we have appropriate staffing levels in place. These improvements will include significant reductions in the time it takes to hire staff. We have also improved our reporting of performance, to help clinicians and managers make better informed decision.

We have improved and invested in many services over the last twelve months. Some of the major new and enhanced services delivered this year include:

- Surgical Decision Unit

A new £11.5 million surgical decision unit opened to patients at Musgrove Park Hospital during 2022/3. The new unit is a combination of our surgical assessment unit and our emergency surgical ambulatory care clinic.

The new multi-specialty unit means patients can be assessed more rapidly by our surgical teams to determine whether they need emergency surgery or can be safely discharged home. The unit is purpose-built and brings surgeons, emergency doctors and other healthcare professionals closer together, with a much better environment for patients and staff too.

It is a major part of the Musgrove 2030 programme – creating state-of-the-art buildings that offer patients safe, effective, and personalised care, based on the most advanced treatments, technology, and innovations in healthcare.

The new unit represents a ‘one-stop’ shop for patients. Patients are seen by their GP or an emergency department clinician, who will identify whether they are suitable to be seen by our specialist surgical team. Patients are triaged to bring them in at the right time, such as earlier in the morning, so they can have all their tests in a single day rather than needing to be admitted to hospital for investigations and decisions to be made. This reduces the need for them to keep coming back to hospital for investigations.

- Discharge Lounge

A new discharge lounge opened at Musgrove Park Hospital in May 2022 to help make it easier for patients to return home from hospital. The facility is open seven days a week, from 8am to 7pm, with our staff in the lounge able to care for medically-fit patients who are due to go home that day – they provide a comfortable space for patients to wait for their transport.

Using the discharge lounge provides a safe way of caring for patients who are ready and waiting to start their journey home or being transferred to another care facility, while also freeing up much-needed beds on wards across the hospital.

- Ophthalmic Diagnostic Centre

Our new Ophthalmic Diagnostic Centre is now open at Harrison House, near junction 25 of the M5. The centre will see around 10,000 retinal and glaucoma patients a year in a “one stop shop” where the patient has a series of tests and images taken in the same appointment.

Ophthalmology is the highest volume outpatient specialty in the NHS and demand for the treatment of eye care areas, such as glaucoma, cataract, retina and urgent care, is predicted to rise by 60 per cent in medical retina and 44 per cent in glaucoma over the next 20 years. Patients with retinal and glaucoma conditions need regular and timely life-long eye care to prevent permanent visual loss.

The centre builds on the NHS’ aim to develop a series of community diagnostic centres away from acute hospital sites, which was a key recommendation in an independent review of NHS diagnostics capacity by renowned cancer specialist, Professor Sir Mike Richards CBE, former National Cancer Director in the Department of Health.

- Community Mental Health hubs

We have continued to invest in community mental health provision. For example, a new high street centre opened this year in Bridgwater that promises support for people with mental health challenges. Based in the town centre, people can walk into the Fore Street hub to access the mental health support they need. The development is part of the innovative Open Mental Health alliance between the NHS in Somerset and a number of voluntary sector organisations – which work together to ensure that people with mental health difficulties get the right support at the right time.

- Young People's Mental Health

Children and young people who need care for their emotional and mental health can now receive improved support at a new specialist community hub in Taunton. The hub at the Horizon Centre offers a range of healthcare appointments, giving children and young people better access to the care they need, in a more relaxed setting.

The hub is run in partnership by Somerset FT and Young Somerset. A multi-disciplinary team of NHS professionals are working at the hub alongside a range of voluntary and third sector organisations involved in the care of children and young people.

It has a suite of consultation and group rooms, as well as a coffee shop, which can be used as a relaxing space for patients, their families, and colleagues based at the hub.

- Hospital @ Home

This year we have further developed the new Hospital @ Home programme (also known as virtual wards) to care for patients at home safely, rather than being in hospital. This is a joint development with other health and care partners from across the county.

A virtual ward is a safe and efficient alternative to NHS bedded care that is enhanced by technology. It supports patients to remain at home who would otherwise be in hospital to receive the acute care, monitoring and treatment that they need.

This includes either preventing avoidable admissions into hospital or supporting early discharge out of hospital. The service can help patients to complete their treatment or be monitored prior to surgery from the comfort of their own home.

People who are cared for through Hospital@Home are regularly reviewed by a multi-disciplinary team made up of experienced clinicians such as consultants, nurses, therapists and experienced healthcare workers to ensure they receive the highest levels of care.

Other developments

As well as the major developments highlighted above, there have been numerous improvements to individual services, and smaller developments that help the wider

trust. We have particularly focused on better use of technology, better partnership working, and helping patients get home from hospital quicker.

One example of the trust better using technology is the improvement that has taken place in our maternity services. Here, paper notes have been replaced with a new app called “BadgerNotes”, which gives patients and clinicians instant access to clinical notes on mobile devices throughout pregnancy. By using the new system, our clinicians and midwives are able to record information in the same way across the county wherever they are caring for patients – be that in a hospital, birthing centre or at home.

Working in partnership is key to our success, and one such example is the trust's work embedding Occupational Therapists (OTs) into GP practices across the county. Earlier access to occupational therapy is great for patients as it offers holistic and preventative support to help people live independently in their preferred home setting. The new service began in five neighbourhood areas during 2022/3, with plans for more in the coming two years.

When patients are in hospital, we want their stay to be as short as it can be, getting patients home as quickly as we can. This year, for the first time, our trauma and orthopaedic team performed a total hip replacement as a day case procedure at Musgrove Park Hospital. Our new, innovative day case pathway makes sure that the patient doesn't need to stay overnight in hospital following hip and knee surgery.

The new arrangement means a patient can assessed, operated on, and be discharged from hospital on the same day, back to their home environment to continue their rehabilitation and recovery.

It significantly increases the capacity available at the hospital for hip and knee surgery, which will help to reduce our waiting lists. Prior to this new development, patients would have needed to stay an average of two to three days in hospital, which created additional pressure on our inpatient bed capacity.

Commercial and Business Development

Taunton Diagnostic Centre

A new partnership between Somerset NHS Foundation Trust and Alliance Medical now means that the Taunton Diagnostic Centre will be operated by Alliance Medical for the next 15 years.

The Taunton Diagnostic Centre opened in September 2021 to provide NHS diagnostic tests to the people of Somerset. It was the first community diagnostic centre in England run by the independent sector in partnership with the NHS. It provides Magnetic Resonance Imaging (MRI), Computed Tomography (CT), Ultrasound and X-Ray on equipment provided by Philips.

Since it opened, the percentage of Somerset NHS Foundation Trust patients waiting longer than the recommended 6-week standard for a diagnostic test has halved. In September 2021, 45.8% of Somerset NHS Foundation Trust's patients were waiting

longer 6 weeks for a diagnostic test. At the end of September 2022, the percentage had dropped to 23%. After a period of time in which the centre was directly run by the trust, we reached an agreement with Alliance Medical to operate it on our behalf, using their expertise to ensure that improvements will continue to be made for patients.

Key issues and risks to the achievement of Trust objectives

During the year the most significant risks (managed in year) were:

- **Staffing Pressures** - The Trust has continued to identify risks in a number of services around staffing pressures arising from vacancies, sickness absence and increasing levels of demand. This has led to the temporary closure or reduction of some services specifically within community hospital services and ongoing pressures within our acute hospital wards. We have a recruitment and retention strategy in place to attempt to mitigate these pressures, which are felt across the whole NHS.
- **Finance** - The system-wide risks in relation to the financial position have been significant during the year as we continue to recover from the pandemic, making headway in reducing waiting lists. We are working with partners across the system to improve our financial position and deliver more efficient and effective services within budget.
- **Waiting Times** – During the year we have continued to struggle to meet national waiting time targets, similar to trusts across the country. The restoration and managing the resultant backlog will be a key focus during 2023/24, and we have signed off an elective recovery plan with clear targets to reduce waiting times and eliminate exceptionally long waits.
- **Discharge pressures** – We continue to face difficulties in discharging patients, particularly into social care settings, or back home where care packages are required. We work closely with partners from the Council and other organisations to facilitate easier discharge, and our specialist teams have put together pathways which further enhance our ability to help patients get out of hospital. But demand on our own and others' services continues to rise. We will look to strengthen our response to these pressures in 2023/24.
- **Our ageing estate** – We have continued to try to improve our ageing estate, particularly on the Musgrove Park Hospital site where some of our buildings date from the 1940s and are expensive to maintain as well as no longer fit for purpose. This year has seen significant progress on our new Surgical Centre, which will replace theatres from the 1970s and some of our oldest buildings. This major project will continue in 2023/24 as the latest in our multi-phase “Musgrove 2030” plan to create a transformed, modern hospital site.

KEY PERFORMANCE MEASURES

Oversight Framework targets

The NHS Improvement / NHS England Oversight Framework sets out the key national standards which are applicable to Somerset NHS Foundation Trust as a service provider. The table below sets out our performance levels across the year:

Target	Threshold	Performance				
		Q1	Q2	Q3	Q4	Full year total
A&E maximum waiting time of 4 hours from arrival to admission/transfer/discharge*	95%	77.04%	78.8%	73.7%	77.9%	76.2%
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway**	92%	61.5%	60.5%	56.4%	58.5%	-
Number of patients waiting over 104 weeks from referral to treatment (RTT)	Zero (year-end)	33	13	3	3	-
Children and Young Persons Eating Disorders: urgent referral to be seen with 24 hours of referral	95%	83.3%	80.0%	84.2%	100%	-
Children and Young Persons Eating Disorders: routine referrals to be seen with 24 hours of referral	95%	79.0%	85.4%	91.1%	95.4%	-
Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	56%	76.9%	66.7%	61.9%	83.3%	-

Target	Threshold	Performance				
		Q1	Q2	Q3	Q4	Full year total
Improving access to psychological therapies (IAPT):						
• people with common mental health conditions referred to the IAPT programme will be treated within 6 weeks of referral	75%	56.6%	57.4%	63.3%	63.3%	60.2%
• people with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral	95%	98.2%	98.4%	98.1%	98.4%	98.3%
Cancer - maximum 2-week wait from GP referral (suspected cancer)***	93%	62.1%	56.9%	53.1%	56.3%	57.0%
Cancer - 28 days Faster Diagnosis: all Cancers***	75%	66.2%	56.7%	59.7%	61.7%	61.0%
Cancer 62 Day Waits for first treatment***:	85%	62.0%	60.1%	53.8%	52.7%	57.0%
• urgent GP referral for suspected cancer	90%	76.6%	71.3%	72.4%	70.8%	72.7%
• NHS cancer screening service referral						
Six-week diagnostic wait	99%	74.4%	77.0%	78.8%	87.5%	-
Clostridium difficile (all cases including community associated)	24	12	14	11	12	49
MRSA (Trust apportioned cases)	0	0	1	0	1	2

Target	Threshold	Performance				
		Q1	Q2	Q3	Q4	Full year total
Improving Access to Psychological Therapies (IAPT)/talking therapies: Percentage of people completing a course of IAPT treatment moving to recovery	50%	64.4%	60.8%	58.6%	61.9%	61.4%
The percentage of adult mental health inpatients who were followed up within 72 hours after discharge from psychiatric inpatient care during the reporting period	80%	94.6%	94.1%	98.9%	94.7%	95.5%
Inappropriate out-of-area placements for adult mental health services (cumulative numbers shown)	0	201	110	242	61	614
Admissions to adult facilities of patients under 16 years old	0	0	0	0	0	0

**A&E maximum waiting times - the indicator is expressed as a percentage of all A&E attendances where the patient spends four hours or less in A&E from arrival to transfer, admission or discharge*

*** RTT incomplete pathways – the indicator is expressed as the percentage of patients on an incomplete pathway (i.e. those still awaiting first consultant led treatment) who have waited less than 18 weeks from referral.*

**** Cancer figures are for April 2020 to March 2021; but please note that due to national reporting of March 2021 performance taking place in May the March figures have been estimated and may be subject to change.*

NHS Oversight Framework

NHS England's NHS Oversight Framework provides the framework for overseeing systems including providers and identifying potential support needs. NHS organisations are allocated to one of four 'segments'.

Segmentation indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). By default, all NHS organisations are allocated to segment 2 unless the criteria for moving into another segment are met. These criteria have two components:

1. objective and measurable eligibility criteria based on performance against the six oversight themes using the relevant oversight metrics (the themes are: quality of care, access and outcomes; people; preventing ill-health and reducing inequalities; leadership and capability; finance and use of resources; local strategic priorities)
2. additional considerations focused on the assessment of system leadership and behaviours, and improvement capability and capacity.

Somerset NHS Foundation Trust is in Segment 2.

More detailed analysis and explanation of performance during the year

The number of patients being admitted to hospital with COVID-19 declined during 2022/23 but continued to impact on the delivery of elective and emergency services during the year. The focus remained on restoring elective activity levels to higher than pre-COVID levels and using this capacity to treat the longest-waiting patients whilst also treating the clinically most urgent patients. National clinical prioritisation processes were adopted early in the first wave of COVID-19 and have remained in place to support the prioritisation of patients whilst routine waiting list backlogs are reduced. The Trust has continued to prioritise emergency, urgent and cancer care, but has also made sure as far as possible that patients who are most at risk of their condition deteriorating are reviewed. This has included writing to the longer-waiting patients who have not been seen recently, and who do not have a date to be seen in the next few weeks, to check whether their condition has worsened. Those patients reporting worsening symptoms are then reviewed and, if their consultant feels it is appropriate, the date for their outpatient appointment or surgery is brought forward.

National priorities for elective care recovery were published in February 2022, and included treating all remaining patients waiting over 104 weeks by the end of June 2022, and achieving a maximum wait of 78 weeks from Referral to Treatment (RTT) by March 2023. At the start of the year the Trust reported 86 patients waiting over 104 weeks. By June 2022, the number of 104-week waiters had reduced to 33 patients, and since November 2022 fewer than three patients are exceeding a 104-week wait at each month-end, all due to clinical complexity. Similar improvements were seen in the 78-week waiters. In March 2022, the Trust reported 359 patients waiting over 78 weeks. Additional capacity was established in the specialties with the longer waiting patients. This was delivered through a combination of weekend

theatre sessions, insourcing and outsourcing. As a result, over the period of the year, we reduced the number of patients waiting over 78 weeks down to 60 at the end of March 2023, whilst also addressing a significant bulge in the waiting list. The next key national target is to achieve a maximum wait of 65 weeks by March 2024. To achieve this target will mean treating over 15,000 more patients than we did over the course of 2022/23.

The national elective recovery plan published in February 2022 also set out the priority to achieve a maximum waiting time for a diagnostic test of six weeks, for at least 95% of patients, by March 2025. Over the last eighteen months the Trust has established additional diagnostic capacity for a number of different tests. This has helped to reduce waiting times for these tests, with steady improvements being seen across 2022/23. The number of patients waiting over six weeks for a diagnostic test fell from 2,142 in March 2022 to 855 in March 2023. In percentage terms performance against the national six-week wait standard increased from 71.7% in March 2022 to 87.7% in March 2023, meeting the regional ambition of at least 75% of patients waiting under six weeks at year-end. The highest volume of patients currently waiting over six weeks for their diagnostic test are waiting for a colonoscopy, a CT, or an MRI scan. Together the patients waiting for these three types of tests in March 2023 made-up two-thirds of all the patients waiting over six weeks. Demand for these tests has remained very high over the last year, reflecting the high level of complexity of patients on our waiting lists and being referred in by GPs for urgent investigations.

The demand for a colonoscopy was exceptionally high in 2022/23. This has mainly been due to the very significant increase in referrals for suspected colorectal cancers, following the death of Dame Deborah James in June 2022. A similar increase in cancer referrals was seen following Bill Turnbull's death in August 2022, which led to a large rise in demand for MRIs and other diagnostic tests. In addition to the increasing demand there has also been some loss in capacity, due to two of the scanners being replaced in the year. Additional CT and MRI scanning capacity continues to be provided by the Taunton Diagnostic Centre, with which the Trust works in partnership, and the Trust has also supplemented capacity with mobile scanning vans at key times. However, the majority of the long waiters waiting for these types of scans are waiting for specialist scans, such as cardiac MRIs, which are more difficult to increase capacity for. The Somerset system is in a good position for early achievement of the 85% South West regional ambition for the diagnostic six-week wait standard, by March 2024, as a step towards achieving the national standard of 95% before the target date of March 2025.

The very high levels of demand for cancer services created significant challenges in meeting the national cancer waiting times standards during the year. Of the eight key national standards, only the subsequent drug therapy and radiotherapy 31-day standards were met, in most months and for the year as a whole. The exceptional demand following celebrity deaths led to 10% more cancers being diagnosed and treated from GP referrals, than seen in 2021/22. But the even higher volumes of patients being referred to have diagnostic tests for a suspected cancer led to longer waits to reach a diagnosis. There were also particular services which experienced reductions in capacity. This included the breast service, where the loss of clinical capacity through changes to the team and unplanned absences, led to longer waits

for the one-stop diagnostic appointments. Evening clinics were established as an interim measure and support was provided by the Yeovil District Hospital team. Additional clinic capacity is now in place on an ongoing basis, run by specially trained GPs. This capacity has restored the breast service's achievement of the 28-day Faster Diagnosis Standard (FDS), with performance above the 75% national standard from November 2022. This has had a significant impact on overall Trust performance against the FDS standard across the year, with performance at the start of the year being 73.2% with the 75% national standard being achieved in seven of 12 tumour sites. In line with the breast service challenges and also the celebrity deaths, FDS performance deteriorated across the year but improved to 64.2% in February 2023, with seven of the 12 tumour sites again achieving the national standard. Performance against the 62-day GP cancer and 31-day first definitive treatment standards has also reflected the challenges in FDS achievement posed by very high levels of demand, with performance being below the national standards throughout the year.

The Trust continues to work with key stakeholders to redesign cancer pathways, to reduce unnecessary steps and make it as easy as possible for patients to access the care they need. An example of this is a new clinic which is being established in a number of community hospitals for patients referred with post-menopausal bleeding (PMB). The number of patients being referred in by their GPs with this symptom, with a suspected endometrial cancer, has increased very sharply over the past two years. This is thought to be linked to the increasing use of Hormonal Replacement Therapy (HRT) and the symptom in many patients being a consequence of a change in the HRT used rather than a symptom of a potential cancer. These new PMB clinics have been established and will commence in June 2023. Clinics will initially be for patients referred by their GP, with patients being seen in a one-stop appointment which includes an ultrasound scan. Later in the year the service will be open for women to self-refer. These clinics will enable patients to be quickly assessed in the community. Patients for whom a simple benign diagnosis has been ruled out will be referred into the Trust for further investigation. This is just one example of where we are redesigning how patients access cancer services to enable prompt and early diagnosis to be delivered in the right setting.

Trust performance against the target of treating all patients within four hours of their arrival at A&E was below the national target during the year. 2022/23 continued to be challenging as a result of Covid-19, and also pressures associated with patient flow and bed availability.

Although Emergency Department performance in relation to the four-hour target was below the national standard, continued good performance by our Minor Injury units has seen overall performance remain strong in relation to the overall national picture. SFT also remains one of the highest-performing Trusts in relation ambulance handover times in the southwest region. There is strong system-wide working to improve patient flow to support appropriate and timely discharge from the hospital setting, and continued emphasis on the development of alternate pathways of care in reducing pressures on urgent and emergency care. A new South Western Ambulance Service NHS Foundation Trust (SWAST), Hospital Ambulance Liaison Officer (HALO) role was implemented across both Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust in August 2022, to support

ambulance flow and handovers. HALO liaises with our Patient Flow teams, flagging current and pending activity.

As part of our arrangements to keep patients safe and ensure that our services were accessible, our community-based physical and mental health services continued to offer patients, where appropriate, appointments via telephone and a virtual video clinic 'Attend Anywhere'. This enabled patients to continue to receive advice and support throughout the pandemic and was instrumental in ensuring that we met the standards relating to Talking Therapies and early intervention in psychosis. All of our mental health services continued to operate during the whole of the pandemic and we did not close or suspend any services. The expansion of services also continued during this period, including our Community Mental Health Service Transformation work, Open Mental Health. Appointment outcomes remained favourable, with the standard for the percentage of people completing a course of talking therapies treatment moving to recovery consistently being met and exceeded throughout the year.

Activity levels and referrals to our mental health services and community physical health services remained high throughout 2022/23. Referrals to our community mental health services between 1 April 2022 and 31 March 2023 were 2.7% higher than in the same months of 2021/22 and 38.6% higher than the same months of 2019/20. Increases occurred across a range of mental health services for adults, and children and young people. Attendances for community mental health services in 2022/23 were 3.0% higher than the corresponding months of 2021/22 and 43.7% higher than in 2019/20.

Direct referrals to our community physical health services in 2022/23 were 4.2% higher than in the same months of 2021/22 and 7.9% higher than in the same months of 2019/20. Attendances during 2022/23 increased by 1.9% compared to 2021/22 and were 4.5% above levels seen in 2019/20.

Waiting times for our community physical health services and mental health services were largely maintained at a low level throughout the year. Over 90% of people waiting to be seen for the first time by our children and young people's mental health service had waited less than six weeks at the month-end in every month throughout the year. Over 90% of people waiting to be seen for the first time by our mental health service for older adults had waited less than six weeks at the month end in all months except December 2022, and over 90% of people waiting to be seen for the first time by our service for adults with learning disabilities had waited less than six weeks at the month end in all months except August and December 2022. The latest available data from the NHS Benchmarking Network shows that our waiting times for adults with learning disabilities and mental health services for adults, older adults and children & young people all compare favourably with peer providers nationally.

For Child and Adolescent Mental Health Eating Disorders Services (CEDS), at least 95% of urgent referrals should be seen within one week and at least 95% of routine referrals should be seen within four weeks, based on performance across a rolling 12 months. In 2022/23, all 15 urgent referrals to our CEDS were seen inside the reporting standard (100% compliance, compared to national average performance of

68.6% as at 31 December 2022 – the latest national data available), and of 110 routine referrals, a total of 105 patients were seen inside the four week reporting standard (95.5% compliance, compared to national average performance of 73.5% as at 31 December 2022 – the latest national data available). Over the 12-month reporting period the main reasons for breaches were a shortfall of capacity in the team, and patient / family delays.

Good performance was maintained throughout the year, in respect of adult mental health inpatients receiving a follow up within 72 hours of discharge from psychiatric inpatient care, with compliance of 96.2% being achieved against a required standard of at least 80%.

Performance was also maintained throughout the year in respect of the 18-week national waiting time standard for Talking Therapies, but performance in relation to the six-week waiting time standard was below the 75% target level throughout the year. The fall in compliance with the six-week standard was primarily due to a sustained rise in the level of referrals and a shortfall in capacity within the service. Between 1 April 2021 and 31 March 2022 referrals into the service increased by 26.7% compared to the same months of 2020/21 and by 17.1% compared to same months of 2019/20. Referrals between 1 April 2022 and 31 March 2023 were 2.6% lower than the same months of 2021/22, but 14.0% higher than the same months of 2019/20. The position was exacerbated by vacancy levels, long term sickness and maternity leave.

For Early Intervention in Psychosis (EIP), the requirement that at least 60% of people should begin treatment with a NICE-recommended care package within two weeks of referral was met for the majority of the year. Performance fell below the standard in November 2022, due to delays in the referral of patients to the EIP service, but performance was restored in December 2022 and was maintained thereafter.

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

We also had no admissions to adult facilities of patients under 16 years old in 2022/23.

The Trust had one case of MRSA bloodstream infection in 2022/23. Forty-nine *Clostridium difficile* cases were recorded during the year, which is higher than the threshold for the year of 41. All Trust associated cases are thoroughly investigated to assess whether there was any lapse in care that may have contributed. These

assessments are subsequently peer reviewed and validated with the Trust's commissioners.

Commissioning for Quality and Innovation (CQUIN) Targets

Somerset Integrated Care Board, our principal commissioner of services, sets annual targets under the framework for Commissioning for Quality and Innovation (CQUIN), the aim of which is to improve the quality of services delivered to patients. The achievement of the CQUIN standards generates additional income for the Trust, of up to 1.25%.

In 2022/23 the five CQUIN indicators selected for the contract were across Acute, Community and Mental Health Services and included the following programmes:

- Staff 'flu vaccinations
- Timely communication of changes to medicines to community pharmacists via the Discharge Medicines Service
- Use of anxiety disorder specific measures in IAPT
- Biopsychosocial assessments by Mental Health liaison services
- Assessment, diagnosis and treatment of lower leg wounds

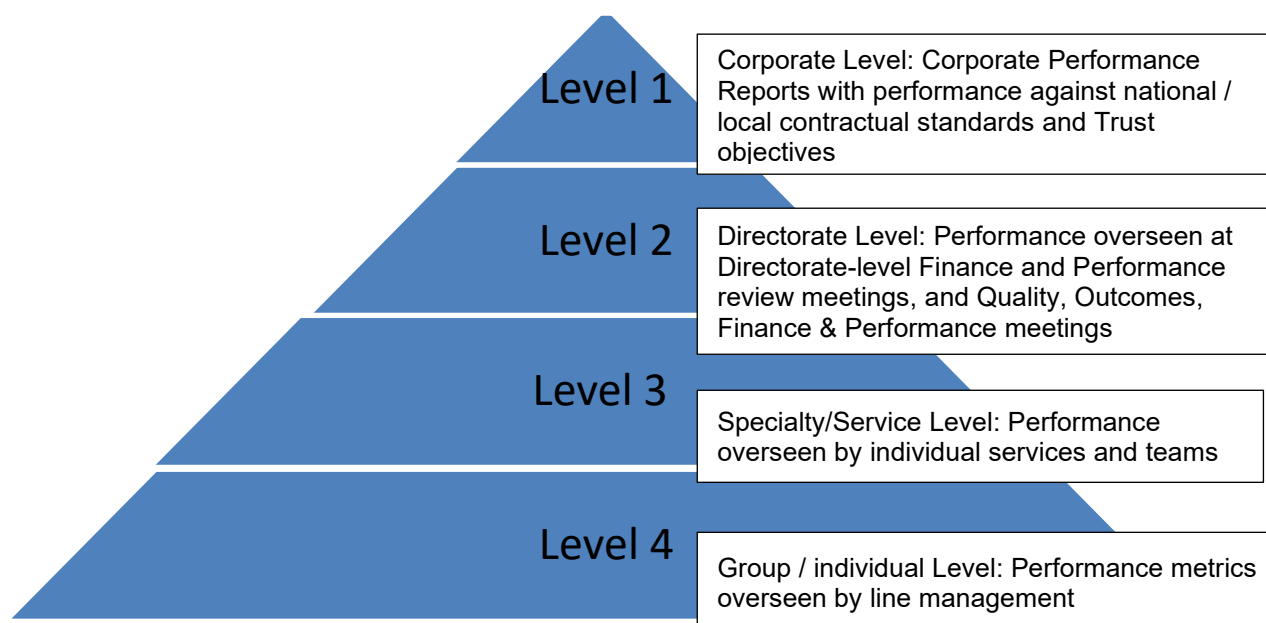
The financial risk associated with performance of the CQUIN indicators was removed during 2022/23 due the CQUIN income being included in the block contract value.

Monitoring Performance, Improvements in Quality and Meeting National Targets

Somerset NHS Foundation Trust has a comprehensive quality monitoring and performance management framework in place, to ensure that high standards of care are delivered to patients and that all applicable performance targets are delivered.

Our Performance Management Framework is based upon on a hierarchy of performance management arrangements, ranging from the Trust Board to individuals and line managers. This is represented diagrammatically in Figure 3 below:

Figure 3: Performance Management System Hierarchy



We have developed and employ an integrated approach to quality and patient safety and performance management, which is evidenced through the monthly Quality and Performance exception report, presented to our Trust Board. The reports incorporate metrics which span key national and local frameworks, including the NHS Improvement / NHS England Oversight Framework, the NHS Constitution, the NHS Long Term Plan, the framework for Commissioning for Quality and Innovation (CQUIN), and local commissioning intentions, with an emphasis on monitoring key aspects of quality improvement, harm reduction, patient safety and patient satisfaction.

The Quality and Performance report is published monthly on our website and provides our Trust Board with regular information, across a broad range of quality and safety measures including slips, trips and falls, medication incidents, pressure ulcers, incidents involving restraint, ligatures and ligature points, harm-free care and safer staffing.

The Quality and Performance Report is continually reviewed, to ensure that it reflects the most current and relevant metrics and analysis. The report presents information relating to the five key questions which the Care Quality Commission considers when reviewing and inspecting services:

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

The monthly Quality and Performance Report and accompanying dashboards assist the Board in its assessment of the achievement of our strategic and annual

objectives and key targets, and all of the measures are linked to the five Care Quality Commission themes.

The Quality and Performance Report is accompanied by a range of supporting information which sets out performance data for the reporting year, including:

- a dashboard of quality and patient safety measures
- a corporate balanced scorecard, with all measures linked to our corporate objectives
- referral, caseload and activity levels for community physical and mental health services for the current year, compared to the previous year
- acute service activity levels for the current year, compared to the previous year, including day cases, elective and non-elective inpatient activity, attendances at Accident & Emergency, and outpatient attendances
- average length of stay and bed occupancy levels for our community hospitals and mental health inpatient wards for the current year, compared to the previous year
- details of our Care Quality Commission ratings

These reports help the Board to evaluate whether we are meeting national and local standards and targets and operating safely, efficiently and effectively, whilst improving the quality of our services. The Quality and Performance Report sets out what we are doing in respect of increased levels of reported incident or where performance falls below set compliance standards.

Our Quality and Governance Assurance Committee, a sub-committee of the Trust Board, provides high-level challenge and assurance, in relation to key quality and performance metrics. This detailed analysis and challenge complements Board discussions on performance, enabling a balance to be struck between effective Non-Executive Director scrutiny of the operational detail, whilst enabling the Board to remain focused on the key strategic issues. The Quality and Governance Assurance Committee receives a range of detailed tabulated and graphical performance information, at the level of individual service / ward, together with other key performance information and also requests, as necessary, focused information on particular aspects of service delivery and patient safety.

In addition to our Quality and Performance report and corporate balanced scorecard, we also maintain directorate-level performance dashboards for each of our six operational service directorates, and our Estates and Facilities service. Each directorate dashboard sets out the performance of the service directorate, in relation to key targets relating to the services managed within that directorate. This allows our key corporate performance measures to be managed at a more granular level, and to identify any areas of concern which may lie below an overall incidence of underperformance, or even areas of concern which are component elements of an aggregate level of performance which meets the required corporate level standard.

The key forums, via which performance management arrangements for divisions are managed, are:

- a monthly senior operational managers' team meeting, chaired by the Chief Executive, combining review and challenge of service directorate progress against key objectives outlined on each dashboard, with an opportunity for Service Directors to share with the executive team issues of concern.
- a Finance and Performance (F&P) Group meeting for each of the Trust's service directorates, held every other month, with the Performance section of the meeting chaired by the Trust's Associate Director of Performance. The Finance and Performance Group focuses on the principal performance issues for each directorate and considers the exceptions arising from the directorate scorecards.
- a Quality, Outcomes, Finance and Performance (QOFP) Group, held in the intervening months, with a similar remit to the Finance and Performance Group, but extended to include a more in-depth focus on patient safety and quality issues and a more detailed review of performance issues relating to People.

The key purposes of these meetings include:

- undertaking detailed scrutiny of performance against key indicators and agreeing:
 - actions as necessary to address under performance
 - recovery trajectories as necessary to restore or achieve compliance against performance standards
- undertaking detailed scrutiny of trends and incidence levels of patient safety and quality measures and outcomes, and agreeing actions as necessary to address any identified issues
- reviewing data and other feedback in relation to patient experience, and agreeing any actions as necessary in the light of notable positive or adverse areas
- monitoring activity levels, identifying variances against plans and the underlying causes, and agreeing actions as necessary to address variances
- providing support and challenge to teams, in relation to their performance position and to gain assurance that performance issues are being addressed effectively.
- assessing risks to future delivery and agree mitigation plans.
- identifying and agreeing future performance management arrangements.
- rewarding directorates which perform well, by reducing the degree of performance management involvement.
- identifying the contributory issues behind any declines in performance and to have a clear escalation and de-escalation process.
- focusing on early performance management intervention, where directorates might be at risk of failing to meet required standards.

Monthly review meetings are also held by each service directorate, chaired by the service director, and with representation from individual services managed within the

service directorate, as well as from corporate teams including Performance, enabling a discussion of operational issues relating to each service.

ENVIRONMENTAL SUSTAINABILITY

Introduction

“There is a rapidly closing window of opportunity to secure a liveable and sustainable future for all.”

The viability of humanity living within planetary boundaries rests on the actions we take in the next seven years. There is no time to lose to keep to the target of limiting the global average temperature to below 1.5°C.

This is the conclusion of the Intergovernmental Panel on Climate Change (IPCC) in its latest report which sets out to summarise the scientific data on global temperature rises, fossil fuel emissions and the impact of the climate crisis.

The health impacts of climate change and the causes of climate change include:

- increased heat wave events leading to more heat related admissions to hospitals
- burning of fossil fuels (and wood) linked to poor air quality leading to increases in respiratory illness and other health conditions.
- extreme weather events, that climate change will make more common will impact people's mental health.

Research has shown that climate action aligned with Paris Agreement targets would save millions of lives due to improvements in air quality, diet and physical activity, among other benefits.

The Green Plan

The Green Plan has been developed and approved by the Trust Boards of Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust in 2022, bringing together the sustainability objectives of both organisations into one plan to take forward in our newly merged trust. The Green Plan includes a vision for sustainability in the Trusts:

‘To allow the people of Somerset to live well for longer, we must undertake to minimise our impact on the local and global environment. Our Green Plan will provide buildings that utilise zero carbon energy, our services will minimise the use of resources and we will improve ecology and biodiversity on our sites to provide a haven of wellbeing for our patients, colleagues and visitors.

Our colleagues will be the driving force of changes in our clinical practice to improve sustainability. Colleague engagement activities will promote sustainable change with links to quality improvement processes and other change programmes at the trusts, to drive sustainable decision making.’

The 2022-25 Green Plan sets nine strategic aims for improving sustainability and reducing carbon emissions. Within these aims objectives and actions have been set

to drive the Trusts towards achieving these aims and the net zero target of 2040. The strategic aims are as follows:

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The strategic aims and objectives of the Green Plan are guiding the development of action plans to tackle the Trusts impact on the environment including the impact on air quality, climate change and single use plastics.

Challenges

The ongoing energy crisis has significantly increased our energy costs in the current and next financial years. As a result, NHSE have amended the requirement for Trusts to purchase Renewable Energy Guarantee of Origin (REGO) certificate backed electricity. REGO certificates are intended to provide some assurance that electricity is coming from renewable sources, but the scheme fails to achieve its intended aims and has simply become a financial method of greenwashing energy production. Due to the costs that REGO's introduces over and above the recent price rises the Trusts do not currently purchase REGO backed electricity but are continually reviewing the additional costs to update this decision when if the cost differential is minimal and the option is worthwhile. Work is also underway to assess other methods to purchase zero carbon electricity directly from generators.

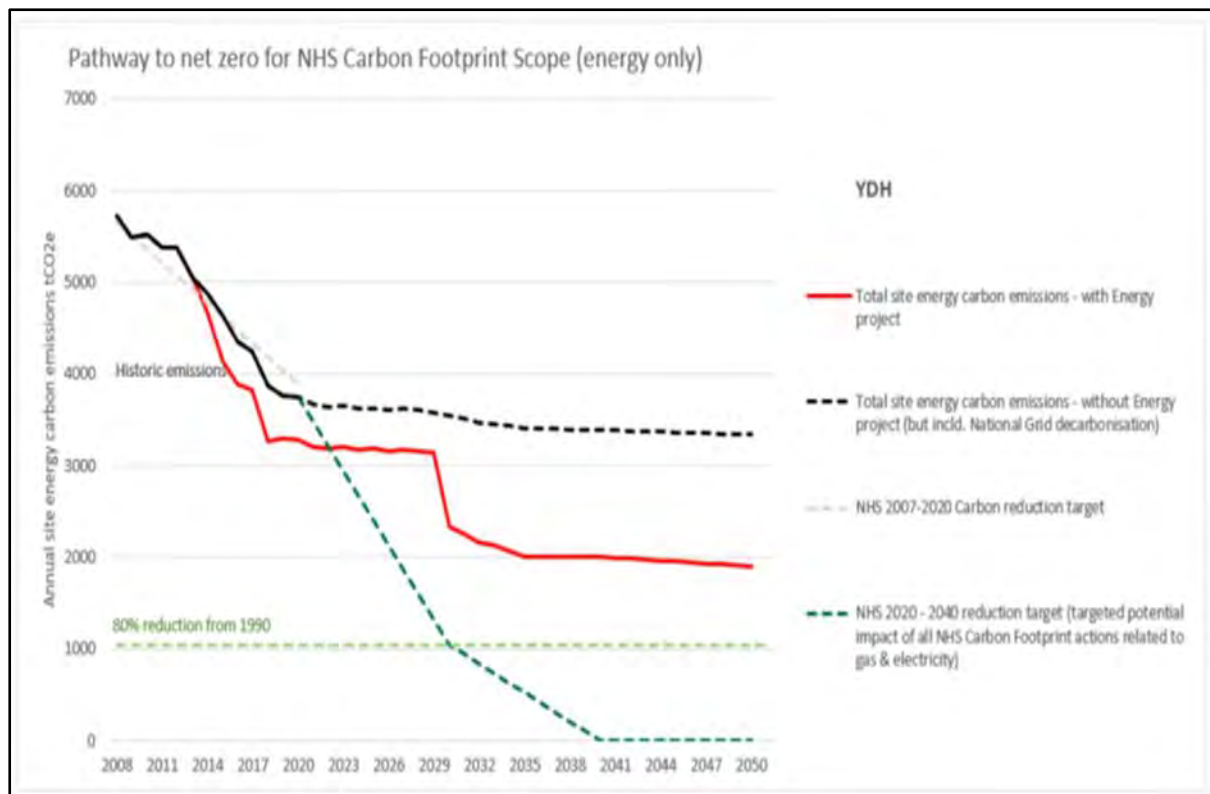
Travel remains one of our biggest challenges. Reducing carbon emissions associated with not only the travel that is undertaken by staff for work, but also commuting and visitor travel to our sites. We have good working relationships with the Somerset County Council teams and will continue to work with them on park and ride opportunities in Yeovil, extensions to the bus services to our other sites and cycling infrastructure around our sites.

In March 2023 the NHS clinical waste strategy was published by NHSE. This and an update to HTM 07-01 provides targets for waste treatment and waste carbon emissions reductions to assist the NHS to achieve its net zero targets. This represents a significant challenge for the Trust.

Achievements

The following describes the Trust's successes in reducing the impact on the environment:

- The £1m grant funded heat decarbonisation projects at Wincanton Community Hospital and Priorswood Records Office have progressed well this year.
- At Wincanton Community Hospital, Air Source Heat Pumps and Water to Water Heat Pumps have been installed to provide low carbon heating and hot water to the hospital. Gas boilers have also been installed to replace the oil-fired boilers. These will provide back up to the heat pump systems. Solar panels and new Building Management Systems have also been installed. Final installation and commissioning will be taking place in April 2023.
- At Priorswood Records Office air source heat pumps and solar panels have been installed. The solar panels are already operating and showing that at times, no mains electricity is required to operate the building. The air source heat pumps are not operational whilst an electrical supply upgrade is undertaken.
- Over the next 12 months monitoring will be undertaken to identify carbon emission reductions from these projects.
- The £10m grant funded decarbonisation work at YDH is also progressing. There are five fundamental areas that this award is focussing on to reduce the Hospital's carbon footprint which includes:
 - LED Lighting upgrade to remove all of the Hospital's fluorescent lights for fully controllable LED's which manage not only light levels but switch automatically on and off.
 - BMS control and software upgrade. This is an expansion of our current system to allow greater control and management of heating and ventilation systems.
 - The ward window replacement on the south façades of both the Tower Block and Women's Unit have been selected and unfortunately paused due to the increased clinical activity experienced after the pandemic. This installation will aim not only to provide better insulation but make the patients areas more comfortable in sunny conditions by being installed with glass that will act as a restrictor to solar gain.
 - Removal of one of the Hospital's old CHP's for an Air Source Heat Pump, designed to replace the heat output of the CHP.
 - The full installation of a brand new High Voltage Ring Main and increased electrical capacity in order to support the Hospital's long term strategy of removing all carbon emitting heat sources on site.
- The level of investment awarded will enable Yeovil District Hospital to reduce its carbon footprint to a significantly lower position from that forecast. Alongside the long term strategy to install an HV Ring, complete with power capacity increase will thus enable the Trust to plan for the future and for the future removal of all carbon emitting plant and equipment.
- The diagram below shows the benefit of the investment towards the NHS Net Zero goal.



- Following a successful bid to the Low Carbon Skills Fund, heat decarbonisation plans have been developed for 19 community hospital, mental health and Yeovil District Hospital sites. The plans help to identify the sites where opportunities exist to reduce carbon emissions from heating and hot water systems and the financial investment required for the installation of low carbon heating systems. These plans will be developed into more detailed designs in the future as and when sites require replacement systems.
- A consultant anaesthetist has undertaken a project to remove piped nitrous to the main theatres at Musgrove Park Hospital to reduce emissions from the use of piped supplies. Instead, small bottles are provided if nitrous is required, though anaesthetic colleagues have suggested they rarely use it. The project has also resulted in re-evaluation of central nitrous supplies for the proposed surgical centre.
- The same anaesthetist has engaged with colleagues to commit to no longer using desflurane at Musgrove Park Hospital. A target was set by NHS England to phase out desflurane use by 2024, so MPH has hit that target a year early. Discussions are ongoing with anaesthetists at YDH to also phase out its use sooner than 2024. Desflurane has a global warming potential 2,500 times that of CO₂ and alternate anaesthetic gases are available that are less harmful to the environment.
- Food waste recycling has been introduced at 6 community hospital sites. Other sites are currently being considered for further roll out.
- LED lighting continues to be installed at all of our sites as replacement for older fluorescent lighting.

- The first Trustwide Travel Survey was undertaken in February 2023. Colleagues were asked to answer questions on how they travel to work and what would improve their ability to use public transport or active travel options. Over 800 responses were received from right across SFT and YDH Trusts.
- The Energy Savings Trust has completed a review of the Trusts fleet and provided a report on the adoption of electric vehicles and charging infrastructure across the Trust sites.
- Additional electric vehicle charging points have been installed in the YDH car park for staff and visitors.
- Frome Community Hospital stepped forward to become a beacon for sustainability at the Trust with a year-long programme of staff engagement starting in March 2023. The events include plant swaps, uniform swaps, sustainable transport initiatives and plastic reduction.
- An 'Infrastructure Study' for Musgrove Park Hospital has begun. A consultant has been appointed to provide a strategy for decarbonising heat at the hospital as well as medical gas and cold water infrastructure for the future. This will be completed in June 2023.

Monitoring and Performance

NHS England have used central data to provide a carbon footprint for SFT and YDH Trusts. This data represents the NHS carbon footprint of each Trust (the emissions the Trusts are directly responsible for called Scope 1 and 2) and the second half of each table and chart represents the NHS carbon footprint plus (including the emissions of our supply chain to provide the products and services we use, called Scope 3).

Figure 1. SFT carbon footprint for 2019/20

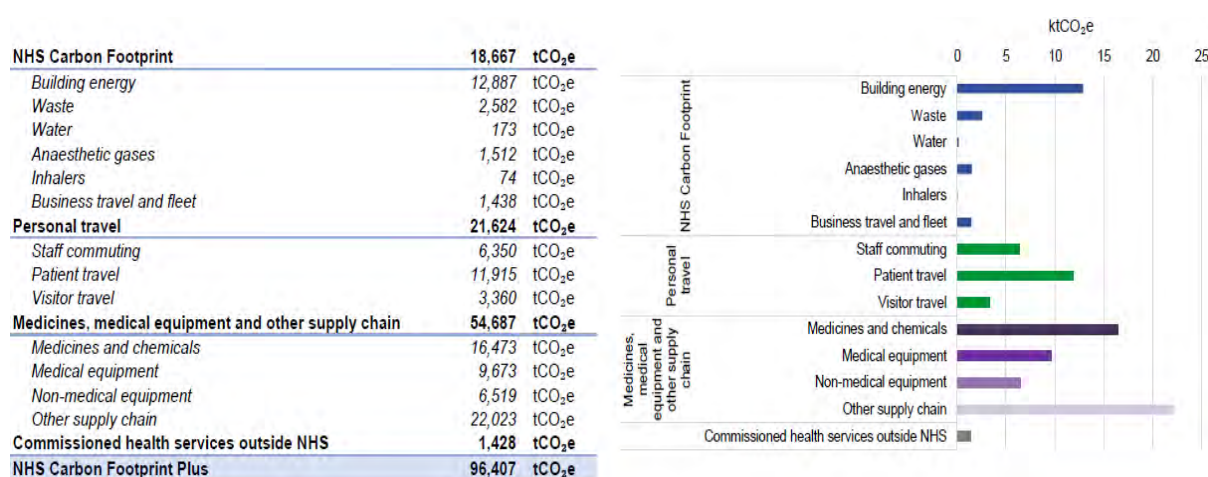
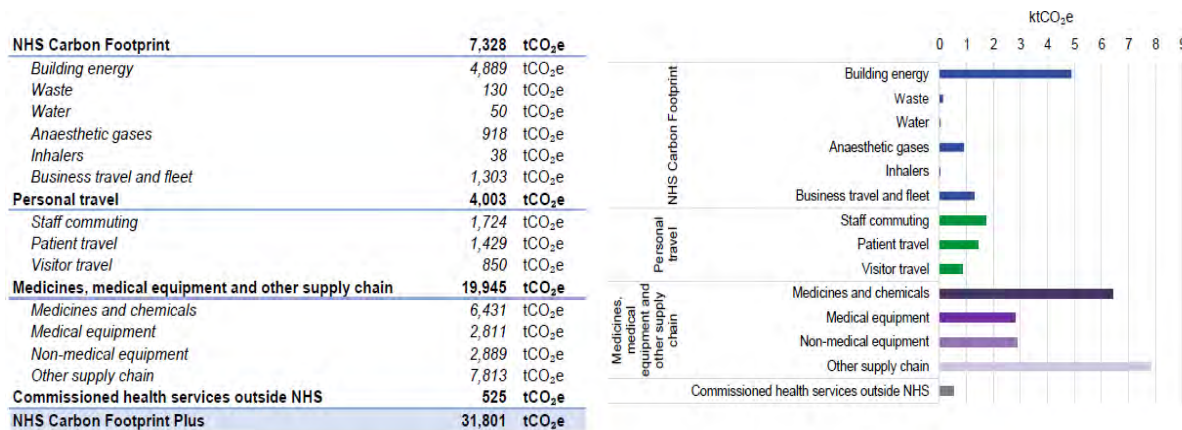


Figure 2. YDH NHS Foundation Trust carbon footprint for 2019/20



The estimates have initially been provided for 2019/20 as this is the baseline year that NHSE have used to define the trajectories to net zero in the 'Delivering a Net Zero NHS' report.

Our interim targets are to achieve a 47% reduction in the NHS carbon footprint, that is the top number on each chart, by 2032 at the latest and a reduction of 73% in the NHS carbon footprint plus (the final number in the charts) by 2038 at the latest.

We must achieve net zero by 2040 for the NHS carbon footprint and 2045 for the NHS carbon footprint plus.

HUMAN RIGHTS

We recognise our responsibilities under the European Convention on Human Rights (included in the Human Rights Act 1998 in the UK), which are relevant to health and social care. These rights include the:

- right to life;
- right not to be subjected to torture, inhuman or degrading treatment or punishment;
- right to liberty; and
- right to respect for private and family life.

The Trust is committed to ensuring it fully takes into account all aspects of Human Rights in its work, following on from the *Human Rights in Healthcare: A Framework for Local Action* (Department of Health, March 2007). This will ensure the Trust continues to meet its duty to respect human rights in all that it does.

Information on the trust's work to tackle health inequalities, with reference to any relevant guidance from NHS England

During 2022/23 we have undertaken a detailed piece of work to look at access for people to elective surgery in the county. We know that our patients are waiting longer than we would like them to in many specialities, both to be seen and assessed and to have a surgical procedure. The standard approach to managing waiting lists is by clinical priority and then chronological order, but we are in a unique position in Somerset FT to be able to easily identify potentially more vulnerable patients who are more likely to deteriorate whilst waiting. We have developed a process to flag the most vulnerable so that their treatment can be expedited, and this approach has been welcomed and endorsed by our Clinical Leadership Team and Senior Managers across our acute and mental health services.

We looked at three factors:

- Patients with a known learning disability
- Patients with a current mental health referral
- Patients living in one of the two most socially deprived areas in the county

Why these 3 factors? - There is a good evidence that patients with these characteristics on average live shorter lives. This means they spend a disproportionately longer part of their life on our waiting list. As an integrated provider we can relatively easily/reliably flag these factors on our waiting lists.

We used the evidence around life expectancy as the key for the weighting of the scores, as this was a commonality for all three protected characteristics. Other factors, like patients with learning disabilities often requiring a carer to attend appointments with them (so being more difficult to arrange), were also considered.

In practice this means, for patients on the surgical waiting list, a new V (for vulnerable) code is being used to manage these patients so that Admissions can

easily identify patients that need to be expedited. Their target date for treatment is being adjusted to the next priority code up e.g., a P4 patient flagged as vulnerable is being managed as a V3 patient with a target date for treatment within 12 weeks of being added to the extended waiting list. Patients waiting for their first appointment are being treated as urgent rather than routine so that they are offered a sooner appointment.

In January, the number of patients flagged as vulnerable under the agreed criteria amounted to around 200 patients, representing just under 0.6% of the total RTT waiting list. Due to the very small number of patients being reprioritised compared with the total numbers on the waiting list, the impact on waiting times of those patients **not** being expedited will be minimal. But the impact on the re-prioritised patients will be significant.

Going Concern

The Trust has received approval from the Secretary of State for Health and Social Care for the merger with Yeovil District Hospital on 1 April 2023 and it is expected that the merged Trust will continue to provide the same level of services in the future.

The merged Trust has submitted detailed financial plans for the financial year to NHS England to the end of March 2024. Based on current assumptions, it is unlikely that the Trust will require additional cash support in the form of interim revenue loan support from the Department of Health and Social Care.

For these reasons, the Board of Directors has therefore concluded that these financial statements should be prepared on a going concern basis as there is a reasonable expectation that the Trust will have adequate resources to continue in operational existence for the next 12 months.

Financial Instruments

It is Trust policy to avoid the use of financial instruments, when possible, thus minimising financial risk to the Trust. This means that the Trust's exposure to risks created by financial instruments is much lower than commercial organisations of the same size. The accounts state the Trust's accounting policies (note 1.12) and the nature and value of the risk that the Trust faces (note 30).

To the best of my knowledge, the information in this document is accurate.

Signed



PETER LEWIS
Chief Executive

27 June 2023

FINANCIAL OVERVIEW AND REVIEW

Overview

2022/23 was another challenging year for our organisation. Our colleagues and services were under sustained pressure as demand for our services remained exceptionally high as we continued to recover from the pandemic.

In 2022/23 we delivered a breakeven position (before the impact of technical adjustments arising from the annual revaluation of its estate, see page 25; note 2 annual accounts (2021/22: £1.9million surplus). The Trust capital investment in infrastructure and equipment totalled over £47million in year (2021/22: £64million) and will help to ensure the Trust has the buildings, equipment, and IT to continue to deliver high quality safe services for its patients.

The Trust financial performance is also assessed by NHS England (NHSE) on an adjusted financial performance basis. The Trust achieved a breakeven position (2021/22: £1.8million) under this measure.

The delivery of the financial plan becomes increasingly more challenging as demand increases. The Trust will continue to face financial challenges in 2023/24 as the NHS focuses on restoring activity to pre-pandemic levels, improving efficiency and productivity all while delivering a challenging savings programme to achieve financial sustainability. In order to achieve this, the Trust will need to be more radical in its approach to the delivery of services, working closely with all the health and social care organisations in Somerset to ensure the services are delivered as efficiently as possible and transforming how services are provided to the population of Somerset.

Regulatory Ratings

The NHS Oversight framework, as part of the NHS provider licence requirements, enables NHS E to monitor five themes relating to providers' performance and to consider their support needs. These themes are:

- Quality of Care
- Finance and Use of Resources
- Operational Performance
- Strategic Change
- Leadership and improvement capability

The framework aims to identify a significant risk to the financial sustainability of a provider of key NHS services which may endanger the continuity of those services and/or poor governance. Under the theme 'Finance and Use of Resources', regional teams oversee and support providers in improving financial sustainability, efficiency and value for money. This includes a provider's compliance with current sector controls such as agency staffing, capital expenditure and financial control totals. Identifying providers' support needs under this theme may take into account:

- a monthly finance score, calculated by scoring providers on a scale of 1 (best) to 4 against the following five metrics, and averaging these scores to derive an overall figure:
 - capital service capacity
 - liquidity
 - income and expenditure margin
 - distance from financial plan
 - agency spend
- a use of resources assessment
- other relevant information on financial performance, operational productivity and whether a provider is making optimal use of its resources

Based on the extent to which a provider is triggering a concern under one, or more, of the five themes, providers are placed into one of four segments:

1. Maximum autonomy
2. Targeted support
3. Mandated support
4. Special measures

In 2020/21, Somerset NHS Foundation Trust was in segment 2.

Internal Audit

The Trust engaged BDO to provide an internal audit function during 2022/23 in order to review, evaluate and help to continually improve the effectiveness of our risk management and internal control processes.

External Audit

The financial statements were reviewed by the Trust's external auditors, KPMG, who issued an unqualified opinion, and the statements were approved by the Board of Directors on 7 June 2023.

Statutory audit costs for 2022/23 were £166,314 with no audit-related assurance services. (2021/22: £142,800 for statutory audit). The costs include unrecoverable vat.

Income Disclosure

Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2022) requires that the income from the provision of goods and services for the purposes of the health service in England must be greater than its income from the provision of goods and services for any other purposes. In 2022/23 the Trust has not received any income for goods and services not related to the health service and there are no plans to do so within the next 12 months.

Directors' Responsibilities Statement

For each individual who is a director at the time this annual report was approved, so far as the directors are aware, there is no relevant audit information of which the auditors are unaware and the director has taken all the steps that they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

Political Donations

Somerset NHS Foundation Trust has not made any political or charitable donations in 2022/23.

Better Payments Practice Code

The Better Payments Practice Code requires the Trust to aim to pay all undisputed invoices by the due date, or within 30 days of receipt of goods or receipt of invoice, or from the invoice date, whichever is the later. The results against this target for the financial year 2022/23 are shown below.

	Number	£000
Total non-NHS trade invoices paid in period	138,894	367,988
Total non-NHS trade invoices paid within target	127,237	342,096
Percentage of non-NHS trade invoice paid within target	91.6%	93.0%
Total NHS trade invoices paid in period	2,125	47,529
Total NHS trade invoices paid within target	1,929	44,306
Percentage of NHS trade invoices paid within target	90.8%	93.2%

There were no amounts paid or payable under The Late Payment of Commercial Debts (Interest) Act 1998.

Financial Statements and Accounting Policies

The complete set of financial accounts is provided in full within this report. They have been prepared in accordance with International Financial Reporting Standards (IFRS), completed in accordance with directions given by NHS England, and are designed to show a true and fair view of the Trust's financial activities. The accounting policies used comply with the NHS Foundation Trust Annual Reporting Manual and form the basis on which the financial statements have been compiled.

Signed



PETER LEWIS
Chief Executive

27 June 2023

REMUNERATION AND STAFF REPORT

Remuneration Report

This report is made by the Board of Somerset NHS Foundation Trust in compliance with:

- Sections 420 to 422 of the Companies Act 2006 (that apply to NHS foundation trusts);
- Parts 2 and 4 of schedule 8 of the Regulations as adopted by NHS Improvement;
- Regulation 11 and parts 3 and 5 of Schedule 8 of the Large and Medium sized Companies and Groups (Accounts and Reports) Regulations 2008; and
- Elements of the NHS Foundation Trust Code of Governance.

The term “senior manager” covers those who influence the decisions of the Trust as a whole rather than the decisions of individual directorates or departments and the board has decided that disclosures will be made in respect of Executive Directors and Non-Executive Directors.

Nomination and Remuneration Committee

The Nomination and Remuneration Committee of the Board comprises the non-executive directors and determines the level of remuneration, terms of service for the Chief Executive and other executive directors. It supports the work of the Chairman in assessing the size, structure and skill requirements of the Board. The remuneration element of the Committee is chaired by the Senior Independent Director, Kate Fallon, and the nomination element of the Committee is chaired by the Trust’s Chairman, Colin Drummond.

The Committee met once in the financial year 2022/23 and attendance is set out in the accountability report.

The Remuneration Committee’s meeting held on 7 February 2023 covered the salary review for the new Chief Operating Officer.

There was no requirement for the Director of People and Organisational Development to attend this meeting to provide further advice.

Statement of Policy on the Remuneration of Senior Managers for Current and Future Years

The pay policy for Executive Director remuneration aims to deliver the main principles for director remuneration under Section E of the NHS Foundation Trust Code of Governance.

Levels of remuneration should be sufficient to attract, retain and motivate directors of the quality required to run the NHS Foundation Trust successfully, but an NHS Foundation Trust should avoid paying more than is necessary for this purpose.

The Trust will set executive remuneration taking account of data on pay available elsewhere for each particular role within the benchmark data. The benchmark data will be reviewed annually and will be based on the Hay scores. The principal benchmark will be the national public sector and the foundation trusts with an annual turnover of £125-£150 million will be used as a secondary benchmark. Additional factors, as defined by the Nomination and Remuneration Committee, will also be taken into account.

The remuneration package for non-executive directors is made up of:

Salary	£14,000 per annum for all non-executive directors
Salary	£50,500 per annum for the non-executive chairman
Salary	£3,000 per annum for the additional roles of Senior Independent Director, Deputy Chairman and Chairman of the Audit Committee.

Remuneration packages and any changes made to it for Executive Directors

Element	Rationale
Salary	The Board approved the Trust Strategy. These are delivered by the Directors. This success measure is one of the ways in which the Directors performance is monitored. All executive director remuneration is subject to satisfactory performance of duties in line with their employment and monitored through regular 1:1 with the Chief Executive and annual appraisal. The Chief Executive performance review is led by the Trust Chairman. There is no performance related pay and Directors receive 100% of their salary subject to the relevant deductions. Salary is benchmarked and there are no automatic rises for executive directors.
Taxable Benefits	Any taxable benefit is agreed by the Nomination and Remuneration Committee. This forms part of the recruitment and retention of executive directors by ensuring that the Trust remains competitive. There is no maximum amount payable.
Bonus	No bonus scheme operates at the Trust therefore the maximum that could be paid is £0.
Pension	Standard pension arrangements are in place for 2022/23.

The Chairman of the Nomination and Remuneration Committee confirms that for the 2022/23 financial year a change had been made to the new Chief Operating Officer's remuneration but no changes had been made to other Executive Directors' remuneration. The change to remuneration was as a result of the combination of two Chief Operating Officer's posts into a single post following the departure of one of the Chief Operating Officers. No new components of the remuneration package were introduced in 2022/23.

In some cases, an additional responsibility payment may be paid where individual senior managers are required to take on significant responsibilities outside of their core role for an extended period. The allowance should be linked to the proportion of time spent on the additional responsibilities and would not normally exceed 10% of basic salary. Executive members of the Board are employed on contracts with no fixed or specified term, save for the Chief Medical Officer, who is subject to a three year fixed term in respect of his executive role. Notice periods for executive members of the Board are set at six months. No provision is made for additional termination payments.

Expenditure on consultancy

A total of £298,000 was spent on consultancy in 2022/23 (2021/22: £374,000).

Off payroll arrangements

There were no off-payroll engagements of board members and/or senior officials with significant financial responsibility.

The Trust policy is not to use such off-payroll engagements unless in exceptional circumstances, and then for the minimum time demanded by such circumstances.

Payments for Loss of Office

The Nomination and Remuneration Committee is the body charged with determining payments for loss of office. There is no policy for such payments. Instead, the Committee makes individual decisions on the rare occasions where such payments may be warranted. These decisions relate to both the award of a loss of office payment and on the value of any such payment. The Committee is free to exercise its discretion, and bases its decisions on the circumstances of the loss of office, the performance of the office-holder, and any other factors deemed relevant.

Statement on remuneration levels higher than the British Prime Minister

Following guidance from the Secretary of State the Trust is required to disclose the steps it has taken to satisfy itself that the remuneration is reasonable in cases where senior managers are paid more than £150,000 p.a. There are 2 senior managers currently employed by the Trust who were paid more than £150,000 p.a. (the Chief Executive and the Chief Medical Officer) (2020/21 = 2). The salaries for these posts have been benchmarked and are commensurate with national, regional and local comparator roles within the NHS, reflecting the very high levels of responsibility associated with the posts.

Employment Conditions of Other Employees

The Trust applies national pay rates, terms and conditions for other staff, both medical and non-medical and has not implemented any local conditions reflecting market forces or other factors.

All other employees' remuneration is based on the national terms and conditions appropriate to their contract of employment. While the Trust does not consult with staff on remuneration for directors, it is always mindful of the remuneration of staff when making decisions. When reviewing salary, the Nomination and Remuneration Committee considers what is happening to staff pay across the sector, the comparison to the median ratio of the workforce and ensuring that the Committee continues to be financially prudent. NHS Providers produce an annual remuneration survey for benchmarking.

The future focus of activity for people services will relate to the Wellbeing Strategy (continuing to deliver a range of resilience, stress management and health promotion initiatives placing the emphasis on prevention) alongside the creation of a new people services strategy, supporting the merger and working towards the delivery of the NHS People Promise.

Council of Governors remuneration

As Somerset NHS FT is a foundation trust, the Council of Governors is required to approve the remuneration and terms of service of the Chair and Non-Executive Directors. The Council of Governors has established a Remuneration and Nominations Committee in accordance with the Trust's constitution.

There was no remuneration paid to governors. During 2022/23 a total of £244.70 (no travel expenses were claimed by governors in 2021/22) of travel expenses were reimbursed to three governors. Details of the governors are shown on page 107.

Contracts of Employment

The Trust continues to review and updated our standard contracts of employment, in conjunction with partner organisations, to ensure a consistent approach in line with current national terms and conditions and best practice on contracts.

Executive Directors allowed to work elsewhere as a Non-Executive

In the case of executive directors serving as a non-executive, earnings will not be retained by the relevant director. The board does not agree to a full-time executive director taking on more than one non-executive directorship of an NHS foundation trust or another organisation of comparable size and complexity.

Pensions and retirement benefits

Accounting policies for pensions and other retirement benefits are set out in note 1.5 to the accounts and details of senior employees' remuneration can be found on page 65 of this report.

Salaries and Pensions Entitlements of Senior Managers

The following sections provide details of the remuneration, pensions of the Directors for the period ended 31 March 2023, median pay, staff costs and WTE and reporting of compensation schemes have been audited.

Total remuneration 2022/23	Note	Salary	Taxable benefits *	Pension related benefits **	Total Remuneration	Recharges Salary	Recharges Taxable Benefits *	Recharges Pension	Remuneration Net of recharges ***
Name and Title		(Bands of £5,000)	(To nearest £100)	(Bands of £2,500)	(Bands of £5,000)	(Bands of £5,000)	(To nearest £100)	(Bands of £2,500)	(Bands of £5,000)
		£000		£000	£000	£000		£000	£000
Peter Lewis, Chief Executive		220 – 225	400	0	220 – 225	(65 – 70)	(300)	0	155 – 160
Matthew Bryant, Chief Operating Officer (Hospital Services)	¹	125 – 130	0	10 – 12.5	140 – 145	(35 – 40)	0	(2.5 – 5)	95 – 100
Andy Heron, Deputy Chief Executive & Chief Operating Officer	²	140 – 145	300	37.5 – 40	175 – 180	(40 – 45)	(100)	(10 – 12.5)	125 – 130
Phil Brice, Director of Corporate Services		120 – 125	200	62.5 – 65	180 – 185	(35 – 40)	(100)	(17.5 – 20)	125 – 130
Pippa Moger, Chief Finance Officer		140 – 145	500	80 – 82.5	220 – 225	(40 – 45)	(200)	(22.5 – 25)	155 – 160
Hayley Peters, Chief Nurse		125 – 130	400	52.5 – 55	180 – 185	(35 – 40)	(100)	(15 – 17.5)	125 – 130
David Shannon, Director of Strategy and Digital Development		130 – 135	500	47.5 – 50	180 – 185	(40 – 45)	(200)	(12.5 – 15)	125 – 130
Isobel Clements, Chief of People and Organisational Development		130 – 135	600	70 – 72.5	200 – 205	(35 – 40)	(200)	(20 – 22.5)	140 – 145

Total remuneration 2022/23 (continued)	Note	Salary	Taxable benefits *	Pension related benefits **	Total Remuneration	Recharges Salary	Recharges Taxable Benefits *	Recharges pension related benefits	Remuneration Net of recharges ***
Name and Title		(Bands of £5,000)	(To nearest £100)	(Bands of £2,500)	(Bands of £5,000)	(Bands of £5,000)	(To nearest £100)	(Bands of £2,500)	(Bands of £5,000)
		£000		£000	£000	£000		£000	£000
Daniel Meron, Chief Medical Officer		210 – 215	0	67.5 – 70	280 – 285	(60 – 65)	0	(20 – 22.5)	195 – 200
Shelagh Meldrum Chief Officer-Collaboration and Partnerships	³	n/a	n/a	n/a	n/a	5 – 10	0	n/a	5 – 10
Colin Drummond, Chairman		50 – 55	0	n/a	50 – 55	n/a	0	n/a	50 – 55
Barbara Gregory, Non-Executive Director		15 – 20	0	n/a	15 – 20	n/a	0	n/a	15 – 20
Kate Fallon, Non-Executive Director		15 – 20	0	n/a	15 – 20	n/a	0	n/a	15 – 20
Stephen Harrison, Non-Executive Director		10 – 15	0	n/a	10 – 15	n/a	0	n/a	10 – 15
Jan Hull, Non-Executive Director		20 – 25	0	n/a	20 – 25	(5 – 10)	0	n/a	10 – 15
Alexander Priest, Non-Executive Director	⁴	5 – 10	0	n/a	5 – 10	(2.5 – 5)	0	n/a	5 – 10
Sube Banerjee Non-Executive Director		15 – 20	0	n/a	15 – 20	n/a	0	n/a	15 – 20
Martyn Scrivens		n/a	n/a	n/a	n/a	10 – 15	0	0	10 – 15

Notes

1. To 6 March 2023.
2. Deputy chief executive & Chief operating officer (Mental health & community services) to 26 Feb 2023.
Deputy chief executive & chief operating officer from 27 Feb 2023.
3. To 7 June 2022.

4. Joint Non-Executive Director from 10 June 2022.

*Taxable benefits are costs associated with travel expenses allowances that are subject to income tax.

**The value of pension related benefits is determined in accordance with the HMRC method, which incorporates pensions payable for a 20-year period.

*** During 2021/22, the Trust developed a closer working relationship with Yeovil District Hospital NHS Foundation Trust. As a result, a single Executive/Management Team was formed. The table of Salary and Pension entitlements of senior managers for 2021/22 includes the full entitlements paid to senior managers during the year. This is not the amount chargeable to the Trust. Recharges between the two organisations are shown separately in the table.

The equivalent disclosures for 2021/22 were as follows:

Total remuneration 2021/22	Note	Salary	Taxable benefits *	Pension related benefits **	Total Remuneration	Recharges Salary	Recharges Taxable Benefits *	Recharges Pension	Remuneration Net of recharges ***
Name and Title		(Bands of £5,000)	(To nearest £100)	(Bands of £2,500)	(Bands of £5,000)	(Bands of £5,000)	(To nearest £100)	(Bands of £2,500)	(Bands of £5,000)
		£000		£000	£000	£000		£000	£000
Peter Lewis, Chief Executive	1	205 – 210	100	50 – 52.5	255 – 260	(30 – 35)	0	(15 – 17.5)	205 – 210
Matthew Bryant, Chief Operating Officer (Acute Hospital Services)	2	140 – 145	0	120 – 122.5	260 – 265	(40 – 45)	0	(35 – 37.5)	180 – 185
Andy Heron, Deputy Chief Executive & Chief Operating Officer (Mental Health & Community Services)	3	130 – 135	0	32.5 – 35	165 – 170	(5 – 10)	0	(7.5 – 10)	145 – 150
Phil Brice, Director of Governance and Corporate Development	3	110 – 115	0	20 – 22.5	130 – 135	(5 – 10)	0	(7.5 – 10)	115 – 120
Pippa Moger, Director of Finance	3	130 – 135	0	0	130 – 135	(5 – 10)	0	0	120 – 125
Hayley Peters, Chief Nurse	3	120 – 125	100	0	120 – 125	(5 – 10)	100	0	115 - 120
David Shannon, Director of Strategic Development & Improvement	3	130 – 135	100	30 – 32.5	160 – 165	(5 – 10)	100	(7.5 – 10)	140 – 145
Isobel Clements, Director of People and Organisational Development	3	125 – 130	100	40 – 42.5	165 – 170	(5 – 10)	100	(10 – 12.5)	145 – 150

Total remuneration 2021/22 (continued)	Note	Salary	Taxable benefits *	Pension related benefits **	Total Remuneration	Recharges Salary	Recharges Taxable Benefits *	Recharges pension related benefits	Remuneration Net of recharges ***
Name and Title		(Bands of £5,000)	(To nearest £100)	(Bands of £2,500)	(Bands of £5,000)	(Bands of £5,000)	(To nearest £100)	(Bands of £2,500)	(Bands of £5,000)
		£000		£000	£000	£000		£000	£000
Daniel Meron, Chief Medical Care Officer	³	200 – 205	0	77.5 – 80	280 – 285	(10 – 15)	0	(22.5 – 25)	240 – 245
Shelagh Meldrum Chief Officer-Collaboration and Partnerships	⁴	0	0	0	0	20 – 25	0	n/a	20 – 25
Colin Drummond, Chairman		50 – 55	100	n/a	50 – 55	n/a	n/a	n/a	50 – 55
David Allen, Non-Executive Director	⁵	0 – 5	0	n/a	0 – 5	n/a	n/a	n/a	0 – 5
Barbara Clift, Non-Executive Director	⁶	0 – 5	0	n/a	0 – 5	n/a	n/a	n/a	0 – 5
Jan Hull, Non-Executive Director	⁷	15 – 20	100	n/a	15 – 20	n/a	n/a	n/a	15 – 20
Barbara Gregory, Non-Executive Director		15 – 20	0	n/a	15 – 20	n/a	n/a	n/a	15 – 20
Kate Fallon, Non-Executive Director		15 – 20	0	n/a	15 – 20	n/a	n/a	n/a	15 – 20
Stephen Harrison, Non-Executive Director		10 – 15	0	n/a	10 – 15	n/a	n/a	n/a	10 – 15
Alexander Priest, Non-Executive Director		0 – 5	0	n/a	0 – 5	n/a	n/a	n/a	0 – 5
Sube Banerjee Non-Executive Director	⁸	10 – 15	0	n/a	10 – 15	n/a	n/a	n/a	10 – 15
Martyn Scrivens	⁹	0	0	0	0	0	n/a	0	0

Notes

1. Commenced joint role 18 September 2021.
2. Commenced joint role 1 January 2021.
3. Commenced joint role 10 January 2022.
4. Not a member of the NHS Pension Scheme
5. To 7 July 2021.
6. To 1 November 2021.
7. Joint Non-Executive Director – no recharge between SFT and YDH as remuneration is the same
8. From 1 May 2021 as Associate Non-Executive Director and from 7 July 2021 as Non-Executive Director
9. Joint Non-Executive Director from 1 October 2021- no recharge between SFT and YDH as remuneration is the same

*Taxable benefits are costs associated with travel expenses allowances that are subject to income tax.

**The value of pension related benefits is determined in accordance with the HMRC method, which incorporates pensions payable for a 20-year period.

*** During 2021/22, the Trust developed a closer working relationship with Yeovil District Hospital NHS Foundation Trust. As a result, a single Executive/Management Team was formed. The table of Salary and Pension entitlements of senior managers for 2021/22 includes the full entitlements paid to senior managers during the year. This is not the amount chargeable to the Trust. Recharges between the two organisations are shown separately in the table.

Pension Benefits	Note	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2023	Lump sum at pension 60 related to accrued pension at 31 March 2023	Cash equivalent transfer value at 31 March 2023	Cash equivalent transfer value at 1 April 2022	Real increase in cash equivalent transfer value	Employer's contribution to stakeholder pension
Name and Title		(Bands of £2,500) £000	(Bands of £2,500) £000	(Bands of £5,000) £000	(Bands of £5,000) £000	£000	£000	£000	£000
Peter Lewis, Chief Executive	1&2	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Andy Heron, Deputy Chief Executive & Chief Operating Officer	1	2.5 - 5	0	45 – 50	65 – 70	894	807	43	n/a
Matthew Bryant, Chief Operating Officer (Hospital Services)	1	0 – 2.5	0	50 – 55	95 – 100	875	819	12	n/a
Phil Brice, Director of Corporate Services	1	2.5 – 5	2.5 – 5	35 – 40	70 – 75	777	671	68	n/a
Pippa Moger, Chief Finance Officer	1	2.5 – 5	5 – 7.5	50 – 55	90 – 95	870	755	72	n/a
Hayley Peters, Chief Nurse	1	2.5 – 5	0 – 2.5	50 – 55	95 – 100	894	803	49	n/a
David Shannon, Director of Strategy and Digital development	1	2.5 – 5	0 – 2.5	45 – 50	80 – 85	740	662	39	n/a
Isobel Clements, Chief of People and Organisational Development	1	2.5 – 5	2.5 – 5	55 – 60	120 – 125	1085	966	70	n/a
Daniel Meron Chief Medical Officer	1	2.5 – 5	0 – 2.5	65 – 70	145 – 150	1467	1315	82	n/a

Notes

- 1 Posts are shared between Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust. Full pension figures attributed to the employee have been disclosed in the table above rather than the amount chargeable to the Trust.
- 2 Chose not to be covered by the pension arrangements during 2022/23.

Cash equivalent transfer value (CETV) figures are calculated using the guidance on discount rates for calculating unfunded public service contribution rates that was extant on 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023/24 CETV figures.

As Non-Executive Directors do not receive pensionable remuneration there are no entries in respect of pensions for Non-Executive Directors.

NHS Pensions are using pension and lump sum data from their systems without any adjustment for a potential future legal remedy required as a result of the McCloud judgement. (This is a legal case concerning age discrimination over the manner in which UK public service pension schemes introduced a CARE benefit design in 2015 for all but the oldest members who retained a Final Salary design.). We believe this approach is appropriate given that there is still considerable uncertainty on how the affected benefits within the new NHS 2015 Scheme would be adjusted in future once legal proceedings are completed.

Median pay

The Trust is required to disclose the relationship between the remuneration of the highest-paid director and the lower quartile, median and upper quartile remuneration of the workforce.

The banded remuneration of the highest paid director in the financial year 2022-23 was £155-160k (2021-22, £170-175k). Gross of recharges to Yeovil District Hospital is £220-225k (2021-22, £205-210k) which is a 7% change between years (2021-22, 3%).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, pay award and HCA re-banding but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

For employees of the Trust as a whole, the range of remuneration in 2022-23 was from £78 to £426,517 (2021-22, £3 to £241,981). The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is 10.1% (2021-22, 1.1%).

292 employees received remuneration in excess of the highest-paid director (net of recharges) in 2022-23 (2021;22, 114 employees). Gross of recharges to Yeovil District Hospital NHS Foundation Trust, 77 employees received remuneration in excess of the highest paid director (2021-22, 65 employees).

The remuneration of the employee at the 25th percentile, median and 75th percentile is set out below. The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce.

	25th percentile	Median	75th Percentile
Salary component of pay	£24,891 (2021/22: £20,330)	£31,114 (2021/22: £27,780)	£43,842 (2021/22: £39,027)
Total pay and benefits excluding pension benefits	£27,344	£36,509 (2021/22: £32,396)	£48,893
Pay and benefits excluding pension; pay ratio for highest paid director	6:1	4:1 (2021/22: 5:1)	3:1

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The

benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It does not include the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Staff costs

	Permanent	Other	2022/23 Total	2021/22 Total
	£000	£000	£000	£000
Salaries and wages	356,567	1,889	358,466	316,632
Social security costs	38,026	0	38,026	30,697
Apprenticeship levy	1,795	0	1,795	1,640
Employer's contributions to NHS Pensions	44,216	0	44,216	41,101
Additional contribution 6.3%, paid by NHSE	19,235	0	19,235	17,725
Temporary staff (including agency)	0	51,847	51,847	42,687
Total staff costs	459,839	53,736	513,585	450,482
Costs capitalised as part of assets	(3,955)	0	(3,955)	(2,715)

Average number of employees (WTE basis)

	Permanent Number	Other Number	2022/23 Total Number	2021/22 Total Number
Medical and dental	776	53	829	792
Ambulance Staff	4	0	4	4
Administration and estates	2,277	104	2,381	2,315
Healthcare assistants & other support staff	1,830	219	2,049	2,009
Nursing, midwifery and health visiting staff	3,333	290	3,623	3,377
Scientific, therapeutic and technical staff	469	6	475	431
Healthcare science staff	74	8	82	79
Other	1	13	14	19
Total of which	8,764	693	9,457	9,027

	Permanent Number	Other Number	2022/23 Total Number	2021/22 Total Number
Number of employees (WTE) engaged on capital projects	67	0	67	48

Retirements due to ill-health

During 2022/23 there were 13 early retirements from the Trust agreed on the grounds of ill-health (2021/22: 4 early retirements). The estimated pension liabilities of this ill-health retirement was £496,879 (2021/22: £230,080).

The additional pension costs for individuals who retired early on ill-health grounds will be borne by the NHS Business Services Authority- Pensions Division.

Directors' remuneration and other benefits

	31 March 2023 *	31 March 2022
	£000	£000
Salary	961	1,185
Employer's National Insurance contributions	134	154
Employer pension contributions	114	156
	1,209	1,495
Number of executive directors to whom pension benefits are accruing	9	9

Benefits are accruing under the NHS defined benefit pension scheme to 9 of the directors; (2021/22: 9). No benefits are accruing under any money purchase schemes.

*This includes the Director's recharge to/from Yeovil District Hospital where the Trust developed a closer working relationship during 2021/22; as a result, a single Executive/Management Team was formed. The recharge took effect part way through 2021-22 whereas it is in effect for the full year during 2022-23

Reporting of compensation schemes - exit packages 2022/23

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
< £10,000	1	3	4
£10,001 - £25,000	1	4	5
£25,001 - £50,000	1	2	3
£50,001 - £100,000	1	1	2
£150,001 - £200,000	2	0	2
Total resource cost (£)	£433,293	£220,276	£653,569
< £10,000	1	3	4

Reporting of compensation schemes - exit packages 2021/22

Exit package cost band (including any special payment element)	Number of other departures agreed	Total number of exit packages
£10,001 - £25,000	1	1
£25,001 - £50,000	0	0
£50,001 - £100,000	1	1
	2	2
Total resource cost (£)	86,427	86,427

The exit packages within the scope of this disclosure include, but are not limited to, those made under nationally-agreed arrangements or local arrangements for which Treasury approval was required.

Signed



PETER LEWIS
Chief Executive

27 June 2023

Trade Union Facility Time Disclosure

Union	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	Outside working hours	TOTAL PAID HRS	Hourly rate with on-costs	Average Union Hours Per Week	Cost Per Week	Total Cost Per Year	FTE	Contracted Hours	% of Employers Cost	Percentage of time spent on facility time in bands of a) 0%, b) 1-50%, c) 51-99% and d) 100%	Unpaid time for Trade Union activities	Time spent on trade union activities as a % of total paid facility time
RCN	5	5	5	5	5	10	5	15	15	15	2	1		88	£28.30	1.69	£ 47.89	£ 2,490.03	0.60	22.50	8%	B	0	0.00%
BDA	3	3	3	3	3	3	3	3	3	3	3	3		36	£28.30	0.69	£ 19.59	£ 1,018.65	0.80	30.00	2%	B	0	0.00%
BDA	4	4	6	8	6	4	4	4	4	6	6	8		64	£28.30	1.23	£ 34.83	£ 1,810.93	0.80	30.00	4%	B	0	0.00%
CSP														0	£21.78	-	£ -	£ -	1.00	37.50	0%	B	0	#DIV/0!
RCN	65	65	65	65	65	65	65	65	65	65	65	65		780	£26.17	15.00	£ 392.49	£ 20,409.27	1.00	37.50	40%	B	0	0.00%
RCN												33		33	£29.42	0.63	£ 18.67	£ 971.02	0.77	28.88	2%	A	0	0.00%
RCN														0	£30.27	-	£ -	£ -	1.00	37.50	0%	B	0	#DIV/0!
UNITE	65	65	65	60	65	60	65	60	60	35	60	60	75	720	£50.14	13.85	£ 694.29	£ 36,102.87	1.00	37.50	37%	B	75	10.42%
UNITE	10	10	10	10	0	0	0	0	0	0	0	0	30	40	£51.07	0.77	£ 40.82	£ 2,122.68	1.00	37.50	2%	B	30	75.00%
RCN	12	12	47	12	12	12	12	12	12	12	12	12		179	£24.96	3.44	£ 85.92	£ 4,467.74	1.00	37.50	9%	B	0	0.00%
UNITE	16	12	16	12	8	16	16	16	8	16	8	12	60	156	£21.10	3.00	£ 63.30	£ 3,291.50	1.00	37.50	8%	B	60	38.46%
UNITE	4	4	4	4	4	4	4	4	4	4	4	4		48	£18.61	0.92	£ 17.18	£ 893.50	0.80	30.00	3%	B	0	0.00%
UNITE	8	8	8	8	8	8	8	8	8	8	8	8		96	£18.61	1.85	£ 34.37	£ 1,786.99	0.80	30.00	6%	B	0	0.00%
RCN														0	£26.23	-	£ -	£ -	1.00	37.50	0%	B	0	#DIV/0!
CSP	0	4	4	4	4	4	4	4	4	4	4	4		44	£22.85	0.85	£ 19.33	£ 1,005.20	1.00	37.50	2%	B	0	0.00%
BDA	3	3	3	3	3	3	3	3	3	3	3	3		36	£30.85	0.69	£ 21.36	£ 1,110.77	1.00	37.50	2%	B	0	0.00%
Unison	27.77	27.77	27.77	27.77	27.77	27.77	27.77	27.77	27.77	27.77	27.77	27.77		333.24	£24.96	6.41	£ 159.95	£ 8,317.48	1.00	37.50	17%	B	0	0.00%
Unison	27.77	27.77	27.77	27.77	27.77	27.77	27.77	27.77	27.77	27.77	27.77	27.77		333.24	£24.96	6.41	£ 159.95	£ 8,317.48	0.61	23.00	28%	B	0	0.00%
GMB														0	£29.42	-	£ -	£ -	1.00	37.50	0%	A	0	#DIV/0!
UNITE	12	12	10	10	15	12	10	12	12	8	12	15	105	140	£26.87	2.69	£ 72.35	£ 3,762.45	1.00	37.50	7%	B	105	0.00%
UNITE	12	12	12	12	12	12	16	16	12	8	12	12		148	£14.64	2.85	£ 41.67	£ 2,166.87	0.80	30.00	9%	A	0	0.00%
RCN	15	15	15	15	13	13	15	15	15	15	15	15		176	£14.64	3.38	£ 49.55	£ 2,576.81	1.00	37.50	9%	B	0	0.00%
RCN					11	15	15	15	15	15	10	0		96	£26.17	1.85	£ 48.31	£ 2,511.91	0.80	30.00	6%	B	0	0.00%
Unison	27.77	27.77	27.77	27.77	27.77	27.77	27.77	27.77	27.77	27.77	27.77	27.77		333.24	£20.05	6.41	£ 128.47	£ 6,680.64	1.00	37.50	17%	B	0	0.00%
GMB	4	4	4	4	4	4	4	4	4	4	4	4		48	£12.72	0.92	£ 11.74	£ 610.41	0.43	16.00	6%	B	0	0.00%
BMA	17.25	17.25	17.25	17.25	17.25	17.25	17.25	17.25	17.25	17.25	17.25	18.25		208	£50.81	4.00	£ 203.24	£ 10,568.48	0.43	16.00	25%	B	0	0.00%
RCM	114.08	114.08	114.08	114.08	114.08	114.08	114.08	114.08	114.08	114.08	114.08	114.08	114.08	1368.96	£12.72	26.33	£ 334.78	£ 17,408.76	0.43	16.00	165%	B	114.08	8.33%
Unison	27.77	27.77	27.77	27.77	27.77	27.77	27.77	27.77	27.77	27.77	27.77	27.77		333.24	£13.65	6.41	£ 87.49	£ 4,549.24	0.80	30.00	21%	B	0	0.00%
RCN														0	£12.70	-	£ -	£ -	1.00	37.50	0%	B	0	#DIV/0!
RCN			35										33	68	£18.61	1.31	£ 24.34	£ 1,265.79	1.00	37.50	3%	B	0	0.00%
RCN			35										33	68	£22.85	1.31	£ 29.87	£ 1,553.50	1.00	37.50	3%	B	0	0.00%
CSP	6	6	6	10	6	6	10	10	6	6	6	6		84	£29.42	1.62	£ 47.53	£ 2,471.69	1.00	37.50	4%	B	0	0.00%
RCN paid time			35		1	0	1	1	10.5	45	39	38.5		171	£22.85	3.29	£ 75.13	£ 3,906.59	1.00	37.50	9%	B	0	0.00%
Society of Radiographers														0	£26.87	-	£ -	£ -	1.00	37.50	0%	B	0	#DIV/0!
Trust Wide Totals														6228.92		119.79	£ 2,964.41	£ 154,149.26		1,119.88	11%	B	384.08	6.17%

Total Pay Bill	£ 491,188,000
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% of the total pay bill spent on facility time	0.03%
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TRUST WORKFORCE REPORT

The Trust has a workforce of 12,322 employees working in a range of inpatient, outpatient, community and mental health team settings across a wide range of geographical locations. The information provided is drawn from the national ESR, (NHS Electronic Staff Record) system and provided in a way that will be recognisable to all, using national guidelines for Staff Group and using our known Trust Workforce Directorate naming convention.

Colleagues in post at 31 March 2023

Type	Headcount	FTE (Full Time Equivalent)
Contracted Employees	10,267	8,863
Bank/Zero Hours Employees	2,055	0
Grand Total	12,322	8,863

We also host Trainee clinical Psychologists. These figures do not count towards our profiles such as sickness and turnover figures.

Trainee Clinical Psychologist	Headcount	FTE
	304	303

Workforce Information by Directorate

Directorate	Headcount	FTE
Clinical Support & Specialist	1103	965.94
Corporate Support Services	3182	1229.89
Families Care Directorate	1115	884.54
Integrated and Urgent Care	1417	1268.50
Mental Health and Learning Disabilities (LD)	1243	1110.50
Operational Management	387	200.52
Primary Care & Neighbourhoods	1913	1545.13
Surgical Care	1962	1718.32
Grand Total	12,322	8,923.328

Contracted and Bank/Zero Hours by Directorate

Directorate	Headcount		FTE	
	Bank/ Zero Hours	Contracted	Bank/ Zero Hours	Contracted
Clinical Support & Specialist	4	1099	0.00	965.94
Corporate Support Services	1832	1350	0.00	1229.89

Directorate	Headcount		FTE	
	Bank/ Zero Hours	Contracted	Bank/ Zero Hours	Contracted
Families Care Directorate	31	1084	0.00	884.54
Integrated and Urgent Care	14	1403	0.00	1268.50
Mental Health and LD	5	1238	0.00	1110.50
Operational Management	141	246	0.00	200.52
Primary Care & Neighbourhoods	6	1907	0.00	1545.13
Surgical Care	22	1940	0.00	1718.32
Grand Total	2055	10267	0.00	8923.33

Workforce Information by Staff Group

Staff Group	Headcount	FTE
Add Prof Scientific and Technic	609	501.72
Additional Clinical Services	3200	2022.52
Administrative and Clerical	2297	1765.11
Allied Health Professionals	905	709.78
Estates and Ancillary	872	622.06
Healthcare Scientists	91	79.94
Medical and Dental	1139	748.71
Nursing and Midwifery Registered	3209	2473.50
Grand Total	12,322	8,923.33

Contracted and Bank/Zero Hours by Staff Group

Staff Group	Headcount		FTE	
	Bank/ Zero Hours	Contracted	Bank/ Zero Hours	Contracted
Add Prof Scientific and Technic	46	563	0.00	501.72
Additional Clinical Services	847	2353	0.00	2022.52
Administrative and Clerical	244	2053	0.00	1765.11
Allied Health Professionals	75	830	0.00	709.78
Estates and Ancillary	130	742	0.00	622.06
Healthcare Scientists	4	87	0.00	79.94
Medical and Dental	303	836	0.00	748.71
Nursing & Midwifery Registered	406	2803	0.00	2473.50
Grand Total	2055	10267	0.00	8923.33

Staff Group by Gender

Staff Group	Headcount		FTE	
	Female	Male	Female	Male
Add Prof Scientific and Technic	471	138	383.82	117.90
Additional Clinical Services	2674	526	1674.46	348.06
Administrative and Clerical	1908	389	1430.08	335.03

Staff Group	Headcount		FTE	
	Female	Male	Female	Male
Allied Health Professionals	730	175	556.26	153.52
Estates and Ancillary	468	404	314.48	307.58
Healthcare Scientists	63	28	54.63	25.31
Medical and Dental	581	558	391.79	356.92
Nursing and Midwifery Registered	2893	316	2195.32	278.17
Grand Total	9788	2534	7000.84	1922.49

Analysis of gender breakdown (based on headcount) – non-audited information Directors

	Female	Male
Executive	6	3
Non-executive	4	3
Total	10	6

Other senior managers (all employees (excluding directors) at band 8 and above)

	Female	Male
Medical consultants & GPs	194	259
Senior managers (all band 8+ staff)	385	155

Other employees

	Female	Male
Medical (training and career grade)	381	283
All other staff	8825	1832

Gender pay gap

We welcome the requirement for UK organisations to report their gender pay gap. This is a good opportunity to understand and address the root causes of gender inequality in our society, and we are looking at how we can best do this in the local NHS.

The Trust's gender pay gap report for 2020/21 shows statutory information but also an analysis of the difference between different roles, (medical in comparison to non-medical roles), and provides further commentary in addition to the statutory requirements.

The 2022/23 Gender Pay gap reports are not legally required until April 2024, however, we have very recently brought the internal deadline forwards to be in line with the latest year; meaning by May this year we will have completed two submissions in close succession to achieve this.
Below is the link to our Gender Pay Gap information - as is available online.

In line with national guidance, the data for 2020/21 is published on the Trust's website at:

Somerset Foundation Trust: [Gender-Pay-Gap-Report_2020-21.pdf](https://somersetft.nhs.uk/Gender-Pay-Gap-Report_2020-21.pdf)
(somersetft.nhs.uk)

This information can also be found on the Cabinet Office website: [Gender pay gap for Somerset NHS Foundation Trust - GOV.UK - GOV.UK \(gender-pay-gap.service.gov.uk\)](https://gender-pay-gap.service.gov.uk/Gender-pay-gap-for-Somerset-NHS-Foundation-Trust)

Staff Sickness Absence

Ave FTE	Adjusted days lost	FTE Days avail	FTE Days lost to sickness	Ave Sick days per FTE
8716	108877	3181251	176622	12.49

Data items: ESR does not hold details of the planned working/non-working days for employees, so days lost and days available are reported based upon a 365-day year. For the Annual Report and Accounts the following figures are used:

- The number of FTE-days available has been taken directly from ESR. This has been converted to FTE years in the first column by dividing by 365.
- The number of FTE-days lost to sickness absence has been taken directly from ESR. The adjusted FTE days lost has been calculated by multiplying by 225/365 to give the Cabinet Office measure.
- The average number of sick days per FTE has been estimated by dividing the adjusted FTE days lost by Average FTE.

Sickness is shown as total actual days lost to sickness eg. Medical suspension would not be included as sickness. The Trust experienced monthly levels of sickness during 2022/23 ranging from 4.8% (March 2023) to a high of 6.6% (July 2022).

Staff Turnover as at 31 March 2023

Turnover excludes all Training grade/Junior Doctors and students in a transient role. This is done as these members of staff will leave as part of their role and therefore not a true leaver in a turnover sense.

Directorate	March 2023
Clinical Support and Specialist	14.1%

Directorate	March 2023
Corporate Support Services	12.5%
Families Care Directorate	9.7%
Integrated and Urgent Care	9.8%
Mental Health and Learning Disabilities	10.9%
Operational Management	12.1%
Primary Care & Neighbourhoods	11.0%
Surgical Care	8.8%
Grand Total	10.8%

Employees with disabilities

The Trust is committed to supporting colleagues with a disability or underlying health condition as part of the approach to create a just and fair culture.

The Workforce Disability Equality Standard (WDES) is a set of specific measures designed to enable NHS organisations to compare the experiences of disabled and non-disabled colleagues. This information can then be used to develop a local action plan and enable demonstration of progress against the indicators of disability equality. The WDES report is updated and published each year on the Trust website here - [WDES-Annual-Report-2022_Final.pdf \(somersetft.nhs.uk\)](https://www.somersetft.nhs.uk/wdes-annual-report-2022-final.pdf)

The data shows the workforce representation as a whole and the board representation against this alongside the experience of colleagues with a disability. This report outlines progress made to date, areas for improvement, and an action plan for the next 12 months.

The Trust is committed to having a representative workforce and takes appropriate steps to support the attendance of colleagues with a disability, making reasonable adjustments as necessary to help colleagues with a disability remain in work.

The Trust continues to demonstrate its commitment to respond to the needs of employees with disabilities. We continue to offer job applicants who declare a disability (and meet the person specification for a post) an interview.

Information on diversity and inclusion policies, initiatives and longer-term ambitions

Early in 2022, the Inclusion Team was formed to support Yeovil District Hospital (YDH) and Somerset NHS Foundation Trust (SFT) ahead of our planned merger. SFT and YDH have both made progress towards equality, diversity, and inclusion. Both organisations have an inclusion strategy and have made commitments under annual reporting including the Workforce Race Equality Standard, Workforce Disability Equality Standard, gender pay gap reporting, and the Equality Delivery System (all reports available [here](#)).

SFT holds a [Disability Confident Committed](#) accreditation, we are committed to the [Armed Forces Covenant](#), and in 2022 received a Gold award under the [Defence Employer Recognition Scheme](#).

As part of these accreditations, the Trust has committed to offering a guaranteed interview to applicants with a disability, or applicants who are a veteran or member of the armed forces, if they meet the minimum requirements for a role. Applicants for roles with Yeovil District Hospital are offered an adjustment to ensure a fair, equitable and accessible recruitment process.

There are six active colleague networks that welcome members from across YDH and SFT. These networks provide a safe space for colleagues to share their experiences and to provide peer support. The networks also host events and raise awareness of inclusion across both organisations. Our networks include:

- Armed Forces and Veterans Network
- LGBTQ+ Network
- Lived Experience Network (for colleagues with a disability)
- Multicultural Network
- Neurodiversity Network
- Women's Network

The merger provides an opportunity to review progress to date, and to adopt a new, innovative, approach to inclusion. We have set out our ambitions in our 'Inclusion Roadmap'. Our roadmap outlines our short-term plan for creating the framework, governance structures and ways of working that we will put in place that will enable us to define and measure impact and create sustainable and systemic change.

Our vision is to be a Trust where everyone knows that their unique skills and abilities are valued, and where each member of our community feels they belong. We want to be a Trust with a truly inclusive culture, and with policies and ways of working that are equitable.

Our approach is how we create change. Our actions address the cultures, behaviours, policies, and processes that create or maintain inequality. Our approach is to 'fix the system'.

This is fundamentally different from traditional approaches to inclusion that 'fix people' to fit into an existing system. We are moving away from one-off events or interventions that focus on the assumed deficits of underrepresented groups, towards actions that make our processes such as recruitment, development, retention, and progression inclusive and equitable.

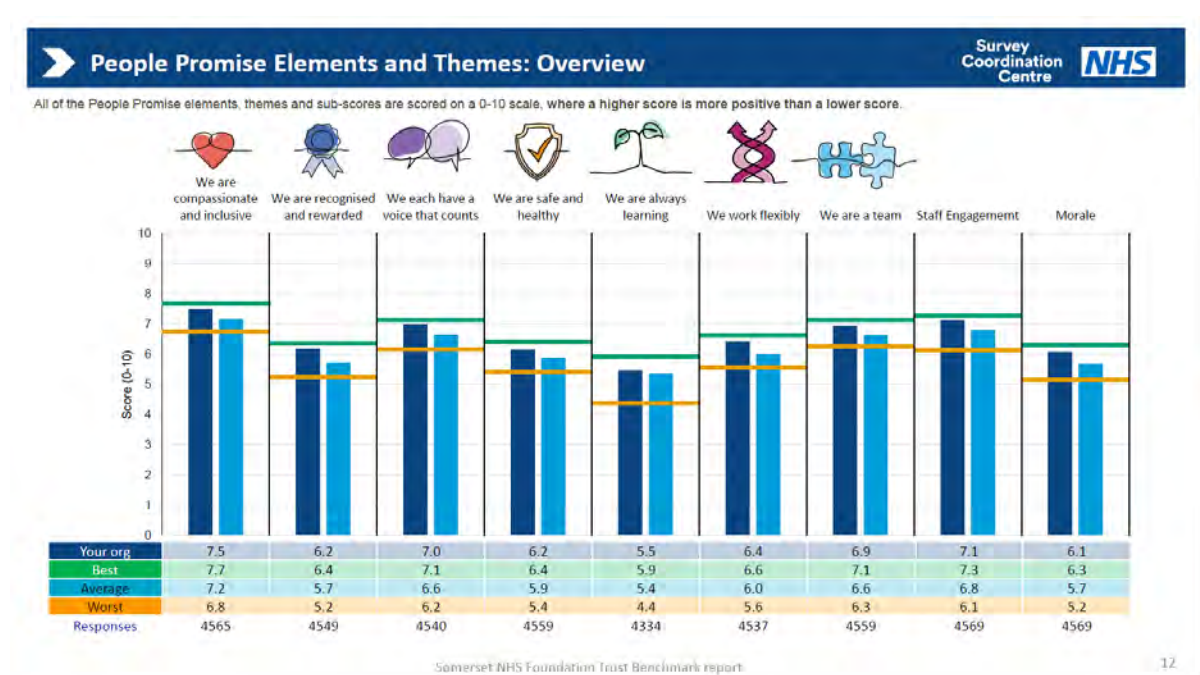
Our approach also represents a significant shift in the role and purpose of an Inclusion Team. We will transition from a 'project' based model, to providing consultation and advice for leaders and teams to embed inclusion within their work and behaviours. We have a growing inclusion team supporting both SFT and YDH - Inclusion Leads from each organisation and a new Head of Inclusion came together to form a merged inclusion team early in 2022. Since then, the team has grown from 3 to 5 colleagues.

STAFF ENGAGEMENT

NHS Staff Survey

The 2022 NHS Staff Survey was completed between September and December 2022 with a 45% response rate which is in line with the 2021 response rate and 1% higher than the average for the comparator group nationally. The response rate for the comparator group nationally has declined by 2%.

The NHS Staff Survey has 9 themes in total, 7 are the People promise themes with Staff Engagement and Morale as the additional themes. The 2022 survey results were positive with all 9 themes scoring better than the national average. This can be seen in the table below.



The strongest themes for the Trust in 2022 remain the People Promise of, we are compassionate and Inclusive, with the Trust scoring better than the comparator group in all 17 questions that contribute to this theme. The second strongest theme is Staff Engagement again with the Trust scoring better in all 9 questions that contribute to this theme than the comparator group.

The area of focus following the 2022 Staff Survey results is in the theme of We are always learning, this covers two sections, development, and appraisals. The Trust has made a slight improvement in both areas however continued focus is required as the theme score remains the lowest of all nine.

Appraisals – This remains an area of focus into 2023 and work continues ensuring that the quality of the conversation as well as numbers completed are a priority. The working group looking at aligning both Somerset Foundation Trust and Yeovil have come together and along with the Staff Survey results, and the recommendations from the Internal Audit carried out in 2022 in Somerset Foundation Trust a work plan

had been developed. This sits alongside the work already underway as part of the People Promise exemplar site in terms of ways of retaining colleagues.

The work around the development of the People Strategy is due to be completed by May 2023 alongside the metrics to track progress.

The work of the engagement champions will continue after the merger date and conversations have taken place with this group to ensure agreement. This group will continue to provide rich feedback monthly around colleague engagement and wellbeing and will be used to drive colleague engagement such as People Pulse and NHS Staff Survey as well as other initiatives.

Table below indicates the score for the benchmarking group for each of the nine indicators in the staff survey report for the current and the prior year and the 10 indicators for the year before.

People Promise Theme	SFT 2022	Benchmark 2022	+/- Difference
We are compassionate and inclusive	7.5	7.2	+0.3
We are recognised and rewarded	6.2	5.7	+0.5
We each have a voice that counts	7.0	6.6	+0.4
We are safe and healthy	6.2	5.9	+0.3
We are always learning	5.5	5.4	+0.1
We work flexibly	6.4	6.0	+0.4
We are a team	6.9	6.6	+0.3
Staff Engagement	7.1	6.8	+0.3
Morale	6.1	5.7	+0.4

Overall Staff Engagement

Colleague Wellbeing remains a high focus and the colleague support line is in place in the current format until March 2024. The Service continues to provide the phone line service to all Health and Social Colleagues within the Somerset System and plans are now in place to expand interventions such as Compassion Circles and Staff Support post incident into the system from April 2023.

In addition to the focus on colleague wellbeing other work has taken place including:

Resolution Services – the resolution service uses the skills of trained internal coaches and accredited internal mediators to offer a several interventions to support colleagues who may be experiencing some difficulties within their teams and supports the avoidance of taking colleagues through formal processes. Interventions include:

- **Resolution Coaching** – supporting colleagues through a coaching approach to resolve conflicts by providing them with the tools to have the right conversations.

- **Facilitated Conversation** – Supporting two or more colleagues through a conflict by facilitating a conversation where they can hear the needs of the others and try to reach an agreeable solution.
- **Mediation** – Supporting 2 or more colleagues through an informal resolution process. Mediation would also include colleagues having resolution coaching as part of this pathway.

The Leadership and Organisational Development team have also focussed on the development of the Rising Star Programme. A programme that takes colleagues through a period of development in a cohort to prepare them for the next step in their career. This was piloted with nurses at Band 5 level and in 2022 has been expanded to include colleagues who are looking to step into their first management role.

In 2023 there is a plan to further develop the internal leadership offering with the introduction of a programme that will aim to develop leaders across the new merged Trust in how to continue to have a positive leadership impact for all colleagues in a large, geographically dispersed Trust.

Facilitated Conversations

Bite-size coaching - Quick sessions made available for colleagues to receive some quick coaching to help them with specific issues they may have.

Peer to peer facilitated sessions – An opportunity for colleagues to book a session with a facilitator and share with peers some concerns they may have and seek other perspectives to help.

Difficult Conversations sessions – A forum where managers can bring a challenging conversation they have had or may need to have and seek support from others about how they may go about this.

Resolution workshops – support for teams if they have found some challenges within the team and need some help in dealing with these before they get out of hand.

Communication remains key in 2022 and the Trust continue to use various channels to ensure colleagues are kept informed. Main channels used remain Staff News which from April 2023 will be available for all colleagues across the new Trust and Live Team Brief, this has been available for all colleagues to engage with since 2022.

Senior leaders across Somerset NHS Foundation Trust and Yeovil District Hospital come together regularly to meet with Executive Team members to discuss financial, performance, operational and other issues of importance at Senior Management Operational Team Meeting. Development of this group takes place on a quarterly basis and a programme of development is planned to start from May 2023.

The Somerset Operational Partnership meeting takes place monthly which is a forum where Trade Union colleagues and Senior Managers from Somerset NHS Foundation Trust and Yeovil District Hospital meet.

HEALTH AND SAFETY

There continues to be a positive health and safety culture within the organisation and this is recognised by external regulators such as the Health and Safety Executive.

The Trust's Health and Safety Committee and the Safety Environment and Advisors Group (SEAG) are effective meetings that ensure structures and processes are in place to manage health and safety successfully. Safety topic leads report to SEAG either directly or via specialist safety meetings such as the Fire Safety Committee.

The Health and Safety Committee is in place to ensure appropriate consultation with colleagues on all issues affecting their health and safety. Terms of reference are in line with relevant health and safety legislation.

The Head of Health, Safety and Risk is responsible for ensuring that a structure is in place to manage the health and safety functions for the 24 topic leads who report into SEAG. This includes policy consultation, development and approval, monitoring of policy implementation plans, policy monitoring and action plan updates. This work schedule aligns with the Integrated Quality Assurance Board (IQAB).

Incidents reported to the HSE under RIDDOR

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulation 2013 (RIDDOR) requires the Trust to report deaths, certain types of injury, specified occupational diseases and dangerous occurrences that 'arise out of or in connection with their work'. An annual RIDDOR report is prepared and shared widely for consideration / action. All RIDDORs are fully investigated and monitored. An overview of all RIDDORs is a standing agenda item on the safety committees. During 2022/23 the Trust reported 32 incidents to the Health and Safety Executive as detailed in the table below. This is a significant decrease on 2021/22 (56) – The most notable decrease identified have been in the reporting of Moving and Handling and Violence & aggression / PMVA. Of the 32 incidents, nine were classified in the HSE 'major' category due to the nature of injuries that were sustained (fractures / loss of consciousness).

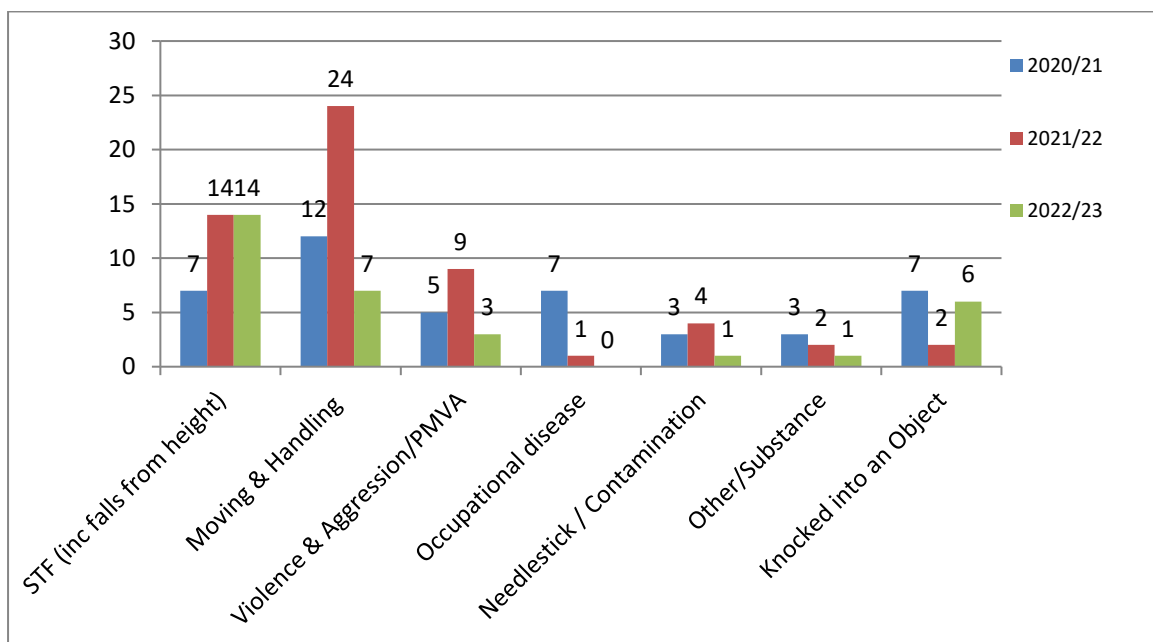
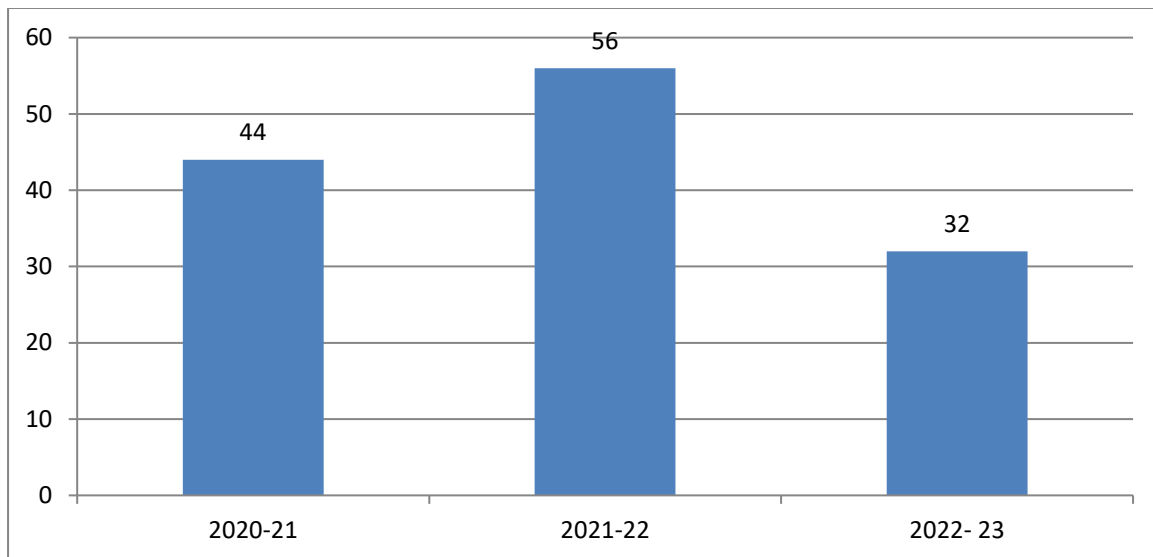
Covid-19 RIDDORs:

During this period the HSE revised the guidance recognising that reporting will only be appropriate in extremely limited cases. Where an individual has either been exposed to or contracted COVID-19 as a direct result of their work. For an occupational exposure to be judged as the likely cause of the disease, it should be more likely than not that the person's work was the source of exposure to coronavirus as opposed to general societal exposure.

The Trust, following appropriate guidance, removed the requirement for mandatory self-isolation with a positive COVID-19 test during July. However appropriate personal protective equipment (PPE) was still to be worn in specified areas to protect our patients and colleagues.

No cases were identified as being RIDDOR reportable during this period.

The following two tables are an extract from the annual RIDDOR report and give an indication of the total number of RIDDORs year on year and a breakdown by cause.



COUNTER FRAUD

Somerset NHS Foundation value our reputation for top quality patient care and financial probity, and we conduct our business in a fair and ethical manner.

Somerset NHS Foundation Trust supports the NHS Counter Fraud Authority strategy that aims to reduce fraud, bribery and corruption within the NHS. We are committed to the prevention, detection and investigation of any such allegations and will seek to apply criminal, disciplinary, regulatory and civil sanctions where allegations are upheld. This includes the recovery of identified financial losses to ensure that NHS resources are used for their intended purpose - the delivery of patient care.

We expect all organisations / contractors instructed by our organisation to demonstrate a comparable commitment in order to do business with us. This enables us to reassure our patients, members and stakeholders that public funds are protected and safeguarded.

The Trust employs Counter Fraud Managers who conduct both proactive and reactive work in line with the requirements of the Government Functional Standard 013: Counter Fraud ('functional standards').

To limit our exposure to the risks of fraud, bribery, and corruption we also have a number of key policies and procedures which includes, but is not limited to anti-fraud, bribery and corruption policy/procedure, Raising Concerns policy and a Code of Conduct and Conflict of Interest policy. These policies apply to all colleagues and individuals who act on behalf of our organisation.

The success of our approach is dependent on colleagues, stakeholders, service users, visitors or anyone associated with the Trust to report suspicions of Fraud, Bribery and Corruption. We actively encourage reporting to the nominated Counter Fraud Managers, Chief Finance Officer or to the NHS Counter Fraud Authority.

Statement of the Chief Executive's Responsibilities as the Accounting Officer of Somerset NHS Foundation Trust

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the *NHS Foundation Trust Accounting Officer Memorandum* issued by NHS England.

NHS England has given Accounts Directions which require Somerset NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Somerset NHS Foundation Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis.
- make judgements and estimates on a reasonable basis.
- state whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* (and the *Department of Health and Social Care Group Accounting Manual*) have been followed and disclose and explain any material departures in the financial statements.
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance.
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy and.
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the foundation Trust's auditors are unaware, and I have taken all the steps that I ought to have

taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

Signed

A handwritten signature in black ink, appearing to read 'P. Lewis', with a long horizontal stroke extending to the right.

PETER LEWIS
Chief Executive

27 June 2023

ACCOUNTABILITY REPORT

Directors' Report

Board of Directors

The Trust's Board of Directors reserve certain powers and decisions which may only be exercised or made by them in formal session. These powers and decisions are set out in the Scheme of Delegation (which may be obtained from the Secretary to the Trust) together with the decisions which are delegated to Executive Directors or to Board Committees.

The directors are required to prepare an annual report and accounts for each financial year. The directors consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and stakeholders to assess the Trust's performance, business model and strategy.

The Trust has complied with the cost allocation and charging guidance issued by HM Treasury.

The Board should be provided with high-quality information appropriate to their respective functions and relevant to the decisions they have to make.

The Board, and in particular Non-Executive Directors, may reasonably wish to challenge assurances received from the executive management. They need not seek to appoint a relevant advisor for each and every subject area that comes before the board, although they should, wherever possible, ensure that they have sufficient information and understanding to enable challenge and to take decisions on an informed basis.

Membership of the Board as at 31 March 2023

A full list of directors who were in post on 31 March 2023 and details of changes during the year is set out below together with details of the number of meetings of the Board and Board Nomination and Remuneration Committee attended in-year.

* Indicates member of the Audit Committee

+ Indicates member of the Board Nomination and Remuneration Committee

Non-Executive Directors



Colin Drummond OBE, DL+
Chairman
(Chair of the Nomination Committee)

Appointed: 1 April 2020
Re-appointed: 1 April 2023
Term Expires: 31 March 2026

Board Attendance 11/11
Board Nomination/Remuneration Committee
Attendance: 1/1

Colin was appointed chairman of Somerset NHS Foundation Trust on 1 April 2020 following the merger between Somerset Partnership NHS Foundation Trust and Taunton and Somerset NHS Foundation Trust.

He was chairman of Taunton and Somerset NHS Foundation Trust from 2014 and is also pro-chancellor and chair of governors of the University of Plymouth.

From 1992 to 2013 Colin was chief executive of Viridor, one of the UK's leading recycling, renewable energy and waste management companies, and an executive director of Pennon Group PLC. He was then chairman of Viridor until the end of 2014. Prior to joining Pennon, Colin was chief executive of Coats Viyella Yarns Division, an executive director of Renold PLC, a consultant with the Boston Consulting Group and an official with the Bank of England. Colin was chairman of the Government's 'Living with Environmental Change' Business Advisory Board from 2009 to 2015 and of the Environmental Sustainability Knowledge Transfer Network from 2007 to 2013. He was master of the Worshipful Company of Water Conservators for 2007/08 and chair of the 'WET 10' City Livery Companies from 2008 to 2013. From 1997 to 2015 he was a trustee, and is now honorary vice president, of the Calvert Trust Exmoor.

Colin holds an MA from Oxford University and an MBA from Harvard Business School where he held a Harkness Fellowship. He was appointed an OBE in the Queen's Birthday Honours 2012 for services to technology and innovation, and a Deputy Lieutenant (DL) of Somerset in 2016.

Jan Hull +

**Non-Executive Director/Joint Non-Executive Director
with Yeovil District Hospital NHS Foundation Trust**

(Deputy Chairman)

**Chair of the Quality and Governance Assurance
Committee**

Appointed: 1 August 2017

Re-Appointed: 1 August 2020

Term Expires: 31 July 2023



Board Attendance: 10/11

Board Nomination/Remuneration Committee

Attendance: 1/1

Jan spent the early part of her career with Unilever, in an international perfumery business covering sales, marketing and general management roles, including two years in the USA. She has over 20 years' experience of the NHS in Somerset, initially in public health and later as deputy chief executive for NHS Somerset, until she became managing director of the South, Central and West Commissioning Support Unit.

Jan retired from this post in 2016. Jan has worked at senior level with all of the major health and social organisations in the county, including primary care, local authorities and the voluntary sector. She also has significant experience of structural change, having led the merger of three commissioning support units in 2015.

Jan is a joint Non-Executive Director with Yeovil District Hospital NHS Foundation Trust.



Dr Kate Fallon +

**Non-Executive Director
(Senior Independent Director from 1 April 2020)
Chair of the Finance Committee**

Appointed: 29 May 2018

Re-Appointed: 29 May 2021

Term Expires: 28 May 2024

Board Attendance: 10/11

Nomination/Remuneration Committee Attendance:
1/1

Kate came to the Trust with great experience in the strategic direction and transformation of services within the NHS. She established a new NHS Trust in 2010, which trebled in size in 2011 and became the first community trust to be licensed by Monitor as a Foundation Trust in November 2014.

Previously, Kate transformed her own GP practice, taking it from a traditional reactive business to a forward-planning, innovative “beacon site”, with a sustained Investors in People accolade. Kate is currently a trustee of the Board of Skills for Health and a member of the Board of the National Skills Academy for Health. In 2015 she was included in the HSJ “Top 50 NHS Chief Executives” list, being recognised for her approach to service transformation and the integration of services across NHS boundaries.

Barbara Gregory *+

**Non-Executive Director
Chair of the Audit Committee**

Appointed: 1 August 2017

Re-Appointed: 1 August 2020

Term Expires: 31 July 2023

Board Attendance: 11/11

Board Nomination/Remuneration Committee

Attendance: 1/1



Barbara Gregory is a chartered accountant who has worked at senior management level in the NHS since 1993, including 15 years at Board level in many different parts of the health system.

She has an excellent working knowledge gained from first-hand experience of the health and social care system including working in strategic transformation programmes. Barbara has also worked closely with senior colleagues from local authorities on the integration of provision and commissioning and on the opportunities for the devolution of expenditure to providers as part of the potential development of accountable care organisations/systems.



Stephen Harrison *+

**Non-Executive Director
Chair of the People Committee**

Appointed: 29 May 2018

Re-Appointed: 29 May 2021

Term Expires: 1 April 2023

Board Attendance: 11/11

Nomination/Remuneration Committee Attendance:
1/1

Stephen has lived in Wookey for nearly 40 years after joining Clarks Shoes for his main career. On leaving Clarks, Stephen developed a portfolio of organisational

development consultancy work and community activity, including being elected leader of Mendip District Council.

In the NHS he has undertaken non-executive director roles with Bath and West Community Trust, Mendip Primary Care Trust (PCT), North Somerset PCT and finally as chairman of a cluster of PCTs across Bristol, North Somerset and South Gloucestershire. Stephen was the chairman of YMCA Mendip and a trustee of a day care centre for older people.

Alexander Priest +

Joint Non-Executive Director with Yeovil District Hospital NHS Foundation Trust (from 10 June 2022)

Chair of the Mental Health Act Committee

Appointed: 1 April 2020

Re-appointed: 1 April 2023

Term Expires: 31 March 2026

Board Attendance: 11/11

Board Nomination/Remuneration Committee

Attendance: 1/1



Following a degree and PhD in chemistry at Oxford University (where he used A.I. to design anti-cancer drugs), Alex started his career promoting apprentice partnerships as chief executive of an educational charity in London.

In January 2016, he jumped from a successful career in intellectual property law to become chief executive of Mind (the mental health charity) in his home county of Somerset, where he now farms with his young family. Alex also holds various trusteeships and directorships in the property, education and third sectors.



Professor Sube Banerjee +

Non-Executive Director

Appointed: 7 July 2021

Term expires: 6 July 2024

Board Attendance: 10/11

Board Nomination/Remuneration Committee

Attendance: 0/1

Professor Sube Banerjee is Executive Dean of the Faculty of Health and Professor of Dementia at the University of Plymouth and an Honorary Consultant in Psychiatry at Plymouth University Hospitals NHS Trust.

Sube brings an extensive knowledge and understanding of dementia and older people's health. He has worked on health policy and strategy internationally with the World Health Organisation and led the development of the National Dementia Strategy for England. He has extensive strategic and research experience at board level in the NHS and the university sector as an executive and clinical director.

**Martyn Scrivens +
Joint Non-Executive Director with Yeovil District
Hospital NHS Foundation Trust**

Appointed: 1 October 2021
Term Expires: 31 March 2024

Board Attendance: 11/11
Nomination/Remuneration Committee Attendance:
1/1



Martyn is a Fellow of the Institute of Chartered Accountants and chairs the Institute's Internal Audit Advisory Panel. He has 40 years of experience in audit and risk management, operating at Board level with both the public and private sector.

Over the last 15 years he has led the internal audit functions first at a major UK bank and then at a global investment and wealth management bank. From 2010 to 2012, he was a board member of the East Kent Hospitals NHS Trust. Martyn chairs the Trust's Financial Resilience and Commercial Committee. Martyn is a joint non-executive director with Yeovil District Hospital NHS Foundation Trust.

Executive Directors



Peter Lewis

**Joint Chief Executive Somerset FT/YDH (from
September 2021) (voting)**

Appointed: 4 November 2017

Board Attendance: 10/11

Peter was appointed as the joint chief executive of Somerset NHS Foundation Trust and Yeovil District Hospital, NHS Foundation Trust in September 2021 – the first role within the new single leadership team across both trusts.

Peter joined Taunton and Somerset NHS Foundation Trust in 2005 as director of finance and performance. He then became deputy chief executive of the acute trust in 2008 and took on the responsibility of chief operating officer in 2010. Following the alliance between Taunton and Somerset NHS Foundation Trust and Somerset Partnership Foundation Trust in May 2017, Peter became chief executive of both organisations in November 2017.

Prior to joining Taunton and Somerset NHS Foundation Trust, Peter was director of performance at Dorset and Somerset Strategic Health Authority, and also worked in both commissioning and provider organisations in Somerset prior to that. Peter is also a fellow of the Chartered Institute of Management Accountants. Peter's previous role was chief executive of Somerset NHS Foundation Trust.

Andy Heron

Chief Operating Officer (Mental Health, Families and Neighbourhoods) Somerset FT/YDH from 25 January 2022

Joint Chief Operating Officer/Deputy Chief Executive (voting) from 6 March 2023

Appointed: January 2014

Board Attendance: 11/11



Andy was appointed as the chief operating officer – neighbourhoods, mental health and families, Somerset NHS Foundation Trust and Yeovil District Hospital, NHS Foundation Trust in January 2022.

Andy joined the NHS in Somerset in 2014 when he joined Somerset Partnership NHS Foundation Trust as chief operating officer. Having originally qualified as an occupational therapist, he worked in a number of clinical roles within mental health across the Southwest before moving into leadership roles during the 1990s. Andy played a role in the establishment of a new specialist NHS mental health trust serving the Avon and Wiltshire areas and became the general manager of mental health services for a seven year period up to 2006. Following this Andy gained a broad range of experience in London and the Southwest in senior commissioning and provider roles in the NHS, and also in social care, with most of his work being focused on service modernisation.

Andy maintains a strong interest in care pathway redesign and service transformation and in recent years has taken on a number of system leadership roles within Somerset, centered on improving patient flow and working with partners in the development of successful community alternatives to hospital admission. Having worked closely with colleagues at YDH over a number of years, initially on the Somerset delayed transfers of care programme and more recently in system leadership roles for the vaccination programme and community oximetry.

Andy's previous role was deputy chief executive and chief operating officer (mental health, families and neighbourhoods) and joint SRO Somerset COVID-19 Vaccination Programme.



Matthew Bryant

**Chief Operating Officer (Hospital Services
(voting) Somerset FT/YDH from 25 January 2021
until 5 March 2023**

Appointed: 1 October 2017
Date of leaving: 5 March 2023

Board Attendance: 9/9

Matthew was appointed as the chief operating officer – hospital services, Somerset NHS Foundation Trust and Yeovil District Hospital, NHS Foundation Trust in January 2022, following a previous joint role as chief operating officer for Hospital Services for both trusts since January 2021.

He was appointed as chief operating officer of Taunton and Somerset NHS Foundation Trust in 2015, and as chief operating officer (acute hospital services) on the joint executive team for Taunton and Somerset NHS Foundation Trust and Somerset Partnership NHS Foundation Trust in 2017 following the establishment of the alliance between the two trusts. Matthew is responsible for the day-to-day running of both Yeovil District Hospital, Musgrove Park Hospital and the community hospitals in Somerset.

Matthew has worked in the NHS in the South West since 1998. Prior to coming to Taunton, he managed medical and surgical services at the Royal Devon and Exeter Hospital for over a decade and was part of the management team when that trust became one of the country's first foundation hospitals. He led the trust's delivery of new models of care for older people, which included a strong focus on integration with services outside hospital. He helped establish the Peninsula Medical School in Exeter, of which he became an honorary fellow, teaching undergraduate medical students about healthcare management. He was also involved in the commissioning of specialist services and the development of joint working for health authorities across Devon and Cornwall. Matthew joined the NHS on the national general management training scheme, after graduating from Oxford University. He is a trustee of Hospiscare, the palliative care provider for Exeter, East and mid-Devon, and a visiting specialist at Plymouth University Medical School.

Pippa Moger

**Joint Chief Finance Officer (voting) Somerset
FT/YDH from January 2022**

Appointed: June 2013

Board Attendance: 9/11



Pippa was appointed as the chief finance officer, Somerset NHS Foundation Trust and Yeovil District Hospital, NHS Foundation Trust in January 2022.

Pippa has over 19 years of experience in NHS finance and over twelve years at deputy and director level. She has worked across regulator, commissioning and providers sectors during this period and has a broad perspective on NHS finances. Pippa joined Somerset Partnership NHS Foundation Trust in June 2013 as director of finance and business development. She was then appointed as director of finance for Taunton and Somerset NHS Foundation Trust and Somerset Partnership NHS Foundation Trust in October 2017 before the two trusts merged to form Somerset NHS Foundation Trust in April 2020.

Pippa believes NHS resources must be used in the most efficient and effective way while ensuring patient safety is not compromised. Pippa is a fellow of the Association of Chartered Certified Accountants (ACCA). Pippa's previous role was director of finance, Somerset NHS Foundation Trust.



Dr Daniel Meron

**Joint Chief Medical Officer (voting) Somerset
FT/YDH from January 2022**

Appointed: 2 December 2019

Board Attendance: 9/11

Daniel was appointed as the chief medical officer, Somerset NHS Foundation Trust and Yeovil District Hospital, NHS Foundation Trust in January 2022.

Daniel joined Somerset NHS Foundation Trust in 2019 from his role of chief medical officer of Solent NHS Trust, which provides mental health, community and primary care services to people living in Southampton, Portsmouth and some parts of

Hampshire and the Isle of Wight. He was also deputy medical director at University Hospital Southampton Foundation Trust, a large teaching hospital providing secondary and tertiary acute services in Wessex.

Daniel combined senior leadership roles with active front-line clinical work as a consultant in liaison psychiatry in Southampton General Hospital, as well as being actively engaged in research at the School of Medicine, University of Southampton. Dan's previous role was chief medical officer, Somerset NHS Foundation Trust.

Hayley Peters

Joint Chief Nurse (voting) Somerset FT/YDH from January 2022

Appointed: 2 October 2017

Board Attendance: 10/11



Hayley was appointed as the chief nurse, Somerset NHS Foundation Trust and Yeovil District Hospital, NHS Foundation Trust in January 2022.

Hayley became the executive director of patient care at Musgrove Park Hospital in September 2015, having joined the trust as deputy director of nursing in July 2013. Hayley went on to become the chief nurse for both Taunton and Somerset NHS Foundation Trust and Somerset Partnership NHS Foundation Trust in November 2017 before the two trusts merged to form Somerset NHS Foundation Trust in April 2020.

Prior to becoming an executive, Hayley worked in senior clinical leadership roles in the South West, London and the South East. Hayley's early professional career centred in critical care, first as an intensive care nurse and later, following a period of training at Birmingham Medical School, as one of the very first physician's assistants to practise in the UK. As part of Hayley's role at Somerset NHS Foundation Trust, she has executive responsibility for safeguarding, patient safety and quality (jointly with the chief medical officer). Hayley is board safety champion for our armed forces, children, maternity and neonates.

Hayley's previous role was chief nurse at Somerset NHS Foundation Trust.

Phil Brice

**Joint Director of Corporate Services (non voting)
Somerset FT/YDH from January 2022**

Appointed: January 2012

Board Attendance: 10/11



Phil was appointed as the director of corporate services, Somerset NHS Foundation Trust and Yeovil District Hospital, NHS Foundation Trust in January 2022.

Phil joined Somerset Partnership NHS Foundation Trust in 2012, having worked in the NHS since 2000. He went on to become the director of governance and corporate development for both Taunton and Somerset NHS Foundation Trust and Somerset Partnership NHS Foundation Trust in October 2017 before the two trusts merged in April 2020 to form Somerset NHS Foundation Trust. He worked for the Somerset Heath Authority before becoming director of corporate services for Taunton Deane Primary Care Trust and then director of corporate services and communications for NHS Somerset from 2006 – 2011.

He previously worked for the Treasury Solicitor's department, the Parliamentary and Health Service Ombudsman and AXA PPP healthcare. Phil's previous role was director of governance and corporate development, Somerset NHS Foundation Trust.



Isobel Clements

**Joint Chief of People and Organisational
Development (voting) Somerset FT/YDH from
January 2022**

Appointed: 1 November 2017

Board Attendance: 11/11

Isobel was appointed as the chief of people and organisational development, Somerset NHS Foundation Trust and Yeovil District Hospital, NHS Foundation Trust in January 2022.

Isobel started her career at Musgrove Park Hospital in 1988 and held several senior human resources and organisational development management roles, including at associate and deputy level, until she was appointed director of people and organisational development in 2018 for both Taunton and Somerset NHS Foundation Trust and Somerset Partnership NHS Foundation Trust before the two trusts merged to form Somerset NHS Foundation Trust in April 2020.

Isobel has played a key role in developing the Trust's system of distributed leadership, in ensuring that the organisation's values are brought to life in everyday behaviour. She has overseen a number of leadership development programmes that substantial numbers of our leaders have benefitted from. Isobel is a member of the Chartered Institute of Personnel and Development. Isobel's previous role was director of people and organisational development, Somerset NHS Foundation Trust.

David Shannon

**Joint Director of Strategy and Digital Development
(non voting) Somerset FT/YDH**

Appointed: 24 October 2017

Board Attendance: 11/11



David was appointed as the director of strategy and digital development Somerset NHS Foundation Trust and Yeovil District Hospital, NHS Foundation Trust in January 2022.

David first joined Musgrove Park Hospital in 2016 as director of finance and went on to become the director of strategic development and improvement for both Taunton and Somerset NHS Foundation Trust and Somerset Partnership NHS Foundation Trust in October 2017 before the two trusts merged to form Somerset NHS Foundation Trust in April 2020.

David was previously director of operational finance at North Bristol NHS Trust from June 2014. Before that he spent six years at Nottingham University Hospitals NHS Trust, most of them as assistant director of finance. He originally joined the NHS in 1998 on its graduate financial management training scheme. David's previous role was director of strategic development and improvement, Somerset NHS Foundation Trust.



Shelagh Meldrum

Joint Chief Officer, Partnerships and Collaboration Somerset – Somerset FT/YDH – from January 2022 to 27 May 2022

Appointed: January 2022

Date of leaving: 7 June 2022

Board Attendance: 1/1

Shelagh was appointed as the chief officer, Partnerships and Collaboration of Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust in January 2022.

Previously Shelagh joined the Trust Board at Yeovil District Hospital in February 2016 with a background in nursing, clinical services leadership and executive management in both the NHS and private hospitals.

Shelagh began her career in the NHS as a senior nurse working in acute medicine, and subsequently as a senior specialist nurse in neurology. She later became a clinical services lead, managing the six departments which formed the directorate of specialist medicine.

Following a 14-year career in the NHS Shelagh worked as Head of Clinical Services in various independent healthcare facilities and then became Hospital Director. She previously worked for Circle Healthcare and was registered manager/hospital Director at CircleBath Hospital and CircleReading Hospital. Shelagh's previous role was chief nurse, director of people and deputy chief executive, Yeovil District Hospital, NHS Foundation Trust.

Board effectiveness

On the basis of the expertise and experience described above; the appointment of joint Non-Executive and Executive Directors across Somerset FT and YDH, and the Board skills mix analysis carried out in 2022 in preparation for the proposed merger from April 2023, the Trust is confident that the necessary range of knowledge and skills exists within the Board of Directors and that its balance, completeness and appropriateness to the requirements of the NHS Foundation Trust constitute a high performing and effective Board. No company directorships or other material interests in companies are held by any Board members where those companies or related parties are likely to do business, or are possibly seeking to do business, with the Trust. The Chairman has held no other significant commitments during 2022/23. A register of interests of Board members is available from the Secretary to the Trust and is also included in the Board papers published on the Trust's website.

Declarations can also be accessed through the publicly available Conflict of Interest system.

The effectiveness of the Board of Directors meetings is reviewed at the end of each meeting and annually as part of an annual review of the Board's Terms of Reference. Effectiveness of Board sub committees is monitored through the Board by quarterly reports and regular evaluation/review of the terms of reference.

Non-Executive Directors are subject to regular and annual appraisals by the Chairman; unsatisfactory appraisals could result in termination of their appointment. The decision to remove Non-Executive Directors rests with the Council of Governors. During 2022/23 a 360 degree appraisal of the Chairman's performance was undertaken and feedback from the appraisal process was presented to the Nomination and Remuneration Committee and to the Council of Governors. The Chairman's appraisal process is agreed with the Council of Governors on an annual basis.

The performance of Executive Directors is similarly reviewed through regular supervision and annual appraisals by the Chief Executive, whose performance is, in turn, reviewed and appraised by the Chairman, and reported to the Non-Executive Directors through the Nomination and Remuneration Committee.

The Board considers that during 2022/23 all the Non-Executive Directors are independent in character and judgement and there are no known circumstances or relationships which are likely to affect, or could appear to affect, the directors' judgement. The Board also considers that all Board members meet the Fit and Proper persons test.

In assessing the Trust's performance, we take account of our delivery against the NHS Oversight framework and its five key themes of:

- Quality of care, access and outcomes
- Preventing ill-health and reducing inequalities
- People
- Finance and Use of Resources
- Leadership and capability

Our performance against these is set out in the Financial Overview and Review section of this report on pages 31 - 39. In 2022/23, Somerset NHS Foundation Trust was in segment 2.

NHS Improvement Foundation Trust Code of Governance

Somerset NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a 'comply or explain' basis. The NHS Foundation Trust Code of Governance, issued in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012. A revised Code of Governance will come into effect from 1 April 2023.

The Board can confirm that it is compliant with the NHS England Foundation Trust Code of Governance.

Managing Conflicts of Interest in the NHS

The Trust has complied with NHS England's guidance to publish the Trust's Conflicts of Interest register on its website.

Significant interests held by directors

Interests held by directors which may conflict with their management responsibilities are declared at each Board meeting. Board papers which include these disclosures are available on the Trust's website. Transactions related to those interests are shown in page 59, note 32 of the accounts.

Directors' disclosure to auditors' statement

For each individual who is a director at the time this annual report was approved, so far as the directors are aware there is no relevant audit information of which the auditors are unaware and the director has taken all the steps that they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

Quality and Governance Assurance Committee

The Quality and Governance Assurance Committee is a Board-level committee responsible for providing assurance on issues of legal, regulatory and standards and compliance with our legal and statutory requirements, clinical and quality objectives, effectiveness of strategies and the quality standards required by NHS England (NHS Improvement) and the Care Quality Commission. The Chair of the Quality and Governance Assurance Committee provides a six-monthly assurance report to the Audit Committee in respect of its compliance and governance functions and also provides assurance reports to the Board after every formal meeting.

Membership of the Quality and Governance Committee comprises five Executive Directors and three Non-Executive Directors, two of whom also sit on the Audit Committee. The Quality and Governance Committee meets formally on a bi-monthly basis. In addition, planning meetings take place in the intervening months. The purpose of the planning meetings is to consider the standard business items and identify areas for detailed deep dives for discussion at the formal Quality and Governance Assurance Committee meetings.

Attendance at the formal Quality and Governance Assurance Committee meetings

Name	Formal Quality and Performance Committee meetings attended	
	Possible	Actual
Jan Hull (Chairman)	6	6

Name	Formal Quality and Performance Committee meetings attended	
	Possible	Actual
Stephen Harrison	6	6
Kate Fallon	6	4
Phil Brice	6	6
Hayley Peters	6	5
Isobel Clements	6	6
Daniel Meron	6	4
Andy Heron	6	3
Matthew Bryant	5	5

Finance Committee

The Committee is a Board Committee and acts in an advisory capacity. The Finance Committee met 12 times during the year to focus on investigating the progress made in the delivery of financial plans and carry out an in-depth analysis of the financial performance of the Trust. The Chief Executive and other executive directors have a standing invitation to attend this committee.

Attendance at Finance Committee

Name	Finance Committee meetings attended	
	Possible	Actual
Kate Fallon (Chairman)	12	11
Barbara Gregory	12	12
Alexander Priest	12	10
Pippa Moger	12	9
David Shannon	12	10
Matthew Bryant/Andy Heron	11	4
Shelagh Meldrum	2	2

Finance and performance issues are regularly addressed by the Trust Board and the Finance Committee, comprising Non-Executive Directors, and also at the monthly Senior Management Team, which is chaired by the Chief Executive. The minutes of the Finance Committee meetings are presented to the Board after every meeting.

Audit Committee

Membership of the Audit Committee consists of two Non-Executive Directors. The Chairman of the Trust is not a member of the Audit Committee. An assurance report is presented to the Board after every meeting.

The role of the Audit Committee is:

- to review the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the whole of the organisation's activities;
- to review arrangements by which staff may raise in confidence, concerns about possible improprieties of financial reporting and control, clinical quality, patient safety or other matters;
- to review the annual accounts and make recommendations on the approval of the annual accounts to the Board;
- to ensure that there is an effective internal audit function established by management that meets mandatory Public Sector Internal Audit Standards and provides appropriate independent assurance;
- to develop and implement a policy on the engagement of the external auditor to supply non-audit services, taking into account relevant ethical guidance regarding the provision of non-audit services by the external audit firm;
- to make recommendations to the Council of Governors in relation to the appointment, re-appointment and removal of the external auditor and approve the remuneration and terms of engagement of the external auditor;
- to review the work and findings of the external auditor and consider the implications and management's responses to their work;
- to review the work and findings of the Counter Fraud Service and consider the implications and management's responses to their work; and
- to review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications to the integrated governance of the organisation.

Internal audit services are provided by independent auditors and the key role of this service is to develop an internal audit strategy and deliver an annual audit plan, ensuring that this is consistent with the audit needs of the Trust as identified in the Assurance Framework.

Attendance at Audit Committee meetings

Name	Audit Committee meetings attended	
	Possible	Actual
Barbara Gregory (Chairman)	5	5
Stephen Harrison	5	5
Pippa Moger	5	4
Phil Brice	5	4

Directors' Responsibility for Trust Annual Report and Accounts

The directors have responsibility for preparing the annual report and accounts. They consider that the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators

and other stakeholders to assess Somerset NHS Foundation Trust's performance, business model and strategy.

Significant Issues considered by the Audit Committee

After discussion with both management and the external auditor, the committee determined that the key risks of misstatement of the financial statements related to:

- Valuation of Land and Buildings.
- Fraudulent expenditure recognition
- Management override of controls.

Modern Slavery and Human Trafficking Act 2015 Policy Statement

Section 54 of the Modern Slavery Act 2015 requires all organisations to set out the steps taken to ensure slavery and human trafficking is not taking place in any of its supply chains and in any part of its business.

This statement sets out actions taken by Somerset NHS Foundation Trust to understand all potential modern slavery and human trafficking risks and to implement effective systems and controls.

We are committed to ensuring there is no modern slavery or human trafficking in any part of our business and, in addition require that our suppliers hold similar ethos.

We have robust multi agency safeguarding vulnerable adults and safeguarding children policies in place and all staff receive mandatory safeguarding training which includes guidance on how to identify and report any concerns relating to modern slavery and human trafficking.

We follow employment checks and standards which include the right to work and depend on receiving suitable references.

We are committed to social and environmental responsibility and have zero tolerance of modern slavery and human trafficking. Any identified concerns regarding modern slavery and human trafficking would be escalated as part of the organisational safeguarding processes in conjunction with partner agencies.

We will:

- comply with legislation and regulatory requirements.
- ensure suppliers and service providers are aware we promote the requirements of the legislation.
- develop awareness of modern slavery issues.
- include modern slavery conditions or criteria in specifications and tender documents within the supplementary terms and conditions.
- encourage suppliers and contractors to take their own action and understand their obligations about these new requirements.
- expect supply chain/framework providers to demonstrate compliance with their obligations in their processes.

Trust staff must contact and work with the procurement department when looking to work with new suppliers so appropriate checks can be undertaken.

Procurement staff will:

- check draft specifications include a commitment from suppliers to support the requirements of the Act.
- not award contracts where suppliers do not demonstrate their commitment to ensuring slavery and human trafficking are not taking place in their own business or supply chains.

- communicate clear expectations to our suppliers through a supplier code of conduct.
- work with the procurement department to monitor compliance by suppliers with the requirements of the Act.

This statement is made pursuant to section 54(1) of the Modern Slavery Act 2015 and constitutes our slavery and human trafficking statement for the financial year ending 31 March 2023.

To the best of my knowledge, the information in this document is accurate.

Signed

A handwritten signature in black ink, appearing to read 'P. Lewis', with a long horizontal flourish extending to the right.

PETER LEWIS
Chief Executive

27 June 2023

COUNCIL OF GOVERNORS

During 2022/23 the Council of Governors was made up of 43 elected governors, ten of whom are staff Governors. In addition to the Nominations and Remuneration Committee, the Council has the following working groups: People Group; Quality and Patient Experience Group; and Strategy and Planning Group.

The Council meets every quarter in public. Meetings are advertised on the Trust's website and at our headquarters. No business can be transacted at a meeting unless at least half of the governors are present, and of these, not less than half must be governors elected by the public or appointed by non-health service bodies. In view of the COVID-19 pandemic, meetings during 2022/23 have taken place virtually but the link to the meetings have been made publicly available. Two out of the four meetings have taken place in hybrid format.

The responsibilities of the Council of Governors are:

- to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors.
- to represent the interests of the members of the Trust as a whole and the interests of the public.
- to assist the Board of Directors in setting the strategic direction of the Trust and targets for the Trust's performance.
- to monitor the Trust's performance in achieving strategic objectives and performance targets that have been set.
- to act as guardians to ensure that the Trust operates in a way that is consistent with NHS and Trust principles (as set out Annex 9 of the Constitution) and the terms of the Trust's Authorisation.
- to appoint the Trust's external auditors.
- to exercise such other powers and to discharge such other duties as may be conferred on the Council of Governors under the Constitution.
- to appoint the Chairman and other Non-Executive Directors of the Trust.
- with the approval of at least three quarters of the Governors, to remove the Chairman and other Non-Executive Directors of the Trust.
- to approve the appointment of the Chief Executive by the Non-Executive Directors of the Trust, at a general meeting.
- to approve significant transactions.

The Council of Governors is provided with high-quality information appropriate to their respective functions and relevant to the decisions they have to make.

Led by the chairperson, the Council should periodically assess their collective performance and they should regularly communicate to members and the public details on how they have discharged their responsibilities.

All governors are required to disclose details of company directorships or other material interests in companies where those companies or related parties are likely to do business, or are possibly seeking to do business, with the Trust. No such company directorships or other material interests in companies are held by any governors. A register of the interests of governors is published and updated at each public meeting of the Council of Governors and is uploaded onto the internet as part of the usual meeting papers.

Disagreements between Council of Governors and Trust Board

Where any disagreements between the Council of Governors and the Trust Board occur, the Trust policy “Policy and Procedure for Council of Governors: Raising Concerns” details the process by which these disagreements are resolved. This policy was last reviewed and approved in 2020 and will be reviewed again in 2023. A copy of the policy can be requested from the Secretary to the Trust by contacting foundationtrust@somersetft.nhs.uk

Nominations and Remuneration Committee (Council of Governors)

The Council of Governors is required to approve the remuneration and terms of service of the Chairman and Non-Executive Directors and has established a Nominations and Remuneration Committee to do so, in accordance with the Trust’s Constitution.

The role of the Committee is:

- to consider the Non-Executive Director or Chairman vacancies due in the next 12 months and make recommendations to the Council of Governors (Annex 8, para 2.1.1 of the Constitution in place during 2022/23); and
- to advise the Council of Governors as to the remuneration and allowances and of the Terms and Conditions of the office of the Chairman and other Non-Executive Directors (para 34.1 of the Constitution in place during 2022/3).

The Senior Independent Director, the Chairman and other Directors may be invited to attend meetings of this Committee.

The Committee met twice during the year on 30 May 2022 and 22 February 2023 to discuss:

- Feedback from the Non-Executive Directors appraisals and appraisal process for 2022/23
- Chairman’s 360 degree appraisal feedback
- Chairman’s objectives and appraisal process for 2022/23
- Non-Executive Directors succession plan
- Appointment of two Yeovil District Hospital NHS Foundation Trust Non-Executive Directors on the post merger Board
- Re-appointment of the Chairman
- Non-Executive Director recruitment process (post merger)

The Committee's attendance is set out below:

Nomination and Remuneration Committee – Attendance at meetings		
	Possible	Actual
Ian Hawkins (Chairman)	2	2
Jeanette Keech	2	2
Kate Butler	2	2
Lynn Pearson	2	2
Phil Hodgson	1	1
Sumitar Young	1	1

The Committee received feedback from the Non-Executive Directors performance reviews and concluded that all Non-Executive Directors had had a successful year and that, in spite of the challenges created by the COVID-19 pandemic, all Non-Executive Directors had performed well above the standards required.

The Committee discussed feedback from the 360° degree Chairman's performance review process and agreed that the Chairman's performance during 2021/22 had been excellent.

The Committee further discussed the Chairman objectives for 2022/23 and recommended the approval of the objectives as well as the Chairman and Non-Executive Directors appraisal processes for 2022/23 to the Council of Governors.

The Committee did not carry out any recruitment campaigns during 2022/23 but considered the Non-Executive Directors' succession plan. The Committee recommended the approval of: Graham Hughes and Paul Mapson (Yeovil District Hospital NHS Foundation Trust Non-Executive Directors) to the post-merger Board; the re-appointment of Alexander Priest from 1 April 2023 for a further three-year term; and the re-appointment of Jan Hull and Barbara Gregory for a further one year term with effect from 1 August 2023 due to the need for continuity following the merger in 2023. The Committee further recommended the re-appointment of Colin Drummond, Chairman, for a further three-year term. All appointments/re-appointments recommendations were based on the Board skills mix and previous appraisals.

The Committee did not undertake a review of remuneration during 2022/23 and a review will be undertaken during 2023/24.

Council of Governors elections

During 2022/23 elections were held in the following constituencies: Dorset, Mendip, Sedgemoor, Outside Somerset, South Somerset, West Somerset and Taunton and staff. The election process took place during the period 3 March 2022 to 5 May 2022.

The following seats were unopposed: Mendip (one vacancy remaining); and Sedgemoor. No nominations were received for the Dorset seat and this seat will remain vacant until the 2023 election process.

The Outside Somerset; South Somerset; West Somerset and Taunton; and staff seats were contested. Two staff governor seats will remain vacant until the merger as they have been allocated to YDH staff.

An overview of Governors in place on 1 April 2022, including Council of Governor meeting attendance, is set out below:

Governor	Constituency	Governor in place on 1 April 2022	Term of Office		Meetings	
			From	To	Possible	Actual
Erica Adams	Public – Somerset West and Taunton	Erica Adams	1 April 2020	31 March 2023	5	5
Ian Aldridge	Public – Somerset West and Taunton	Melanie Devine	1 May 2022	30 April 2023	5	5
Kate Butler	Public – Somerset West and Taunton	Kate Butler	1 May 2022	30 April 2025	5	5
Sumitar Young	Public – Somerset West and Taunton	Sumitar Young	1 May 2020	30 April 2023	5	5
Jane Armstrong	Public – Somerset West and Taunton	Jane Armstrong	1 May 2020	30 April 2023	5	5
Jeanette Keech	Public – Somerset West and Taunton	Jeanette Keech	1 May 2022	30 April 2025	5	5
Timothy Slattery	Public – Somerset West and Taunton	Tim Slattery	1 April 2020	31 March 2023	5	4
Stephen Fowler (resigned September 2022)	Public – Mendip	Stephen Fowler	1 May 2020	1 September 2022	1	1
Vacancy	Public – Mendip	Stephen Fowler	2 September 2022	30 April 2023	-	-
Vacancy	Public – Mendip	Vacancy	1 May 2022	30 April 2025	-	-
Bob Champion	Public – Mendip	Bob Champion	1 May 2022	30 April 2025	5	5
Philip Jackson	Public – Mendip	Philip Jackson	1 May 2020	30 April 2023	5	2
Dave Gudge	Public – Sedgemoor	Dave Gudge	28 September 2021	30 April 2023	5	4
Judith Goodchild	Public – Sedgemoor	Judith Goodchild	1 May 2022	30 April 2025	5	5
Eddie Nicolas	Public – Sedgemoor	Eddie Nicolas	1 May 2020	30 April 2023	5	5

Governor	Constituency	Governor in place on 1 April 2022	Term of Office		Meetings	
			From	To	Possible	Actual
Jack Torr	Public – Sedgemoor	Jack Torr	1 September 2021	31 March 2023	5	5
Paull Robathan	Public – South Somerset	New seat	1 May 2022	30 April 2025	5	5
David Recardo	Public – South Somerset	New seat	1 May 2022	30 April 2025	5	3
Paddy Ashe	Public – South Somerset	Paddy Ashe	1 May 2020	30 April 2023	5	2
Ian Hawkins	Public – South Somerset	Ian Hawkins	1 May 2020	30 April 2023	5	5
Sue Steele	Public – South Somerset	New seat	1 May 2022	30 April 2025	5	5
Nick Crow	Public – South Somerset	Gillian Waldron	1 May 2022	30 April 2025	5	2
Mick Beales	Public – South Somerset	New seat	1 May 2022	30 April 2025	5	5
Judith Morris	Public – South Somerset	Sue Steele	14 June 2022	30 April 2023	4	4
Alan Peak	Public –Outside Somerset	Alan Peak	1 May 2022	30 April 2025	5	3
Vacancy	Staff	Vacancy	21 January 2022	31 March 2023	-	-
Manuel Blanco-Guzman	Staff	Manuel Blanco-Guzman	1 April 2020	31 March 2023	5	4
Shabnum Ali	Staff	Paul Aldwinckle	1 May 2022	30 April 2025	5	4
Joe Silsby	Staff	Polly Maguire	1 May 2022	30 April 2025	5	5
Phil Hodgson	Staff	Phil Hodgson	1 April 2020	31 March 2023	5	4
Owen Howell	Staff	Owen Howell	1 May 2020	30 April 2023	5	4
Vacancy	Staff	Vacancy	1 April 2022	31 March 2025	-	-
Lynn Pearson	Staff	Lynn Pearson	1 April 2020	31 March 2023	5	5
Julius Ndlovu	Staff	Julius Ndlovu	1 April 2021	30 April 2023	5	1
Neil Thomas	Staff	Neil Thomas	1 April 2020	31 March 2023	5	3
Cllr Heather Shearer	District Councils	Cllr Heather Shearer	All appointed organisations were appointed on 1 May 2008 for an unlimited period.		5	4
Vacancy	District Councils	Vacancy			-	-
Rod Williams (until May 2022)	Somerset County Council	Cllr Rod Williams			-	-
Cllr Ross Henley	Somerset County Council	Rod Williams			4	0

Governor	Constituency	Governor in place on 1 April 2022	Term of Office		Meetings	
			From	To	Possible	Actual
Vacancy (from December 2021)	Somerset Clinical Commissioning Group	Vacancy			-	-
Caroline Gamlin (from 9 November 2022)	Somerset Clinical Commissioning Group	Vacancy			2	0
Robert Cornes	Taunton Samaritans	Robert Cornes	1 May 2020	30 April 2023	5	3
Caroline Toll	Care UK	Caroline Toll	-	30 April 2023	5	4
Jos Latour	Universities	Jos Latour	18 May 2020	17 May 2023	5	5
Vacancy	Somerset GP Board	Vacancy	-	-	-	-

The process for removal from the Council of any Governor who consistently and unjustifiably fails to attend the meetings of the Council or has an actual or potential conflict of interest which prevents the proper exercise of their duties, is clearly set out in the Constitution which has been approved by the Council of Governors. Any incidence of consistent non-attendance by a governor is discussed at a Council of Governors meeting and individual circumstances are taken into account in deciding whether or not to remove a governor on the ground of consistent non-attendance.

Steps taken by Members of the Board in Understanding the Views of the Council of Governors and Membership

All Board members are encouraged to attend Council of Governors' meetings and routinely do so, with the Chief Executive leading on standing agenda items and other Directors presenting agenda items and responding to questions as required.

As the majority of Board members attend the Council of Governors' meetings, feedback from the meetings can be taken into account immediately. In addition, representatives from the Council of Governors also attend the public Board meetings and governors are invited to attend the joint Board/Council of Governors away day held in December each year to discuss strategic priorities. Membership of the Board Committees include a dedicated Governor.

The Chairman meets with the lead and deputy lead governor on a regular basis to discuss issues arising from Board meetings and governors' concerns. The Chairman and/or Chief Executive also meet with the Staff Governors on a regular basis. Governors meet with Non-Executive Directors on a quarterly basis.

During the year, three Governor Development sessions have been held jointly with the Yeovil District Hospital NHS Foundation Trust Governors. These development sessions covered: update on the digital strategy; update on colleague wellbeing and available support; update on the merger, including clinical case studies and colleague engagement; update on the Ockenden report; update by the Chief Executive; discussion on planning for the future and the format of future Governor led working groups; presentation on research and development; update on the review of community hospitals; update from the Executive Team.

Details are set out below of the attendance at meetings of the Council of Governors by Trust Board members. Board members are not members of the Council but have a standing invitation to attend Council meetings.

Board Member Attendance at Council of Governors Meetings

		Meetings	
		Possible	Actual
Colin Drummond	Chairman	4	4
Jan Hull	Non-Executive Director	4	3
Barbara Gregory	Non-Executive Director	4	3
Kate Fallon	Non-Executive Director	4	2
Stephen Harrison	Non-Executive Director	4	4
Alexander Priest	Non-Executive Director	4	4
Sube Banerjee	Non-Executive Director	4	0
Peter Lewis	Chief Executive	4	4
Daniel Meron	Chief Medical Officer	4	2
Pippa Moger	Chief of Finance	4	3
Phil Brice	Director of Corporate Services	4	4
Hayley Peters	Chief Nurse	4	4
Andy Heron	Chief Operating Officer (Mental Health, Families and Neighbourhoods)/Deputy Chief Executive	4	2
Isobel Clements	Chief of People and Organisational Development	4	4
David Shannon	Director of Strategy and Digital Development	4	2

		Meetings	
		Possible	Actual
Matthew Bryant	Chief Operating Officer (Hospital Services)	4	3

Governor Involvement in Business Planning

participate in the Trust's annual business planning process and the Governors were invited to and attended a joint Board/Council of Governors Away Day on 6 December 2022. Topics covered at this meeting included the following strategic items: update on the merger and update on Symphony Health Services and primary care.

Governors have also been involved in setting the Quality Account priorities and the Quality Account priorities for 2022/23 were approved at the September 2022 Council of Governors meeting.

Progress made in implementing the annual plan action plan is monitored by the Strategy and Planning Group, which receives quarterly progress reports for discussion. The Group provides regular feedback on progress made in implementing the actions to the Council of Governors meeting.

Engagement with members

We recognise the importance of having a strong and engaged membership. With circa 21,275 members (public and staff combined), the Trust has access to the local population, interaction with which helps to improve services.

The membership strategy for 2020/23 came into effect from 1 April 2020. The focus of the Trust's membership strategy is on improving meaningful engagement with its members and a key form of engagement is through the annual members' meeting held in September each year. Membership and membership engagement is monitored by the Membership Strategy Group and progress is reported to the People Group. A new membership strategy has been developed for the period 2023 to 2026 and a formal Membership.

Engagement with members during 2022/23 has, in view of the COVID-19 pandemic, been mainly through virtual means but regular Members' Briefings have been produced and emailed to Members for whom an email address is on their record. A hard copy of a Members' briefing was also posted to members without an email. Members have been invited to take part in a number of online surveys.

The Trust's membership is broadly representative of the population it serves. According to 2011 census data, the majority of Somerset residents are 'white British'. Somerset also has an increasingly older population, and the Trust's membership largely reflects this trend but there is an under representation of members in the 12-21 age group. There is also a slight under representation of male members.

The Membership Strategy Group has been actively involved in the development of new membership material and raising the profile of membership. Particular focus is being given to recruiting younger members and work is taking place to set up a Youth Forum and visiting Colleges to attract younger members.

Membership as at 31 March 2023

Public membership

Constituency	Number of Members 31.03.2023	Number of Members 01.04.2022	increase/ decrease over year
Public	8,740	8,275	+ 465

**this number is made up of 992 new members and 527 members who have left, mainly as a result of a change in address.*

Staff membership

Constituency	Number of Members 31.03.23	Number of Members 01.04.2022	increase/ decrease over year
Staff	12,535	12,303	+ 232

How to Become a Member of the Trust

Anyone aged 12 years or over, living anywhere in England or Wales, can join us as a Member. You can sign up online <https://secure.membra.co.uk/SomersetApplicationForm> or write, phone or email the Membership Office to have a Freepost form sent to you. There is no charge to become a member.

We welcome suggestions from members for topics which they would find of interest, or other types of event they would like us to arrange.

There are also web pages for members on the Trust's website, and governors are happy to accept invitations to talk to community groups with an interest in local health services.

Details of meetings and events can be found on the Trust's website.

Membership Office Tel: 01278 432167

Email: foundationtrust@somersetft.nhs.uk

**Somerset NHS Foundation Trust
2nd Floor Mallard Court, Express Park,
Bristol Road, Bridgwater, Somerset TA6 4RN
Tel: 01278 432000 Fax: 01278 432099**

Email: foundationtrust@somersetft.nhs.uk Website: www.somersetft.nhs.uk

Trust Board Contact Details

All Board members can be contacted at the following address:

Somerset NHS Foundation House
Trust Management, Barton House South
Musgrove Park Hospital
Taunton, TA1 5DA

Or via Musgrove Park Hospital's switchboard: 01823 333444.

A register of interests of the Trust Board and Council of Governors is available upon request from the Secretary to the Trust, who can also provide a copy of the Scheme of Delegation. The Registers of Interests are also available on the internet www.somersetft.nhs.uk as part of the Board and Council of Governors' meeting papers.

Council of Governors Contact Details

Governors can be contacted via: governors@somersetft.nhs.uk

or write care of the Musgrove Park Hospital address above.

ANNUAL GOVERNANCE STATEMENT

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Somerset NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Somerset NHS Foundation Trust for the year ended 31 March 2023 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Trust has identified an executive director with responsibility for progressing risk management in the organisation. The Director of Corporate Services has clearly defined risk management responsibilities and is supported by the Director of Integrated Governance. The Chief Operating Officer has overall accountability for the day to day delivery of risk management activity within the clinical directorates. Responsibilities for risk management are clearly defined within job descriptions for all of these roles.

The Trust's governance support team is responsible for providing appropriate training, support and guidance to enable all managers to carry out their risk management responsibilities. Specific training courses on risk management for managers, risk assessment, incident management and investigation are supported by a corporate induction and mandatory update programme covering all regulatory requirements.

The Director of Corporate Services and Chief Operating Officers have been key members of the Trust's Senior Operational Management Team (SOMT), where the risk register has been reviewed monthly to ensure operational risks are being adequately controlled.

The Director of Corporate Services chairs the Trust's key operational management group for governance, the Integrated Quality Assurance Board (IQAB). The Director of Integrated Governance is also a key member of this committee. The IQAB meets monthly to monitor progress with corporate and operational plans and receive

assurance reports and improvement plans from nominated leads on all regulatory requirements in accordance with its reporting schedule.

The Trust's Serious Incident Review Group meets regularly to share issues raised following incidents, complaints, concerns and claims, along with information from other key sources, such as morbidity and mortality reviews. This enables sharing of good practice and lessons learned via directorate governance structures and allows for direct input into the Trust's improvement programme.

The Audit Committee has responsibility for monitoring the effectiveness of the Trust's risk management systems and for reviewing and challenging the organisation's risk appetite and maturity.

The risk and control framework

The idea of 'integrated governance' in the NHS combines the principles of corporate and financial accountability with clinical and management accountability and it moves towards a single risk management process which covers all the Trust's objectives, supported by a co-ordinated approach to collecting and analysing information about performance and risk.

The Trust has effective processes in place for the identification, reporting and management of clinical and non-clinical risks, supported by a Head of Health & Safety and Risk and a dedicated Risk Manager within the governance team. The risk management process is based on the Australian / New Zealand risk management standard (further developed by the National Patient Safety Agency in 2008) and applies to both clinical and non-clinical risks.

Risks are assessed and evaluated using a single form and rating system for all types of risk, allowing direct comparison. From this score, risks are categorised into one of three accountability levels, and responsibility for the control and monitoring of the risk is allocated to the appropriate department, Directorate or the Trust executive team, depending on the level identified. Responsibility for completing actions is allocated to an individual manager, with monitoring carried out by the relevant Directorate or Trust committee.

The corporate risk registers, which include all of the highest risks, are reviewed on a monthly basis at the SOMT and quarterly by the Board, with the overall process for management of risk being overseen by the Audit Committee.

The Board of Directors delegates key duties and functions to its sub-committees. There are five key committees within the structure that provide assurance to the Board of Directors. These are:

- Audit Committee
- Quality and Governance Assurance Committee
- Finance Committee
- Mental Health Act Committee
- People Committee

There are a range of mechanisms available to these committees to gain assurance that our systems are robust and effective. These include using internal and external audit, peer review, external inspection and review, management reporting and clinical audit.

The Board of Directors receives regular reports from its sub committees on business covered, risks identified and actions taken, based on the principle of exception reporting.

The **Audit Committee** provides objective assurance to the Board and management as to the adequacy and effectiveness of the organisation's risk management. The Committee is required to discharge a number of statutory duties and assists the Board with its responsibilities to strengthen and improve the risk management and controls framework. The Audit Committee considers the findings and recommendations of internal and external audit reports, counter fraud reports and monitors the Trust's Assurance Framework.

Membership of the Audit Committee comprises four Non-Executive Directors. The Board's sub-committee for quality and patient safety is the **Quality and Governance Assurance Committee (Q&GAC)**.

The Q&GAC receives reports covering three areas:

- risk, performance and quality assurance (including in its planning meetings the Corporate Risk Register and Assurance Framework and quality and performance dashboards);
- external reports and reviews (including CQC, PHSO and relevant national and regional reports);
- reports on topics covering all aspects of quality performance together with data security and protection, health safety, security and estates and patient and carer experience. In addition, each of the operational divisions within the Trust has their own devolved governance responsibilities and governance groups which report regularly to the IQAB.

The Q&GAC also receives exception reporting in relation to quality performance, based on identified key performance indicators. The Q&GAC triangulates performance information with clinical governance (patient safety, clinical effectiveness and patient experience) and workforce data to provide oversight of the quality of Trust services.

Membership of the Q&GAC comprises four Non-Executive Directors, two of which are also members of the Audit Committee, together with the Chief Nurse, Chief Medical Officer, Chief Operating Officer, the Director of People and OD and the Director of Corporate Services.

The Committee hold a bi-monthly planning meeting at which it regularly receives:

- Issues identified to the Trust by the Care Quality Commission
- Quality and Performance exception reports and divisional dashboards

- Safer staffing information
- Serious Incident Review Group tracker report and other key information (including details of inquests and incidents reported under the RIDDOR regulations)
- Mortality surveillance and learning from deaths reports
- Exception reports from the IQAB for any high risk themes or topics which are assessed as amber or below for compliance over the year
- Information on results from national audits and national surveys
- Information on any data outliers

At its alternate bi-monthly meetings the Q&GAC also receives in-depth reports on areas of risk identified from these reports, setting out areas of risk identified, actions being taken to address and mitigate the risks and determines areas for which further assurance is required.

Issues and risks may be referred to the Audit Committee to request additional external assurance. The Q&GAC monitors all reports on Care Quality Commission (CQC) inspections of the Trust services and any action plans arising from them; and will consider relevant reports of investigations undertaken by the Parliamentary and Health Service Ombudsman, the Information Commissioner, HM Coroner and the Health and Safety Executive and all action plans arising from them.

The Q&GAC will also refer to and receive matters for consideration from the other Board sub-committees, including the People Committee, the Mental Health Act Committee and the Finance Committee.

The **Finance Committee** comprises four Non-Executive Directors, the Director of Finance, the Deputy Director of Finance, the Director of Estates and Facilities and the Chief Information Officer. The Committee focuses on the delivery by the Trust of its key financial targets, its management of capital and investment, including the IM&T and Estates strategies.

The **Mental Health Act Committee** focuses on compliance and monitoring of the Trust's approach to Mental Health legislation, including the Mental Health Act, Mental Capacity Act and Deprivation of Liberty Safeguards. The Committee comprises three Non-Executive Directors, the Medical Director (mental health), the Chief Operating Officer, the Director of Corporate Services, the Deputy Service Director for Mental Health and Learning Disabilities and the Mental Health Legislation Co-ordinator. Representatives from Somerset County Council and from the Care Quality Commission also attend the meetings.

The **People Committee** oversees the development and delivery of the People Strategy. The Committee monitors development and performance against the core objectives of the policy relating to colleague engagement; leadership; learning and development and workforce planning. The Committee comprises non-executive directors; the Director of People and Organisational Development and other executive directors. Freedom to Speak Up Guardians; staff governors and staff side representatives also attend the meeting.

Representatives from the Council of Governors and their working committees attend all board sub-committees and report on their activities to the public meetings of the Council of Governors.

The Trust's Risk Management Policy sets out responsibilities for all staff in relation to risk identification, risk assessment, risk management and risk handling.

The main methods for the identification of risk are:

- Review of compliance with key standards, for example the CQC registration requirements, and health and safety legislation.
- Executive review of annual and strategic objectives to identify potential risks to meeting those objectives.
- Local risk assessment at departmental level, feeding up to divisional risk registers.
- Facilitated risk identification sessions at various levels in the organisation.
- Information from reviews of incidents, complaints, claims, mortality, etc.
- Information from external sources such as CQC inspections, audits and patient and staff surveys.

All risks are assessed and evaluated using a standard form and scoring system, allowing direct comparison. From this evaluation, risks are categorised into one of three accountability levels, and responsibility for the control and monitoring of the risk is allocated to the department, the directorate or the Trust's executive team, depending on the level identified. Responsibility for completing actions is allocated to an individual manager, with monitoring carried out by the relevant directorate committee or Trust executive director. The three accountability levels are set based on the Trust's risk appetite, which is regularly reviewed by the Board.

Risk identification is linked to the setting of organisational objectives, as detailed in the Trust's board assurance framework. Capital planning includes an assessment of risk issues, and spending is prioritised on a risk basis. All papers considered by the Board are referenced to the risks they are aimed at addressing. The board assurance framework links to the significant risks that may affect the Trust achieving its objectives, how they are currently controlled and what sources of assurance the Board has that the risks are being managed appropriately. It also details action that is necessary to reduce the risks or improve sources of assurance, with prioritisation based on the standard Trust risk evaluation process. Information and data security risks are identified and managed through the Trust's risk assessment and incident reporting processes. The Trust has established a Data Security and Protection Group to monitor this process and provide assurance on the systems in place for managing information risks.

Assurance on compliance with CQC registration requirements, along with other key regulatory requirements, is provided to the Q&GAC via the work of the IQAB. The IQAB reviews the assurances in place for all requirements in line with an annual plan, providing regular updates to the Q&GAC.

Somerset NHS Foundation Trust is fully compliant with the registration requirements of the CQC.

The Trust has had an Assurance Framework in place throughout 2022/23. The Assurance Framework is designed to provide the Trust with a method for the effective and focused management of the principal risks which may impact on the achievement of objectives.

The Assurance Framework is linked to the Trust's strategic aims and objectives.

The process for the Assurance Framework includes sub-Committee oversight, with specific sections requiring completion by the Committees. The Assurance Framework is reviewed at each Audit Committee and quarterly by the Board. The Trust's Assurance Framework is designed to provide the Trust with a method for the effective and focused management of the principal risks which may impact on the achievement of objectives.

The highest risks to the Trust are available for detailed scrutiny to both internal and external auditors. Action plans for the management of risks have been developed and monitored through identified governance groups and overseen by the Audit Committee and the Board.

The Q&GAC reviews quarterly the levels of risk identified and the controls in place to manage them.

A summary of significant risks (managed in year) is provided below:

- **COVID-19** – For much of the reporting period, the continued impact of the coronavirus pandemic meant that the Trust, working with all partner agencies locally, regionally and nationally had to work in significantly different ways. Our acute, community, mental health and corporate services responded to the coronavirus pandemic by refocusing services, standing some up and stepping others down, to ensure that we can care for the people who need our support while working progressively to recover all of our services over the course of the year.
- **Performance Targets** - The delivery of a number of a number of performance targets has remained a significant challenge throughout the year, including RTT, cancer waits, A&E waiting times, diagnostic tests and dental general anaesthetics for children in Dorset. This has been significantly impacted by the reduction in elective activity and requirement for major changes to pathways due to the Covid pandemic and, more recently, by strike action. Each of these performance areas have been subject to detailed review and planning at a system level to address the issues of capacity and demand.
- **Finance** - Although the Trust achieved its control total this year, the system-wide risks in relation to the financial position have also been significant again during the year and the Trust has worked with the CCG, Somerset County Council and partner organisations to manage these risks during the year.

- **Staffing Pressures** - The Trust has continued to identify risks in a number of services around staffing pressures arising from vacancies, sickness absence and increasing levels of demand. This has led to the temporary closure or reduction of some services. An extensive recruitment campaign was maintained during the year, including continued overseas recruitment, but was not sufficiently successful and significant pressures remain.
- **Aging Estate** - The condition of some of the estate and the extent of the backlog maintenance continues to be a challenge for the delivery of services at Musgrove Park Hospital and within mental health and community services. Priorities for investment are constantly kept under review, based on risk assessment, to ensure that risks are minimised.

During the year as part of the development of the Risk Management Strategy for the new organisation, the Board of Directors supported by the Head of Risk, discussed and agreed the risk appetite and risk tolerance levels for the new integrated organisation. A risk appetite and risk tolerance statement were included within the Risk Management Strategy as approved in March 2023. The risk appetite and risk tolerance statement sets out the Board's strategic approach to risk-taking by defining its boundaries and risk tolerance thresholds. The risk appetite and risk tolerance statement does not negate the opportunity to potentially take decisions that result in risk-taking that is outside of the risk appetite. The Yeovil District Hospital risk appetite statement in use during 2022/23 was considered against the following risk categories: quality and governance; compliance and performance; continuity of service; operational risk; financial risk; business risk; and reputation risk.

The risk appetite approved in March 2023 based on the [Good Governance Institute Risk Appetite for NHS Organisations Matrix](#), for the new integrated organisation is:

Risk Appetite	Definition
None (0)	Avoidance of risk and uncertainty is a key organisational objective
Minimal (1)	Minimal (as little as reasonably possible). Preference for very safe delivery options that have a low degree of inherent risk and only for limited reward potential
Cautious (2)	Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward
Open (3)	Willing to consider all potential delivery options while also providing an acceptable level of reward (and value for money)
Seek (4)	Eager to be innovative and choose options offering potentially higher business rewards (despite greater inherent risk)
Significant (5)	Confident in setting high levels of risk appetite because of controls, forward scanning and responsiveness systems are robust

Strategic Objective	Risk Appetite
Improve the health and wellbeing of the population	Seek (4)
Provide the best care and support to people	Open (3)
Strengthen care and support in local communities	Seek (4)
Reduce inequalities	Seek (4)
Respond well to complex needs	Seek (4)
Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture	Seek (4)
Live within our means and use our resources wisely	Financial Management - Open (3) Commercial – Seek (4)
Develop a high performing organisation delivering the vision of the trust	Seek (4)

NHS Resolution handles negligence claims made against the Trust and works to improve risk management practices in the NHS.

All staff are responsible for managing risks within the scope of their role and responsibilities as employees of the Trust. There are structured processes in place for incident reporting, and the investigation of Serious Incidents. The Trust Board, through the risk management policy and incident reporting policy, promotes open and honest reporting of incidents, risks and hazards.

The Trust has a positive culture of reporting incidents enhanced by accessible online reporting systems available across the Trust. All patient related incidents which have resulted in harm as well as 'near miss' incidents are reported onto the National Reporting & Learning System (NRLS) to aid national trend analysis of incident data. The Trust receives regular summaries of incident reporting activity benchmarked against that of other, similar organisations. Significant issues are escalated to the Q&GAC.

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past twelve months as required by the Managing Conflicts of Interest in the NHS22 guidance.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The foundation trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Quality Governance is a key element of the overall governance arrangements of the Trust. At the heart of the Trust's commitment to quality is a clearly defined system of quality performance management, and a clear risk management process.

A Quality and Performance Report is presented to the Board at each meeting and highlights the key issues and trends, in relation to the provision of high quality care and patient experience.

The Chief Executive is ultimately accountable for the clinical governance processes in the Trust. During the year, this responsibility was delegated to the Chief Nurse, working closely with the Chief Medical Officer and the Director of Corporate Services.

The Executive Directors are experienced in NHS settings and the Non-Executive Directors provide independent challenge and bring a range of senior level experience from the commercial and public sectors. They receive independent appraisals conducted by the Chief Executive and Chairman.

The Trust has an integrated structure for monitoring quality and safety including a committee structure which has executive and non-executive representation. The Board monitors quality through the following processes:

- the monthly quality and performance report;
- the reporting of serious incidents and learning;
- a monthly IQAB which focuses on compliance with statutory, regulatory and quality standards, reporting exceptions to the Quality and Governance Assurance Committee;

The Trust has a comprehensive clinical audit work plan covering both national and local audits. Findings from national clinical audits are regularly reported to the Quality and Governance Assurance Committee.

A framework exists for the management and accountability of data quality.

The foundation trust is fully compliant with the registration requirements of the Care Quality Commission.

The foundation trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past twelve months as required by the *Managing Conflicts of Interest in the NHS* guidance.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance

with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The foundation trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Public engagement with risk management

The Trust involves its key public stakeholders with managing the risks that affect them through the following mechanisms:

- Engagement with HealthWatch Somerset;
- The Council of Governors and Trust members are consulted on key issues and risks as part of the annual operating plan;
- Annual members' meeting;
- Engagement with patient and carer representative groups, including the voluntary sector and Leagues of Friends;
- Involvement with local patient representative groups.

The Trust has an integrated Quality and Patient Experience (QPE) Group, which is chaired by a public governor and comprises governors, executive directors, operational staff, voluntary sector representatives and HealthWatch representatives. The QPE Group provides a quarterly report, including assessment of risks and issues, to the Council of Governors and escalates areas of risk to the Quality and Governance Committee.

The Trust has further developed its risk management processes to ensure that relevant and up to date risk information is available at all key meetings, ensuring that decisions are based on robust assessments of risk. The Trust has an open and fair culture, encouraging incident reporting to enable the hospital to learn and improve as part of its core business.

Developing Workforce Safeguards

In October 2018 NHSI released 'Developing workforce safeguards – supporting providers to deliver high quality care through effective staffing'. The report made many recommendations and highlighted good practice to support Trusts make evidenced decisions about safe staffing levels across all clinical areas, covering all staffing groups.

The Trust has reviewed the safeguards and recommendations during the year and continues to have in place a series of measures to meet these requirements. Central to this is the resourcing principles, aims and plans set out in the Trust's People Strategy.

We have in place regular reviews of safe staffing for inpatient ward areas with key staffing data triangulated against outcomes such as incidents, red flag reports or any harm reported, professional opinion from clinical leaders about current risks or mitigation in all areas. There is a six-monthly report to the Trust Board on safer staffing in inpatient wards.

Any service changes, skill mix reviews and new roles are subject to a Quality Impact Assessment process that is shared with organisations across the county. Escalation processes are documented at a local level and as part of system-wide escalation needs.

Review of economy, efficiency and effectiveness of the use of resources

The following key processes are in place to ensure that resources are used economically, efficiently and effectively:

- Scheme of Delegation and Reservation of Powers approved by the Board
- Standing Financial Instructions
- The monitoring of spend in year using budgets and variance analysis against actuals, with regular monthly financial monitoring reports produced for each operational unit or segment. An organisational report is produced monthly and reported to the Board, and discussed and reviewed in detail at the Finance Committee
- Robust competitive processes used for procuring non-staff expenditure items
- Cost improvement schemes, which are assessed for their impact on quality with local clinical ownership and accountability
- Strict controls on vacancy management and recruitment; and
- Contract monitoring arrangements with key commissioners which provide evidence that key requirements have been delivered.

Staff have a responsibility to identify and assess risk and to take action to ensure controls are in place to reduce and or mitigate risks whilst acknowledging need for economy, efficiency and effectiveness of the use of resources. All budget managers have a responsibility to manage their budgets and systems of internal control effectively and efficiently. These processes are not only reviewed on an ongoing basis by managers themselves but are also examined by internal and external audit as part of their annual plans.

A local counter fraud specialist and procedures are in place for work related to fraud and corruption as required by NHS Protect.

The Trust Board gains assurance from the Finance Committee in respect of financial and budgetary management across the organisation and the Audit Committee, which receives reports regarding Losses and Special payments and the Write-Off of Bad Debts.

There are a range of internal and external audits that provide further assurance on economy, efficiency and effectiveness, including internal audit reports on creditors, financial reporting and budgetary control and cost improvement programmes.

The Audit Committee receives reports from directors of the Trust as well as internal audit, external audit and the Counter Fraud specialist on the work undertaken to review the Trust's systems of control including economy, efficiency and effectiveness of the use of resources. Action plans are agreed from these reports to improve controls where necessary.

Information governance

Maintaining the security of the information that the Trust holds provides confidence to patients and employees. To ensure that security is maintained the Executive Director of Strategy and Digital Development has been identified to undertake the role of Senior Information Risk Owner (SIRO). The SIRO has overseen the implementation of a wide range of measures to protect the data we hold and a review of information flows to underpin the Foundation Trust's information governance assurance statements and its assessment against the data security and protection toolkit. The review against the data security and protection toolkit provides assurance that these aspects are being managed and identified weaknesses addressed.

The Trust will submit its return for the data security and protection toolkit in June 2023, with an expected achievement level of 'exceeds standards'.

During 2022/23, the Trust reported 6 incidents to the Information Commissioner. In all cases, the Information Commissioner was satisfied with the initial steps the Trust had taken and required no further actions.

Data quality and governance

The following steps were put in place during the year to assure the Board that there are appropriate controls in place to ensure the accuracy of data:

- The information provided is subject to robust checking and scrutiny through the Trust's governance groups and the SOMT meetings. The information is further integrated and tested by the Quality and Governance Assurance Committee and by the Board itself
- The Trust ensures key areas of performance are included within the annual internal audit programme
- Data quality and information governance are reviewed through regular quarterly reports to the Data Security and Protection Group and through Board monitoring of the data security and protection toolkit

The Trust's integrated governance model uses a full range of corporate, clinical, and information governance assurances to inform the Board in relation to operations and compliance. This includes formal 'topic-based reporting to the IQAB and specialist governance sub groups for data security and protection, health safety, security and estates, equality and inclusion, and quality and patient experience. In addition, each of the operational divisions within the Trust has their own devolved governance responsibilities and governance groups which report to the IQAB.

Controls are in place to ensure that all the Trust's employees have the appropriate skills and expertise to perform their duties. This includes the provision of relevant training and helps to ensure the accuracy and reliability of data collected and prepared by employees and which is used to assess the quality of the Trust's performance.

The quality metrics relied on by the Board have been regularly reported through Trust governance structures, including the Quality and Governance Assurance Committee, Trust Board and Council of Governors where appropriate. Data quality issues are addressed through the Trust's information governance systems in line with its relevant policies.

The metrics include key measures developed with the Trust's principal commissioners, the Somerset Integrated Care Board, to provide them with assurance that the Trust is providing high quality care. Additional measures relating to patient experience are provided by the monthly assessments that the Trust has established, overseen by the Trust's Quality and Patient Experience Group.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee [and risk/clinical governance/quality committee, if appropriate] and a plan to address weaknesses and ensure continuous improvement of the system is in place.

My review is also informed by:

- NHS Improvement Single Oversight Framework
- Care Quality Commission inspection reports
- Internal Audit reports
- External Audit reports
- CQC Insight Reports
- NHSR assessments
- Clinical audits
- Patient and staff surveys; and
- Benchmarking information

The Board is supported by the Quality and Performance Assurance Committee, Finance Committee, Mental Health Act Committee, People Committee and Audit

Committee who routinely review the Trust's system of internal control and governance framework, together with the Trust's integrated approach to achieving compliance with the Care Quality Commission essential safety and quality standards.

The Assurance Framework provides the Board with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. The Assurance Framework was subject to review and scrutiny at each meeting of the Quality and Governance Assurance Committee and Audit Committee, with a quarterly update provided to the Trust Board.

The Finance Committee focus on investigating the progress made in the delivery of financial plans and to undertake an in-depth analysis of financial information. Clinical Audit is given a high importance. The annual clinical audit plan reflects the priorities of the Board of Directors and national best practice, for example, NICE clinical guidelines, national confidential enquiries, NHS frameworks, high level enquiries and other nationally agreed guidance.

Internal audit has reviewed and reported upon control, governance and risk management processes, based on an audit plan approved by the Audit Committee. This has included a specific review of risk maturity and the implementation of a new risk management system. Where scope for improvement was found, recommendations were made and appropriate action plans agreed with management. Five internal audits identified limited assurance as part of the review of trust services in year:

- Consultant Job Planning
- Duty of Candour
- Career Conversations/Performance Appraisals
- Payroll Overpayments
- Disability Confident Employer

Action plans were developed to address the issues identified. Completion of the actions will be overseen by the Trust's Audit Committee.

The Head of Internal Audit Opinion was issued for 2022/2023 was issued at a level of Moderate assurance that there are no major weaknesses in the internal control system for the areas reviewed in 2022-23. The opinion states:

"As the internal auditors of Somerset NHS FT we are required to provide the Audit Committee, and the Director with an opinion on the adequacy and effectiveness of risk management, governance and internal control processes, as well as arrangements to promote value for money.

In giving our opinion it should be noted that assurance can never be absolute. The internal audit service provides Somerset NHS FT with moderate assurance that there are no major weaknesses in the internal control system for the areas reviewed in 2022-23. Therefore, the statement of assurance is not a guarantee that all aspects of the internal control system are adequate and effective. The statement of

assurance should confirm that, based on the evidence of the audits conducted, there are no signs of material weaknesses in the framework of control.

It should be noted that we strongly considered a limited assurance opinion, due to the number of outstanding recommendations in place at year end. However, in assessing the level of assurance to be given, we have taken into account the following:

- All internal audits undertaken by BDO LLP during 2022/23. We were directed to a significant number of these reviews, defining the scope based on areas of concern where we could add value in identifying the root cause of the issue. This has been reflected in the higher proportion of limited assurance reports in year.
- Two reviews provided substantial assurance for design of controls, one of which also provided substantial assurance for operational effectiveness, including key financial systems. Additionally, the mandated HFMA Financial Sustainability review highlighted only a small number of areas for improvement despite the significant changes taking place within the Finance team at the time as part of the merger preparation.
- Overall, the majority of audits provided moderate or substantial assurance in the design of controls. Whilst one had limited assurance for design and four more were limited by operational effectiveness, we were specifically directed by management to review these areas to help them improve the control environment.
- Of the 13 high priority risks raised in 2021/22 and 2022/23 that required action, the Trust have closed four, reduced a further four to medium priority and three are not due for implementation until 2023/24. The two high priority recommendations that remain overdue relate to the People and OD service, where the risk has been acknowledged and a detailed action plan is in place to address this with oversight at the new People Governance Committee
- All significant recommendations and the consequent risks have been accepted by management.
- The Trust received a 'Good' rating in its CQC Well-led inspection in September 2022. The report highlighted that Trust leadership, its vision and strategy, culture and governance were clear and effective and the Trust was well-informed on areas of risk and these were clearly articulated. The rating of 'Good' was the same as the Trust's last inspection.
- We have excellent engagement with the whole Executive team and Trust staff, from audit planning, scoping audit review and follow up of audit recommendations.
- The joint Executive team have been in post since January 2022 and since this point have been working towards the merger of Yeovil District Hospital NHS FT and Somerset NHS FT. This was successfully completed on 1 April 2023
- The Trust is expected to break-even against its agreed control total at year-end.

Conclusion

The Annual Governance review has identified no significant control issues.

Signed

A handwritten signature in black ink, appearing to read 'P. Lewis', with a long horizontal flourish extending to the right.

Chief Executive

27 June 2023

Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	YDH Quality Report – incorporating the Quality Account for 2022/23
SPONSORING EXEC:	Phil Brice, Director of Corporate Services
REPORT BY:	Steve Thomson, Director of Integrated Governance
PRESENTED BY:	Phil Brice, Director of Corporate Services
DATE:	20 September 2023

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

Executive Summary and Reason for presentation to Committee/Board	<p>The YDH Quality Report – incorporating the Quality Account – is a report about the quality of services provided by Yeovil District Hospital NHS Foundation Trust in 2022/23. The Quality Account is a requirement as set out in the Health Act 2009 with amendments made in 2012, such as the inclusion of quality indicators.</p> <p>Guidance for 2022/23 once again confirmed that there was no requirement for an external audit opinion on the Quality Account.</p> <p>For 2022/23, the Board and the Council of Governors agreed the five flagships - the priority programmes for delivering the five clinical care and support strategy aims:</p> <ul style="list-style-type: none"> • Aim 1: Improving the health of our population • Aim 2: Best care • Aim 3: Local communities, • Aim 4: Value all people alike • Aim 5: Personalised, coordinated care <p>as the Quality Account priorities for 2022/23. Performance against these priorities is included in the report.</p> <p>The flagship projects and programmes were delivered at team and / or service group level and monitored within the Board Assurance Framework.</p> <p>The report has been shared with Healthwatch, the Oversight and Scrutiny Committee, Governors and the Integrated Care Board for Somerset and Dorset. Feedback from these stakeholders is expected imminently.</p>



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

Implications/Requirements (Please select any which are relevant to this paper)					
<input type="checkbox"/> Financial	<input checked="" type="checkbox"/> Legislation	<input checked="" type="checkbox"/> Workforce	<input type="checkbox"/> Estates	<input type="checkbox"/> ICT	<input checked="" type="checkbox"/> Patient Safety/ Quality
Details: Publication of a Quality Report and Quality Accounts is a statutory and regulatory requirement for NHS Foundation Trusts.					

Equality and Inclusion The Trust aims to make its services as accessible as possible, to as many people as possible. We also aim to support all colleagues to thrive within our organisation to be able to provide the best care we can. How have you considered the needs and potential impacts on people with protected characteristics in relation to the issues covered in this report?
<p>The Trust is committed to reducing inequalities across all services provided. The priorities as described and addressed in the Quality Account align to the NHS priorities set out in the NHS Long Term Plan and Operational Planning Guidance and have specific focus on reducing inequalities.</p> <p>The merger with Somerset NHS Foundation Trust was planned to provide better care for our patients and ensure that everyone in the county enjoys consistent access to high quality services. The merger eliminates organisational boundaries and puts us in a better position to support people to stay well, give equal opportunity to mental and physical health and delivery services in the most appropriate setting. As services have been and are integrated, the potential impact on individuals with protected characteristics is considered in the planning and implementation phases. This will include wider engagement with various stakeholders.</p> <p>A number of specific initiatives have been implemented within the year to address inequalities as detailed within the report.</p>

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

Public/Staff Involvement History

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

The Quality Account has been drafted within wider engagement and involvement of colleagues. In addition, the reports have been shared with external agencies as described above and their stakeholder statements will be included within the final published report.

Previous Consideration

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

The Quality Accounts are published annually. Oversight of delivery of the objectives is delegated to the Quality and Governance Committee and within the Board Assurance Framework as reported to the Board Assurance Committees and directly to the Board.

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

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

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Quality Account

Yeovil District Hospital

2022/23

Our year 2022/23



47,697
patients admitted



159,915
radiology tests



66,479
ED attendances



2,688
children admitted



1,253
babies born



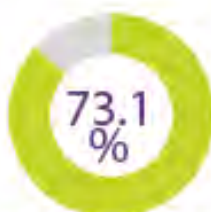
1,817
patients treated
for cancer



referral to treatment
within 18 weeks
(Target 92%)
up to March 2023



410
stroke patients
treated



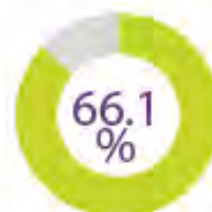
ED patients seen
within 4 hours
(Target 95%)



353
fractured hips
mended



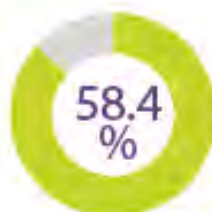
543
patients
assessed
by the frailty
team



Diagnostic six week
performance
(Target 99%)



4,460
admissions
avoided
through AEC



Cancer
2 Week Wait
(Target 93%)



Cancer
31 Day First
(Target 96%)



Cancer 62 Day
Standard
(Target 85%)



27
new doctors



23
new nurses
inc. unregistered
& students



3,008 treated for
COVID-19
2,833 recovered
from COVID-19

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Part 1: Statement on quality from the chief executive of Yeovil District Hospital

1.1 Our commitment to quality, Statement from the Chief Executive

Welcome to the annual quality account and report for Yeovil District Hospital NHS Foundation Trust, for the financial year 2022/23.

This quality account sets out how we performed against the quality improvements that we set ourselves. It also provides an opportunity for us to reflect on our achievements and challenges during, what has been, an extremely important year.

During 2022/23, we prepared to merge Yeovil District Hospital NHS Foundation Trust and Somerset NHS Foundation Trust, as well as focussing on providing care and support for those who needed it and support those patients and service users who care was delayed as a result of the Covid-19 pandemic. Like other NHS providers across England, we saw record numbers of patients (66,479), many of them with complex care needs, attend the Emergency Department at Yeovil District Hospital compared to the previous year (60,009). At the same time, we provided treatment for those patients whose planned treatment had been delayed and reduced the number of long waiting patients, with 369 pathways waiting over 52 weeks compared to 756 in March 2022.

We merged with Somerset NHS Foundation Trust on 1 April 2023 because we want to provide better care for our patients and ensure that everyone in the county enjoys consistent access to high quality services irrespective of where they live. Working as one organisation, and therefore eliminating organisational boundaries, puts us in a better position to support people to stay well, give equal priority to mental and physical health, deliver services in the most appropriate setting, help us to further improve care for our patients and service users, and make better use of our resources.

We are now a unique organisation that provides community, mental health and learning disability services throughout the county and into Dorset, along with acute services from both Yeovil Hospital and Musgrove Park Hospital, our 13 community hospitals in Somerset, and a quarter of Somerset's GP practices through our subsidiary Symphony Healthcare Services.

During 2022/23, our clinical and corporate services worked towards integrating and planning single countywide services and looked afresh at our existing clinical strategy, engaging our colleagues, services and partners, to ensure it remained relevant. The aims of our refreshed clinical strategy form part of our organisational strategic objectives, are shared with our partners on the Somerset Integrated Care Board, and are to:

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

It is also very important that we have facilities that support us to deliver the best care to our patients. In 2022/23 Yeovil District Hospital received £15m for a new ward and fifth operating theatre that will help us reduce waiting times for patients. The building work is split into two parts. The first part, which we expect to open in autumn 2024, will see Yeovil District Hospital's main theatre suite receive a significant refurbishment and the addition of a fifth operating theatre. The second part of the project is the addition of a new 20-bed ward which we expect to open a little earlier in spring 2024.

These facilities are in addition to a new £5m day theatre which will also help us to significantly reduce waiting times which grew during the pandemic. Work is already underway on the unit which uses funding from the Government's 'Targeted Investment Fund'. The new building will include a theatre suite with recovery rooms, reception and waiting areas, office space and a dedicated facility for colleagues.

2022/23 was undoubtedly a challenging year for the NHS but one in which we made significant steps to put us on a good footing for the future. However, it is important to note that we faced operational challenges as we sought to care for those patients who needed urgent treatment - and treat those who had waited a long time for treatment - while we faced continued difficulty to discharge patients when they were medically fit.

I want to end by thanking all my colleagues within the trust, our partners, our volunteers, our charities and the families and carers who support our patients. Without their hard work, dedication and commitment, we would not have been able to make the progress we have. Thank you once again for all that you do for the people and patients of Somerset and the services that we provide.

Peter Lewis

Chief Executive

1.2 Our vision, values and strategy

For 2022/23, the Trust focussed on six flagships - the priority programmes for delivering the five clinical care and support strategy aims:

Aim 1: Improving the health of our population,

Aim 2: Best care,

Aim 3: Local communities,

Aim 4: Value all people alike,

Aim 5: Personalised, coordinated care.

There was one flagship for aims 1-4 with aim 5 having one flagship programme for adults and a second for children and young people. Progress of flagships over the last year has been variable. This is partly due to teams having to reset priorities across the system, establish new relationships and the impact of operational pressures and leadership changes. The intention of the flagships was to set ambitions together and develop joint working with Somerset NHS Foundation Trust (SFT) colleagues and teams ahead of the merger.

How they were measured, monitored and reported?

The flagship projects and programmes were delivered at team and / or service group level and monitored within the Board Assurance Framework.

Here is how the Trust performed in these areas in 2022/23:

PRIORITY 1 - POSITIVE STEPS: USING THE TIME WAITING FOR SURGERY TO OPTIMISE PEOPLE'S HEALTH AND WELLBEING BOTH NOW AND FOR THE FUTURE

Why was it important?

This was a new flagship programme of work in 2022, to support the Trusts' ambition to play our part in improving the health of the population. Peri-operative care is the comprehensive management of patients before, during and after surgery, from the moment surgery is contemplated right through to recovery and long-term follow-up. It is understood that the fitter a patient is, the better they can cope with surgery, enabling a quicker recovery and improved outcomes. It is also known that the earlier teams understand the health requirements of patients, the more time there is to support healthy lifestyle change, which not only supports improved outcomes from surgery but may avoid the need altogether. Peri-operative care enables better outcomes from surgery such as reduced length of stay, speedier recovery, reduced re-admissions plus better long-term outcomes.

The aims of the peri-operative service are to:

- optimise the health of patients who need surgery.
- turn 'Waiting time' into 'Preparation time' prior to surgery.
- establish patients as partners in their own health management to positively impact their long-term health and wellbeing.

What was achieved during the year?

Prior to this work being adopted as a flagship programme, the peri-operative programme team agreed the scope of their current improvement. This was a focus on the pre-surgical period to optimise patients prior to surgery i.e., by improving mobility, cardiovascular and fitness levels, stopping or reducing smoking or helping patients to control their diabetes prior to surgery.

A core team was established, which developed 14 workstreams with leads. The programme has members from both YDH and SFT and is working to develop the Somerset Peri-operative service, building on existing services, learning from each other and taking forward the most beneficial options. Bi-weekly steering group meetings were implemented and over this time commenced c. 55+ tests of change.

Examples of workstreams developed are:

- identifying and taking action with patients as soon as the GP decides surgery may be an option i.e., diabetes pilot. This team works with GP surgeries to identify patients with diabetes, referred for elective surgery, to optimise and maintain their condition prior to their pre-operative assessment.
- targeting modifiable risk factors i.e., smoking cessation services with public health.
- working with and developing services currently available within the community to optimise health i.e., exercise pilot with Somerset Activity and Sports Partnership (SASP), the Home-based Older People's Exercise (HOPE) trial exercise programme with NHS England (NHSE) and emotional support through the talking therapies service.
- understanding how the patient can best prepare for surgery utilising services i.e., health coaches based within primary care networks.

QIP 2022/23 - PRIORITY 2 - INDEPENDENT LIVES: HELPING OLDER PEOPLE TO LIVE AS THEY WISH, GIVING THEM TIME TO DO WHAT IS IMPORTANT TO THEM

Why was it important?

Nationally an increasing number of people are at risk of developing frailty. Somerset has a higher than average elderly population with 24.8% aged 65 and over. Frailty is a clinically recognised state of increased vulnerability resulting from ageing; associated with a decline in the body's physical and psychological reserves. A person living with frailty has twice the mortality risk of a fit older person and increasing frailty is associated with substantial increases in healthcare costs. They are more likely to attend emergency departments and experience delayed transfers of care. People living with mild, moderate, or severe frailty could often have their needs best met in settings outside of acute hospital care. This flagship's ambition is to ensure quick and accurate identification of vulnerable people and to provide alternatives to hospital admission that are more responsive and better able to meet the needs of the frail person.

The frailty work is linked to Somerset system projects including the community hospital transformational work and the local delivery of the Ageing Well programme. This focuses on delivering integrated personalised care in communities and addresses the needs of older people through the inter-related service models of community multi-disciplinary teams (MDT's), urgent community response, enhanced care in care homes and anticipatory care.

What was achieved during the year?

In this last year there has been a focus on how services can more effectively manage frailer individuals at home to reduce potentially harmful lengthy hospital stays. This was achieved through early identification, provision of community alternatives and robust training and support for colleagues.

- **Identification of frailty:** Previous work within the Emergency Department (ED) continued throughout the year, linked into wider work across Somerset.
- **Hospital at Home:** Frailty and Respiratory Hospital at Home pathways commenced late in 2022. To date the service has supported 452 patients saving in excess of 3000 acute bed days. The service runs 7 days a week, 12 hours a day. The service operates with a 'team of teams' model linking closely with neighbourhood teams, primary care networks, acute hospitals and care of the elderly services. The merger has enabled Hospital at Home to integrate arrangements with SFT to support the service and provide consistent cover across Somerset.
- **Frailty Advanced Clinical Practitioners** (ACP's) have been employed across ED and community services. These community roles sit primarily within the Hospital at Home team but are closely aligned with the neighbourhood teams. Close working between the teams has been established to support the training and supervision of the new appointments.

QIP 2022/23 – PRIORITY 3 – STOLEN YEARS: HELPING PEOPLE WITH MENTAL HEALTH CONDITIONS TO LIVE LONGER LIVES

Why was this important?

People with severe mental illness (SMI) struggle to live independently, are at greater risk of developing health problems and are less equipped to recognise when and how to respond to worsening health signs. People living with SMI often live with poor physical health and on average die 15 – 20 years earlier than other people. It is estimated two out of three people, with a diagnosis of SMI, die from physical illnesses that can be prevented. The main causes of death being circulatory disease, diabetes and obesity.

What was achieved during the year?

The majority of work in this area was linked to SFT services, but YDH linked on a number of the projects. The stolen years flagship pledged to co-produce projects with 'Experts by Experience', building on work already done. There were two main areas of focus in year. Firstly, the uptake and quality of physical health checks for patients with SMI, Secondly, growing collaborative relationships between mental health and physical health colleagues, to improve care for patients with mental ill-health when accessing physical health services.

- **Tobacco reduction programme:** Smoking is the largest avoidable cause of premature death, with more than 40% of adults with SMI smoking. The Trust's Tobacco Harm Reduction Service supports those with severe mental health conditions and/or learning disabilities, as well as acute hospital inpatients and maternity services and staff to stop smoking or to reduce the amount they smoke. It is also the lead on developing smoke free sites within the Trust, promoting the smoke free message across the grounds and providing training to staff on tobacco harm reduction / smoking cessation. In June 2022, SFT appointed a Tobacco Reduction Programme (TRP) manager to lead on this work which will contribute to a reduction in health inequalities. The TRP fully mobilised its' inpatient acute and mental health pathways across all sites in March 2023 and is utilising Quality Improvement (QI) methodology to inform training needs and enable wards to become smokefree by the end of 2023/24.
- **Colleagues working together:** Physical and mental health colleagues have worked together to support mental health patients when they become physically unwell in inpatient settings. This project was started after a patient was transferred by ambulance twice from a mental health ward to an acute site for assessment of a physical issue. Recognising this was not a good experience for this patient and to further improve patient care and safety, the teams worked together to develop advice and guidance for patients who become physically unwell on mental health wards, so they can remain there wherever possible. This is planned to go live across both EDs and mental health wards from Summer 2023.

A further example of physical and mental health colleagues' collaboration was to support mental health inpatients when identified as end of life. Palliative care and bereavement colleagues provided support and training to staff so they could care for patients in familiar surroundings rather than moving to the acute trust. Simple measures such as sending beds for relatives to be able to sleep close by and providing staff with bereavement support has improved the confidence and skills of staff when caring for patients who are end of life. Staff feel energised as they can provide a holistic approach and improve patient care and experience.

- **Widening the focus:** In September 2022, Dr Katalin Fernando, Associate Medical Director for unplanned care, YDH, took on an additional portfolio role looking at the interface between acute medical and mental health services across YDH and SFT to better address the unmet physical healthcare needs of patients with mental health problems.

QIP 2022/23 – PRIORITY 4 – LAST 1,000 DAYS: VALUING PEOPLE'S PREVIOUS TIME IN THE LAST CHAPTER OF LIFE

Why was this important?

The last 1000 days flagship ambition is to identify and appropriately support patients to ensure they maximise the time they have, doing what is important to them in a place they want to be. This includes the needs of relatives and friends during life and after the death of their loved one has occurred. End of life care (EOLC) encompasses all stages of care and experience for patients and their families with a life-

limiting illness. It is not confined to the last days of life and can be measured many years prior to the death of a person. This flagship supports patients, family and carers to plan their last chapter of life and enables colleagues to provide high quality, compassionate EOLC. It seeks to ensure that those patients who die in hospital have the best care possible and that those patients, who wish to die at home, or elsewhere, are enabled to do so by supportive discharge arrangements which may include partnership working with other agencies and which respects an individual's choices, values, and beliefs.

What was achieved during the year?

The Last 1000 days flagship has been pivotal in the way EOLC is viewed countywide, with multi-agency colleagues coming together to do the right thing for patients who are at the end of their life. The Last 1000 days governance structure is well embedded with a steering group to which three subgroups report: operational, governance and education. Work has already begun to formally bring the two legacy EOLC teams together who have already worked on many of the projects together. The focus of many of the projects within the Last 1000 days flagship arise from colleagues themselves and/or learning from events which trigger them to work together to improve service provision.

Examples of work achieved are:

- **An EOL Homecare pilot:** commenced in November 2022 to bring about rapid discharge of EOL patients with days to short weeks to live from the acute trust. Previous data showed 29% of patients when identified as EOL die in hospital awaiting discharge and the process can take on average 6.3 days for a package of care to be set up and funding to be approved. For many patients this means they often become too unwell and one in three die in hospital and not in their place of choosing. The pilot explored the reasons why delays occurred, and teams have worked together to bridge gaps and to work differently to bring about prompt discharge. In February 2023, this moved to the project phase and to date 36 patients have been discharged home, with 68% getting home same day or next day. The teams are reviewing the data ahead of refining the pathways and considering spread to YDH and the community.
- **Packages of care audit:** Alongside the above project, colleagues were keen to understand if packages of care (POC) set up at the time of discharge met the needs of patients and families. This study reviewed POC set up in November and December 2022 and found colleagues were accurately requesting the level of care, support and equipment needed.
- **Ascites management:** Patients receiving palliative care often need abdominal drains due to a build-up of fluid (ascites) but are too unwell to come into hospital. A pilot to reduce the need of a hospital visit by using portable ultrasound scanners was undertaken – meaning consultant sonographers can visit a patient's home to perform the drain. Around three patients a month across Somerset may require this kind of service who would otherwise struggle to get to hospital. Previously an unwell patient receiving palliative care comes into hospital for drainage; this requires ambulance transport, a porter, then after waiting in the hospital while in pain, they need an ambulance to return home. By a sonographer going to the patient's house and working with colleagues in community services, it means that they can receive care in their own home. This helps to reduce hospital admissions, supporting patients to stay at home when they near the end of their life, and improving the quality of life for patients. This service is being trialled in the east of Somerset with plans to expand it county-wide.
- **Website:** The Somerset End of Life Care and Bereavement Support website was launched in March 2022. A care home roadshow was completed in year where 49 care homes were visited in person to present the website and the range of courses and services available.
- **Conference:** An inaugural EOLC conference was held in May 2022 to 200 delegates across 14 different organisations. The next conference is planned for September 2023.
- **'Patient Stories' project:** This seeks to put the patient and carer voice at the heart of the EOLC education delivered. So far two short films, one about care after death, one about Treatment Escalation Plans (TEP) have been made using families who were willing to share their experiences and from which learning opportunities exist.

- **Care of the Dying person:** a continued audit of practice in care for those in the last days of life has commenced. An action plan is being delivered by specialist palliative care teams supported by the EOLC education team.
- **The ‘Talk About Project’:** advance care planning (ACP) project across Somerset used volunteers to help people personalise their care and legacy through an advance care plan. Unfortunately, the funding for this has been ceased and there is no resource in place to support advance care planning going forward.
- **A poor prognosis letter:** has been designed to help sign-post patients with a life-limiting diagnosis to resources, to help them consider things they may want to plan for, outside of their immediate medical needs. A draft letter is being adapted after feedback from a patient cohort. This will be trialled in a cancer-patient cohort with the help of the Lung cancer team.

QIP 2022/23 – PRIORITY 5 – CONNECTING US: USING TIME WELL BY GETTING TOGETHER TO FOCUS ON WHAT MATTERS TO PEOPLE WITH COMPLEX NEEDS

Why was this important?

A growing number of people are living with complex needs including chronic or long-term health conditions, often with physical and mental health needs as well as social deprivation challenges. Meeting the needs of this population requires anticipatory not reactive care, time to develop trusting relationships, broadening the membership of the care team and communicating across different specialties and agencies. Developing advanced and personalised models of care is essential to meet the challenge of complex care for our population.

What was achieved during the year?

- **Improvements in the support for those identified as high-intensity service users:** At the beginning of the year, colleagues worked with the Integrated Care Board (ICB) to develop a business case to establish a high-intensity service within Somerset. This was based on the national right-care model, built on the Ubuntu project (below), the developments in the ED high intensity user multi-agency group and the roles being created in the PCNs. The business case was approved; the two new posts are being hosted by SFT and are in the recruitment stage.
- **Ubuntu Project:** This partnership project between SFT and the Community Council for Somerset (CCS) supports high-intensity users referred with a focus on what is important to the individual, whilst developing self-activation and a subsequent reduction in health service use. The project team has finalised the service offer; accepting referrals from: SFT and YDH ED high-intensity user groups, primary care, South Western Ambulance Service NHS Foundation Trust (SWAST) and other partners. Sustainable funding for the Ubuntu service has been agreed as part of the development of a High-Intensity service for Somerset.
- **Functional Neurological Disorders (FND) improvements:** A working group was set up to discuss the existing services, and skills in teams across Somerset. The group have set a vision and drafted a future service model ready for consultation with stakeholders. Currently, the group are reviewing what improvement projects can be piloted within existing resources. Links have been made with the Regional FND network to share good practice. The FND need is being raised as part of the Neurological Rehabilitation case for change being prepared for the Integrated Care System (ICS) and there is wider colleague, patient and third sector engagement for the full case for change. The plan is to submit this at the end of June 2023.

QIP 2022/23 – PRIORITY 5 – FUNCTION FIRST – IMPROVING LIFE CHANCES FOR CHILDREN BY INCREASING THEIR TIME IN SCHOOL

Why was this important?

Children with complex needs, including those with persistent physical symptoms where no organic cause can be found, risk over-investigation and treatment. This includes frequent medical appointments, multiple

emergency department attendances and prolonged hospital stays. They are often functionally impaired, with schooling and home life negatively affected. Sadly, this frequently continues into adulthood drastically reducing life chances.

What was achieved during the year?

- **Out-patients service strategy:** The team have developed the strategy and have achieved the following:
 - ongoing senior doctor triage of referrals to ensure the right children are safely being seen in the right clinics.
 - prospective clinical and managerial monitoring of referrals and capacity to ensure waiting lists are well managed and capacity is maintained for urgent referrals.
 - utilising non-acute sites (community hospitals and schools) for clinics where possible to ensure there are opportunities for care closer to home.
 - commenced Darzi fellowship pilot project to provide joint primary/secondary care triage of referrals in West Somerset. This project will evaluate if Children and Young People (CYP) can be managed primarily in the community with specialist paediatric advice.

Part 2: Priorities for improvement and statements of assurance from the board

2.1 Quality Improvement Priorities

In this section we set out our priorities for the merged Trust for this year. It has been agreed to continue with the current priorities giving an opportunity to reset and refresh as the new service groups, operational and clinical leads are in place. The flagships will seek out opportunities to work across the wider health and social care system in Somerset.

How they will be measured, monitored and reported.

The flagship projects and programmes will be delivered at team and/or service group level and monitored within the Board Assurance Framework. The flagships have been realigned to better fit with the clinical care and support strategy.

QIP 2023/24 - PRIORITY 1 - POSITIVE STEPS: USING THE TIME WAITING FOR SURGERY TO OPTIMISE PEOPLE'S HEALTH AND WELLBEING BOTH NOW AND FOR THE FUTURE

Why is this important?

Peri-operative care is the comprehensive management of patients before, during and after surgery, from the moment surgery is contemplated right through to recovery and long-term follow-up. It is understood that the fitter a patient is, the better they can cope with surgery enabling a quicker recovery and improved outcomes. It is also known that the earlier our teams understand the health requirements of our patients, the more time there is to support healthy lifestyle change which not only supports improved outcomes from surgery but may avoid the need altogether. Peri-operative care enables better outcomes from surgery such as reduced length of stay, speedier recovery, reduced re-admissions plus better long-term outcomes.

The aims of the peri-operative service are to:

- optimise the health of patients who need surgery.
- turn 'Waiting time' into 'Preparation time' prior to surgery.
- establish patients as partners in their own health management to positively impact their long-term health and wellbeing.

What do we want to achieve?

- To embed new services / pathways for the Peri-operative management of frailty, anaemia, exercise and smoking. To achieve this, the team will further utilise excellent pre-existing services within Public Health and our community partners (Smoke Free Somerset, Turning Point, SASP, HOPE Social Enterprise, Talking Therapies etc).
- Drawing upon the successes of the Peri-Operative Diabetes Pilot pathway, the ambition is to on-board all GP surgeries across Somerset to identify surgical elective patients with diabetes at the point of GP referral, to maximise the best outcome for diabetes optimisation prior to surgery.
- The team will work further with Primary Care network colleagues to understand the role and opportunity of the Health Coaches, to support increased mobility, exercise, emotional wellbeing and weight management for patients prior to surgery.
- Peri-operative assessment clinics will be embedded further upstream from the existing Pre-Operative Assessment Clinics, to assess and work with our patients to identify surgical optimisation

goals. Patients will be regularly contacted by Care Co-ordinators to enable pre-existing conditions to be monitored and pre-surgical goals achieved.

- There will be collaborative working with our Primary and Secondary Care colleagues to understand each of these pathways to develop a service which is synonymous with the aims of the Elective Care Recovery Programme, improved surgical outcomes and patient care.

QIP 2023/24– PRIORITY 2 – LAST 1,000 DAYS: VALUING PEOPLE’S PREVIOUS TIME IN THE LAST CHAPTER OF LIFE

Why is it important?

The last 1000 days flagship ambition is to identify and appropriately support patients to ensure they maximise the time they have, doing what is important to them in a place they want to be. This includes the needs of relatives and friends during life and after the death of their loved one has occurred. End of life care (EOLC) encompasses all stages of care and experience for patients and their families with a life-limiting illness. It is not confined to the last days of life and can be measured many years prior to the death of a person. This flagship supports patients, family and carers to plan their last chapter of life and enables colleagues to provide high quality, compassionate EOLC. It seeks to ensure that those patients who die in hospital have the best care possible and that those patients, who wish to die at home, or elsewhere, are enabled to do so by supportive discharge arrangements which may include partnership working with other agencies and which respects an individual’s choices, values, and beliefs.

What do we want to achieve?

In the year ahead, many of the projects will be continuing with an emphasis on ensuring patients who are identified as EOL with days or short weeks to live will be able to go home promptly which will improve hospital flow:

- The learning from the EOL homecare project which aims to take patients home from hospital within 24 hours, will inform wider rollout across the county. This will be supported by F1 quality improvement work looking at the completion of continuing healthcare fast track (CHCFT) applications to increase the approval rates of applications for funding.
- Review of current discharge pathways with consideration of EOL provision will be undertaken.
- Design of an education prospectus with the wider Somerset End of Life Care Education Network featuring all the courses and content available for all staff across Somerset working with those with life-limiting conditions.
- Following Care Quality Commission (CQC) feedback, a QI project to assess the impact of mandatory EOLC education on care outcomes will be undertaken to consider whether this has a positive impact on the experience of patients and carers.
- The appointment of a Somerset Treatment Escalation Plan (STEP) lead will enable coordinated improvement and monitoring of TEPs in the county.
- A local version of the NACEL audit, which is not running nationally this year, will be undertaken; through a case note review, staff survey and quality survey (bereavement survey).
- The merging of governance structures for the Last 1000 days flagship with one steering group to oversee the subgroups will be conducted: education, governance and operational. Many of the projects within the Last 1000 days flagship will arise from colleagues themselves and/or learning from events which trigger them to work together to improve service provision which will be captured.

QIP 2023/24 - PRIORITY 3 - INDEPENDENT LIVES: HELPING OLDER PEOPLE TO LIVE AS THEY WISH, GIVING THEM TIME TO DO WHAT IS IMPORTANT TO THEM

Why is this important?

Nationally an increasing number of people are at risk of developing frailty. Somerset has a higher than average elderly population with 24.8% aged 65 and over. Frailty is a clinically recognised state of increased vulnerability resulting from ageing; associated with a decline in the body's physical and psychological reserves. A person living with frailty has twice the mortality risk of a fit older person and increasing frailty is associated with substantial increases in healthcare costs. They are more likely to attend emergency departments and experience delayed transfers of care. People living with mild, moderate, or severe frailty could often have their needs best met in settings outside of acute hospital care. This flagship's ambition is to ensure quick and accurate identification of vulnerable people and to provide alternatives to hospital admission that are more responsive and better able to meet the needs of the frail person.

What do we want to achieve?

- The identification of frailty at the front door is now part of the Trust Commissioning for Quality and Innovation (CQUIN) for 2023-4. The Trust will be assessed on its' ability to produce a frailty assessment for over 65-year-olds presenting to ED and initiating an appropriate response for those who are frail using the CFS scale.
- Wider rollout of CFS within countywide teams e.g., hospital at home, CRS, rapid response for those aged 65+. This will ensure a common way of identifying frailty and monitoring deterioration to aid rapid intervention.
- Expansion of the hospital at home service, with the introduction of remote monitoring for frailty patients i.e., clinical observations and subjective patient questionnaires. The results can be viewed remotely by a dedicated team of clinicians and administrators.
- A review to look at the integration of frailty services across the acute hospitals to establish current and future provision in line with national guidance and local population needs.
- Explore further opportunities to roll out community falls and frailty clinic e.g., West Mendip hospital and South Somerset areas.
- Expand links with domiciliary care agencies to enable the agency workers to call the Urgent Community Response team initially for a review rather than the GP and Ambulance service.
- Further roll out of the tiered education programme to the whole Trust and wider community. The intention is to embed this training as a requirement for all relevant Trust colleagues.

Work in collaboration with informatics to ensure that the right data is collected to enable us to review the services.

QIP 2023/24 – PRIORITY 4 – STOLEN YEARS: HELPING PEOPLE WITH MENTAL HEALTH CONDITIONS TO LIVE LONGER LIVES

Why is it important?

People with SMI (severe mental illness) struggle to live independently, are at greater risk of developing health problems and are less equipped to recognise when and how to respond to worsening health signs. People living with severe mental illness (SMI) often live with poor physical health and on average die 15 – 20 years earlier than other people. The main causes of death being circulatory disease, diabetes and obesity. It is estimated two out of three people, with a diagnosis of SMI, die from physical illnesses that can be prevented.

What do we want to achieve?

The stolen years programme remains committed to improving the physical health of patients with SMI. Areas of work planned for the year ahead are:

- Further workshops looking at improving the physical health of patients with mental ill-health across a number of physical health settings, targeting key areas such as diabetes, dietetics and surgery. A repository of 'pledges' will be collated to show where colleagues in physical health settings will have made changes to systems to improve access and care.
- The 'Healthy Living on Clozapine' project which was halted previously due to the pandemic and operational pressures will be restarted. The aim of the project is to support patients to lose weight and increase activity to achieve personalised activity goals.
- Embedding the wellbeing project RiO report within specialist outpatient clinics to increase the timeliness of physical health checks to improve identification of risk factors and offer interventions. The next stages of the project will also look at opportunities for spread where antipsychotic medication is prescribed.
- Adopting a county wide approach to ECG interpretation. Current provision of ECG interpretation does not allow for prompt, safe management of medical interpretation. After considering options, it has been agreed ECGs will be sent externally for interpreting and flagging which will ensure patients are followed up quickly and timely management plans are put in place where appropriate.
- SFT is participating in a randomised controlled trial to investigate the clinical and cost-effectiveness of the DIAMONDS diabetes self-management intervention for people with a severe mental illness. The DIAMONDS intervention involves one-to-one sessions with a trained coach over a six-month period. The coach will provide information and help support healthy lifestyle choices.
- In 2023/24 the Trust's Tobacco Harm Reduction Service will mobilise its High Dependency Service, specifically aimed at supporting mental health discharged patients, and outpatients, with an enhanced harm reduction and smoking cessation offer. In addition to offering Nicotine Replacement Therapy (NRT), patients on the outpatient pilot pathway will be able to access e-cigarettes and up to 16-weeks Specialist Practitioner support.

QIP 2023/24 – PRIORITY 5 – CONNECTING US: USING TIME WELL BY GETTING TOGETHER TO FOCUS ON WHAT MATTERS TO PEOPLE WITH COMPLEX NEEDS

Why is this important?

A growing number of people are living with complex needs including chronic or long-term health conditions, often with physical and mental health needs as well as social deprivation challenges. It's important that we understand the health of our population and how we can meet their needs through: anticipatory, proactive not reactive care; developing trusted relationships; broadening the membership of the care team and communicating across different specialties and agencies. Developing advanced and personalised models of care is essential to meet the challenge of complex care for our population.

What do we want to achieve?

- **High intensity user service for Somerset:** With the funding in place, the Somerset high-intensity user service will be established. The new post-holders will be tasked with understanding the current service offer in Somerset and what's required for the future, before implementing the right-care model. They will work with the established HIUGs in EDs, the PCN services and the Ubuntu coaches to ensure joined up working for the individuals identified and monitor the impact of the changes made.
- **Establishment of a persistent unexplained physical symptoms (PUPS) clinic (adults):** By the end of June, a full review of the clinic will be completed including cost of the service and benefits analysis. The evaluation will be made available to allow a decision about continuation of the clinic.
- **Personalised care approach:** To play our part in supporting the work of the Somerset ICB personalised care steering group, to develop the actions to embed the personalised care model across the ICS. To support the roll-out of personalised care training and education programme to

colleagues. Help our PCNs and teams to embed proactive, personalised care with support from a multidisciplinary team of professionals to people with more complex needs, including, but not limited to, those with multiple long-term conditions, as per the Fuller report recommendations.

- **Proactive care:** the national framework for proactive care is due to be published this year. Once available, leads will review the recommendations and influence as a joint community, mental health and acute Trust to develop proactive care along our pathways. It is anticipated this will build on the one team approach developed in Burnham and the complex care team approach in South Somerset.
- **Dementia and Delirium care:** Somerset currently has a low diagnosis rate (53.8% compared to a national target of 66.7%); the aim going forward will be to improve diagnosis rates and associated care. Building on the work started, it is planned to further recruit to the care home liaison team and expand the benefits already seen.

To ensure good care and prevent deterioration in older patients admitted for an emergency, the plan is to assess for the presence of delirium and if present to follow the Trust delirium guidelines. Results will be evaluated to measure the success with achieving this. Further, it is intended to develop a follow-up specialist clinic for those that have been admitted to our acute settings. All in-patient discharge summaries will clearly document the patients plan and this will be agreed with their carers.

QIP 2023/24 – PRIORITY 5 – FUNCTION FIRST – IMPROVING LIFE CHANCES FOR CHILDREN BY INCREASING THEIR TIME IN SCHOOL

Why is this important?

With the merger of SFT and YDH there has been change within the service group structures. With a new leadership team (service group director, associate medical director, and joint roles from CAMHS across paediatrics) there is a fantastic opportunity to review and reset the flagship, bringing in colleagues with their ideas, creativity and best practice from across the new SFT.

What do we want to achieve during the year?

Our priority is to address the key issues facing young people across Somerset. As such the focus will be to improve the clarity and responsiveness along our pathways caring for adolescents. There is potential to build on developments such as care closer to home through acute home treatment services. This reduces the requirement for hospital admission and improves transitions across different care environments and as young people move into adult services. The plan is to support initiatives in the care of those with learning disabilities, recognising individualised care for this specific group will establish a model to spread personalised care to CYP and their families. First steps will be to relaunch the flagship to encompass the ambitions agreed and to garner support across the service group and beyond.

2.2 Statements of assurance from the board

Service Income

Information on participation in clinical audits and national confidential enquiries

During 22/23 37 national clinical audit programmes and 4 national confidential enquiry studies covered relevant health services that the Trust provides. During that period the Trust participated in 91% of the national clinical audits and 100% of national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the Trust was eligible to participate during 22/23 are shown in table 2.

The national clinical audits and national confidential enquiries that the Trust participated in, and for which data collection was completed during the 21/22, are listed in table 2 alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the teams of that audit or enquiry.

The responsibility and ownership for reviewing of the national clinical audit reports published sits within the speciality teams that submitted the data. 40 national clinical audit reports have been published in 22/23. Examples of actions under specific audits are detailed in Table 3.

The reports of 24 local clinical audits were reviewed by the Trust in 22/23. The actions that the Trust intends to take to improve the quality of health provided are detailed in Part 3.

National audit YDH eligible to participate in	YDH participation 22/23	Percentage of required number of cases submitted
Breast and Cosmetic Implant Registry	Yes	Continuous audit of all eligible patients
Case Mix Programme	Yes	Continuous audit of all eligible patients
Child Health Clinical Outcome Review Programme	N/A	No projects during period
Cleft Registry and Audit NETwork Database	No	N/A to our Trust
Elective Surgery: National PROMs Programme	Yes	Continuous audit of all eligible patients
Emergency Medicine QIPs:	Yes	
> Pain in children	Yes	Continuous audit of all eligible patients
> Infection prevention and control	Yes	Continuous audit of all eligible patients
> Consultant sign off	Yes	Continuous audit of all eligible patients
Epilepsy 12 - National Clinical Audit of Seizures and Epilepsies for Children and Young People	Yes	Continuous audit of all eligible patients
Falls and Fragility Fracture Audit Programme:	Yes	
> Fracture Liaison Service Database	Yes	Continuous audit of all eligible patients
> National Audit of Inpatient Falls	Yes	Continuous audit of all eligible patients
> National Hip Fracture Database	Yes	Continuous audit of all eligible patients
Gastro-intestinal Cancer Audit Programme:	Yes	
> National Bowel Cancer Audit	Yes	Continuous audit of all eligible patients

> National Oesophago-gastric Cancer	Yes	Continuous audit of all eligible patients
Inflammatory Bowel Disease Audit	Yes	Continuous audit of all eligible patients
LeDeR - learning from lives and deaths of people with a learning disability and autistic people (previously known as Learning Disability Mortality Review Programme)	Yes	Continuous audit of all eligible patients
Maternal and Newborn Infant Clinical Outcome Review Programme	Yes	Continuous audit of all eligible patients
Medical and Surgical Clinical Outcome Review Programme	Yes	Continuous audit of all eligible patients
> Testicular Torsion	Yes	All selected cases were completed
> Community Acquired Pneumonia	Yes	All selected cases were completed
> Endometriosis	Yes	All selected cases were completed
> Transition for child to adult health services	Yes	All selected cases were completed
Mental Health Clinical Outcome Review Programme	No	N/A to our Trust
Muscle Invasive Bladder Cancer Audit	No	*Not participated (very low numbers)
National Adult Diabetes Audit:	Yes	
> National Diabetes Core Audit	Yes	Continuous audit of all eligible patients
> National Diabetes Foot care Audit	Yes	Continuous audit
> National Diabetes Inpatient Safety Audit	Yes	Continuous audit of all eligible patients
> National Pregnancy in Diabetes Audit	Yes	Continuous audit of all eligible patients
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme:	Yes	
> Adult Asthma Secondary Care	Yes	Continuous audit of all eligible patients
> Chronic Obstructive Pulmonary Disease Secondary Care	Yes	Continuous audit of all eligible patients
> Paediatric Asthma Secondary Care	Yes	Continuous audit of all eligible patients
> Pulmonary Rehabilitation-Organisational and Clinical Audit	No	N/A to our Trust
National Audit of Breast Cancer in Older Patients	Yes	Continuous audit of all eligible patients
National Audit of Cardiac Rehabilitation	Yes	Continuous audit of all eligible patients
National Audit of Cardiovascular Disease Prevention (Primary Care)	No	N/A to our Trust
National Audit of Care at the End of Life	*No	Non-participation formally agreed via governance meetings.
National Audit of Dementia	Yes	80 pts / 100% of sample

National Audit of Pulmonary Hypertension	No	N/A to our Trust
National Bariatric Surgery Registry	No	N/A to our Trust
National Cardiac Arrest Audit	Yes	Continuous audit of all eligible patients
National Cardiac Audit Programme:	Yes	
> National Congenital Heart Disease	No	N/A to our Trust
> Myocardial Ischaemia National Audit Project	Yes	Continuous audit of all eligible patients
> National Adult Cardiac Surgery Audit	No	N/A to our Trust
> National Audit of Cardiac Rhythm Management	Yes	Continuous audit of all eligible patients
> National Audit of Percutaneous Coronary Interventions	No	N/A to our Trust
> National Heart Failure Audit	Yes	Continuous audit of all eligible patients
National Child Mortality Database	Yes	Continuous audit of all eligible patients
National Clinical Audit of Psychosis	No	N/A to our Trust
National Early Inflammatory Arthritis Audit	Yes	Continuous audit of all eligible patients
National Emergency Laparotomy Audit	Yes	Continuous audit of all eligible patients
National Joint Registry	Yes	Continuous audit of all eligible patients
National Lung Cancer Audit	Yes	Continuous audit of all eligible patients
National Maternity and Perinatal Audit	Yes	Continuous audit of all eligible patients
National Neonatal Audit Programme	Yes	Continuous audit of all eligible patients
National Ophthalmology Audit Database	Yes	Continuous audit of all eligible patients
National Paediatric Diabetes Audit	Yes	Continuous audit of all eligible patients
National Perinatal Mortality Review Tool	Yes	Continuous audit of all eligible patients
National Prostate Cancer Audit	Yes	Continuous audit of all eligible patients
National Vascular Registry	No	N/A to our Trust
Neurosurgical National Audit Programme	No	N/A to our Trust
Out-of-Hospital Cardiac Arrest Outcomes	No	N/A to our Trust
Paediatric Intensive Care Audit	No	N/A to our Trust
Perioperative Quality Improvement Programme	No	N/A to our Trust
Prescribing Observatory for Mental Health:	No	
> Improving the quality of valproate prescribing in adult mental health services	No	N/A to our Trust
> The use of melatonin	No	N/A to our Trust
Renal Audits:	No	
> National Acute Kidney Injury Audit	No	N/A to our Trust
> UK Renal Registry Chronic Kidney Disease Audit	No	N/A to our Trust

Respiratory Audits		
> Adult Respiratory Support Audit	*No	Not participated - difficulties in early stages
> Smoking Cessation Audit- Maternity and Mental Health Services	N/A	Postponed by provider
Sentinel Stroke National Audit Programme	Yes	Continuous audit of all eligible patients
Serious Hazards of Transfusion UK National Haemovigilance Scheme	Yes	All incidents reported
Society for Acute Medicine Benchmarking Audit	No	Not participated
The Trauma Audit & Research Network (TARN)	Yes	Continuous audit of all eligible patients
UK Cystic Fibrosis Registry	Yes	Continuous audit of all eligible patients
UK Parkinson's Audit	Yes	100% of sample

Table 1

Information on Participation in Clinical Research

The conduct of clinical research has never been more important to the UK Government, NHS and the Life Sciences industry. The UK is a Global leader in delivering innovative research with medicinal and pharmaceutical products in the top 3 goods exported from the UK. The government is keen to maintain the UK's global ranking and reputation for high quality research. The life science industry in the UK turns over £89 billion annually. Much of this work is conducted in partnership or close collaboration with universities and the NHS.

Research is core business of the NHS, and this is demonstrated by the recent publishing of a series of key strategies. The Health and Care Act (2022) placed new legal duties on Integrated Care Boards around the facilitation and promotion of health research and the use of evidence obtained from research in the delivery and development of health services. Integrated Care Systems have been encouraged to develop a research strategy and strategic development work has commenced in the South West with collaboration across Somerset, Devon and Cornwall along with the Academic Health Science Network. Additionally, implementation of the Chief Nursing Officer for England's strategic plan for research has commenced and Health Education England has published its' research and innovation strategy for Allied Health Professionals. All of this makes a rich background and culture for research and development to thrive.

Information on the use of Commissioning for Quality and Innovation (CQUIN) payment framework

Somerset Integrated Care Board, our principal commissioner of services, sets annual targets under the framework for Commissioning for Quality and Innovation (CQUIN), the aim of which is to improve the quality of services delivered to patients. The achievement of the CQUIN standards generates additional income for the Trust, of up to 1.25%.

In 2022/23 the five CQUIN indicators selected for the contract were:

- CCG1: Staff flu vaccinations
- CCG2: Appropriate antibiotic prescribing for UTI in adults aged 16+
- CCG3: Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions
- CCG6: Anaemia screening and treatment for all patients undergoing major elective surgery
- CCG7: Timely communication of changes to medicines to community pharmacists via the Discharge Medicines Service

The financial risk associated with performance of the CQUIN indicators was removed during 2022/23 due the CQUIN income being included in the block contract value.

Information relating to registration with the Care Quality Commission (CQC) and special reviews / investigations

The Trust was registered with the Care Quality Commission (CQC), with no conditions on registrations. This registration has now been merged with Somerset NHS Foundation Trust.

The Trust has not participated in any special reviews or investigations by the CQC during the reporting period. The Care Quality Commission has not taken enforcement action against the Trust during 2022/23.

Information on the quality of data

Secondary Uses Service Data

The Secondary Uses Services (SUS) is the single comprehensive repository for healthcare data in England which enables a range of reporting and analysis to support the NHS in the delivery of healthcare services. SUS is a secure data warehouse that stores this patient level information in line with national standards.

The Trust submitted records during 2022/23 to SUS for inclusion in the Hospital Episode Statistics which are included in the latest published data, see table below.

The percentage of records in the published data which included the patient's valid NHS number was:

- > 99.9% for admitted patient care;
- > 100% for outpatient care; and
- > 99.5% for accident and emergency care.

The percentage of records in the published data which included a valid General Medical Practice code was:

- > 100% for admitted patient care;
- > 99.9% for outpatient care; and
- > 100% for accident and emergency care.

Secondary Uses Service Data

Information Governance Assessment Report / Data Security & Protection Toolkit

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.

Somerset FT Data Security and Protection Toolkit submission for 2022/23 will be completed in June 2023. It is expected that all mandatory evidence items will be reached, with an assessment status of 'standards exceeded'.

In line with the DSPT reporting tool, two incidents were reported to the ICO in 2022/23. Both incidents related to information being shared in error.

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.

Payment by Results Clinical Coding Audit

The Trust was not subject to a Payment by Results clinical coding audit during by NHS Improvement in 2022/23.

Actions to improve data quality

A series of Clinical Coding audits were undertaken by an NHS Digital Approved Clinical Coding Auditor on behalf of the Trust. This examined the clinical coding accuracy of 200 Finished Consultant Episodes (FCEs) for activity between 1 April 2022 and 31 March 2023.

Spells tested	%of HRG changes	Pre-audit value	Post-audit value	Net change	Net change %
200	6.5%	£467,257	£460,371	-£6,886	1.5%

Clinical coding audits summary of results

The areas reviewed were a random sample covering, but not limited to, the following core specialities: general medicine, general surgery, trauma and orthopaedics, paediatrics, obstetrics, gynaecology and day theatre activity.

The coding accuracy achieved the highest Standards Exceeded Data Security and Protection Toolkit attainment level. Compared to the 2021/22 audit this has highlighted the Trust has maintained the highest Standards Exceeded DSPT attainment level. Of note, the auditor identified that all but 1 error were coder errors indicating that source material, both full paper case notes and electronic patient records, are of good quality and fit for purpose.

Acute Trust	Primary diagnosis correct	Secondary diagnosis correct	Primary procedure correct	Secondary procedure correct
Standards exceeded	>=95%	>=90%	>=95%	>=90%
Standards met	>=90%	>=80%	>=90%	>=80%
Yeovil District Hospital	97%	95%	97%	96%

Summary of coding accuracy

The joint largest sources of error identified from the audit stemmed from the 'Secondary Diagnosis Omitted' and 'Secondary Diagnosis Not Required' error keys, these accounted for 40 errors each for a total of 80 errors. Despite the Trust achieving the highest Standards Exceeded attainment level these error keys can be indicative of a difficulty in extracting the salient information without straying over into "over coding" incidental or irrelevant conditions.

The error rate resulted in a potential net financial overcharge of £6,886 (1.5%) to the commissioners for the sample audited. This was the result of 13 Healthcare Resource Group (HRG) changes (6.5%) with a gross change totalling £14,100 (3.1%). However, this financial analysis is not a true representation of the financial impact on the trust as the majority of activity is billed as per local agreements rather than National Tariff and the results should not be extrapolated further than the actual sample audited.

The Trust will be taking the following actions to improve data quality:

- > Clinical Coding Audit findings will be fed back to the Clinical Coders both on an individual basis as well as a group session highlighting all sources of coder error with all required post audit training implemented/scheduled in a timely manner as per each audit's action plan.
- > Particular focus will be given to secondary diagnosis assignment training.
- > In line with the YDH Data Quality policy we have identified roles and responsibilities across the hospital to achieve good data quality. To assist in this the YDH Data Quality Steering Group is responsible for monitoring and compliance of coding standards with a particular focus on reporting. It also monitors the Trust Risk Register and reports on the standards of Data Quality, and monitors the implementation of any recommendations from both internal and external authorities in the Trust to the Information Governance Steering Group.
- > Utilise healthcare intelligence from Dr Foster and Summary Hospital Level Mortality Indicator (SHMI) in addition to key external performance frameworks such as the model hospital and more specifically the Data Quality Maturity Index (DQMI) to help both monitor and improve data quality at source.

- > The latest DQMI score for YDH as of January 2023 was 88.6% against the National Average score for the same time period of 74.0%

2.3 Performance against national core set of quality indicators

Since 2012/13 NHS foundation trusts have been required to report performance against a core set of indicators using data made available to the trust by NHS Digital. There is currently a review of the existing Operating Framework Indicators and this has meant that the March 23 publication of these metrics has been delayed and has not subsequently been made available.

The Trust's performance against these indicators is shown below. For each indicator, the Trust is also required to make an assurance statement.

Organisational health indicators

Indicator	Source	Latest date range	21/22 value	20/21 value	Best performance (national)	Worst performance (national)	National average	National target
Staff sickness	NHS Digital	Apr 22 to Mar 23	4.4%	4.2%	0.5%	9.6%	5.1%	3.8%
Staff turnover	Trust	Apr 22 to Mar 23	18.7%	16.4%	8.6%	21.8%	15.0%	15%
NHS staff survey response rate	NHS Digital	Mar 22	49%	57%	68.8%	26.2%	44.5%	-

The Trust considers that this data is as described as this is the latest available on the NHS Digital website and where necessary our internal data intelligence. Trust's response rate for the national staff survey has decreased but the response rate across all Acute Trusts in the last year.

Effective Indicators

Indicator	Source	Latest date range	21/22 value	20/21 value	Best performance (national)	Worst performance (national)	National average	National target
Palliative care coding	NHS Digital	Dec21-Nov22	64.0%	64.0%	64.0%	11.0%	39.5%	-
SHMI	NHS Digital	Dec21-Nov22	0.90	0.95	0.72	1.19	1.00	1.00
PROMS: Hip replacement EQ VAS	NHS Digital	Apr 21 to Mar 22	No data	No data	-	-	69.7%	-
PROMS: Hip replacement EQ 5D index	NHS Digital	Apr 21 to Mar 22	No data	No data	-	-	89.9%	-
PROMS: Hip replacement Oxford Hip Score	NHS Digital	Apr 21 to Mar 22	No data	No data	-	-	97.3%	-
PROMS: Knee replacement EQ VAS	NHS Digital	Apr 21 to Mar 22	No data	No data	-	-	59.3%	-
PROMS: Knee replacement EQ 5D index	NHS Digital	Apr 21 to Mar 22	No data	No data	-	-	82.1%	-
PROMS: Knee replacement Oxford Knee Score	NHS Digital	Apr 21 to Mar 22	No data	No data	-	-	94.6%	-

The Trust considers that this data is as described as this is the latest available on the NHS Digital website. There has been no data for the PROMS programme due to the reduction in the number of elective surgeries during the COVID-19 pandemic and this continues to affect this year's figures with surgery levels and responses below minimum reporting levels. Both SHMI and Palliative Care coding remain consistent with previous years and the Trust continues to perform well in these indicators.

Caring indicators

Indicator	Source	Latest date range	21/22 value	20/21 value	Best performance (national)	Worst performance (national)	National average	National target
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MSA breaches	NHS Digital	Apr22-Mar23	0.0	0.0	0.0	0.4	0.0	-
Complaints rate	Trust	Apr22-Mar23	0.68	0.49	-	-	-	-
Staff: friends and family test	NHS Digital	Feb-23	6.40	-	-	-	6.60	-
Maternity: friends and family test	Trust	Apr22-Feb23	100.0%	100.0%	100.0%	64.0%	91.8%	-
Inpatients and day cases: friends and family test	Trust	Feb-23	95.0%	98.4%	100.0%	77.0%	94.0%	-
Emergency Department: friends and family test	Trust	Feb-23	93.0%	98.3%	100.0%	49.0%	80.0%	-

The Trust considers that this data is as described as this is the latest available on the NHS Digital (HSCIC) website and where necessary our internal data intelligence. All caring indicators are in line with expectations.

Safe indicators

Indicator	Source	Latest date range	21/22 value	20/21 value	Best performance (national)	Worst performance (national)	National average	National target
VTE risk assessment	NHS Digital	Apr22-Mar23	83.3%	95.8%	-	-	-	95.0%
Percentage of Patient Safety Alerts (PSA) completed within the required timeframe	NHS Digital	Apr22-Feb23	-	-	-	-	-	-
Never events	NHS Digital	Apr22-Mar23	3	2	0	10	-	-
Emergency C-section rates	Trust	Apr22-Mar23	31.6%	32.9%	7.1%	38.7%	37.7%	-
Rate of C.diff infection per 100,000 bed days	NHS Digital	Apr22-Mar23	9	12	-	-	-	-
MRSA bacteraemias	NHS Digital	Apr22-Mar23	83.3%	95.8%	-	-	-	95.0%
Rate per 1000 bed days: patient safety incidents	Trust	Apr 22 to Mar 23	52.7	54.3	-	-	-	-
Percentage of patient safety incidents that resulted in severe harm or death	Trust	Apr 22 to Mar 23	0.180%	0.120%	-	-	-	-

The Trust considers that this data is as described as this is the latest available on the NHS Digital (HSCIC) website and where necessary our internal data intelligence. The Trust intends to take the following actions to improve the following indicators, and so the quality of its services:

The maternity team undertake a review of every non-elective caesarean section to assess the clinical appropriateness of the decision making; and also recognise that an emergency caesarean section is always done in the best interests of mother and baby. The appropriateness of this target is an area of both national and local discussion.

Risk assessment framework indicators

Indicator	Source	Latest date range	20/21 value	19/20 value	Best performance (national)	Worst performance (national)	National average	National target
C.diff meeting the C.diff objective (all)	NHS Digital	Apr22-Feb23	9	12	-	-	-	-
Certification against compliance with requirements regarding access to health care for people with a learning disability	Trust Board Declaration	Apr22-Mar23	Compliant	Compliant	-	-	-	-
62 day wait for first treatment from urgent GP referral: all cancers	CWT return	Apr22-Feb23	65.8%	81.0%	100.0%	33.3%	75.9%	85.0%

62 day wait for first treatment from consultant screening service referral: all cancers	CWT return	Apr22-Feb23	61.6%	71.4%	100.0%	20.0%	64.5%	90.0%
31 day wait from diagnosis to first treatment: all cancers	CWT return	Apr22-Feb23	91.3%	95.1%	100.0%	52.6%	93.7%	96.0%
31 day wait for second or subsequent treatment: surgery	CWT return	Apr22-Feb23	84.7%	92.4%	100.0%	48.1%	84.3%	94.0%
31 day wait for second or subsequent treatment: anti-cancer drug	CWT return	Apr22-Feb23	97.8%	99.1%	100.0%	85.7%	99.0%	98.0%
Two week wait from referral to date first seen: all cancers	CWT return	Apr22-Feb23	58.4%	84.8%	100.0%	41.7%	80.7%	93.0%
Two week wait from referrals to date first seen: breast symptoms	CWT return	Apr22-Feb23	95.6%	91.4%	99.7%	4.0%	54.8%	93.0%
18 week maximum wait from point of referral to treatment (incomplete pathways)	NHSI return	Apr22-Feb23	67.9%	65.6%	100.0%	0.6%	65.7%	92.0%
Maximum 6 week wait for diagnostic procedures	NHSI return	Apr22-Feb23	70.2%	80.7%	100.0%	32.1%	74.6%	99.0%
Maximum waiting time of 4 hours in A&E from arrival to admission, transfer or discharge	NHSI return	Apr22-Mar23	73.0%	88.1%	100.0%	57.0%	68.3%	95.0%

The Trust considers that this data is as described as this is the latest available. All waiting times performances continue to be a challenge due to the post-Covid pandemic backlog and increased levels of activity in primary care and emergency departments, resulting in more admissions to hospital. The organisation is working collaboratively with system partners to address challenges in both bedded, and workforce, capacity which has and continues to impact on the Trust's ability to discharge patients in a timely way.

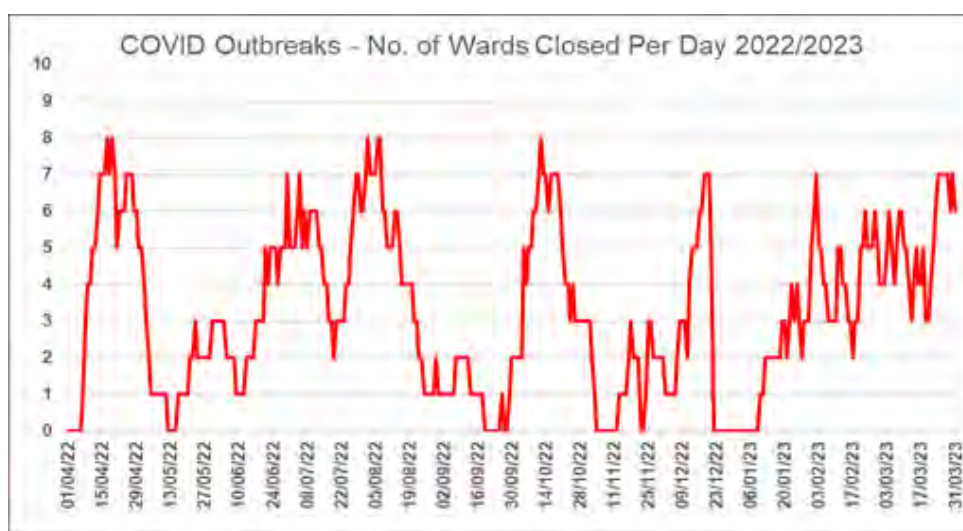
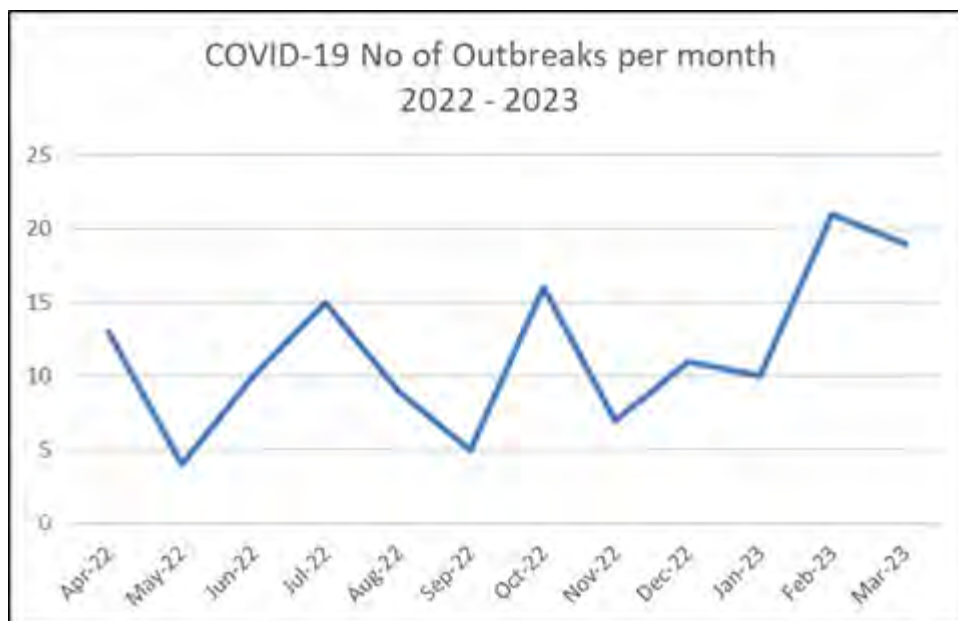
Part 3: Other information

3.1 Patient Safety

• INFECTION PREVENTION AND CONTROL DURING COVID-19

Coronavirus disease (COVID-19) is caused by SARS-CoV-2, a newly emergent coronavirus first identified in December 2019. Cases are apportioned to trusts depending on the timeframe between first positive specimen and admission date:

- **Community** onset, positive specimen date ≥ 2 days after admission or hospital attendance (CO)
- Hospital-onset **Indeterminate** healthcare-associated, positive specimen date 3-7 days after admission (HOIHA)
- Hospital-onset **Probable** healthcare-associated, positive specimen date 8-14 days after admission (HOPHA)
- Hospital-onset **Definite** healthcare-associated, positive specimen date 15 days or more after hospital admission (HODHA)



Outbreaks were managed in line with the Trust Management of COVID-19, Standard Operating Procedure. Key controls included isolation of all confirmed cases either in side-rooms or cohorted in bays and closing affected areas to new admissions. A total of 990 patients were affected, restrictions were in place for a total of 1,315 days with 1,253 bed days lost. By 21 December an unprecedented decision was taken to stop closing inpatient wards due to COVID-19 outbreaks. At this point, every effort was made to isolate confirmed COVID cases, but it became impossible to achieve due to the extreme pressure the Trust and the NHS was under at this period of the winter. As pressures eased by the end of January the usual management of outbreaks was reinstated.

Whilst the Trust was responding to the COVID-19 pandemic, it was still concentrating on other infection control priorities. It is a mandatory requirement for English NHS Acute Trusts to report Methicillin Resistant *Staphylococcus aureus* (MRSA), Methicillin Sensitive *Staphylococcus aureus* (MSSA), *Escherichia coli* (E.coli), *Klebsiella*, *Pseudomonas aeruginosa* bloodstream infections and *Clostridioides difficile* Infections (CDI) to the Department of Health via the HCAI Data Capture System, hosted by UK Health Security Agency. Case numbers of these infections are increasing nationally, and the reasons are not currently clear.

Traditionally, those infections that are Trust apportioned have been investigated using a recognised national process known as post infection review. This process was introduced during the mid-2000s in

response to high levels of MRSA bloodstream infections in the UK. In partnership with other strategies this was successful in driving down case numbers of this infection. As a result, this method has gradually spread to include other infections. However, over the last few years, this process has become more time consuming and is no longer proving effective in terms of infection reduction. Similar themes are identified and despite actions, overall case numbers are not reducing.

In August 2022, it was agreed to stop post infection reviews as there was no longer a national mandate to undertake them. The process was replaced locally with a shortened, targeted review. This aims to identify the source (where possible) and collect wider information that led to the infection. Rather than focusing on every infection, this information is thematically analysed to inform improvements. Although this process is still new several key themes have been identified:

- Previous colonisation with MSSA and presence of a peripheral vascular cannula (PVC) are strongly linked to the development of a *Staphylococcus aureus* (MRSA or MSSA) bloodstream infection.
- The presence of a urinary catheter is strongly associated with gram-negative bloodstream infections, in particular *E. coli*.

Relevant improvements have been commenced during the period of this report which include:

- MSSA screening, decolonisation and MSSA suppression in critical care which has significantly reduced their MSSA bloodstream infections
- A change to the skin cleansing product used prior to the insertion of a PVC has been implemented in all inpatient areas. Whilst it is early days since the change, signs of improvement are being seen.
- Trustwide improvement project on urinary catheter has commenced. This project is focussing on insertion, ongoing care and timely removal when no longer required. It is too early in the project to attribute success.

There is still significant progress to be made but the new process has allowed a change in focus away from the investigation to improvement.

Details of our response to *Clostridioides difficile* infection are included within the national indicator section.

3.2 Clinical effectiveness

Clinical audit

Clinical audit is a quality improvement and assurance tool, when carried out in accordance with best practice it:

- > improves the quality of care and patient outcomes;
- > provides assurance of compliance with standards; and
- > identifies and minimises risk, waste and inefficiencies.

All clinical audit activity in YDH must be carried out with an explicit intention to improve, or assure, quality of care delivery. The Clinical Governance Team support all local and national clinical audit activity. Clinical audit activity is overseen by the Clinical Outcomes Committee. The tables below outline the recommendations and any action taken as a result of a selection of the local clinical audits undertaken during the reporting period.

National clinical audit

The following details the learning and outcomes from a selection of the national clinical audits during the reporting period.

NACAP COPD 2022

Audit Aim: The National Asthma and COPD (chronic obstructive pulmonary disease) Audit Programme (NACAP) is a collection of projects created with patients and designed to support improvements in the quality of care, services and outcomes for people with asthma and COPD. It includes collecting information from hospitals across England, Scotland and Wales to show which parts of asthma and COPD care are good and which parts could be better.

Report findings:

On review of publicly available data from the National Asthma and COPD Audit (NACAP), our Trust were consistently underperforming on some important metrics of Asthma and COPD care, NACAP wrote to us and wanted to understand the reasons for this. Specifically, the standard of care is for patients with asthma or COPD to be reviewed by a respiratory healthcare professional within 24 hours of admission and to receive a discharge bundle of interventions, which have been shown to improve their long-term care and prevent readmissions.

Compliance with both of these elements in more than 60% of patients for COPD and more than 50% for asthma leads to eligibility for the Best Practice Tariff or Aligned Payment and Incentive. Our recent records for Yeovil Hospital showed around 50% of our COPD patients have a specialist respiratory review within 24 hours and around 90% of our COPD patients receive a care bundle on discharge. For asthma, the figures have not been submitted.

The reason there were issues with review within 24 hours were due to us having a lot of patients who were staying down in ED for longer. We are not alerted to these patients until the day after or when they have been referred on the wards. We also had a lot of staff sickness and staff change over during this period. This will now be helped by the guidelines changing; we now have a 48-hour window to see COPD patients from time of admission.

Regarding the care bundle for COPD patients, we found a few that did not have the correct pieces signed, which would have caused a short fall in the data. Again, we had some patients we were unable to see, due to being admitted on the weekend or Friday evening and being discharged before Monday. This has been discussed and actioned now the team are back up to being fully staffed, this might enable us to cover Saturday shifts mitigate this.

We also found some patients were added onto the audit that were not appropriate, this has since been rectified going forward.

The Trauma Audit & Research Network 2022/23

Audit Aim: The Severn Major Trauma ODN was set up between 2010 and 2012 and launched in April 2012 along with over 20 other trauma networks in England. The purpose of the Networks was to improve the outcomes from major trauma. A number of national reports had demonstrated that outcomes could be improved and had made recommendations about how this could be achieved. The structure, function and service specification for the networks were based on successful systems elsewhere and the pilot networks in the UK.

Report findings: YDH is the best performing Trauma unit in the Severn Trauma Network.

There are no actions required for data quality/data completeness as per continues above national average Key Performance Indicators and engagement with the Severn Major Trauma Network via review of quarterly dashboard as well as Injury Severity Score >15 validation and discussion at Clinical Advisory Group meeting.

YDH data accreditation (quality) has been above national average >95% and YDH data completeness at 100% for consecutive years up to mid-2022.

However, due to multifactor delays caused in receiving Trauma monthly list from information department between Aug, Sep and Oct 2022, Data reliability index page 8 report should be viewed with caution in March 2023 report, likelihood as per above delays and await response from TARN analyst. These issues are now rectified, and backlog submissions are now completed.

Areas for improvement:

Based on March/April 2023 reporting YDH is at great position in comparison to Somerset participating Trauma Units, no new SMART action plan is needed. YDH key performance indicators are above national targets, in line with NICE recommendations and standards. However, if Trauma mortality (Rate of Survivals) trending outside the normal lower limits (-2SD) values (i.e. - 3 SD from the mean (negative) then mortality auditing is recommended.

Local clinical audits

The following details the learning and outcomes from a selection of the local clinical audits during the reporting period.

Technical patient safety solutions for medicines reconciliation on admission of adults to hospital

Aim:	Conclusion:
<ul style="list-style-type: none">> To measure current practice in medicines reconciliation on admission of adults to inpatient settings as part of a continuous improvement programme. The NPSA released an alert in 2007 (Technical patient safety solutions for medicines reconciliation on admission of adults to hospital - NICE/NPSA/2007/PSG001) which lead to the Trust putting a policy in place to ensure all patients admitted to an acute adult ward received a full medicines reconciliation within 24 hours of admission. There is already a monthly rolling audit undertaken by the Trust to monitor the adherence to this and this audit is to establish the conformance in more detail and to identify the causes of the results.	<ul style="list-style-type: none">> The sources of information, Identification and Resolution of Discrepancies and documentation of Medicines Reconciliation at Admission standards are currently being met.> The compliance to the standard of carrying out medicines reconciliation within 24 hours of admission did not reach the target compliance of 100% due to a number of patients taking non-conventional routes through the hospital to become inpatients (for example, through CDUP and FAU escalation bays). <p>Recommendations:</p> <ul style="list-style-type: none">> A discussion whether the target compliance should be adjusted as it is not always feasible to reach 100%.> Educate all pharmacy and medical staff the importance of documentation.

- > To re-audit once recommendations have been put in place.

Neuromuscular monitoring

Aim:

- > To re-evaluate the compliance of Anaesthesia Doctors with documentation of use of nerve stimulator during anaesthesia and in reversing the Neuromuscular blocking agents.
- > To re-evaluate the documentation of the reverse medication agent used in reverse and its dose

Conclusion:

- > Compliance with documentation of the use of NMB monitors improved from 63.89% to 78.9%. (15% increase)
- > Compliance With Documentation of Reversing agent in notes improved from 58.33% to 73.6% (15.2% increase)

Recommendations:

- > After arrival of new Quantitative neuromuscular monitors, teaching and training on these monitors to be arranged
- 1- Adding the guide of use of Quantitative neuromuscular monitors to the card/poster before attaching it to the anaesthesia machine.
- > Reaudit after 6 months

EPAC (Early Pregnancy Assessment Clinic) review of Beta-Human Chorionic Gonadotrophin (BHCG) when more than two are performed.

- > Aim: To assess if more than two BHCGs have been agreed by consultant as per EPAC guideline.

Conclusion:

- > In the one year snap shot, EPAC are not following the guideline.
- > 34% of clinical decisions to perform more than two BHCGs were not consultant decision.

Recommendations:

- > Encourage EPAC nurses to challenge and remind.
- > To Incident report if more than two BHCGs are performed without consultant input. This will raise timely discussion and learning for clinician involved.

Summary Hospital-level Mortality Indicator (SHMI)

The number of deaths in hospital is captured through the Summary Hospital-level Mortality Indicator (SHMI). This reports mortality at trust level using a standard and transparent methodology which is published quarterly as a National Statistic by NHS Digital.

The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated. Data includes hospital deaths and those occurring 30 days after discharge. Our latest published SHMI covering 12 months December 2021 to January 2022 is 89.7, with 100 being the expected norm.

Hospital Standardised Mortality Rate (HSMR)

The trust uses Dr Foster to support analytical review of outcomes data. This includes reporting of the Hospital Standardised Mortality Ratio (HSMR), which reviews a set number of indicators to inform understanding of quality and improvements in clinical care.

The HSMR complements the SHMI by: focussing on deaths while in the care of the hospital, using more sophisticated risk models for individual diagnoses and providing more timely information than the SHMI.

Taken together, the HSMR and SHMI provide a powerful insight into hospital mortality. HSMR data is based on summary indicators using strict definitions which encompass a basket of 56 diagnosis groups, (made up of high-volume procedures and conditions) that account for around 85% of in-hospital deaths. The SHMI includes all diagnosis groups accounting for 100% of deaths.

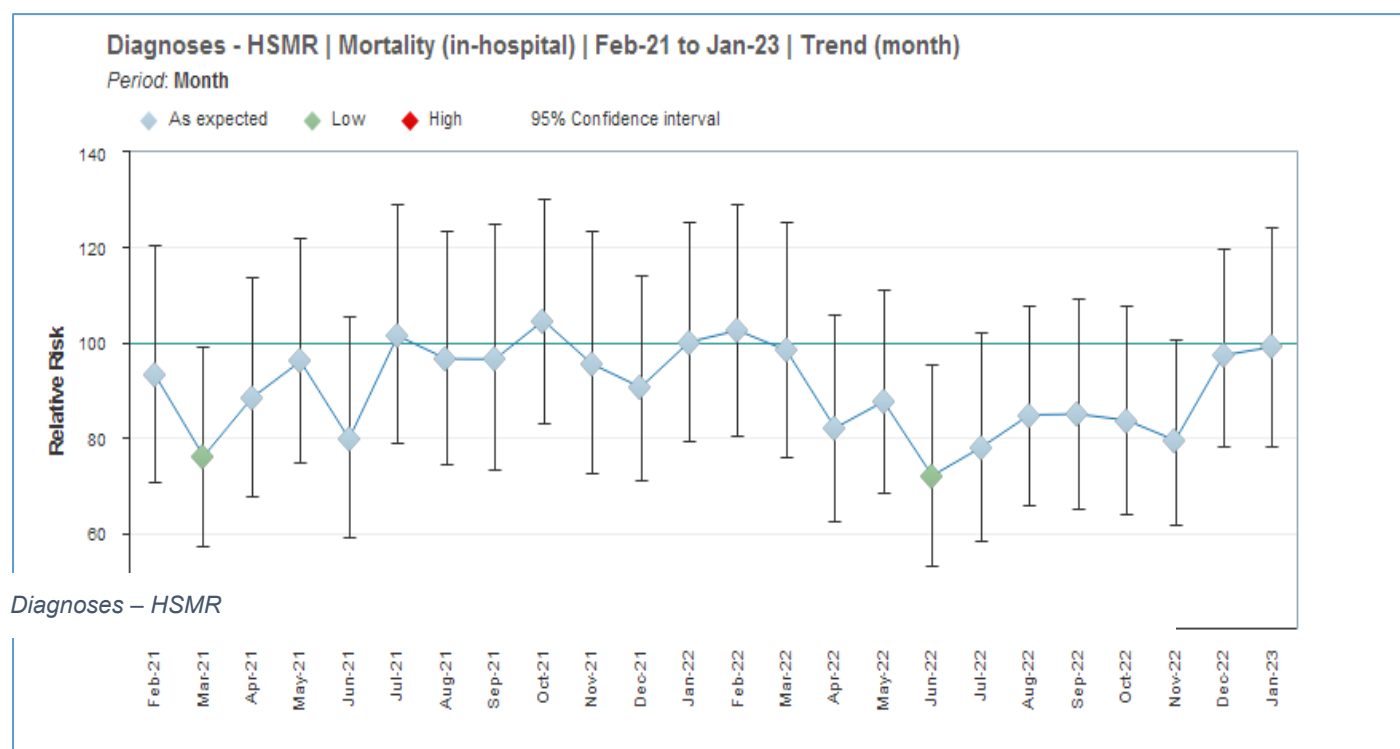
Other key differences in methodology include: HSMR is adjusted for more factors than the SHMI, most significantly patients receiving palliative care being excluded from the HSMR calculations. A further difference is seen in the fact that SHMI data includes post-discharge deaths, up to 30 days after discharge while the HSMR focuses on in-hospital deaths. The SHMI attributes a death to the last spell within an acute non-specialist trust, whereas the HSMR attributes a death across a continuous in-patient spell.

Both the HSMR and SHMI are reported with a significant data time lag allowing for analysis.

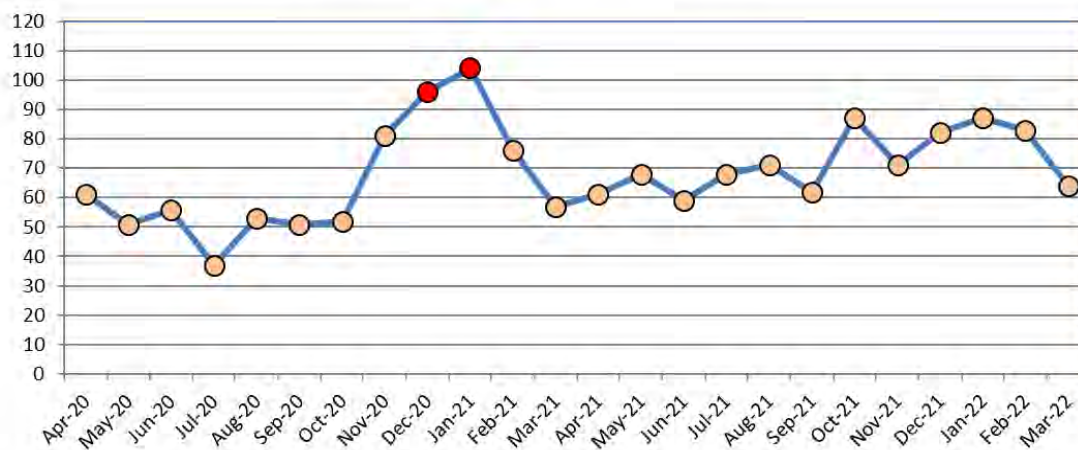
The trust HSMR is reported at 87.2, rolling year as at Jan 2023, which is a positive outcome and statistically lower than anticipated. This favourable position has been ratified and monitored throughout the year and it is believed to be due to a combination of factors including the good practice of identification and management of patients at the end of life and efficient coding of existing patient comorbidities.

HSMR is calculated based on the relative risk, the ratio of the observed negative outcomes to the expected number of negative outcomes, multiplied by 100. The national average, benchmark figure is always 100, hence figures below 100 represent performance better than the benchmark.

The chart below shows the HSMR trend over the last 2 years.



Number of Inpatient Deaths



Inpatient deaths 2021/22

• **KEEPING CHILDREN WITH MENTAL HEALTH NEEDS SAFE ON OUR PAEDIATRIC WARDS**

A recent report from the Healthcare Safety Investigation Branch (HSIB), focussing on 18 general paediatric wards in England, found that the majority had unsafe care environments to care for young people exhibiting high risk behaviours attributed to a mental or emotional health crisis. It has called for immediate action to be taken by ICBs and NHS organisations to facilitate a system-wide response to reduce the safety and wellbeing risks associated with children and young people with high-risk behaviours on their wards.

As an integrated Trust covering acute and mental health services, Somerset FT was in a unique position to address this issue and had already implemented a number of improvements in our paediatric wards at Musgrove Park Hospital, as well as Yeovil District Hospital, and in the community, supported by our Child and Adolescent Mental Health Services (CAMHS) teams.

These include:

- Wrap around care provided by colleagues recruited, trained, and supervised by the Community Eating Disorders (CED) team, but working within the acute paediatric team to provide continuity of care, education, and care to this specific patient group. This has received positive feedback from both patients and colleagues worked well and relieved exposure to nursing staff that were feeling stressed and demoralised by the work being requested.
- Implementing bespoke “Positive Behaviour Management” educational courses, that include de-escalation and safe holding training for use with CAMHS and CED patients, for all our colleagues in acute paediatric wards at MPH and YDH.
- Prioritising supporting young people to share their views and experiences. We do this through anonymous feedback services such as 'care opinion' and weekly face to face engagement sessions led by a ward based youth worker. On admission, or ideally before, we look to create individualised and collaborative care plans with our young people and members of our integrated care team.
- CAMHS liaison practitioners operate across both paediatric sites in Somerset. We operate a fully integrated eating disorder service spanning community and acute settings. A ward based RMN guides the inpatient management for young people admitted with an eating disorder alongside the specialist consultant, a specialist paediatric nurse and trained Health Care Assistant.
- Liaison with Children’s Social Care (CSC) regarding complex and potentially violent patients, those who may have no safe place to reside, including the provision of two places of safety houses

available in Somerset offering therapeutic education avoiding prolonged stays in the hospital environment. There is planning in place for a further 6 houses.

- Where hospital admission is not deemed to be therapeutic, we aim to avoid through regular high intensity user group meetings (HIUG) between paediatrics, CAMHS liaison and the Emergency Department, where bespoke plans are designed to be implemented. Alternative provisions are actively sought when deemed more appropriate through effective joined up systems including social care, mental health and therapeutic educational settings, such as those established by the unique project 'Homes and Horizons'. This project's success rests on an innovative ten-year partnership between Somerset county council, Homes2Inspire and NHS Somerset and will provide 10 homes in Somerset offering high needs foster care for the most vulnerable.
- Where severe mental health illness prevents a safe discharge home, we are working collaboratively with the provider collaborative and our local tier 4 GAU Wessex House to ensure safe and effective shared care arrangements when needed, specifically for those under the mental health act who require physical healthcare alongside mental healthcare in our "blended care" model.
- We are in the process of creating sanctuary spaces on our wards and our Emergency Departments, away from the "hustle and bustle" and highly stimulating sensory environment, to aid with de-escalation in a crisis. We have secured all entrances and exits, and risk assess the environment on a regular basis. It does however remain a challenging environment to work with at times due to historical design and layout.
- Within the community we have refined and built on the **Children and Young People's Neurodevelopmental Partnership (CYPNP)**, creating a single point of access, triage, and educational packages to schools.
- We have secure links with liaison psychiatry and are establishing synergistic relationships with our colleagues in Wessex House (tier 4 General Adolescent Unit) to ensure safe and effective shared care arrangements when needed, specifically for those under a mental health act. There has been opportunity for our staff nurses to shadow nurses in Wessex House and vice versa. We support regular opportunity for reflective practice for all. Training includes online "we can talk" modules, experiential learning and situational SIMs. Rolling medical teaching schedules cover aspects of mental health.

There is still further work to do to meet the needs of this specific population, including further improvements to the environment and the potential for in-reach services from the GAU. We are exploring the opportunities for service improvement, and we will be working with the provider collaborative to identify new models of care.

• MATERNITY SERVICES

In the year from 2022/2023, the maternity services in Somerset have continued a positive journey of integration and development across many areas, including culture, governance, workforce wellbeing, training, and clinical pathways. This has been recognised with regional achievement awards for System leadership co-production and working, women's public health improvements and implementation of National Bereavement Care Pathways. There are three specific areas of quality work which are transforming ways of working and improving safety.

Better Births in 2016, identified the need for enhanced digital maternity services to improve safety with single patient records throughout the maternity pathway and for service users to have access to their digital records through a patient portal. The challenges to achieve this level of digital availability in Somerset, where the two acute trusts use different electronic health records has been overcome, to achieve a single maternity record across Somerset, accessible by service users, and staff, which went live in February 2023.

In Somerset, both Musgrove Park Hospital and Yeovil District Hospital have previously signed a commitment to the UNICEF Baby Friendly Initiative. This is a global initiative which builds upon interlinking evidence-based standards for maternity, neonatal and paediatric services, designed to provide parents with the best possible care to build a close and loving relationship with their baby and to feed their baby in

ways which will support optimum health and development. In this last year, there have been four successful assessments across the organisation, in both the neonatal and maternity services, with the maternity service at Taunton achieving reaccreditation of Gold sustainability for another three years. This is an incredible achievement and is evidence of the high level of Trust commitment towards these standards, acknowledging the positive impact on future health and wellbeing of both mothers and babies and supporting the initiative with staff, patients and visitors to our services. The success of this will underpin the next steps for the neonatal and maternity systems on both sites to continue their accreditation journey and reach the ambition of becoming a Gold Sustainable County with achievement across all domains, to include health visiting.

Nationally equity and inclusion are high on the health agenda with black mothers' disproportionality in danger during pregnancy and the first year after birth, with black mothers four times more likely to die and twice as likely to have a stillbirth. Recognising the disparity that exists in Somerset, with disadvantaged groups, vulnerabilities, and social deprivation, two midwives at Yeovil developed 'Implicit Bias' training. This training explores culture and attitude with an emphasis on the language used and social 'norms'. This training has been so successful it is being rolled out across the southwest region, with other areas expressing interest, including universities. The team has won an HSJ award for safety improvements in maternity care and were shortlisted at the RCM awards for inclusion working. As a result of this training, the Southwest Academic Health Science Network have funded black mother and baby mannequins for every maternity unit in the region. Train the trainer sessions have now taken place regionally to ensure ongoing roll out of this great work.

3.3 Patient experience

Patient engagement

- **TOM'S STORY**

Tom was due to come into hospital for a routine operation requiring general anaesthesia. Tom has learning difficulties so his mum helps him with sign language and understanding and was able to speak with the Learning Disabilities and Autism Liaison Practitioner who arranged for Tom to visit the day surgery unit before the day of the procedure. Tom would have been incredibly anxious to arrive in an unfamiliar environment, meeting people for the first time and may not have coped to have general anaesthesia in an unsettling environment. By arranging a pre-visit to the day surgery unit and the recovery room, Tom was able to visualise and ask questions about what would happen on the day. Tom's mum also took photographs to build Tom a social story that he could look over at home before the day of the procedure. When the operation day arrived, Tom was very comfortable to have the procedure as he had a full understanding of what was going to happen, that had been delivered in a way to meet his individual needs.

Tom and his mum were very keen for their experience to be shared to aid learning, so they kindly agreed to be filmed for us to use as part of the Chief Nursing Officer training box set of short videos, that the trust is producing. Tom's story will be shared to educate staff regarding communication, to demonstrate that all patients have discrete requirements that we must consider delivering the best patient experience.

In addition, we have continued to use Tom's story within the Trustwide improving accessibility working group as an example of how we can adapt a typical approach to accessing healthcare into one which is personalised and meets an individual's own needs.

- **WORKING COLLABORATIVELY AND COMPASSIONATELY WITH A PATIENT FOLLOWING A CONCERN RAISED**

The Patient Advice and Liaison Service (PALS) were contacted by a patient who was seeking help. The patient, Mrs S, described that she had recently been through a very traumatic surgical procedure at the hospital and in her correspondence with PALS, she was able to describe the very profound impact that her experience had had on her. Not only did Mrs S have several questions about her experience, but she also

needed to have further surgical intervention and she was highly anxious about this, to the point that she was unable to consent to the much-needed surgical procedure.

PALS worked swiftly and collaboratively with the clinical teams and Mrs S, gathered a response, and went above and beyond to work with the day surgery team to support Mrs S with her further surgery. Reasonable adjustments were made to enable Mrs S to wait in another area due her trauma response to her first procedure. The surgical team were made aware that Mrs S was highly anxious about coming back into hospital and they were empathetic and understanding, doing all they could to enable Mrs S to have a positive experience.

After the procedure, Mrs S came back into hospital with her husband and they both met with the PALS advisor who had worked so diligently to support them. Mrs S gave a thank you card to the PALS advisor, the surgeon and the anaesthetist for their wonderful care and empathy and said she had no worries about coming back in a years' time for her next procedure.

This case study has also been used as part of the service review of our PALS and complaints team to ensure that we continue to put our patients and their loved ones at the centre of all we do and to compassionately and collaboratively engage with those who have been affected by their experiences of our services.

Annex A: Statement from Council of Governors

Annex B: Statement from the Somerset ICB

Annex C: Statement from Dorset ICB

Annex D: Statement from Healthwatch



Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	SFT Quality Report – incorporating the Quality Account for 2022/23
SPONSORING EXEC:	Phil Brice, Director of Corporate Services
REPORT BY:	Steve Thomson, Director of Integrated Governance
PRESENTED BY:	Phil Brice, Director of Corporate Services
DATE:	20 September 2023

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

Executive Summary and Reason for presentation to Committee/Board	<p>The SFT Quality Report – incorporating the Quality Account – is a report about the quality of services provided by Somerset NHS Foundation Trust in 2022/23. The Quality Account is a requirement as set out in the Health Act 2009 with amendments made in 2012, such as the inclusion of quality indicators.</p> <p>Guidance for 2022/23 once again confirmed that there was no requirement for an external audit opinion on the Quality Account.</p> <p>For 2022/23, the Board and the Council of Governors agreed the five flagships - the priority programmes for delivering the five clinical care and support strategy aims:</p> <ul style="list-style-type: none"> • Aim 1: Improving the health of our population • Aim 2: Best care • Aim 3: Local communities, • Aim 4: Value all people alike • Aim 5: Personalised, coordinated care <p>as the Quality Account priorities for 2022/23. Performance against these priorities is included in the report.</p> <p>The flagship projects and programmes were delivered at team and / or service group level and monitored within the Board Assurance Framework.</p> <p>For 2023/24 it is proposed that the flagship programmes are adopted as the Quality Account priorities in 2023/24.</p>



	The report has been shared with Healthwatch, the Oversight and Scrutiny Committee, Governors and the Integrated Care Board for Somerset and Dorset and their feedback is included in the report.
Recommendation	<p>The Council of Governors is asked to note the Quality Reports/Quality Account and agree that the report accurately reflect performance against the objectives.</p> <p>The Council of Governors is also asked to confirm the adoption of the flagship programmes as the basis for the Quality Account priorities for 2023/24. These will be overseen by the Governance and Quality Assurance Committee during 2023/24.</p>

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

Implications/Requirements (Please select any which are relevant to this paper)					
<input type="checkbox"/> Financial	<input checked="" type="checkbox"/> Legislation	<input checked="" type="checkbox"/> Workforce	<input type="checkbox"/> Estates	<input type="checkbox"/> ICT	<input checked="" type="checkbox"/> Patient Safety/ Quality
Details: Publication of a Quality Report and Quality Accounts is a statutory and regulatory requirement for NHS Foundation Trusts.					

<p style="text-align: center;">Equality and Inclusion</p> <p>The Trust aims to make its services as accessible as possible, to as many people as possible. We also aim to support all colleagues to thrive within our organisation to be able to provide the best care we can.</p> <p>How have you considered the needs and potential impacts on people with protected characteristics in relation to the issues covered in this report?</p> <p>The Trust is committed to reducing inequalities across all services provided. The priorities as described and addressed in the Quality Account align to the NHS priorities set out in the NHS Long Term Plan and Operational Planning Guidance and have specific focus on reducing inequalities.</p> <p>The merger with Somerset NHS Foundation Trust was planned to provide better care for our patients and ensure that everyone in the county enjoys consistent access to high</p>
--

quality services. The merger eliminates organisational boundaries and puts us in a better position to support people to stay well, give equal opportunity to mental and physical health and delivery services in the most appropriate setting. As services have been and are integrated, the potential impact on individuals with protected characteristics is considered in the planning and implementation phases. This will include wider engagement with various stakeholders.

A number of specific initiatives have been implemented within the year to address inequalities as detailed within the report.

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

Public/Staff Involvement History

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

The Quality Account has been drafted within wider engagement and involvement of colleagues. In addition, the reports have been shared with external agencies as described above and their stakeholder statements will be included within the final published report.

Previous Consideration

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

The Quality Accounts are published annually. Oversight of delivery of the objectives is delegated to the Quality and Governance Assurance Committee and within the Board Assurance Framework as reported to the Board Assurance Committees and directly to the Board.

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

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

☒ Yes ☐ No



Somerset
NHS Foundation Trust

Quality Report 2022/23 – 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 2022/23 – including the Quality Account

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

Welcome to the annual quality account and report for Somerset NHS Foundation Trust, for the financial year 2022/2023.

This year was an extremely important one as we prepared to merge Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust, and at the same time focussed on providing care and support for those who needed it and supporting those patients and service users whose care was delayed as a result of the COVID-19 pandemic.

We merged on 1 April 2023 because we want to provide better care for our patients and ensure that everyone in the county enjoys consistent access to high quality services irrespective of where they live. Working as one organisation, and therefore eliminating organisational boundaries, puts us in a better position to support people to stay well, give equal priority to mental and physical health, deliver services in the most appropriate setting, help us to further improve care for our patients and service users, and make better use of our resources.

As a merged trust we are a unique NHS organisation that provides acute services from Yeovil District Hospital and Musgrove Park Hospital, community-based services, and services from our 13 community hospitals in Somerset, mental health and learning disability services across the county, and we manage through our subsidiary company, Symphony Healthcare Services, a quarter of the county's GP practices.

During 2022/3, as part of our preparations to merge with Yeovil District Hospital NHS Foundation Trust, we looked afresh at our existing clinical strategy, engaging our colleagues, services and partners, to ensure it remained relevant. The aims of our refreshed clinical strategy form part of our organisational strategic objectives, are shared with our partners on the Somerset Integrated Care Board, and are to:

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

Since our current trust was formed - providing mental health, community services and services from community hospitals, and mental health and learning disability services - we have organised a number of our quality objectives into flagship programmes that go to the heart of what we aim to achieve. This quality report provides details of those programmes and our progress in 2022/23 and our priorities for those important programmes for 2023/24.

2022/23 was undoubtedly a challenging year for the NHS but one in which we made significant steps to put us on a good footing for the future. However, it is important to note that we faced operational challenges as we sought to care for those patients who

needed urgent treatment - and treat those who had waited a long time for treatment - while we faced continued difficulty to discharge patients when they were medically fit.

As we grappled with these challenges, we looked to innovative solutions and one of these were “ready to go” units at both Musgrove Park Hospital and Yeovil District Hospital (YDH). These dedicated units, focus on rehabilitation and reduce the risk of patients deconditioning while they wait to leave hospital. This new model of care was so successful that it reduced the support some patients needed after they were discharged.

Our colleagues, sites and services continued to innovate in order to provide care in a number of settings and new facilities, providing easier access and or more capacity to help us reduce waits for services. Examples of these in 2022/23 are:

- A new ophthalmology diagnostic centre, near junction 25 of the M5, is a “one stop shop” that enables patients to have a range of diagnostic tests in the same appointment. A second centre, run by Yeovil District Hospital NHS Foundation Trust, opened later in the year in Yeovil’s Quedam Shopping Centre. These centres build on the NHS’ aim to develop a series of community diagnostic centres away from acute hospital sites and will enable us to reduce the delays patients have experienced as a result of the pandemic and help us to meet the challenge of future demand for ophthalmic services.
- A new specialist community hub in the Horizon Centre in Taunton is providing children and young people with emotional and mental health support in a relaxed setting. A multi-disciplinary team of NHS professionals works alongside a range of voluntary and third sector organisations at the hub, which is run in partnership by our trust and Young Somerset.
- Two facilities in Bridgwater. The first, in partnership with Open Mental Health, provides support for people with mental health challenges. Depending on a person’s needs, support is provided by the NHS or one of a wide range of third sector partners, including, Citizen’s Advice, Age UK Somerset or Second Step, a community mental health charity. The second facility is a health and wellbeing hub located in the former Victoria Park medical centre that provides a range of services for people of all ages from pre-natal to end of life care.
- A new £11.5 million surgical decision unit at Musgrove Park Hospital means that our surgical teams can assess patients more rapidly to determine whether they need emergency surgery or can be safely discharged home. The unit, that is part of our ambitious Musgrove 2030 programme, brings surgeons, emergency doctors and other healthcare professionals closer together, with a much better environment for patients and colleagues.
- A community investigation hub at Burnham-on-Sea Community Hospital means that many patients no longer need to travel to Musgrove Park Hospital for hospital-related blood tests. It also means that they can get their tests done before they see a hospital consultant, which saves time or additional hospital appointments.
- Farmers and agricultural workers can access health and emotional wellbeing support at two new health hubs at Frome Livestock Market and Exmoor Farmers Livestock Auction. Along with general health checks, farmers can get specialist

advice from NHS professionals about lifestyle, as well as any concerns about their emotional wellbeing and mental health.

- Surgeons performed the first total hip replacement as a day case procedure. This means the patient can be assessed, operated on, and be discharged from hospital on the same day, back to their home environment to continue their rehabilitation and recovery. This will significantly increase our capacity for hip and knee surgery, which will help to reduce the backlog created during the COVID-19 pandemic when most non-urgent surgery was suspended across the country.

I want to end by thanking all my colleagues within the trust, our partners, our volunteers, our charities and the families and carers who support our patients. Without their hard work, dedication and commitment, we would not have been able to make the progress we have. Thank you once again for all that you do for the people and patients of Somerset and the services that we provide.

Signed

A handwritten signature in black ink, appearing to read 'Peter Lewis', with a stylized flourish at the end.

**PETER LEWIS**  
Chief Executive

## ABOUT US

Somerset NHS Foundation Trust was formed on 1 April 2020 when Somerset Partnership NHS Foundation Trust (SPFT) and Taunton and Somerset NHS Foundation Trust (TST) merged. The transaction was ground-breaking because it created the first Trust in mainland England to provide integrated community, mental health and acute hospital services.

Somerset Partnership and Taunton and Somerset NHS Foundation Trusts established a close working relationship when we formed an alliance in May 2017. In late 2017, we established a joint executive team that oversaw all aspects of both Trusts' operations and worked to a single set of strategic objectives covering hospital, community and mental health services. With services working more closely together than ever before, we made improvements to the care and support our patients and service users receive. However, it became clear that we needed to merge in order to remove the barriers that add unnecessary delay and cost to the care we provide, and to truly integrate community, mental health and hospital services.

### Map of key Somerset Healthcare Sites



The impetus for our merger came from colleagues who saw the improvements that we can make if these services work together differently. Our clinical strategy is built from the ground up, based on the experience of our colleagues and services, and our knowledge of the growing needs of our population. This impetus drove our initial merger and is core to our subsequent merger with Yeovil District Hospital NHS Foundation Trust, so that we can realise these ambitions and benefits for the whole population of Somerset.

Somerset NHS Foundation Trust provides a wide range of services for the whole of Somerset, as well as acute services for people in the north, west and centre of the county (population c.350,000) and more specialist services across the county and beyond. We work with health and social care partners in Somerset to ensure that we deliver outstanding services that meet the needs of our population.

The Trust provides acute services from Musgrove Park Hospital (MPH) in Taunton, which has around 700 inpatient beds. We also operate 13 community hospitals (with over 220 beds), providing inpatient, outpatient and diagnostic services, and seven Minor Injuries Units.

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 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. The Trust was named Mental Health Trust of the year at the 2021 Health Service Journal awards.

Somerset NHS Foundation Trust cares for some people from neighbouring counties who live close to the county border. In 2022/23, the Trust treated around 18,600 people in total from across north Somerset, Devon, Bristol and Bath & North East Somerset (BANES), Wiltshire, Swindon, and South Gloucestershire.

We are privileged to work with over 9,000 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.

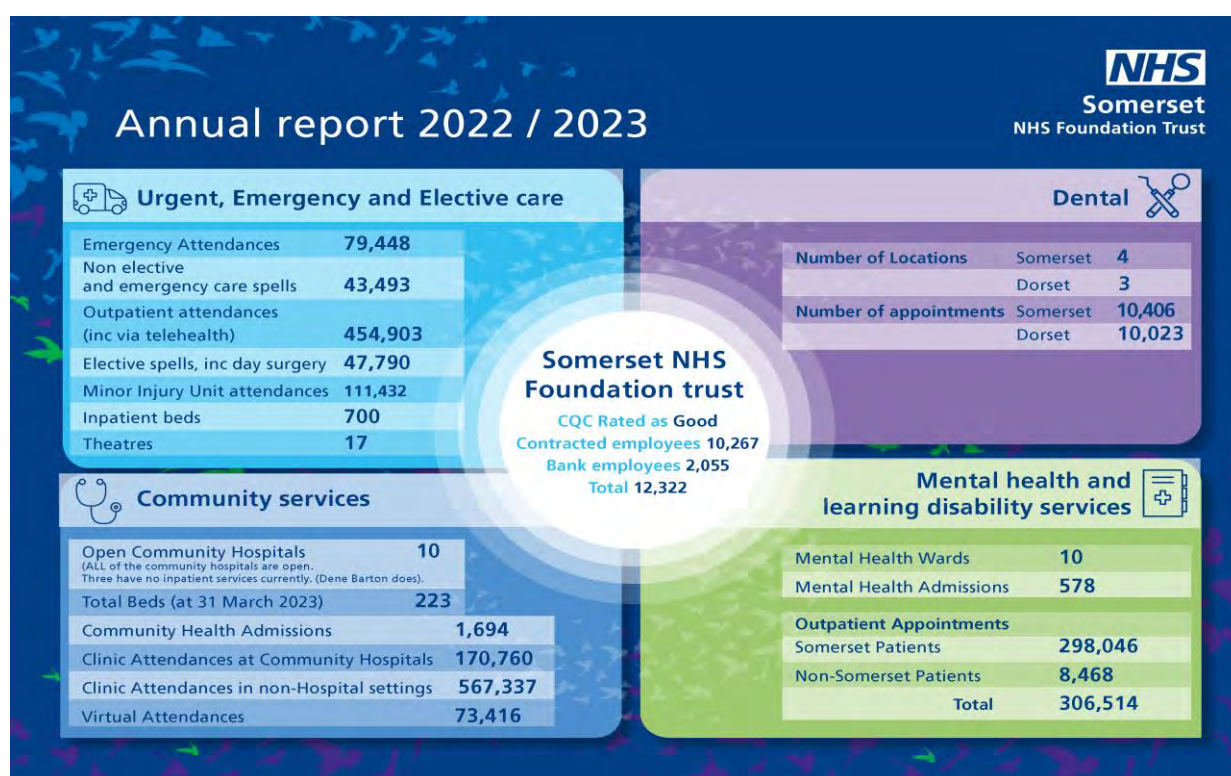
The Trust's general services are commissioned by the local Integrated Care Boards while specialist services are nationally commissioned.

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.

During 2022/23 we concluded our business case and completed our merger with Yeovil District Hospital NHS Foundation Trust. We have operated with a single executive team across both organisations since January 2022 and held board meetings and sub-committees in common during the whole of 2022/23. NHS England issued an Amber rating on the proposed merger in April 2023 and the two boards and councils of governors approved the business case for merger on 17 April 2023 which was supported by the Secretary of State to create the new Somerset NHS Foundation Trust which was formally established on 1 April 2023.

A vision and mission have been developed for the merged Trust which focusses on supporting our colleagues to deliver outstanding and integrated patient care. The new 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.

**Some key facts about Somerset NHS Foundation Trust and our services are shown in Figure 1 below:**





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

### **UPDATE ON PRIORITIES FOR IMPROVEMENT 2021/22**

In this section we review how Somerset NHS Foundation Trust (SFT) has performed against the key priorities it set itself last year.

For 2022/23, the Trust focussed on six flagships - the priority programmes for delivering the five clinical care and support strategy aims:

Aim 1: Improving the health of our population,

Aim 2: Best care,

Aim 3: Local communities,

Aim 4: Value all people alike,

Aim 5: Personalised, coordinated care.

There was one flagship for aims 1-4 with aim 5 having one flagship programme for adults and a second for children and young people. Progress of flagships over the last year has been variable. This is partly due to teams having to reset priorities across the system, establish new relationships and the impact of operational pressures and leadership changes. The intention of the flagships was to set ambitions together and develop joint working with Yeovil District Hospital NHS Foundation Trust (YDH) colleagues and teams ahead of the merger.

#### **How they were measured, monitored and reported?**

The flagship projects and programmes were delivered at team and / or service group level and monitored within the Board Assurance Framework.

Here is how the Trust performed in these areas in 2022/23:

#### **QIP 2022/23 - PRIORITY 1 - POSITIVE STEPS: USING THE TIME WAITING FOR SURGERY TO OPTIMISE PEOPLE'S HEALTH AND WELLBEING BOTH NOW AND FOR THE FUTURE**

##### **Why was it important?**

This was a new flagship programme of work in 2022, to support the Trusts' ambition to play our part in improving the health of the population. Peri-operative care is the comprehensive management of patients before, during and after surgery, from the moment surgery is contemplated right through to recovery and long-term follow-up. It is understood that the fitter a patient is, the better they can cope with surgery, enabling a quicker recovery and improved outcomes. It is also known that the earlier teams understand the health requirements of patients, the more time there is to support healthy lifestyle change, which not only supports improved outcomes from surgery but may avoid the need altogether. Peri-operative care enables better outcomes from

surgery such as reduced length of stay, speedier recovery, reduced re-admissions plus better long-term outcomes.

The aims of the peri-operative service are to:

- optimise the health of patients who need surgery.
- turn 'Waiting time' into 'Preparation time' prior to surgery.
- establish patients as partners in their own health management to positively impact their long-term health and wellbeing.

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

Prior to this work being adopted as a flagship programme, the peri-operative programme team agreed the scope of their current improvement. This was a focus on the pre-surgical period to optimise patients prior to surgery i.e., by improving mobility, cardiovascular and fitness levels, stopping or reducing smoking or helping patients to control their diabetes prior to surgery.

A core team was established, which developed 14 workstreams with leads. The programme has members from both SFT and YDH and is working to develop the Somerset Peri-operative service, building on existing services, learning from each other and taking forward the most beneficial options. Bi-weekly steering group meetings were implemented and over this time commenced c. 55+ tests of change.

Examples of workstreams developed are:

- identifying and taking action with patients as soon as the GP decides surgery may be an option i.e., diabetes pilot. This team works with GP surgeries to identify patients with diabetes, referred for elective surgery, to optimise and maintain their condition prior to their pre-operative assessment.
- targeting modifiable risk factors i.e., smoking cessation services with public health.
- working with and developing services currently available within the community to optimise health i.e., exercise pilot with Somerset Activity and Sports Partnership (SASP), the Home-based Older People's Exercise (HOPE) trial exercise programme with NHS England (NHSE) and emotional support through the talking therapies service.
- understanding how the patient can best prepare for surgery utilising services i.e., health coaches based within primary care networks.

### **QIP 2022/23 - PRIORITY 2 - INDEPENDENT LIVES: HELPING OLDER PEOPLE TO LIVE AS THEY WISH, GIVING THEM TIME TO DO WHAT IS IMPORTANT TO THEM**

#### **Why was it important?**

Nationally an increasing number of people are at risk of developing frailty. Somerset has a higher than average elderly population with 24.8% aged 65 and over. Frailty is a clinically recognised state of increased vulnerability resulting from ageing; associated with a decline in the body's physical and psychological reserves. A person living with frailty has twice the mortality risk of a fit older person and increasing frailty is associated with substantial increases in healthcare costs. They are more likely to attend emergency departments and experience delayed transfers of care. People living with mild, moderate, or severe frailty could often have their needs best met in settings outside of acute hospital care. This flagship's ambition is to ensure quick and accurate identification of vulnerable people and to provide alternatives to hospital admission that are more responsive and better able to meet the needs of the frail person.

The frailty work is linked to Somerset system projects including the community hospital transformational work and the local delivery of the Ageing Well programme. This focuses on delivering integrated personalised care in communities and addresses the needs of older people through the inter-related service models of community multi-disciplinary teams (MDT's), urgent community response, enhanced care in care homes and anticipatory care.

### What was achieved during the year?

In this last year there has been a focus on how services can more effectively manage frailer individuals at home to reduce potentially harmful lengthy hospital stays. This was achieved through early identification, provision of community alternatives and robust training and support for colleagues.

- **Identification of frailty:** Previous work demonstrated the feasibility to introduce the Rockwood Clinical Frailty Scale (CFS) into the Emergency Department (ED). The use of the CFS has been revisited as the target to screen all over 65's attending ED was not achieved due to work pressures and flow issues. Agreement has been reached by community teams to rollout the CFS for all frailty patients age 65+ who come onto the caseload.
- **Hospital at Home:** Frailty and Respiratory Hospital at Home pathways commenced late 2022. To date the service has supported 452 patients saving in excess of 3000 acute bed days. The service runs 7 days a week, 12 hours a day. The service operates with a 'team of teams' model linking closely with neighbourhood teams, primary care networks, acute hospitals and care of the elderly services. The merger has enabled Hospital at Home to introduce a geriatrician from YDH to support the service alongside the existing consultant geriatrician, to provide consistent cover across Somerset.
- **Frailty Advanced Clinical Practitioners (ACP's)** have been employed across ED and community services. These community roles sit primarily within the Hospital at Home team but are closely aligned with the neighbourhood teams. Close working between the teams has been established to support the training and supervision of the new appointments.
- **Falls clinics:** Based on the successful Frome model, a monthly community falls and frailty clinic at Shepton Hospital with an MDT approach has been

established. This clinic is attended by a consultant from the Royal United Hospital (RUH), Bath, the local community and primary care teams. Each patient is discussed, and a personalised management plan agreed. The clinics also provide an educational opportunity for staff attending.

- **Complex Care:** Clinical lead roles have been appointed in the district nursing teams, to support clinical staff with complex patients. In addition, relationships between Complex Care teams based in South Somerset and neighbourhood services are more robust. The complex care service is doctor led and supports frail patients in the community; operating an MDT approach with community teams such as district nurses (DNs), Community Rehab Service (CRS) and Older Person's Mental Health (OPMH) contributing.
- **Optimal Handed Care (OHC) practice:** South Somerset Primary Care Network (PCN) and Adult Social Care (ASC) are working together on the delivery of the Optimal Handed Care (OHC) practice. Optimal Handed Care is a person-centred, system-wide approach to providing proportionate support to enable people to stay in their own homes. The aim is to promote independence, use equipment safely and creatively, to reduce the number of care staff needed for moving and handling tasks i.e., hoisting. This has enabled people to access care and stay at home longer. A series of events run by trained OHC Ambassadors including CRS therapists and DN's, has enabled countywide implementation and a train the trainer approach. Within Wincanton community hospital the value of the OHC practice has demonstrated improved patient independence and reduced length of stay.
- **Frailty training:** Progress has been made with the roll-out of the tiered education programme to the whole Trust and wider community. It is now available to all SFT colleagues on the electronic education platform.
- **The frailty assessment unit (FAU):** continues to provide a Monday to Friday prompt and comprehensive frailty assessment for patients. This is offered by a specialist MDT, in an appropriate environment. The team have worked with patient flow teams to identify appropriate patients for the FAU to facilitate a quick transfer from ED, implement changes to the process and have developed a new operating procedure. There have been improvements in the frailty interventions in ED, resulting in more streamlined care and quicker access to a specialist frailty assessment.
- **Geriatricians working in ED:** A targeted pilot of a geriatrician working in ED for two hours in the morning resulted in 50% of patients seen, being discharged home, who were otherwise planned for admission. The plan is to look at resources to test this model further.
- **Acute Frailty Practitioners:** The existing Older Persons Assessment and Liaison (OPAL) practitioner roles have been reviewed and are now Acute Frailty Practitioners to align with the Acute Frailty Unit. They are now the named clinician for patients on arrival in ED, clinically examining, ordering diagnostics and implementing first line management. The ED team have adapted the Acute Medical Unit (AMU) proforma with a frailty focus which has been introduced across these areas as a single clerking process. This has reduced the number

of clinicians needing to see the patient and patients only have to tell their story once.

- **Rapid response:** The rapid response team has restructured to increase clinical time and colleagues have received frailty training. This has enabled them to support more people with complex needs at home, avoiding necessary hospital admissions.
- **Urgent Community Response (UCR):** In line with the national initiative, the UCR team provides a two-hour response to individuals identified as at risk of admission (or re-admission) to hospital due to a 'crisis'. They provide assessment and intervention to prevent further deterioration and to keep individuals safe at home. The teams are working with the ambulance service to divert appropriate calls. UCR support has also been given to care homes to assist with deteriorating residents; this has reduced GP and ambulance calls.
- **Work with Care Homes:** The UCR team have worked in collaboration with the care homes to help upskill staff to manage people with complex needs e.g., residents who have repeated falls. The care homes now have appropriate equipment, training and skills in place. This has resulted in a reduction in the number of ambulance call outs to care homes.

## **QIP 2022/23 – PRIORITY 3 – STOLEN YEARS: HELPING PEOPLE WITH MENTAL HEALTH CONDITIONS TO LIVE LONGER LIVES**

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

People with severe mental illness (SMI) struggle to live independently, are at greater risk of developing health problems and are less equipped to recognise when and how to respond to worsening health signs. People living with SMI often live with poor physical health and on average die 15 – 20 years earlier than other people. It is estimated two out of three people, with a diagnosis of SMI, die from physical illnesses that can be prevented. The main causes of death being circulatory disease, diabetes and obesity.

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

The stolen years flagship pledged to co-produce projects with 'Experts by Experience', building on work already done. There were two main areas of focus in the year. Firstly, the uptake and quality of physical health checks for patients with SMI, Secondly, growing collaborative relationships between mental health and physical health colleagues, to improve care for patients with mental ill-health when accessing physical health services.

- **Improving physical health of patients with mental ill-health project:** A workshop to improve the physical health of patients with mental ill health was held, where experts by experience shared their personal accounts of accessing and receiving physical health care. This workshop was co-produced with our experts by experience who were able to share their experiences of care received. The aim of this workshop was to listen and learn from people first-hand who have used physical health services alongside their mental ill-health, and which has been a positive step in bringing colleagues together. Colleagues

were able to ask questions, reflect on improvements and a repository of 'pledges' has started to showcase the work within physical healthcare settings. A good example was surgical booking teams did not contact patients with mental ill-health with cancellation appointments as it was felt it would be unsettling. However, experts by experience shared they would prefer a cancellation appointment as waiting triggered anxiety and stress. This has resulted in teams and experts by experience agreeing to work together on devising a letter asking patients if they would like last minute appointments and what support can be offered.

- **Expediting elective care:** Patients are waiting longer in many specialities, both to be seen and assessed and to have surgical procedures. Working with the surgical booking teams the expedition of elective treatment for vulnerable patients has been introduced. The standard approach to managing waiting lists is by clinical priority and then chronological order, but SFT is in a unique position to be able to easily identify more vulnerable patients who are more likely to deteriorate whilst waiting and expedite their care. There is good evidence that patients with these characteristics on average live shorter lives, which means they spend a disproportionately longer part of their life on a waiting list. Patients with a known learning disability, a current open mental health referral and living in one of the two most socially deprived areas are now flagged and their appointments expedited.
- **The wellbeing project:** has created a bespoke RiO report to improve the cardio-metabolic monitoring of patients using technology. The first stage of this project was to improve the timely uptake of physical health checks using RiO reports within clinic settings i.e., clozapine and depot clinics. This supports colleagues to identify and offer timely physical health checks. By using data 'in real time', colleagues can identify patients at risk of physical health complications early and ensure they seek appropriate medical /lifestyle related measures to tackle obesity, hypertension and pre-diabetes which contribute to increase mortality as well as morbidity amongst patients with severe mental illness.
- **Tobacco reduction programme:** Smoking is the largest avoidable cause of premature death, with more than 40% of adults with SMI smoking. The Trust's Tobacco Harm Reduction Service supports those with severe mental health conditions and/or learning disabilities, as well as acute hospital inpatients and maternity services and staff to stop smoking or to reduce the amount they smoke. It is also the lead on developing smoke free sites within the Trust, promoting the smoke free message across the grounds and providing training to staff on tobacco harm reduction / smoking cessation. In June 2022, SFT appointed a Tobacco Reduction Programme (TRP) manager to lead on this work which will contribute to a reduction in health inequalities. The TRP fully mobilised its' inpatient acute and mental health pathways across all sites in March 2023 and is utilising Quality Improvement (QI) methodology to inform training needs and enable wards to become smokefree by the end of 2023/24.
- **Colleagues working together:** Physical and mental health colleagues have worked together to support mental health patients when they become physically

unwell in inpatient settings. This project was started after a patient was transferred by ambulance twice from a mental health ward to an acute site for assessment of a physical issue. Recognising this was not a good experience for this patient and to further improve patient care and safety, the teams worked together to develop advice and guidance for patients who become physically unwell on mental health wards, so they can remain there wherever possible. This is planned to go live across both EDs and mental health wards from Summer 2023.

A further example of physical and mental health colleagues' collaboration was to support mental health inpatients when identified as end of life. Palliative care and bereavement colleagues provided support and training to staff so they could care for patients in familiar surroundings rather than moving to the acute trust. Simple measures such as sending beds for relatives to be able to sleep close by and providing staff with bereavement support has improved the confidence and skills of staff when caring for patients who are end of life. Staff feel energised as they can provide a holistic approach and improve patient care and experience.

- **Introduction of new roles:** Open Mental Health is an alliance of local voluntary organisations the NHS and social care, Somerset County Council (SCC) and individuals with lived experience of mental health. By working together patients get the support they need when they need it most; this includes help to attend physical health checks. The introduction of peer mentors to connect with those people who lack the confidence or motivation to attend for physical health checks or who feel isolated has been introduced. The appointment of mental health practitioners as part of the Additional Roles Reimbursement Scheme (ARRS) in primary care and the physical health assistant practitioners also support the uptake of physical health checks and signposting for further health advice and support where required.
- **'Talking Therapies'** – Improving Access to Psychological Therapies (IAPT) continues to work across boundaries by providing mental health support to patients presenting with physical health problems. Patients may be waiting for an operation longer than they were expecting, resulting in stress and frustration, alongside managing the emotional impact of lifestyle changes due to their health. Talking Therapies and the peri-operative team working together means that the patient gets joined up treatment, clinically and emotionally, by attending one appointment. Relationships between the two teams result in a better understanding of the patient as a whole and thus leads to an improved patient experience. Another example being explored is working with the neurology team on long-term neurological conditions.
- **Widening the focus:** In September 2022, Dr Katalin Fernando, Associate Medical Director for unplanned care, YDH, took on an additional portfolio role looking at the interface between acute medical and mental health services across YDH and SFT to better address the unmet physical healthcare needs of patients with mental health problems.

**QIP 2022/23 – PRIORITY 4 – LAST 1,000 DAYS: VALUING PEOPLE'S PREVIOUS TIME IN THE LAST CHAPTER OF LIFE**



## Why was this important?

The last 1000 days flagship ambition is to identify and appropriately support patients to ensure they maximise the time they have, doing what is important to them in a place they want to be. This includes the needs of relatives and friends during life and after the death of their loved one has occurred. End of life care (EOLC) encompasses all stages of care and experience for patients and their families with a life-limiting illness. It is not confined to the last days of life and can be measured many years prior to the death of a person. This flagship supports patients, family and carers to plan their last chapter of life and enables colleagues to provide high quality, compassionate EOLC. It seeks to ensure that those patients who die in hospital have the best care possible and that those patients, who wish to die at home, or elsewhere, are enabled to do so by supportive discharge arrangements which may include partnership working with other agencies and which respects an individual's choices, values, and beliefs.

## What was achieved during the year?

The Last 1000 days flagship has been pivotal in the way EOLC is viewed countywide, with multi-agency colleagues coming together to do the right thing for patients who are at the end of their life. The SFT Last 1000 days governance structure is well embedded with a steering group to which three subgroups report: operational, governance and education. Work has already begun to formally bring the two legacy EOLC teams together who have already worked on many of the projects together. The focus of many of the projects within the Last 1000 days flagship arise from colleagues themselves and/or learning from events which trigger them to work together to improve service provision.

Examples of work achieved are:

- **An EOL Homecare pilot:** commenced in November 2022 to bring about rapid discharge of EOL patients with days to short weeks to live from the acute trust. Previous data showed 29% of patients when identified as EOL die in hospital awaiting discharge and the process can take on average 6.3 days for a package of care to be set up and funding to be approved. For many patients this means they often become too unwell and one in three die in hospital and not in their place of choosing. The pilot explored the reasons why delays occurred, and teams have worked together to bridge gaps and to work differently to bring about prompt discharge. In February 2023, this moved to the project phase and to date 36 patients have been discharged home, with 68% getting home same day or next day. The teams are reviewing the data ahead of refining the pathways and considering spread to YDH and the community.
- **Packages of care audit:** Alongside the above project, colleagues were keen to understand if packages of care (POC) set up at the time of discharge met the needs of patients and families. This study reviewed POC set up in November and December 2022 and found colleagues were accurately requesting the level of care, support and equipment needed.
- **Heart failure:** An initiative to improve end of life care in heart failure is underway to introduce subcutaneous Furosemide by syringe pump as a treatment option in Somerset. This is as an alternative to hospital admission for



intravenous diuresis in patients in the end stage of their disease. Medicines management governance approval has been gained and there is a clinical protocol for using Furosemide in a syringe pump. This has been successfully used in the St Margaret's hospice inpatient unit and in peoples' own homes. Discussions are ongoing about options for delivering this as a mainstream treatment in the community, potentially via community hospitals and/or hospital at home.

- **Ascites management:** Patients receiving palliative care often need abdominal drains due to a build-up of fluid (ascites) but are too unwell to come into hospital. A pilot to reduce the need of a hospital visit by using portable ultrasound scanners was undertaken – meaning consultant sonographers can visit a patient's home to perform the drain. Around three patients a month across Somerset may require this kind of service who would otherwise struggle to get to hospital. Previously an unwell patient receiving palliative care comes into hospital for drainage; this requires ambulance transport, a porter, then after waiting in the hospital while in pain, they need an ambulance to return home. By a sonographer going to the patient's house and working with colleagues in community services, it means that they can receive care in their own home. This helps to reduce hospital admissions, supporting patients to stay at home when they near the end of their life, and improving the quality of life for patients. This service is being trialled in the east of Somerset with plans to expand it county-wide.
- **Education:** The education group has promoted the EOLC for all (e-ELCA) eLearning programme from Health Education England; with 619 Trust colleagues having completed at least one e-ELCA module in the last year. In 2022, a face-to-face syllabus was able to resume with 23 courses being held and 186 attendees. Between May 2022 and Feb 2023, a total of 300 staff across health and social care organisations have attended formal ACP (advance care planning) sessions. Jointly with either the EOLC education team or Marie Curie, public and staff engagement events have included: Care home roadshows, death cafés and Interfaith week. In November 2022 the team was approached to support with the delivery of education around the Musgrove individualised end of life care plan. This has been trialled on four wards to date with further sessions being planned.
- **Website:** The Somerset End of Life Care and Bereavement Support website was launched in March 2022. A care home roadshow was completed in year where 49 care homes were visited in person to present the website and the range of courses and services available.
- **Conference:** An inaugural EOLC conference was held in May 2022 to 200 delegates across 14 different organisations. The next conference is planned for September 2023.
- **'Patient Stories' project:** This seeks to put the patient and carer voice at the heart of the EOLC education delivered. So far two short films, one about care after death, one about Treatment Escalation Plans (TEP) have been made using families who were willing to share their experiences and from which learning opportunities exist.

- **Care of the Dying person:** a continued audit of practice in care for those in the last days of life has commenced. An action plan is being delivered by specialist palliative care teams supported by the EOLC education team.
- **The ‘Talk About Project’:** advance care planning (ACP) project across Somerset used volunteers to help people personalise their care and legacy through an advance care plan. Unfortunately, the funding for this has been ceased and there is no resource in place to support advance care planning going forward.
- **A poor prognosis letter:** has been designed to help sign-post patients with a life-limiting diagnosis to resources, to help them consider things they may want to plan for, outside of their immediate medical needs. A draft letter is being adapted after feedback from a patient cohort. This will be trialled in a cancer-patient cohort with the help of the Lung cancer team.
- **Complaints:** All complaints with a focus on EOLC are reviewed by consultants to ensure oversight and effective learning from harm and improving feedback. This mechanism ensures the responses are compassionate and supports colleagues where there is learning from events.
- **Audit:** The governance group focussed on the action plan from the previous national audit of care at end of life (NACEL) audit, while the trust took a year off from participation in the national audit. Previous national reports were received just as the next data collection period started, therefore not allowing time to focus on improvements. This break in the cycle supported the completion of an action plan jointly with colleagues from YDH, and data collection is underway for this year's local version.

The hospital and community teams participated in the Seeking Excellence in End of Life Care (SEECARE) audit. This national audit examined care of people who were in the last hours to days of life who were not known to the palliative care teams in hospital beds (acute and community). The action plan has been completed by the hospital palliative care teams. The focus of the action plan was on improving the end-of-life care plan, and delivery of direct education to teams to support people who are dying.

A further audit reviewed patients discharged from hospital with Just in Case (JIC) medications, and their subsequent use in the community setting and to examine syringe pump use. Where data was available, the use of JIC medications and subsequent syringe pumps did not reveal any prescribing concerns.

Following CQC inspection of community end-of-life care services, it was noted *‘the provider had adopted a clear quality improvement approach at service level to drive development. This included the ‘Last 1000 days’; a program of projects delivered across the service to improve the overall experience of people in Somerset approaching the last 1000 days of their life’.*

**QIP 2022/23 – PRIORITY 5 – CONNECTING US: USING TIME WELL BY GETTING TOGETHER TO FOCUS ON WHAT MATTERS TO PEOPLE WITH COMPLEX NEEDS**

## Why was this important?

A growing number of people are living with complex needs including chronic or long-term health conditions, often with physical and mental health needs as well as social deprivation challenges. Meeting the needs of this population requires anticipatory not reactive care, time to develop trusting relationships, broadening the membership of the care team and communicating across different specialties and agencies. Developing advanced and personalised models of care is essential to meet the challenge of complex care for our population.

## What was achieved during the year?

- **Improvements in the support for those identified as high-intensity service users:** At the beginning of the year, colleagues worked with the Integrated Care Board (ICB) to develop a business case to establish a high-intensity service within Somerset. This was based on the national right-care model, built on the Ubuntu project (below), the developments in the ED high intensity user multi-agency group and the roles being created in the PCNs. The business case was approved; the two new posts are being hosted by SFT and are in the recruitment stage.
- **Ubuntu Project:** This partnership project between SFT and the Community Council for Somerset (CCS) supports high-intensity users referred with a focus on what is important to the individual, whilst developing self-activation and a subsequent reduction in health service use. The project team has finalised the service offer; accepting referrals from: SFT and YDH ED high-intensity user groups, primary care, South Western Ambulance Service NHS Foundation Trust (SWAST) and other partners. Sustainable funding for the Ubuntu service has been agreed as part of the development of a High-Intensity service for Somerset.
- **Multiple sclerosis (MS) care pathways:** A MS diagnosis clinic was initiated to provide a joint consultation between the patient, consultant and MS nurse. The patient feedback has been positive to date. To support care closer to home, a review clinic has been established in Bridgwater community hospital to avoid travel to Musgrove Park Hospital. The MS nurse has listened to feedback and initiated a clinic session to follow up after first treatment. Trust guidance has been developed in-line with the NHSE Treatment Algorithm for Disease-Modifying Therapies. These extra supports in the patient pathway at first diagnosis and post first treatment, support a personalised, proactive care approach, allowing patients to be more independent and live well with MS.
- **Functional Neurological Disorders (FND) improvements:** A working group was set up to discuss the existing services, and skills in teams across Somerset. The group have set a vision and drafted a future service model ready for consultation with stakeholders. Currently, the group are reviewing what improvement projects can be piloted within existing resources. Links have been made with the Regional FND network to share good practice. The FND need is being raised as part of the Neurological Rehabilitation case for change being prepared for the Integrated Care System (ICS) and there is wider colleague, patient and third sector engagement for the full case for change. The plan is to submit this at the end of June 2023.

- **Establishment of a persistent unexplained physical symptoms (PUPS) clinic (adults):** It was identified the gastroenterology and gynaecology teams received referrals for patients with unexplained physical symptoms. An improvement project was initiated to establish a clinic, led by a consultant psychiatrist. At the end of April 2023, the clinic had received ten referrals, with nine patients attending for a first appointment and seven for follow up. Overall patient experience is good. Of those who attended, 83% have agreed to mental health support and this is for a group that wasn't aware of the mind-body link prior to attending the clinic. Although small numbers, 33% of patients seen had clinically significant post-traumatic stress disorder which was diagnosed for the first time. This care is resource intensive however, demonstrates significant improvements to both physical and mental health symptoms.
- **Dementia and Delirium:** The overarching aim of the dementia services is to ensure people receive support from the point of diagnosis, throughout their experience of dementia to enable them to live an active and meaningful life.

The Somerset Dementia Wellbeing model is currently being launched. It was jointly developed with SFT, the ICB, SCC and the Voluntary Community and Social Enterprise Sector (VCSE). The aim of the model is to connect people to services from the point of diagnosis. To enable this to happen, SFT has increased the amount of Dementia Advisors, employed by the Alzheimer's Society. The VCSE offer within the model consists of many organisations that can offer support, including activities and carers education. A website has been developed and will be launched imminently. SFT will continue to promote this model, encouraging people to come forward for assessment. The model links closely with memory assessment services. The workforce has been expanded to support the increase in referrals seen over the last year. To provide greater clinical leadership trainee advanced care practitioners (ACPs) were recruited to the Community Mental Health Teams.

To support the diagnosis of dementia in care homes, Diadem funding was received from NHSE, enabling support plans and personalised care to be developed that better reflect individuals' needs.

A care home liaison team, specialist care homes and SCC working together, has supported individuals in high dependency care home beds. This resulted in improved patient flow from acute and mental health inpatient beds, people receiving care in an appropriate environment, provided links to support and crisis services, and has supported care planning and management of challenging behaviour.

A review of the Intensive Dementia Service was completed. This crisis service focusses on admission avoidance to mental health and acute beds. The outcome of the review was improved interface with other services involved with the individuals and their families.

The integrated dementia and delirium teams are focusing on improved personalisation, including standardisation of "what matters to me" documentation, care planning, advice and education. An education facilitator and support worker educators are being recruited to provide training to Trust

and care home colleagues, developing a consistent and person-centred approach to caring for someone with dementia and/or delirium.

The Musgrove team are piloting a seven-day service, which includes support to ED. This service will link closely with community services to ensure provision of support and implementation of the dementia model and pathway.

## **QIP 2022/23 – PRIORITY 5 – FUNCTION FIRST – IMPROVING LIFE CHANCES FOR CHILDREN BY INCREASING THEIR TIME IN SCHOOL**

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

Children with complex needs, including those with persistent physical symptoms where no organic cause can be found, risk over-investigation and treatment. This includes frequent medical appointments, multiple emergency department attendances and prolonged hospital stays. They are often functionally impaired, with schooling and home life negatively affected. Sadly, this frequently continues into adulthood drastically reducing life chances.

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

- **Trailblazers programme:** The mental health support teams 'Trailblazers' improve the access to emotional and mental health support for children and young people within school settings i.e., those with anxiety, phobias, behavioural issues and low mood. This programme successfully transitioned from a test of change to a permanent service. The commissioning is in place for the mental health support teams, and this is now business as usual.
- **Persistent unexplained symptoms (PUPS):** Whilst there was enthusiasm to test a multi-disciplinary clinic, the test of one patient demonstrated the resource intensity required and that there was not capacity within the team to complete a further test. If there are future opportunities, the team remain keen to address PUPs in a dedicated clinic with a holistic approach to care.
- **Out-patients service strategy:** The team have developed the strategy and have achieved the following:
  - ongoing senior doctor triage of referrals to ensure the right children are safely being seen in the right clinics.
  - prospective clinical and managerial monitoring of referrals and capacity to ensure waiting lists are well managed and capacity is maintained for urgent referrals.
  - utilising non-acute sites (community hospitals and schools) for clinics where possible to ensure there are opportunities for care closer to home.
  - commenced Darzi fellowship pilot project to provide joint primary/secondary care triage of referrals in West Somerset. This project will evaluate if Children and Young People (CYP) can be managed primarily in the community with specialist paediatric advice.

- **Allergy improvement project:** A monthly clinic to review under one-year olds has been implemented with a consultant paediatrician and a dietician. The team is now able to refer for psychological support. The aim is to see referrals within eight weeks, this enables active allergy management through early investigation of potential allergy and to support the early introduction of other allergens. Research shows that this reduces future development of allergies. This has reduced outpatient waiting times.
- **Eating Disorders:** Significant progress has been made in the offer to CYP with eating disorders, which includes the commissioning of a VCSE partner for low to moderate needs. Consequently, waiting times are significantly improved. The transition to adult services now includes regular meetings and strong links with the adult wards. The meeting includes the eating disorder lead, a gastroenterology consultant and a psychiatric liaison consultant; this enables clear decision making and care planning. All patients have a care plan within 48 hours of admission and a weekly review. Most admissions are now planned and not reactive. For those presenting to acute paediatric settings for assessment or re-feed, a senior nurse has been recruited to offer clinics to avoid admissions and ensure those admitted have a personalised care plan.

In addition, funding has been secured for a transition lead nurse. This role will bridge Child and Adolescent Mental Health Services (CAMHS) and eating disorder services, working with young adults and their families and supporting the move into adult services. It is expected this role will prevent medical admissions. Whilst this post is in recruitment, the eating disorder team continues to build links with CAMHS to support management of patients. Funding has been agreed for two paid peer support workers, who are in full recovery. This innovative role aims to instil hope for recovery through support on the in-patient wards for example: by practicing eating with the patient away from the ward, and to build independence in eating. It is anticipated they will work with young people who are 16 – 25 years, hosting group sessions for positive peer support.

- **Paediatric Obesity Service (SPLASH):** In April 2022 it was agreed with commissioners to fund a one-year pilot to trial a weight management service for children up to the age of four. The multi-disciplinary team was set up and engaged with SASP for their input on physical activity. The team focused on the under four age group because parents are in control of their child's eating and early intervention has been shown to have better long-term health outcomes.

38 families received an initial home visit, followed by group online sessions, or one to one dietetic and/or psychological support to help families identify goals. All receive an MDT clinic appointment with a Paediatrician.

The team have made strong links with public health, adult weight management and specialist feeding teams. They are involved in training other professionals in having conversations about a child's weight, feeding and related behaviour.

There are now monthly dietetic clinics held around the county. The team also have weekly meetings and offer a psychological assessment for families as

needed. The service now allows families to self-refer and has promoted the service to different areas such as childcare settings.

The outcomes from the service demonstrate children have reduced their Body Mass Index (BMI) and parents report an increase in parenting skills. This includes feeling confident in making food related decisions, cooking meals from scratch, establishing routines, reducing snacks and milk consumption. A positive impact is also noted with the rest of the family e.g., parents BMI reduced.

*“The programme has influenced how we eat and move a lot as a family. We now make better choices for everyone”.* Parent

## **QUALITY IMPROVEMENT PRIORITIES (QIP) 2023/24**

In this section we set out our priorities for the merged Trust for this year. It has been agreed to continue with the current priorities giving an opportunity to reset and refresh as the new service groups, operational and clinical leads are in place. The flagships will seek out opportunities to work across the wider health and social care system in Somerset.

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

The flagship projects and programmes will be delivered at team and/or service group level and monitored within the Board Assurance Framework. The flagships have been realigned to better fit with the clinical care and support strategy.

### **QIP 2023/24 - PRIORITY 1 - POSITIVE STEPS: USING THE TIME WAITING FOR SURGERY TO OPTIMISE PEOPLE'S HEALTH AND WELLBEING BOTH NOW AND FOR THE FUTURE**

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

Peri-operative care is the comprehensive management of patients before, during and after surgery, from the moment surgery is contemplated right through to recovery and long-term follow-up. It is understood that the fitter a patient is, the better they can cope with surgery enabling a quicker recovery and improved outcomes. It is also known that the earlier our teams understand the health requirements of our patients, the more time there is to support healthy lifestyle change which not only supports improved outcomes from surgery but may avoid the need altogether. Peri-operative care enables better outcomes from surgery such as reduced length of stay, speedier recovery, reduced re-admissions plus better long-term outcomes.

The aims of the peri-operative service are to:

- optimise the health of patients who need surgery.
- turn 'Waiting time' into 'Preparation time' prior to surgery.
- establish patients as partners in their own health management to positively impact their long-term health and wellbeing.

#### **What do we want to achieve?**

- To embed new services / pathways for the Peri-operative management of frailty, anaemia, exercise and smoking. To achieve this, the team will further utilise excellent pre-existing services within Public Health and our community partners (Smoke Free Somerset, Turning Point, SASP, HOPE Social Enterprise, Talking Therapies etc).
- Drawing upon the successes of the Peri-Operative Diabetes Pilot pathway, the ambition is to on-board all GP surgeries across Somerset to identify surgical elective patients with diabetes at the point of GP referral, to maximise the best outcome for diabetes optimisation prior to surgery.



- The team will work further with Primary Care network colleagues to understand the role and opportunity of the Health Coaches, to support increased mobility, exercise, emotional wellbeing and weight management for patients prior to surgery.
- Peri-operative assessment clinics will be embedded further upstream from the existing Pre-Operative Assessment Clinics, to assess and work with our patients to identify surgical optimisation goals. Patients will be regularly contacted by Care Co-ordinators to enable pre-existing conditions to be monitored and pre-surgical goals achieved.
- There will be collaborative working with our Primary and Secondary Care colleagues to understand each of these pathways to develop a service which is synonymous with the aims of the Elective Care Recovery Programme, improved surgical outcomes and patient care.

## **QIP 2023/24– PRIORITY 2 – LAST 1,000 DAYS: VALUING PEOPLE’S PREVIOUS TIME IN THE LAST CHAPTER OF LIFE**

### **Why is it important?**

The last 1000 days flagship ambition is to identify and appropriately support patients to ensure they maximise the time they have, doing what is important to them in a place they want to be. This includes the needs of relatives and friends during life and after the death of their loved one has occurred. End of life care (EOLC) encompasses all stages of care and experience for patients and their families with a life-limiting illness. It is not confined to the last days of life and can be measured many years prior to the death of a person. This flagship supports patients, family and carers to plan their last chapter of life and enables colleagues to provide high quality, compassionate EOLC. It seeks to ensure that those patients who die in hospital have the best care possible and that those patients, who wish to die at home, or elsewhere, are enabled to do so by supportive discharge arrangements which may include partnership working with other agencies and which respects an individual’s choices, values, and beliefs.

### **What do we want to achieve?**

In the year ahead, many of the projects will be continuing with an emphasis on ensuring patients who are identified as EOL with days or short weeks to live will be able to go home promptly which will improve hospital flow:

- The learning from the EOL homecare project which aims to take patients home from hospital within 24 hours, will inform wider rollout across the county. This will be supported by F1 quality improvement work looking at the completion of continuing healthcare fast track (CHCFT) applications to increase the approval rates of applications for funding.
- Review of current discharge pathways with consideration of EOL provision will be undertaken.
- Design of an education prospectus with the wider Somerset End of Life Care Education Network featuring all the courses and content available for all staff across Somerset working with those with life-limiting conditions.

- Following Care Quality Commission (CQC) feedback, a QI project to assess the impact of mandatory EOLC education on care outcomes will be undertaken to consider whether this has a positive impact on the experience of patients and carers.
- The appointment of a Somerset Treatment Escalation Plan (STEP) lead will enable coordinated improvement and monitoring of TEPs in the county.
- A local version of the NACEL audit, which is not running nationally this year, will be undertaken; through a case note review, staff survey and quality survey (bereavement survey).
- The merging of governance structures for the Last 1000 days flagship with one steering group to oversee the subgroups will be conducted: education, governance and operational. Many of the projects within the Last 1000 days flagship will arise from colleagues themselves and/or learning from events which trigger them to work together to improve service provision which will be captured.

### **QIP 2023/24 - PRIORITY 3 - INDEPENDENT LIVES: HELPING OLDER PEOPLE TO LIVE AS THEY WISH, GIVING THEM TIME TO DO WHAT IS IMPORTANT TO THEM**

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

Nationally an increasing number of people are at risk of developing frailty. Somerset has a higher than average elderly population with 24.8% aged 65 and over. Frailty is a clinically recognised state of increased vulnerability resulting from ageing; associated with a decline in the body's physical and psychological reserves. A person living with frailty has twice the mortality risk of a fit older person and increasing frailty is associated with substantial increases in healthcare costs. They are more likely to attend emergency departments and experience delayed transfers of care. People living with mild, moderate, or severe frailty could often have their needs best met in settings outside of acute hospital care. This flagship's ambition is to ensure quick and accurate identification of vulnerable people and to provide alternatives to hospital admission that are more responsive and better able to meet the needs of the frail person.

#### **What do we want to achieve?**

- The identification of frailty at the front door is now part of the Trust Commissioning for Quality and Innovation (CQUIN) for 2023-4. The Trust will be assessed on its' ability to produce a frailty assessment for over 65-year-olds presenting to ED and initiating an appropriate response for those who are frail using the CFS scale.
- Wider rollout of CFS within countywide teams e.g., hospital at home, CRS, rapid response for those aged 65+. This will ensure a common way of identifying frailty and monitoring deterioration to aid rapid intervention.
- Expansion of the hospital at home service, with the introduction of remote monitoring for frailty patients i.e., clinical observations and subjective patient

questionnaires. The results can be viewed remotely by a dedicated team of clinicians and administrators.

- A review to look at the integration of frailty services across the acute hospitals to establish current and future provision in line with national guidance and local population needs.
- Explore further opportunities to roll out community falls and frailty clinic e.g., West Mendip hospital and South Somerset areas.
- Expand links with domiciliary care agencies to enable the agency workers to call the Urgent Community Response team initially for a review rather than the GP and Ambulance service.
- Further roll out of the tiered education programme to the whole Trust and wider community. The intention is to embed this training as a requirement for all relevant Trust colleagues.

Work in collaboration with informatics to ensure that the right data is collected to enable us to review the services.

## **QIP 2023/24 – PRIORITY 4 – STOLEN YEARS: HELPING PEOPLE WITH MENTAL HEALTH CONDITIONS TO LIVE LONGER LIVES**

### **Why is it important?**

People with SMI (severe mental illness) struggle to live independently, are at greater risk of developing health problems and are less equipped to recognise when and how to respond to worsening health signs. People living with severe mental illness (SMI) often live with poor physical health and on average die 15 – 20 years earlier than other people. The main causes of death being circulatory disease, diabetes and obesity. It is estimated two out of three people, with a diagnosis of SMI, die from physical illnesses that can be prevented.

### **What do we want to achieve?**

The stolen years programme remains committed to improving the physical health of patients with SMI. Areas of work planned for the year ahead are:

- Further workshops looking at improving the physical health of patients with mental ill-health across a number of physical health settings, targeting key areas such as diabetes, dietetics and surgery. A repository of 'pledges' will be collated to show where colleagues in physical health settings will have made changes to systems to improve access and care.
- The 'Healthy Living on Clozapine' project which was halted previously due to the pandemic and operational pressures will be restarted. The aim of the project is to support patients to lose weight and increase activity to achieve personalised activity goals.
- Embedding the wellbeing project RiO report within specialist outpatient clinics to increase the timeliness of physical health checks to improve identification of

risk factors and offer interventions. The next stages of the project will also look at opportunities for spread where antipsychotic medication is prescribed.

- Adopting a county wide approach to ECG interpretation. Current provision of ECG interpretation does not allow for prompt, safe management of medical interpretation. After considering options, it has been agreed ECGs will be sent externally for interpreting and flagging which will ensure patients are followed up quickly and timely management plans are put in place where appropriate.
- SFT is participating in a randomised controlled trial to investigate the clinical and cost-effectiveness of the DIAMONDS diabetes self-management intervention for people with a severe mental illness. The DIAMONDS intervention involves one-to-one sessions with a trained coach over a six-month period. The coach will provide information and help support healthy lifestyle choices.
- In 2023/24 the Trust's Tobacco Harm Reduction Service will mobilise its High Dependency Service, specifically aimed at supporting mental health discharged patients, and outpatients, with an enhanced harm reduction and smoking cessation offer. In addition to offering Nicotine Replacement Therapy (NRT), patients on the outpatient pilot pathway will be able to access e-cigarettes and up to 16-weeks Specialist Practitioner support.

## **QIP 2023/24 – PRIORITY 5 – CONNECTING US: USING TIME WELL BY GETTING TOGETHER TO FOCUS ON WHAT MATTERS TO PEOPLE WITH COMPLEX NEEDS**

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

A growing number of people are living with complex needs including chronic or long-term health conditions, often with physical and mental health needs as well as social deprivation challenges. It's important that we understand the health of our population and how we can meet their needs through: anticipatory, proactive not reactive care; developing trusted relationships; broadening the membership of the care team and communicating across different specialties and agencies. Developing advanced and personalised models of care is essential to meet the challenge of complex care for our population.

### **What do we want to achieve?**

- **High intensity user service for Somerset:** With the funding in place, the Somerset high-intensity user service will be established. The new post-holders will be tasked with understanding the current service offer in Somerset and what's required for the future, before implementing the right-care model. They will work with the established HIUGs in EDs, the PCN services and the Ubuntu coaches to ensure joined up working for the individuals identified and monitor the impact of the changes made.
- **Establishment of a persistent unexplained physical symptoms (PUPS) clinic (adults):** By the end of June, a full review of the clinic will be completed including cost of the service and benefits analysis. The evaluation will be made available to allow a decision about continuation of the clinic.

- **Personalised care approach:** To play our part in supporting the work of the Somerset ICB personalised care steering group, to develop the actions to embed the personalised care model across the ICS. To support the roll-out of personalised care training and education programme to colleagues. Help our PCNs and teams to embed proactive, personalised care with support from a multidisciplinary team of professionals to people with more complex needs, including, but not limited to, those with multiple long-term conditions, as per the Fuller report recommendations.
- **Proactive care:** the national framework for proactive care is due to be published this year. Once available, leads will review the recommendations and influence as a joint community, mental health and acute Trust to develop proactive care along our pathways. It is anticipated this will build on the one team approach developed in Burnham and the complex care team approach in South Somerset.
- **Dementia and Delirium care:** Somerset currently has a low diagnosis rate (53.8% compared to a national target of 66.7%); the aim going forward will be to improve diagnosis rates and associated care. Building on the work started, it is planned to further recruit to the care home liaison team and expand the benefits already seen.

To ensure good care and prevent deterioration in older patients admitted for an emergency, the plan is to assess for the presence of delirium and if present to follow the Trust delirium guidelines. Results will be evaluated to measure the success with achieving this. Further, it is intended to develop a follow-up specialist clinic for those that have been admitted to our acute settings. All in-patient discharge summaries will clearly document the patients plan and this will be agreed with their carers.

## **QIP 2023/24 – PRIORITY 5 – FUNCTION FIRST – IMPROVING LIFE CHANCES FOR CHILDREN BY INCREASING THEIR TIME IN SCHOOL**

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

With the merger of SFT and YDH there has been change within the service group structures. With a new leadership team (service group director, associate medical director, and joint roles from CAMHS across paediatrics) there is a fantastic opportunity to review and reset the flagship, bringing in colleagues with their ideas, creativity and best practice from across the new SFT.

### **What do we want to achieve during the year?**

Our priority is to address the key issues facing young people across Somerset. As such the focus will be to improve the clarity and responsiveness along our pathways caring for adolescents. There is potential to build on developments such as care closer to home through acute home treatment services. This reduces the requirement for hospital admission and improves transitions across different care environments and as young people move into adult services. The plan is to support initiatives in the care of those with learning disabilities, recognising individualised care for this specific group will establish a model to spread personalised care to CYP and their families. First

steps will be to relaunch the flagship to encompass the ambitions agreed and to garner support across the service group and beyond.

## 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 Somerset FT 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.

The Board has discussed the priorities for 2022/23 and has agreed those described above.

### **Services provided by the Trust**

During 2022/23 Somerset FT 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 Somerset FT 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 2021/22 represents 100% of the total income generated from the provision of relevant health services by Somerset FT for 2022/23.

### **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, it was 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.

During the COVID-19 pandemic, NHS Improvement/NHS England advised trusts to de-prioritise 7-day service audits, so there have been none since 2019. 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 invest in more sustainable consultant rotas overnight, to make it more likely that a consultant will be able to see a patient quickly when admitted in the evening. We have also continued to invest in digital patient tracking systems which enable us to take pro-active steps where patients are at risk of waiting too long for a consultant review.

We have a 7 Day services working group, led by the trust’s Medical Director, which has developed some internal standards which better reflect the specific needs of our trust and its patient group. This means, for example, that we have expanded our monitoring of 7-day service provision beyond the acute hospital.

There have been some minor changes to the clinical standards in recent months, including an increase in the types of doctors who can see patients for Standard 2, an increase in the numbers of relevant procedures for Standard 6, and the option to derogate from Standard 8 in some circumstances. These changes have the potential to increase our compliance rates.

The Trust will provide its next update to the Board in early 2023/24, when we will also include information on compliance from Yeovil District Hospital as part of the newly enlarged Somerset FT. this update will comply with the new guidance from NHS England on Board reporting for Seven Day Service compliance



## NATIONAL QUALITY INDICATORS

Due to the COVID-19 pandemic, many of the national indicators have not been updated for 2022/23. In addition, where data for indicators are available, they are not appropriately benchmarked for an integrated Trust delivering the range of services provided by Somerset FT. Therefore, this section covers only the relevant national indicators where appropriate data is available and is 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 2022 to March 2023  | Data due to be published August 2023 and will be reflect the current Trust structure |         |              |               |
| 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 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**

| <b>Reporting Period</b>  | <b>Somerset FT*</b>                                                                  | <b>England</b> | <b>Lowest Trust</b> | <b>Highest Trust</b> |
|--------------------------|--------------------------------------------------------------------------------------|----------------|---------------------|----------------------|
| April 2022 to March 2023 | Data due to be published August 2023 and will be reflect the current Trust structure |                |                     |                      |
| 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 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)**

*(2019/20 finalised data due August 2020)*

| Reporting Period         | Adjusted average health gain                                                   | England | Lowest Trust | Highest Trust |
|--------------------------|--------------------------------------------------------------------------------|---------|--------------|---------------|
| April 2022 to March 2023 | Provisional data due to be published by NHS England in August 2023             |         |              |               |
| April 2021 to March 2022 | Finalised data was due February 2023 but has not been published by NHS England |         |              |               |
| April 2020 to March 2021 | *                                                                              | 0.47    | 0.39         | 0.57          |

\*Data suppressed (not enough responses)

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

*(2019/20 finalised data due August 2020)*

| Reporting Period         | Adjusted average health gain                                                   | England | Lowest Trust | Highest Trust |
|--------------------------|--------------------------------------------------------------------------------|---------|--------------|---------------|
| April 2022 to March 2023 | Provisional data due to be published by NHS England in August 2023             |         |              |               |
| April 2021 to March 2022 | Finalised data was due February 2023 but has not been published by NHS England |         |              |               |
| 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-19 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.
- Monitoring the adjusted average health gain through the Trust Data Outlier Review Meeting and sharing 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 2022 to March 2023 | Data due October 2023 |         |              |               |
| April 2021 to March 2022 | 14.6                  | 12.5    | 3.3          | 46.9          |
| April 2020 to March 2021 | 12.8                  | 11.9    | 2.8          | 64.4          |

**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 2022 to March 2023 | Data due October 2023 |         |              |               |
| April 2021 to March 2022 | 12.3                  | 14.7    | 2.1          | 142.0         |
| April 2020 to March 2021 | 13.2                  | 15.9    | 1.1          | 112.9         |

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

- The percentage for patients aged 16 or over is significantly lower than the national average at the 99.8% level, and the percentage of patients aged 0 – 15 is significantly higher than the national average at the 99.8% level. This 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.

- 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:

- 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 Clostridium difficile infection

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

*Clostridium 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 2022 – March 2023 | 14.57                                                                       | 23.47                      | 9.91                     | 49.81                     |
| April 2021 – March 2022 | 15.7                                                                        | 22.78                      | 9.32                     | 57.45                     |

| 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 2020 – March 2021 | 10.94                                                                       | 14.72                      | 8.29                     | 35.15                     |
| April 2019 – March 2020 | 6.89                                                                        | 15.5                       | 0.0                      | 64.6                      |
| April 2018 – March 2019 | 9.0                                                                         | 13.6                       | 0.9                      | 90                        |

*\*The data in this table are relevant to acute trusts only. As information is only available from before April 2020, the data presented is from Taunton and Somerset Foundation Trust (which merged with Somerset Partnership NHS Foundation Trust in April 2020 to form Somerset NHS Foundation Trust).*

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

- The case numbers and rates of CDI have increased in the last year which is in line with a regional and national increase.
- 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 lower rate than the national average.
- Despite this we are experiencing higher case numbers and rates than the previous four years

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

- Review 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 work with the Regional Infection Control and Management Team on CDI reduction strategies.
- Continuing to reduce the CDI risk associated with antibiotic treatment through robust antibiotic stewardships and further review of antimicrobial guidance, where appropriate.
- 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

The National Reporting and Learning System (NRLS) collects and collates information from the incident databases of health service providers to provide thematic reviews and share wider learning about patient safety through a system of safety alerts sent to every organisation.

The Trust's incident software has an automatic process for uploading its incidents to the National Learning and Reporting System (NRLS). Since the merger of Somerset Partnership and Taunton and Somerset NHS Foundation Trusts, incidents reported to the NRLS are:

| Reporting Period    | Number of Incidents Reported | Rate per 1,000 Bed Days |                           |              |               |
|---------------------|------------------------------|-------------------------|---------------------------|--------------|---------------|
|                     |                              | Somerset FT             | Median for Similar Trusts | Lowest Trust | Highest Trust |
| Apr 2021 – Mar 2022 | 14,707                       | 47.0                    | 53.5                      | 23.7         | 205.5         |
| Apr 2020 – Mar 2021 | 14,843                       | 58.0                    | 54.4                      | 27.2         | 118.7         |

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

- The Trust actively encourages reporting of incidents to enable learning to be obtained.
- The Trust has been involved in a range of work-streams led by its in-house improvement network to improve specific aspects of patient safety and to reduce incidents.
- The Trust has introduced a new incident reporting system across the merged organisation to simplify the process and provide access to a wider range of useful data for learning at all levels across the organisation.

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

- Further extending the use of “Excellence reporting” to enable the Trust to learn from when things go really well in addition to learning from when things do not go so well.
- Implementing the new Learning from Patient Safety Event national reporting system.

## Number of Patient Safety Incidents that Resulted in Severe Harm or Death

The NHS National Patient Safety Agency (NPSA) provided the following definitions for severe harm or death:

- Severe – Any unexpected or unintended incident which caused permanent or long-term harm to one or more persons.

- Death – Any unexpected or unintended incident which caused the death of one or more persons.

Since the merger of Somerset Partnership and Taunton and Somerset NHS Foundation Trusts, severe harm and death incidents reported to the NRLS are:

| Reporting Period    | Number of Severe Harm / Death Incidents Reported | % of Total Incidents |                            |              |               |
|---------------------|--------------------------------------------------|----------------------|----------------------------|--------------|---------------|
|                     |                                                  | Somerset FT          | Average for Similar Trusts | Lowest Trust | Highest Trust |
| Apr 2021 – Mar 2022 | 198                                              | 1.3%                 | 0.4%                       | 0.1%         | 1.7%          |
| Apr 2020 – Mar 2021 | 208                                              | 1.4%                 | 0.4%                       | 0%           | 2.8%          |

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

- Some data for the period was provided via legacy systems from the predecessor trusts. The Trust has introduced a new incident system from July 2020.
- Although Somerset FT is benchmarked against acute (non-specialist) organisations, its services include mental health provision, which always has a much higher percentage of severe harm and death incidents reported.

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

- Introducing a range of work-streams to improve specific aspects of patient safety and to reduce incidents.
- Improvements made in the quality and general approach to action planning to learn from incidents; including processes for measurement and audit to ensure learning is embedded.
- Encouraging reporting of incidents and near misses and greater consistency in the rating of incidents.

### **Patients admitted to hospital who were risk assessed for venous thromboembolism**

*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 2021 to March 2022 | 90.3%      | Data submission suspended |              |               |



|                           |       |                           |
|---------------------------|-------|---------------------------|
| April 2020 to March 2021* | 91.7% | Data submission suspended |
|---------------------------|-------|---------------------------|

\*Does not include Acute data for April to June 2020

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

- National data submission were 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.
- These data represent those patients with a risk assessment in place on admission. It does not account for cases where the risk assessment form is not fully completed or inaccurate.

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.

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

### National Clinical Audit Participation

During 2022/23, there were 58 national clinical audits and eight national confidential enquiries detailed within the NHSE Quality Accounts list which covered relevant health services that Somerset FT provides. Two national audits were put on hold by the providers, leaving a total of 56.

During that period Somerset FT participated in 55/56 (98%) national clinical audits and 8/8 (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 2022/23 are as follows:

| National Audit Title                                                                            | Participated | Status                    |
|-------------------------------------------------------------------------------------------------|--------------|---------------------------|
| Adult Respiratory Support Audit                                                                 | Yes          | Data collecting           |
| BAUS Urology: Muscle Invasive Bladder Cancer at Transurethral Resection of Bladder (MITRE)      | Yes          | National report awaited   |
| Breast and Cosmetic Implant Registry                                                            | Yes          | National report awaited   |
| Case mix programme - ICNARC                                                                     | Yes          | National report awaited   |
| Elective surgery - PROMS                                                                        | Yes          | Low participation rates   |
| Emergency Medicine: Care of Older People                                                        | Yes          | Deferred 2023-24          |
| Emergency Medicine: Pain in Children                                                            | Yes          | Deferred 2023-24          |
| Emergency Medicine: Mental Health (self-harm)                                                   | Yes          | Data collecting           |
| Epilepsy12 audit                                                                                | Yes          | National audit awaited    |
| Falls and Fragility Fracture Audit Programme: National Audit of Inpatient Falls                 | Yes          | Continual data collection |
| Falls and Fragility Fracture Audit Programme: National Hip Fracture Database (NHFD)             | Yes          | Continual data collection |
| Falls and Fragility Fracture Audit Programme: Fracture Liaison Service Database                 | Yes          | National report awaited   |
| Inflammatory Bowel Disease (IBD) registry                                                       | Yes          | National report awaited   |
| Learning from lives and deaths of people with a learning disability and autistic people (LeDeR) | Yes          | Ongoing submission        |
| MBRRACE-UK                                                                                      | Yes          | Continual data collection |
| National Adult Diabetes Audit: Core diabetes audit                                              | Yes          | National report awaited   |
| National Adult Diabetes Inpatient Safety Audit                                                  | Yes          | Data collecting           |
| National Diabetes Audit: Diabetes Foot Care audit                                               | Yes          | Continual data collection |
| National Diabetes Audit: National Pregnancy in diabetes audit (NPID)                            | Yes          | National report awaited   |
| National Asthma and COPD Audit Programme (NACAP): Adult Asthma                                  | Yes          | Continual data collection |
| NACAP: Children and young people                                                                | Yes          | Continual data collection |
| NACAP: COPD                                                                                     | Yes          | Continual data collection |
| National Audit of cardiac rehabilitation (NACR)                                                 | Yes          | Data collecting           |

| National Audit Title                                                                           | Participated | Status                    |
|------------------------------------------------------------------------------------------------|--------------|---------------------------|
| National Audit of Dementia                                                                     | Yes          | National report awaited   |
| National Bariatric Surgery Registry (NBSR)                                                     | Yes          | Continual data collection |
| National Audit of Metastatic Breast Cancer                                                     | Yes          | Planning                  |
| National Audit of Primary Breast Cancer                                                        | Yes          | Planning                  |
| National Cardiac Arrest Audit (NCAA)                                                           | Yes          | Continual data collection |
| National Cardiac Audit Programme: Myocardial Ischaemia (MINAP)                                 | Yes          | Continual data collection |
| National Cardiac Audit Programme: National Audit of Cardiac Rhythm Management (CRM)            | Yes          | Continual data collection |
| National Cardiac Audit Programme: Adult Percutaneous Coronary Interventions                    | Yes          | Continual data collection |
| National Audit of Percutaneous Coronary Interventions (PCI)                                    | Yes          | Data collecting           |
| National Cardiac Audit Programme: National Heart Failure Audit                                 | Yes          | Data collecting           |
| National Clinical Audit of Psychosis (EIP)                                                     | Yes          | Local report pending      |
| National early inflammatory arthritis audit (NEIAA)                                            | Yes          | Data collecting           |
| National emergency laparotomy audit (NELA)                                                     | Yes          | Continual data collection |
| National Gastro-intestinal Cancer Programme: National Bowel Cancer Audit (NBOCA)               | Yes          | Data collecting           |
| National Gastro-intestinal Cancer Programme: National Oesophageal-gastric cancer audit (NOGCA) | Yes          | National report awaited   |
| National joint registry                                                                        | Yes          | Data collecting           |
| National lung cancer audit (NLCA)                                                              | Yes          | Local briefing pending    |
| National audit of breast cancer in older people (NABCOP)                                       | Yes          | Data collecting           |
| National maternity and perinatal audit (NMPA)                                                  | Yes          | Data collecting           |
| National neonatal audit programme (NNAP)                                                       | Yes          | National report awaited   |
| National Ophthalmology Database                                                                | Yes          | Continual data collection |
| National Paediatric diabetes audit (NPDA)                                                      | Yes          | Continual data collection |
| National Prostate cancer audit                                                                 | Yes          | Data collecting           |
| National Vascular registry                                                                     | Yes          | Data collecting           |
| Prescribing Observatory for Mental Health: Prescribing Valproate                               | Yes          | National report awaited   |
| Prescribing Observatory for Mental Health: Use of Melatonin                                    | Yes          | Local briefing pending    |
| Sentinel stroke national audit programme (SSNAP)                                               | Yes          | Data collecting           |
| Serious Hazards of Transfusions: UK national haemovigilance scheme (SHOT)                      | Yes          | Continual data collection |
| Society for Acute Medicine Benchmarking Audit (SAMBA)                                          | Yes          | Completed                 |
| Major Trauma audit - TARN                                                                      | Yes          | Continual data collection |
| UK Cystic fibrosis registry                                                                    | Yes          | Data collecting           |
| UK Parkinson's Audit                                                                           | Yes          | Local briefing pending    |

| National Audit Title                              | Participated | Status                                                                                                                                                           |
|---------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BTS – Tobacco dependency – maternity services     | N/A          | Nationally on hold                                                                                                                                               |
| BTS – Tobacco dependency – mental health          | N/A          | Nationally on hold                                                                                                                                               |
| National audit of Care at the End of Life (NACEL) | No           | Service requested to not participate this year, to give time to focus on existing action plan. Agreed by Directorate governance and Data Outlier Review Meeting. |

### 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                         | Not relevant to this Trust (primary care)                                |
| 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                                               |
| Cleft Registry and Audit Network (CRANE)                                    | Not relevant to this Trust                                               |
| National Child Mortality Database (NCMD)                                    | Not relevant to this Trust – data comes from Child Death Overview Panels |
| National Asthma and COPD Audit Programme (NACAP): Pulmonary Rehabilitation  | Not relevant to this Trust                                               |
| National audit of pulmonary hypertension (NAPH)                             | Musgrove cases are reviewed by one of the 8 participating centres        |
| Neurosurgical national audit programme                                      | Not a neurosurgical centre                                               |
| Out-of-hospital Cardiac Arrest Outcomes (OHCAO) Registry                    | Not relevant to this Trust                                               |
| Paediatric intensive care audit network (PICAnet)                           | Do not have a standalone paediatric intensive care unit                  |
| UK Renal Registry National Acute Kidney Injury Programme                    | Not relevant to this Trust                                               |

### National Confidential Enquiries with active participation during 2022/23:

| Name of Confidential Enquiry                          | Status                  |
|-------------------------------------------------------|-------------------------|
| NCEPOD: End of Life Care                              | Planning (2023-24)      |
| NCEPOD: Rehabilitation following critical illness     | Planning (2023-24)      |
| NCEPOD: Testicular Torsion                            | Data collecting         |
| NCEPOD: Community Acquired Pneumonia                  | Data collecting         |
| NCEPOD: Endometriosis                                 | Data collecting         |
| NCEPOD: Transition for child to adult health services | National report awaited |

|                         |                           |
|-------------------------|---------------------------|
| NCEPOD: Crohn's Disease | National report awaited   |
| NCEPOD: Epilepsy        | Local action plan awaited |

## 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 57 national clinical audits were reviewed by the provider in 2022/23:

- 3 from 2018/2019
- 11 from 2019/2020
- 24 from 2020/2021
- 17 from 2021/2022
- 2 from 2022/2023

Thirty-one of these completed audits identified actions to improve the quality of healthcare provided:

#### Bladder Outflow Obstruction (BOO) Snapshot

BOO measured compliance with NICE and European Association of Urology (EAU) guidelines and variation in assessment and treatment, including waiting times and indications for surgery across the UK

Actions include:

- Day case steam therapy (Rezume) being implemented.
- Day case transurethral resection of the prostate being assessed with procurement
- Day case prostate artery embolization service being implemented

#### 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 include:

- Review data capture for inaccuracies to improve quality of data submitted
- Local audit of telephone clinic for 12-16 week follow up
- Improve strength and balance services by linking with AGE UK to review referral pathway due to limited falls clinic in Somerset

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

CMP is an audit of patient outcomes from adult, general critical care units (intensive care and combined intensive care/high dependency units) covering England, Wales and Northern Ireland.

Actions include:

- Local audit to review delays to admission
- Review upward curve in hospital mortality (which remains within national averages) to ascertain if this is a continuing trend
- Link with Yeovil District Hospital to share results and further ways to improve the service across both sites

### **Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE)**

The scope of MBRRACE:

- Surveillance and confidential enquiries of all maternal deaths
- Confidential enquiries of an annual rolling programme of topic specific serious maternal morbidity
- Surveillance of all late foetal losses, stillbirths and neonatal deaths
- A biennial programme of topic specific confidential enquiries into aspects of stillbirth and infant death or serious infant morbidity

Actions include:

- Local mortality report for perinatal deaths in 2022
- Review of post-mortem training
- Create new reporting code within the incident reporting platform (RADAR) for 'late miscarriages' to ensure all reportable deaths are captured

### **National Audit of Care at the End of Life (NCAEL) Round 3**

NCAEL reviews deaths in an inpatient setting taking into account the experiences of the dying person, those close to them, and for the first time in 2021, a baseline survey on staff experience of delivering end of life care

Actions include:

- Inclusion of 7 day working in merger work force planning
- Review the rapid discharge process for patients from acute and community hospitals
- Review Assessment, Management, Best Practice, Engagement and Recovery Uncertain care bundle
- Promote End of Life training, including Just in Case medications
- Include nutrition and hydration, and potential for sedation within the Syringe Pump training

### **National Audit of Dementia – Memory Services Spotlight Audit**

This spotlight audit examined waiting times, access to assessments, treatment and post-diagnostic support for people with dementia in memory assessment services, in the context of the COVID-19 pandemic.

Actions include:

- Review of triage prompt sheet to ensure key questions are screened
- Ad hoc audits of Memory Assessment Services documentation within local teams

### **National Audit of Inpatient Falls (NAIF) – includes 2020 and 2021 rounds**

NAIF examines delivery and quality of care for patients over 60 who fall and sustain a fracture of the hip or thigh bone in acute, mental health, community and specialist NHS trusts/health boards in England and Wales. NAIF reviews the care the patient has received before their fall as well as the post fall care.

Actions include:

- Implementation of a system to assess the gap between actual and reported falls
- Local audit of appropriateness of bed rail use within the Trust
- Appropriate flat lifting equipment to be provided (along with training)
- Develop falls training package
- Carry out a Quality Improvement (QI) project to redesign the falls proforma

### **National Bowel Cancer Audit (NBOCA) 2021/22 and 2020/21 rounds**

NBOCA aims to describe and compare the quality of care and outcomes of patients diagnosed with bowel cancer in England and Wales.

Actions include:

- Reducing length of stay with access to pre-habilitation programmes, investment in minimally invasive surgical techniques, regular review of data
- Support day surgery/hospital at home expansion programme
- Appointed specialty doctor to lead on outcome data assessment 3 monthly

### **National Cardiac Arrest Audit (NCAA)**

The NCAA is the clinical comparative audit for in-hospital cardiac arrest. The purpose is to promote local performance management through the provision of timely, validated comparative data.

Actions include:

- Upgrade existing report form to a better format that is easier and quicker to use

### **National Clinical Audit of Psychosis (NCAP) – Early Intervention for Psychosis**

This audit provides national benchmarking across all Early Intervention in Psychosis (EIP) teams in England and Wales and forms the fourth round of this audit.

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

- Ongoing quarterly monitoring of all domains
- Development of county-wide At-Risk Mental State (ARMS) provision
- Child and Adolescent Mental Health Services (CAMHS) link workers identified to liaise with CAMHS, improve identification of First Episode Psychosis (FEP) and prompt referral, bolster Somerset Team for Early Psychosis (STEP) and CAMHS value added care protocol and develop reciprocal training events

### **National Clinical Audit of Psychosis (Employment and Physical Health)**

NCAP aims to improve the quality of care that NHS mental health trusts in England and Health Boards in Wales provide to people with psychosis.

**Employment:** measures access to employment support, which will help people with severe mental illness to find and retain employment

Actions include:

- Use of Dialog+ (user focused collaborative care planning process) to develop employment, educational and vocational issues and goals, and facilitate accurate recording

**Physical Health:** measures physical health monitoring and interventions offered to people with psychosis seen by adult community mental health services across England and Wales.

### **National Comparative Audit of NICE Quality Standards QS138**

Patient Blood Management (PBM) is a multidisciplinary, evidence-based approach to optimising care of patients who might need a blood transfusion. The deployment of PBM initiatives reduces inappropriate transfusion, which improves patient safety, reduces hospital costs and helps to ensure the availability of blood components.

Actions include:

- Undertake local audit to provide assurance where data was not available for national audit
- Updated Tranexamic acid (TXA) guidance to be shared with all anaesthetists

### **National Diabetes Footcare Audit (NDFA) multiple rounds covering the periods 2018-2021**

The aim of the NDFA is to measure factors associated with increased risk of ulcer onset and adverse ulcer outcomes. It aims to share information relating to best clinical practice, and to enable the highest quality of care of diabetic foot ulcers in England and Wales

Actions include:

- Development of virtual weekly red flag clinics
- Restarting acute rotations to upskill podiatrists and improve care planning
- New equipment to aid vascular assessment and timely referral
- Development of new coding system



### **National Early Inflammatory Arthritis (NEIAA) Year 4**

NEIAA is a programme of work that aims to improve the quality of care for people living with inflammatory arthritis, collecting information on all newly diagnosed patients over the age of 16 referred into specialist rheumatology departments in England and Wales.

Actions include:

- Increasing data submission to NEIAA to reflect accurate practice
- Raise concerns with Service Governance Group with regards to reviewing patients at the three-month stage

### **National Heart Failure Audit (NHFA)**

NHFA deals with a specific and crucial phase in the trajectory of patients with heart failure. It reports on the characteristics of patients requiring admission to hospital with heart failure (HF) and describes their in-hospital investigation, treatment, access to specialist care.

Actions include:

- Recruitment of additional sonographers
- Use of community diagnostic centre
- Promotion of heart failure nurse service within the Musgrove Park Hospital
- Quality improvement programme to develop heart failure checklist for AMU, and inpatient acute pathway/protocol

### **National Maternity and Perinatal Audit (NMPA)**

The NMPA is a large-scale audit of the NHS maternity services across England, Scotland and Wales. The audit aims to evaluate a range of care processes and outcomes to identify good practice and areas for improvement in the care of women and babies.

Actions include:

- Local rolling audit to monitor low APGAR (Appearance, Pulse, Grimace, Activity, Respiration) scores
- Review each case of a low APGAR score and report to maternity and neonatal governance meetings
- Local rolling audits for more serious perineal tears, and induction of labour, reporting to maternity and neonatal governance meetings

### **National Neonatal Audit Programme (NNAP)**

NNAP is a national clinical audit of care for babies admitted to neonatal services. The audit reports on key measures of the processes and outcomes of neonatal care.

Actions include:

- Local review to be carried out for those babies outside the normal temperature range identified in the ongoing rapid monitoring for all admitted infants

- Babies with central line associated bloodstream infections:
  - Care bundle to be updated
  - Consultants to agree on techniques that are best practice
  - Ultrasound education pack to be shared

### **Prescribing Observatory for Mental Health: The use of Melatonin**

Current guidance on management of insomnia in children proposes that once physiological reasons for sleep disturbance are excluded, interventions that aim to change parents' management of their child's sleep should be the next step. Pharmacological interventions (such as melatonin) are recommended where such interventions prove ineffective or alongside parent-directed approaches.

Actions include:

- Development of a comprehensive sleep clinical stepped care pathway
- Joint shared care policy and clear clinical pathway for melatonin prescribing
- All versions of melatonin leaflets to be available in Medicines section of intranet

### **Prescribing Observatory for Mental Health: Prescribing for Depression**

NICE guidelines propose a 'stepped care' approach to the treatment of depression. Most depressed patients seen in secondary care mental health services meet Step 3 criteria (depression with inadequate response to initial interventions) and Step 4 (severe and complex depression including risk to life) and require more intensive treatment. This audit looks at effective gatekeeping, prescribing and review.

Actions include:

- Facilitated discussions around gatekeeping
- Develop a template to facilitate accurate and comprehensive recording

### **Prescribing Observatory for Mental Health: Valproate prescribing**

Valproate is an effective and evidence-based treatment for a range of indications; however the risks associated with treatment need to be carefully managed to prevent patient harm and major congenital abnormalities for children born to women taking valproate during pregnancy.

Actions include:

- Explore feasibility of developing a register of all patients prescribed valproate
- Review electronic patient record training for prescribers, to highlight where to find the Pregnancy Prevention Programme (PPP) assessment
- Pharmacy team to screen all prescriptions within 72 hours of admission, to identify patients prescribed valproate and ensure standards are followed
- Pharmacy teams to obtain quarterly reports from electronic patient record for any community patient prescribed valproate, to allow monitoring of completion of PPP

### **Royal College of Emergency Medicine: Assessing for Cognitive Impairment in Older People**

This Quality Improvement Project (QIP) tracked the performance in emergency departments (ED) against clinical standards in individual departments and nationally, focusing on:

- Assessment for cognitive impairment during a visit to the ED
- Documentation of identified cognitive impairment in the ED
- Assessment using an established pathway when cognitive impairment is identified

Actions include:

- Appointment of Older Persons/Frailty Link Nurse
- Inclusion of Older Adults ED assessment topics in twice weekly safety huddle
- Update trauma screening tool to explicitly trigger senior review where required
- Addition of clinical frailty score to safety checklist for majors and resus patients

### **Sentinel Stroke National Audit Programme (SSNAP)**

SSNAP is a major national quality improvement programme, measuring how well stroke care is being delivered in inpatient and community settings in England, Wales and Northern Ireland.

Actions include:

#### **Community:**

- Improve multi-disciplinary working by effective use of board rounds and patient discussion forums
- Link closely with adult social care to improve patient flow
- Local audit to identify the reason why compliance for applicable patients receiving a mood and cognition screening by discharge has fallen during the period covered

#### **Acute:**

- Local quarterly audit for thrombolysis to identify trends/areas for improvement
- Awareness sessions to improve needle to door time
- Review and improve the SSNAP data collection process

### **Society for Acute Medicine's Benchmarking Audit (SAMBA)**

SAMBA provides a snapshot of the care provided for acutely unwell medical patients in the UK over a 24-hour period on Thursday 23<sup>rd</sup> June 2022.

Actions include:

- Recruiting for additional resource to manage medical patients for admission with prolonged stays in ED

### **Trauma Audit & Research Network (TARN) 2019/20, 2019/20 and 2020/21**

TARN measures and monitors process of care and outcomes to provide local, regional & national information on trauma performance and patient outcomes.

Actions include:

- In-house training programme for nursing trauma competencies
- Trauma booklet designed and implemented in ED
- New trauma triage tool for adult and paediatric patients
- Improving access for urgent trauma CT scans

## **LOCAL CLINICAL AUDIT**

The reports of 136 local clinical audits were reviewed by the provider in 2022/23. 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 136 local clinical audits reviewed, 132 required action plans, and the following 20 are examples of projects conducted by clinical teams across the Trust and the changes proposed as a result of them:

### **Audiology: Cochlear Implant (CI) Criteria and Referral Audit**

The aim of this audit was to identify whether all patients who meet CI criteria are given the opportunity to discuss cochlear implants and the referral rate.

Actions include:

- CI questions added to more hot keys in audit
- Two CI assessment referral templates created in EPRO
- Reminders to the department regarding CI referral criteria and where to find resources on the intranet
- Patients where no discussions were recorded will be sent letters offering the opportunity to have a discussion with an audiologist regarding CI implants

### **Acute Medical Unit (AMU): Treatment Escalation Plans (TEP)**

The aim of this audit was to determine and improve TEP completion rates on patients moving from AMU to Barrington Ward.

Actions include:

- Improve weekend completion of TEP forms by raising awareness of this in monthly acute physician meetings
- Scheduled re-audit

### **Perinatal Mental Health (PMHT): Management and outcomes of borderline personality disorder (PD) patients**

The aim of this audit was to determine the extent to which the guidelines in the RCPsych Report on Perinatal Mental Health Services CR232 and the NICE guidelines on Borderline PD are being followed and fulfilled within the Somerset Perinatal MH Service and put in place actions to address any improvements identified

Actions include:

- Multidisciplinary team (MDT) will be involved/informed of any decision regarding medic involvement only, via MDT meeting with clear rationale evidenced
- MDT will be involved/informed of any discharge of patients without assessment via MDT meeting
- PMHT medics to ensure diagnosis is recorded following assessment and discussion with client. Medical Secretary to flag any confirmed diagnosis in GP letter if not completed.
- PMHT assessment to be updated to give clear prompts regarding family/carer involvement
- 'Triangle of Care' heading to be used in all progress notes evidencing family/carer involvement

### **Cardiology: Re-audit of Discharge Summaries for patients who have had Myocardial Infarction (MI) Treatment**

The aim of the audit was to improve the quality of discharge summaries of patients admitted with ST segment elevation myocardial infarction (STEMI)/Non-ST elevation myocardial infarction (NSTEMI), increasing the inclusion of relevant information on diagnosis, investigations, and management upon discharge as according to NICE guidelines NG185. This audit has been repeated annually, with an improvement for each standard demonstrated each year.

Actions include:

- Revisions to record keeping and promotional posters
- Ongoing education

### **Maternity: World Health Organisation (WHO) Safety Checklist**

This audit reports and monitors performance of the maternity compliance with the maternity theatre WHO safety checklist. The checklist is designed tool to act as a safety net and promote safe practice.

Actions include:

- Reminders on governance weekly newsletter regarding full completion of the WHO checklist
- Ensure the correct procedure/category of lower (uterine) segment Caesarean section (LSCS) is updated if it changes
- Share audit at presentation meeting
- Re-audit ongoing with aim of achieving  $\geq 97\%$  compliance ('green' status)

### **Mental Health: Electro-convulsive Therapy (ECT)**

ECT is a treatment that involves sending electric current through the brain, to relieve the symptoms of some severe mental health problems. The purpose of this audit was to check that each patient receiving ECT is receiving the correct treatment, as outlined in the ECT Policy and identify any discrepancies or gaps in implementation or provision and address this.

Actions include:

- ECT staff to raise awareness with referring team of the following, and will discuss both elements in briefings prior to treatment, raising with referring teams if not done:
  - It is their responsibility to ensure medical reviews are completed after every two treatments.
  - To complete appropriate rating scales prior to treatment commencing.
- Annual reaudit scheduled.

### **Musculoskeletal Physiotherapy: Weight Management with Osteoarthritis (OA) Knee patients**

The aim of this audit is to ensure weight management advice is given to overweight/obese patients, to maximise efficacy of OA Knee treatment.

Actions include:

- Training for managing weight loss conversations booked with dietetics team
- Provide visual prompt with BMI calculator on RiO
- Throughout hub and band 5 training in 2023 stress importance of good documentation

### **Mental Health Inpatients at Wellsprings Site: Smoking Cessation and Nicotine Replacement Therapy**

The aim of this audit was to review if patients are offered smoking cessation advice / nicotine replacement therapy by the medical team. This was a project undertaken with 4 rounds over the 12 month period, with interventions added at each stage.

Actions include:

- Updating the multidisciplinary team proforma to include specific smoking cessation questions
- Patient leaflets to be made available on the ward
- Signposting patients to 'Smoke Free Life Somerset'
- Implementation of nicotine replacement therapy during induction for new doctors

### **Children and Young People: Speech and Language Therapy (SLT): Cleft Lip and Palate Royal College SLT Guidelines**

The aim of this audit is to ensure we are meeting the national guidelines of seeing children with cleft palate for their 2-year speech assessment by 27 months of age.

Actions include:

- Improve caseload tracking processes to enable easier identification of children who are due their 2-year speech assessment, and those who may be about to breach.
- Leadership team to ensure there is adequate cover for the Link SLT should there be a prolonged period of absence from service. This will be met through a traded service with the Southwest Cleft Team

### **Somerset-Wide Integrated Sexual Health Service (SWISH): Contraception for women over 40**

The aim of this audit was to ensure that the service is providing recommended advice for women over 40 years of age regarding STI screening prior to Intrauterine device insertion, safe use of hormonal contraception as age associated risks increase, and when to cease using contraception.

Actions include:

- Revise the process for recording that patients have been counselled about when to stop using contraception, and add to counselling template

### **Maternity: Waterbirth re-audit**

The aim of this re-audit was to compare compliance against previous rounds of this audit, and the Immersion in water for Labour Trust guideline.

Although compliance is demonstrated at 93% or higher for the three standards, the following actions have been taken:

- Continue update on mandatory training week, in the manual handling pool evacuation session, reminding midwives of the key points of the Immersion in Water Guideline
- Share Water Birth audit results in the Governance weekly newsletter
- Purchase digital temperature probes to provide continuous read out of pool temperature

### **Older Persons Mental Health (Taunton and West Somerset): Post Diagnostic Support in Memory Assessment Services**

The aim of the audit was to assess the current provision of post-diagnostic support against NICE and other national guidance

Actions include:

- Develop standardised documentation guidance/template
- Develop practitioner guidance for post-diagnostic support, with regular peer supervision
- Develop a standardised referral process for post-diagnostic support
- Form a steering group for post-diagnostic support interventions
- Provide training to practitioners regarding the rationale for post-diagnostic interventions and recommendations

### **Paediatrics: Paediatric Cardiology Transition and Transfer process**

The aim of this audit was to review the current transition and transfer process and to aid successful transition/Transfer from paediatric to adult cardiology services.

Actions include:

- To outcome all complex congenital heart disease (CHD) patients into Transition clinic on Maxims system as part of the process to request booking into next transition clinic
- Young Person Clinic – Nurse specialist to start seeing the young person who has been transferred but are not yet due a review to provide reassurance whilst waiting for their first review
- CHD Network in the southwest is starting a pilot of a transition clinic model, and this service has been accepted to take part, which will enable us to assess how much benefit this could have for our future patients

### **Ophthalmology: Wet Age-Related Macular Degeneration (ARMD): referral to treatment**

The aim of this re-audit was to review referral to treatment times for patients with wet ARMD, compare against published NICE guidelines (NG82) and previous audit results

Actions include:

- Increase use of optical coherence tomography (OCT) angiography instead of Fundus fluorescein angiogram (FFA)
- Increase Consultant/Senior clinician imaging review capacity by appointment of consultant/specialty doctor, and increasing virtual review clinics in job plan
- Consultant review of the OCTA/FFA same day, by having a rota for Retinal Consultant available for opinion and advice
- Moving Macular Service from the hospital to the Ophthalmic diagnostic centre

### **Haematology: End of treatment summaries for patients completing chemotherapy for high grade non-Hodgkin's Lymphoma and Hodgkin's Lymphoma**

The aim of this audit was to ensure that all patients who complete chemotherapy treatment for Lymphoma in Musgrove Park Hospital receive an end of treatment summary letter in line with current recommendations by the independent cancer taskforce report.

Actions include:

- Devise and add an End of Treatment letter template onto EPRO
- Circulate to all consultants with explanation and findings of audit
- Schedule re-audit to gauge levels of improvement

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

When flumazenil is used, it should be justified within the patient's clinical record. The aim of this audit is to ensure this process is being followed.

Actions include:

- Devise and implement new sedation template (after consultation) to incorporate the dose and how it is given



- Agree a list of standard reasons for use of flumazenil for non-adverse events to add to template
- Clarify the definition of an adverse event relating to midazolam use, so that the sedation team know when an incident form should be completed, and add this to the Standard Operating Procedure

### **Mental Health Community Services: Care Planning and Risk**

The aim of this re-audit was to ensure that record keeping / case notes meet the standards stated within the Care Planning policy and aligned clinical policies, and to ensure that risk information is up to date.

Actions include:

- The Case Note management tool to be used at every other line management supervision session by Team Managers for the following areas where improvements were highlighted as being required:
  - Somerset Team for Early Psychosis (STEP) and South Somerset Community Mental Health Service (CMHS): assessing for capacity
  - Bridgwater and South Somerset CMHS: recording next of kin
- Reaudit to be scheduled to demonstrate maintained high levels of compliance and where further improvements were identified

### **Musculoskeletal (Msk) Physiotherapy: Upper Limb – Subacromial Shoulder Pain Physiotherapy Pathway**

The Somerset CCG criteria for subacromial shoulder pain requires that patients should have undertaken conservative management (for a minimum of 6 weeks) in Primary care. The audit aims to establish if patients are being managed within this pathway.

Actions include:

- Develop Msk Physiotherapy Hub training for subacromial pain, rehabilitation and engaging patients with their exercise programme
- All new Band 5 staff to attend shoulder training and to pass the competency assessment
- Include a case review in staff supervision sessions
- Clinical supervision of follow up appointments
- Schedule reaudit to ascertain levels of improvements, and extend this to include patient outcomes

### **Oral and Maxillofacial: Emergency Theatre list – time to theatre**

The aim of this audit was to investigate the time that emergency maxillofacial patients take to get treated in theatre from the initial injury. Standards based on published papers and International Association for Dental Traumatology (IADT) guidelines

Actions include:

- More trauma clinics to be added per week to enable review and treatment of patients within the appropriate time period.

- Emergency trauma list to be devised so patients can be automatically added to that, rather than being added to an elective list and possibly missing the recommended time periods.
- Schedule reaudit to ascertain levels of improvements as a result of these interventions

### **Older Persons mental health community teams (OPMHT) and Intensive Dementia Service (IDS): Discharge process and communication with GPs**

This audit was carried out as a result of a serious incident investigation, and mapped practice against the Community Mental Health Framework for adults/older adults, and Trust policies of Care Planning and Clinical Assessment and management of risk. It involved all OPMHT and IDS for the whole county.

Actions include:

- Develop a single method (and content) for discharge communications with GPs
- Team Managers to carry out ad hoc reviews of completed discharge summaries and feed back during supervision
- All team members to be up to date with Clinical Risk assessment and management mandatory training
- Ensure all staff are aware of changes to the care planning policy, including the need for all patients to have an escalation plan in place
- Ensure all staff are aware of changes being made to electronic records
- Schedule reaudit to ascertain improved levels of compliance

## CLINICAL RESEARCH

The conduct of clinical research has never been more important to the UK Government, NHS and the Life Sciences industry. The UK is a Global leader in delivering innovative research with medicinal and pharmaceutical products in the top 3 goods exported from the UK. The government is keen to maintain the UK's global ranking and reputation for high quality research. The life science industry in the UK turns over £89 billion annually. Much of this work is conducted in partnership or close collaboration with universities and the NHS.

Research is core business of the NHS, and this is demonstrated by the recent publishing of a series of key strategies. The Health and Care Act (2022) placed new legal duties on Integrated Care Boards around the facilitation and promotion of health research and the use of evidence obtained from research in the delivery and development of health services. Integrated Care Systems have been encouraged to develop a research strategy and strategic development work has commenced in the South West with collaboration across Somerset, Devon and Cornwall along with the Academic Health Science Network. Additionally, implementation of the Chief Nursing Officer for England's strategic plan for research has commenced and Health Education England has published its' research and innovation strategy for Allied Health Professionals. All of this makes a rich background and culture for research and development to thrive.

### 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 is now planning to collaborate 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.

The Trust works with TrinetX, a commercial data warehouse that makes anonymised data available to approved research partners. Use of the platform continues, and in 2022/23 the Trust received 21 trial connect requests via the platform, 12 were declined, three accepted and six pending further review or information.

The Trust continues to be a prime site collaborative partner with IQVIA and is now also a partner in the Investigator Networks, Site Partnerships and Infrastructure for Research Excellence (INSPIRE) program alongside Pfizer. To qualify to be part of the programme the Trust is required:

- To run trial programmes to the highest standards and to timeline.
- To ensure dedicated, high quality staff and resources for conducting clinical trials.
- To ensure a positive experience for those patients participating in trials.

- To have expertise in the key disease areas that Pfizer is researching in its medicines pipeline.

### Academic grants

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

Miss Jo Morrison submitted a grant application in relation to post-natal cervical screening. The outcome is awaited.

The Trust has acted as sponsor for a study for which Dr Isy Douek, Consultant Endocrinologist, is Chief Investigator. This collaborative project with University of Plymouth aims to investigate nutritional and fertility outcomes in women of reproductive age before and after metabolic (weight loss) surgery. The £15,985 grant was awarded to University of Plymouth by the British Dietetic Society. The project has now closed and the data are being analysed.

The Love Musgrove Charity is supporting development of a local project led by Ana-Maria Toth, a Clinical Nurse Researcher based at Musgrove Park Hospital. The project involves investigating the use of hypnotherapy in relation to post-operative pain relief.

The Trust continues to collaborate with its local health community partners and work in support of the merger with Yeovil District Hospital NHS Foundation Trust is well underway.

The Trust is a partner organisation of the Biomedical Research Centre led by the University of Exeter and Royal Devon University Hospital to improve diagnosis, treatment and care, in the South West and across the world. It's five core themes for development include:

- **Neurodegeneration:** finding and testing new, better drugs that prevent and treat major brain conditions in older adults such as dementia and Parkinson's disease.
- **Rehabilitation:** Using exciting new approaches to help older people to recover from illness or manage their long-term conditions like dementia and arthritis.
- **Diabetes:** Improving diagnosis and treatment, and exploring how to help those most at risk
- **Genetics:** Unlocking the power of genetics, to improve diagnosis of rare illnesses in children and rare cancers, and to create tailored treatments for common diseases.
- **Clinical Mycology:** Seeking better treatments to prevent and manage potentially deadly fungal infections.

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.

In November the Chief Nurse Research Fellowship scheme was launched and 15 fellowships have since been awarded. The annual scheme offers successful

applicants the opportunity of having one day paid per fortnight to undertake clinical academic career development, obtain clinical research delivery experience and the development of a work-based project.

### **Quality improvement**

The research department is required to conduct an annual Patient Research Experience Survey the results of which for 2022/23 were positive with no action plans required.

During the year staff attended Bronze Quality Improvement training and have contributed to numerous quality improvement projects and initiatives across all research sectors.

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

The research department was successful in its bid for NIHR Research and Innovation Funding. The aim, to increase involvement and engagement activities in the research pathway, from ideas generation, study design and delivery, through to results dissemination. The key focus is on underserved communities. This funding has enabled the appointment of a PPIE Facilitator to provide support for the lay Somerset wide PPIE research steering group. To date, work has taken place to engage with the local council's diversity group, and mental health partners group, to identify any barriers to research, to seek solutions, and in doing so increase research accessibility and awareness, to enable equity in research opportunity.

### **Funding and activity**

In 2022/23, the Trust was allocated £1,475,932 to support research staffing and infrastructure via the NIHR Clinical Research Network: South West Peninsula, with a further £74,756 directly from the Department of Health. Revenue from the conduct of research of £783,750 has been invoiced for, as at 17/05/2023. 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 Somerset FT, who were recruited in 2022/23 to participate in research approved by a research ethics committee was 1,936 (in 131 studies).

## CARE QUALITY COMMISSION (CQC)

Somerset NHS Foundation Trust was inspected by the CQC in September 2022 and the report published on 23 January 2023.

The CQC team carried out a short notice announced inspection of the trust's acute wards for adults of working age and psychiatric intensive care unit, specialist community mental health services for children and young people and community end of life care services of the trust as part of their continual checks on the safety and quality of healthcare services. The CQC further inspected the well-led key question for the trust overall.

The CQC rated the trust's community mental health services for children and young people (CAMHS) as outstanding and our community end of life services and our acute wards for adults of working age and psychiatric intensive care unit as good overall.

The CQC praised the trust's work and said:

*"it is a remarkable achievement to merge trusts at the beginning of a national pandemic and yet Somerset NHS Foundation Trust has continued to maintain the good quality of service that we had come to expect from both Somerset Partnership NHS Foundation Trust and Taunton and Somerset NHS Foundation Trust".*

The CQC inspection team found outstanding practice which it highlights in the report and includes the CAMHS team's work and approach to eliminating waiting times for the service and the work of community end of life team to consider the specific needs of patient groups and better meet their needs.

As part of its consideration of how "well-led" the trust is, the CQC observed a number of meetings and met leaders across the trust. The CQC also spoke to a range of patients, carers and colleagues about our services during their inspection, as detailed in their report. The CQC's inspection team noted that:

- The trust has a clear vision and set of values that colleagues understand.
- The trust has well-embedded clinical leadership.
- The senior leadership team demonstrated a high level of awareness of the priorities and challenges facing the trust and how these were being addressed.
- Overall leaders had the skills and abilities to run the service, were visible and approachable for patients and colleagues and supported colleagues to develop their skills and take on more senior roles.
- Leaders operated effective governance processes and colleagues at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn.
- Leaders and colleagues actively and openly engage with patients, staff, equality groups, the public and local organisations to plan and manage services and collaborate with partner organisations to help improve services for patients.
- Colleagues feel respected, supported and valued.

- We promote equality and diversity in our daily work.
- Colleagues are focussed on the needs of our patients.

The CQC inspection report also provided some valuable insights about where we can improve, most notably at a trust-wide level by reviewing how we increase representation of black and minority ethnic colleagues in some areas and address the issues that black and minority ethnic colleagues report about bullying and harassment.

Within the services that it inspected, the CQC also highlighted issues for us to address which we are following up. We have taken immediate action to rectify the specific environmental issues within our mental health wards. We are also making wider improvements with the development of a new ward in Yeovil and the refurbishment of Rowan ward which cares for adults of working age who are experiencing an acute mental health problem.

#### Ratings for the whole trust

| Safe                                   | Effective              | Caring                       | Responsive             | Well-led               | Overall                |
|----------------------------------------|------------------------|------------------------------|------------------------|------------------------|------------------------|
| Requires Improvement<br>→←<br>Jan 2023 | Good<br>→←<br>Jan 2023 | Outstanding<br>↑<br>Jan 2023 | Good<br>→←<br>Jan 2023 | Good<br>→←<br>Jan 2023 | Good<br>→←<br>Jan 2023 |

#### Ratings for a combined trust

|                 | Safe                                   | Effective              | Caring                       | Responsive             | Well-led               | Overall                |
|-----------------|----------------------------------------|------------------------|------------------------------|------------------------|------------------------|------------------------|
| Acute locations | Requires Improvement                   | Good                   | Outstanding                  | Good                   | Good                   | Good                   |
| Mental health   | Good                                   | Good                   | Good                         | Good                   | Good                   | Good                   |
| Community       | Requires Improvement                   | Good                   | Outstanding                  | Good                   | Good                   | Good                   |
| Overall trust   | Requires Improvement<br>→←<br>Jan 2023 | Good<br>→←<br>Jan 2023 | Outstanding<br>↑<br>Jan 2023 | Good<br>→←<br>Jan 2023 | Good<br>→←<br>Jan 2023 | Good<br>→←<br>Jan 2023 |

A full copy of the current reports and ratings from CQC can be found on the Trust's website at [www.somersetft.nhs.uk](http://www.somersetft.nhs.uk) and on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Care Quality Commission Mental Health Act Assessment

During 2022/23, the CQC continued their regular Mental Health Act Assessment visits. The reports from these visits are presented and considered by the Trust's Mental Health Act Committee. No significant concerns were identified during these visits, but the Trust initiated audits and actions in relation to the recording of sharing patient rights under section 132 of the Act; availability and recording of patient leave under section 17 of the Act; and assessment and recording of capacity and consent.

## 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 2022/23 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                                                 | 99.5                      | 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                                           | 99.9                      | 100.0                 | 100.0           |

There are 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 2022/23 was 94.5% compared to a national average of 87.4%.

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.
- Extend the use of spine mini services through the Trust's integration engine to improve completeness of data.
- Continue to develop the patient master index work within the warehouse to help identify duplicate records within the systems.

Somerset FT was not subject to the Payment by Results clinical coding audit during 2022/23 by the Audit Commission.



## 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.

Somerset FT Data Security and Protection Toolkit submission for 2022/23 will be completed in June 2023. It is expected that all mandatory evidence items will be reached, with an assessment status of 'standards exceeded'.

In line with the DSPT reporting tool, six incidents were reported to the ICO in 2022/23. Five incidents related to information being shared in error; one incident related to members of staff accessing records inappropriately.

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 the acute and community services. The results for this again showed good overall figures, meeting the mandatory target set by the Data Security Standard 1 Data Quality in all areas.

|                     | <b>Percentage achieved<br/>2022/23</b> | <b>DSPT Standard 1<br/>Mandatory Target</b> |
|---------------------|----------------------------------------|---------------------------------------------|
| Primary Diagnosis   | 90%                                    | 90%                                         |
| Secondary Diagnosis | 87%                                    | 80%                                         |
| Primary Procedure   | 90%                                    | 90%                                         |
| Secondary Procedure | 85%                                    | 80%                                         |

The figures demonstrated above are a reflection of the current mix of experience within the Clinical Coding Team and of the Clinical Coders' understanding of the importance of coding all conditions which affect the care of the patient and all procedures performed. The better these figures are the more accurately the data reflects the complexity of the care delivered by the Trust.

In addition to this 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 validation on the quality of the coded data on an adhoc basis, thereby ensuring further assurance of the quality of the data.

The Trust's NHS England accredited Clinical Coding Trainer continues to provide 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 the coding.

The recommendations from the 2020/21 Data Security Standard 1 Data Quality audits for Taunton and Somerset and Somerset Partnership NHS Foundation Trusts have been reviewed and have been actioned.

## 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.

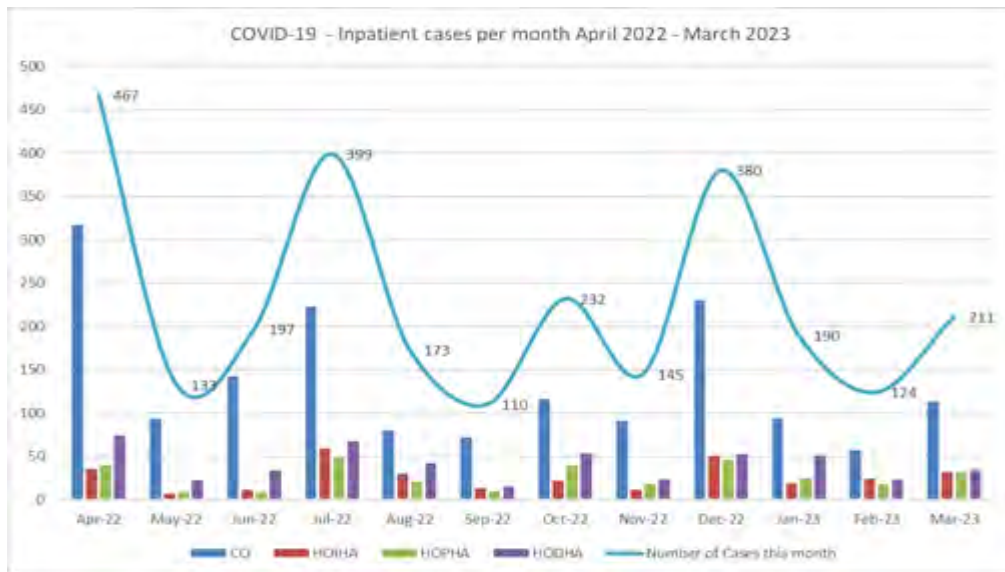
### PATIENT SAFETY

#### • INFECTION PREVENTION AND CONTROL DURING COVID-19

Coronavirus disease (COVID-19) is caused by SARS-CoV-2, a newly emergent coronavirus first identified in December 2019. Cases are apportioned to trusts depending on the timeframe between first positive specimen and admission date:

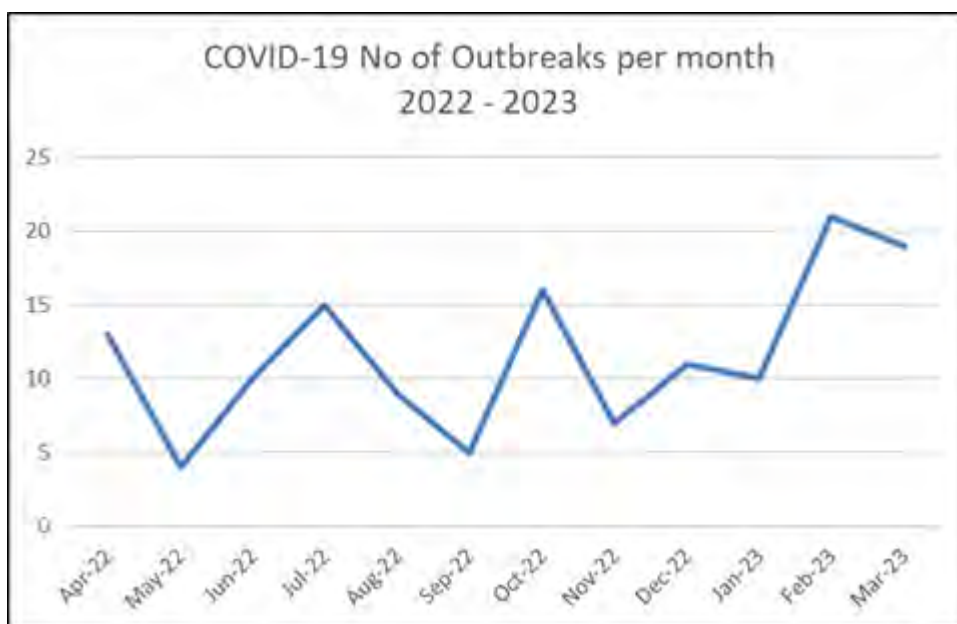
- **Community** onset, positive specimen date  $\geq 2$  days after admission or hospital attendance (CO)
- Hospital-onset **Indeterminate** healthcare-associated, positive specimen date 3-7 days after admission (HOIHA)
- Hospital-onset **Probable** healthcare-associated, positive specimen date 8-14 days after admission (HOPHA)
- Hospital-onset **Definite** healthcare-associated, positive specimen date 15 days or more after hospital admission (HODHA)

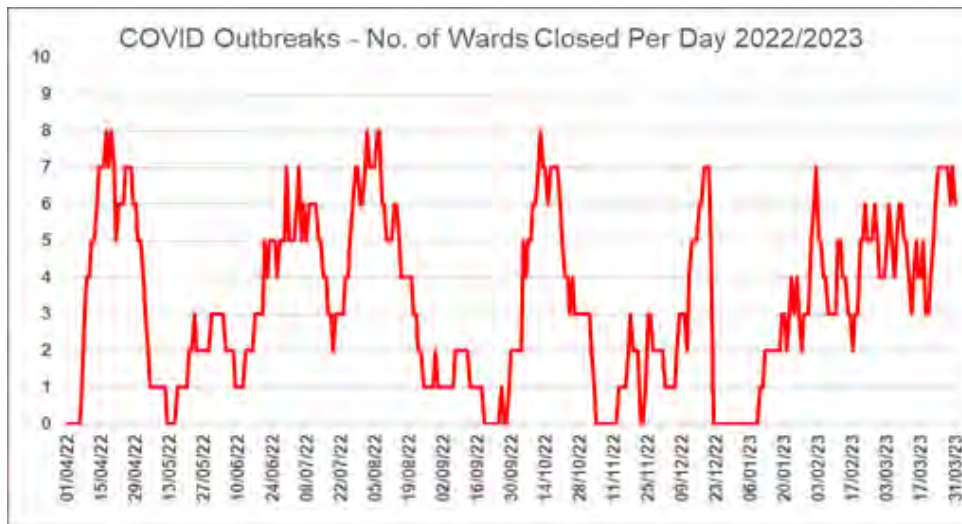
Between April 2022 and March 2023 there were 2,386 inpatients with confirmed COVID-19, an increase on the previous year where there were 1,489. The majority were community or indeterminate cases (64%) however, the portion of Trust attributable (probable and definite) increased this year to 35% compared the 23% last financial year.



During 2022-23 the COVID-19 virus continued to evolve but it was dominated by variants from the Omicron family. In general while there was an increase in identified cases of COVID-19 less patients developed severe disease than earlier in the pandemic.

Between April 2022 and March 2023 there were 128 inpatient ward closures due to COVID-19 outbreaks. Most of the outbreak occurred between October and March when there were 77 over that period.





Outbreaks were managed in line with the Trust Management of COVID-19, Standard Operating Procedure. Key controls included isolation of all confirmed cases either in side-rooms or cohorted in bays and closing affected areas to new admissions. A total of 990 patients were affected, restrictions were in place for a total of 1,315 days with 1,253 bed days lost. By 21 December an unprecedented decision was taken to stop closing inpatient wards due to COVID-19 outbreaks. At this point, every effort was made to isolate confirmed COVID cases, but it became impossible to achieve due to the extreme pressure the Trust and the NHS was under at this period of the winter. As pressures eased by the end of January the usual management of outbreaks was reinstated.

Whilst the Trust was responding to the COVID-19 pandemic, it was still concentrating on other infection control priorities. It is a mandatory requirement for English NHS Acute Trusts to report Methicillin Resistant *Staphylococcus aureus* (MRSA), Methicillin Sensitive *Staphylococcus aureus* (MSSA), *Escherichia coli* (E.coli), *Klebsiella*, *Pseudomonas aeruginosa* bloodstream infections and *Clostridioides difficile* Infections (CDI) to the Department of Health via the HCAI Data Capture System, hosted by UK Health Security Agency. Case numbers of these infections are increasing nationally, and the reasons are not currently clear.

Traditionally, those infections that are Trust apportioned have been investigated using a recognised national process known as post infection review. This process was introduced during the mid-2000s in response to high levels of MRSA bloodstream infections in the UK. In partnership with other strategies this was successful in driving down case numbers of this infection. As a result, this method has gradually spread to include other infections. However, over the last few years, this process has become more time consuming and is no longer proving effective in terms of infection reduction. Similar themes are identified and despite actions, overall case numbers are not reducing.

In August 2022, it was agreed to stop post infection reviews as there was no longer a national mandate to undertake them. The process was replaced locally with a shortened, targeted review. This aims to identify the source (where possible) and collect wider information that led to the infection. Rather than focusing on every

infection, this information is thematically analysed to inform improvements. Although this process is still new several key themes have been identified:

- Previous colonisation with MSSA and presence of a peripheral vascular cannula (PVC) are strongly linked to the development of a *Staphylococcus aureus* (MRSA or MSSA) bloodstream infection.
- The presence of a urinary catheter is strongly associated with gram-negative bloodstream infections, in particular *E. coli*.

Relevant improvements have been commenced during the period of this report which include:

- MSSA screening, decolonisation and MSSA suppression in critical care which has significantly reduced their MSSA bloodstream infections
- A change to the skin cleansing product used prior to the insertion of a PVC has been implemented in all inpatient areas. Whilst it is early days since the change, signs of improvement are being seen.
- Trustwide improvement project on urinary catheter has commenced. This project is focussing on insertion, ongoing care and timely removal when no longer required. It is too early in the project to attribute success.

There is still significant progress to be made but the new process has allowed a change in focus away from the investigation to improvement.

Details of our response to *Clostridioides difficile* infection are included within the national indicator section.

- **KEEPING CHILDREN WITH MENTAL HEALTH NEEDS SAFE ON OUR PAEDIATRIC WARDS**

A recent report from the Healthcare Safety Investigation Branch (HSIB), focussing on 18 general paediatric wards in England, found that the majority had unsafe care environments to care for young people exhibiting high risk behaviours attributed to a mental or emotional health crisis. It has called for immediate action to be taken by ICBs and NHS organisations to facilitate a system-wide response to reduce the safety and wellbeing risks associated with children and young people with high-risk behaviours on their wards.

As an integrated Trust covering acute and mental health services, Somerset FT was in a unique position to address this issue and had already implemented a number of improvements in our paediatric wards at Musgrove Park Hospital, as well as Yeovil District Hospital, and in the community, supported by our Child and Adolescent Mental Health Services (CAMHS) teams.

These include:

- Wrap around care provided by colleagues recruited, trained, and supervised by the Community Eating Disorders (CED) team, but working within the acute paediatric team to provide continuity of care, education, and care to this specific patient group. This has received positive feedback from both patients and colleagues worked well and relieved exposure to nursing staff that were feeling stressed and demoralised by the work being requested.
- Implementing bespoke “Positive Behaviour Management” educational courses, that include de-escalation and safe holding training for use with CAMHs and CED patients, for all our colleagues in acute paediatric wards at MPH and YDH.
- Prioritising supporting young people to share their views and experiences. We do this through anonymous feedback services such as 'care opinion' and weekly face to face engagement sessions led by a ward based youth worker. On admission, or ideally before, we look to create individualised and collaborative care plans with our young people and members of our integrated care team.
- CAMHS liaison practitioners operate across both paediatric sites in Somerset. We operate a fully integrated eating disorder service spanning community and acute settings. A ward based RMN guides the inpatient management for young people admitted with an eating disorder alongside the specialist consultant, a specialist paediatric nurse and trained Health Care Assistant.
- Liaison with Children’s Social Care (CSC) regarding complex and potentially violent patients, those who may have no safe place to reside, including the provision of two places of safety houses available in Somerset offering therapeutic education avoiding prolonged stays in the hospital environment. There is planning in place for a further 6 houses.
- Where hospital admission is not deemed to be therapeutic, we aim to avoid through regular high intensity user group meetings (HIUG) between paediatrics, CAMHS liaison and the Emergency Department, where bespoke plans are designed to be implemented. Alternative provisions are actively sought when

deemed more appropriate through effective joined up systems including social care, mental health and therapeutic educational settings, such as those established by the unique project 'Homes and Horizons'. This project's success rests on an innovative ten-year partnership between Somerset county council, Homes2Inspire and NHS Somerset and will provide 10 homes in Somerset offering high needs foster care for the most vulnerable.

- Where severe mental health illness prevents a safe discharge home, we are working collaboratively with the provider collaborative and our local tier 4 GAU Wessex House to ensure safe and effective shared care arrangements when needed, specifically for those under the mental health act who require physical healthcare alongside mental healthcare in our "blended care" model.
- We are in the process of creating sanctuary spaces on our wards and our Emergency Departments, away from the "hustle and bustle" and highly stimulating sensory environment, to aid with de-escalation in a crisis. We have secured all entrances and exits, and risk assess the environment on a regular basis. It does however remain a challenging environment to work with at times due to historical design and layout.
- Within the community we have refined and built on the *Children and Young People's Neurodevelopmental Partnership (CYPNP)*, creating a single point of access, triage, and educational packages to schools.
- We have secure links with liaison psychiatry and are establishing synergistic relationships with our colleagues in Wessex House (tier 4 General Adolescent Unit) to ensure safe and effective shared care arrangements when needed, specifically for those under a mental health act. There has been opportunity for our staff nurses to shadow nurses in Wessex House and vice versa. We support regular opportunity for reflective practice for all. Training includes online "we can talk" modules, experiential learning and situational SIMs. Rolling medical teaching schedules cover aspects of mental health.

There is still further work to do to meet the needs of this specific population, including further improvements to the environment and the potential for in-reach services from the GAU. We are exploring the opportunities for service improvement, and we will be working with the provider collaborative to identify new models of care.



- **FIRST RESPONSE SERVICE**

The First Response Service (FRS) has been developed over 2022/23 and has already been well utilised since it's official launch in 2023, taking over 1000 calls a week from the two hubs in the East and West of the County.

The purpose of the FRS is to improve access to mental health services for service users and their families requiring urgent mental health support and reduce the number of people attending Emergency Departments in a mental health crisis, by increasing the support available in the community. This is underpinned by the 'No wrong door' ethos in Somerset. The service works closely with the Home Treatment Service, signposting appropriate referrals to them for urgent face to face assessment.

The service is still developing and the data we are capturing will allow us to monitor the impact the service has had across the urgent care pathway, but initial feedback has been positive. Service users have told us they have had better response times to their calls and professionals have commented that it is generally quicker and easier to make referrals in a timely manner. One worker from a GP surgery praised the service for its "responsiveness, compassion and follow-up".

The FRS is available 24 hours a day on 0300 1245016 and we welcome calls from family/ carers/ concerned others as well as calls from individuals themselves. Professionals can make telephone referrals for any patient in urgent mental health need.

## • MATERNITY SERVICES

In the year from 2022/2023, the maternity services at Somerset NHS Foundation Trust (SFT) have continued a positive journey of integration and development across many areas, including culture, governance, workforce wellbeing, training, and clinical pathways. This has been recognised with regional achievement awards for System leadership co-production and working, women's public health improvements and implementation of National Bereavement Care Pathways. There are three specific areas of quality work which are transforming ways of working and improving safety.

Better Births in 2016, identified the need for enhanced digital maternity services to improve safety with single patient records throughout the maternity pathway and for service users to have access to their digital records through a patient portal. The challenges to achieve this level of digital availability in Somerset, where the two acute trusts use different electronic health records has been overcome, to achieve a single maternity record across Somerset, accessible by service users, and staff, which went live in February 2023.

In Somerset, both Musgrove Park Hospital and Yeovil District Hospital have previously signed a commitment to the UNICEF Baby Friendly Initiative. This is a global initiative which builds upon interlinking evidence-based standards for maternity, neonatal and paediatric services, designed to provide parents with the best possible care to build a close and loving relationship with their baby and to feed their baby in ways which will support optimum health and development. In this last year, there have been four successful assessments across the organisation, in both the neonatal and maternity services, with the maternity service at Taunton achieving reaccreditation of Gold sustainability for another three years. This is an incredible achievement and is evidence of the high level of Trust commitment towards these standards, acknowledging the positive impact on future health and wellbeing of both mothers and babies and supporting the initiative with staff, patients and visitors to our services. The success of this will underpin the next steps for the neonatal and maternity systems on both sites to continue their accreditation journey and reach the ambition of becoming a Gold Sustainable County with achievement across all domains, to include health visiting.

Nationally equity and inclusion are high on the health agenda with black mothers' disproportionality in danger during pregnancy and the first year after birth, with black mothers four times more likely to die and twice as likely to have a stillbirth. Recognising the disparity that exists in Somerset, with disadvantaged groups, vulnerabilities, and social deprivation, two midwives at Yeovil developed 'Implicit Bias' training. This training explores culture and attitude with an emphasis on the language used and social 'norms'. This training has been so successful it is being rolled out across the southwest region, with other areas expressing interest, including universities. The team has won an HSJ award for safety improvements in maternity care and were shortlisted at the RCM awards for inclusion working. As a result of this training, the Southwest Academic Health Science Network have funded black mother and baby mannequins for every maternity unit in the region. Train the trainer sessions have now taken place regionally to ensure ongoing roll out of this great work.

## PATIENT EXPERIENCE

- **TOM'S STORY**

Tom was due to come into hospital for a routine operation requiring general anaesthesia. Tom has learning difficulties so his mum helps him with sign language and understanding and was able to speak with the Learning Disabilities and Autism Liaison Practitioner who arranged for Tom to visit the day surgery unit before the day of the procedure. Tom would have been incredibly anxious to arrive in an unfamiliar environment, meeting people for the first time and may not have coped to have general anaesthesia in an unsettling environment. By arranging a pre-visit to the day surgery unit and the recovery room, Tom was able to visualise and ask questions about what would happen on the day. Tom's mum also took photographs to build Tom a social story that he could look over at home before the day of the procedure. When the operation day arrived, Tom was very comfortable to have the procedure as he had a full understanding of what was going to happen, that had been delivered in a way to meet his individual needs.

Tom and his mum were very keen for their experience to be shared to aid learning, so they kindly agreed to be filmed for us to use as part of the Chief Nursing Officer training box set of short videos, that the trust is producing. Tom's story will be shared to educate staff regarding communication, to demonstrate that all patients have discrete requirements that we must consider delivering the best patient experience.

In addition, we have continued to use Tom's story within the Trustwide improving accessibility working group as an example of how we can adapt a typical approach to accessing healthcare into one which is personalised and meets an individual's own needs.

- **GROWING THE USE ON ONLINE PATIENT FEEDBACK – THE STORY OF OUR ACUTE CHILDREN’S UNIT**

Over the last year, our Families Service Group Associate Medical Director together with a very dedicated and passionate trainee Paediatric Doctor embarked on a journey of improvement with patient and family feedback. A project was established to relaunch the use of care opinion into the children’s unit at Musgrove Park Hospital and as described by the project team ‘Care Opinion became more than just a means to collect patient feedback: it created all kinds of impacts far beyond what the team expected at the start.’

Care Opinion is an independent feedback website, enabling anyone to share their experiences of healthcare services through storytelling with the fundamental belief that by sharing honest experiences of care, we learn to see the world differently and to see how the telling of stories, both good and not so good, are leading to change.

**“Hear the patient voice at every level – even when that voice is a whisper”**  
**Berwick Report, August 2013**

The team started small by introducing care opinion into the Paediatric Admissions Unit (PAU). Here, Care Opinion captures the feedback from patients and families at the point of care delivery from the community and the Emergency department. Building on this, the team have now established Care Opinion within the High dependency unit (HDU) and the acute Paediatric wards, Acorn, and Oak and are now looking to expand across other services within the service group.

The team focused on increasing the accessibility of care opinion by spending time explaining how we use patient and family feedback and sort to make this discussion part of everyday conversations across all specialities and colleagues in the paediatric unit. An iPad was mounted on the wall at the entrance to the unit which linked directly to the care opinion site to make it as easy as possible for anyone to leave feedback. There was a real focus on the use of QR codes and the care opinion helped the team create unique QR codes for each ward and department so that the feedback was going to the correct team.

Most of the Care Opinion posts have been very positive about paediatric unit, and can be very specific, naming individual staff members. Feedback is very much valued in the department, and everyone is very appreciative of the feedback, a really lovely way to boost staff morale. Feedback is shared in a timely way with all team members, usually within 24 hours and is also shared in the paediatric improvement group and service group governance meeting to highlight achievements and where we can improve our care. The team are very open and transparent to all the comments made, helping to improve patient care as a team.

A more recent development is the use of colleague certificates when they are individually named in posts, including the specific feedback about them. This has been really valued by the whole multidisciplinary team and it has begun to be included in individual appraisals.

Initially, it was expected that the Care Opinion stories would only focus upon the paediatric department. When parents post feedback they include their child’s whole

journey, mentioning other specialities and departments who looked after their child. They may talk about their A&E experience, because very often a child will be assessed first in the emergency department and then referred to paediatrics. The paediatric team may also need to refer other specialties, including ENT or surgery, and parents will include these teams within their story. Stories are now being shared beyond the walls of the paediatric unit and has helped to foster better working relationships with other specialities as cross-specialty feedback highlights how we all work as one big team when caring for patients and their families.

Sometimes the feedback received highlight a need to improve areas of our care. Care Opinion has allowed us to provide real-time and meaningful responses to be given directly to parents which has helped to rebuild and restore trust which may have been lost during the difficult time a patient and their family may have experienced during their stay with us. Care Opinion has been a hugely useful platform in giving the team the opportunity to be able to respond again to the family, updating them about any changes we have made later. People can see we are listening, and we want to do something about the issue, and make things better for other families. We have had a parent respond back and say: "well it wasn't a good experience, but I can see you are listening, and that means something".

What started as a creative mission to improve feedback opportunities for patients and families has become far more than just that. One patient story, be it sharing a kind word or encouraging a change for better care, creates a wonderful ripple effect. The positivity it creates grows and expands, touching an individual member of staff, the paediatric department, cross-speciality departments, and colleagues and most importantly the patients and families we care for. The team have seen their feedback grow from 1 story every 3 months to 3 to 4 stories per week.

- **DISCHARGE TO ASSESS (D2A)**

We know that staying in hospital too long can result in poorer health and longer recovery times and so as soon as a person is well enough, the multi-disciplinary team within the hospital work together to facilitate a discharge to the best possible place to support a person's recovery; in most cases, this will be a person's home.

Discharge to Assess, also known as D2A has been created to help people get home more quickly, offering a range of services including assessment which focus on measuring a person's health and ability to perform everyday tasks, and rehabilitation to enable people to get back to normal life.

Discharge to Assess supports more than 150 people to leave hospital every month and obtaining feedback from service users is a high priority and helps to shape the ever-evolving service. People using the service are therefore offered a telephone call review after the service has ended to provide verbal feedback on their experiences. The telephone call feedback process enables the service to 'do more' of what works well, as well as learn from experiences which may not have gone as well as they could have. Between August 2021- March 2023, 253 feedback calls have taken place.

The initiatives below describe some of the ways in which acute and community services are striving to improve discharge planning experiences for the people of Somerset based on the service feedback:

1. **Discharge Facilitator role** – there has very recently been an increase in the workforce by 25% at Musgrove Park Hospital and have introduced this role to selected pathway 2 units. The capacity of the weekend discharge facilitator role at Musgrove Park Hospital has been doubled. These roles act as the communication link between families/care givers and the hospital ward teams. Their role aims to improve communication and improve the effectiveness of transfers of care (discharge).
2. **Transport** – it is recognised that transport home from hospital can be a challenge. To improve this part of discharge planning, access to a late transport crew is available for times of increased demand. Both Yeovil District Hospital and Musgrove Park Hospital were successful in obtaining extra funding for Red Cross transport-home services during autumn / winter 2022/23 which helped an additional 22 people per month to return home with transport support, and after hospital care if required. The new discharge lounge at MPH has dedicated parking bays outside the lounge to make the collection of patients easier for families / care givers. People are now requesting for their relative to be sent to the discharge lounge because of the ease of collection!
3. **Discharge Lounge** – in addition to the transport / collection benefits, the discharge lounge provides an opportunity for patients to leave the ward earlier on the day of discharge. The discharge lounge has a dedicated team of staff and volunteers who are there to double check actions for discharge have been completed, additional explanation around changes to medication and after hospital care instructions. The infrastructure within the discharge lounge provides a peaceful environment and the flexibility for people to either sit out in a chair or rest in bed ahead of the journey home.



4. **Ready to Go Units** – Strategic plans are underway in Somerset to reduce the delays in transfers of care, particularly for those needing Pathway 1 & 2 services. Whilst those plans are underway, delays are unwanted, but inevitable. To mitigate the risks associated with staying hospital longer than needed, Ready to Go units have been created. With the support of reablement-trained staff and volunteers such as Age UK, patients are being kept active whilst remaining in hospital. In many examples, care needs have been reduced following a stay on the Ready to Go units.

## People's stories that bring outcomes to life

A man in his 70s was admitted to YDH with pneumonia and increased confusion. He had been struggling to cope at home and was reluctant to accept help.

In hospital he was very confused, at risk of falls and was receiving 1:1 care on the ward.

He was transferred to a PW2 unit where clear goals to improve his orientation and strengthen his mobility were set. He was discharged home after 28 days with PW1 support.

The physiotherapist in PW2 (who knew him best) acted as his PW1 keyworker helping him to re-orientate at home.

"The Intermediate Care Team saw the potential in my Father, they understood his needs. Without this he would never have made it home"



**SOMERSET**  
County Council

A woman in her 90s was admitted to MPH with urosepsis. She lived in sheltered housing and had a twice-a-day care package.

She was discharged with PW1 support from a reablement provider who worked alongside her usual care agency. Her key goal was to return to toileting independently, although she also had goals about eating and drinking.

She was discharged after 8 days having achieved her goal of independent toileting. She went back to her twice a day care package.

Before this model I would have had an increased care package and would not have regained independence with toileting.



**NHS**  
Somerset  
NHS Foundation Trust

**NHS**  
Somerset  
Clinical Commissioning Group

A woman in her 60s was admitted to MPH. She had progressive MS with complex care needs and safeguarding concerns. Time was precious due to the stage of her MS.

Her needs were so high, it was uncertain whether she would cope at home and the extent of the safeguarding concerns were also unknown.

Having a D2A PW1 service meant these uncertainties didn't need unpicking in hospital. Instead she returned home quickly. Day and night support were provided initially. PW1 worked closely with safeguarding teams and gradually the level of support was reduced.

Before I would have stayed longer in hospital due to my complex situation, I would have gone home with a larger private package of care.



**Yeovil Hospital**  
NHS Foundation Trust

## CLINICAL EFFECTIVENESS

### • TREATING TOBACCO DEPENDENCY

Within the NHS Long-Term Plan, smoking is seen as a chronic, relapsing medical condition, not a lifestyle choice, requiring treatment just like any other disease or illness. In fact, more than 700 Somerset residents die every year as a direct consequence of smoking (Public Health Somerset) with more than 5,700 hospital admissions in Somerset attributable to smoking in 2021/22.

We know that stopping smoking is one of the best things people can do to improve their physical and mental health and wellbeing, and it also helps to reduce health inequalities, and increase life expectancy by reducing the burden of tobacco-related disease.

Research shows that most people who come into hospital who smoke, want to stop – and that's where our tobacco reduction team come in.

We are required by NHS England to identify all smokers who come into our services and deliver our tobacco reduction interventions. However, at the heart of what we do, is supporting patients as best we can during a difficult time – and using the opportunity to help them to stop smoking or reduce the harm from tobacco and improve their health outcomes in the future.

In July 2022, Somerset FT and Yeovil Hospital launched a new tobacco reduction programme, aiming to tackle the significant health inequalities associated with smoking, and offer support to both colleagues and our patients across Somerset to quit smoking.

As part of the programme, we have introduced new tobacco reduction practitioners, who will support any patients who are admitted to our wards who smoke, and would like to quit, with additional support for any patients who are pregnant and smoke. The service covers all wards at Yeovil District Hospital and Musgrove Park Hospital, along with some of our mental health inpatient wards.

The extensive programme of work around treating tobacco dependency includes the following:

- Training packages and guidance available for all colleagues.
- The Trust is participating in Wave 1 of the Royal College of Psychiatrists national *Quality Improvement in Tobacco Treatment (QuITT)* programme which aims to reduce health inequalities experienced by people with severe mental illness, involving staff and patients.
- A quality improvement project ongoing at St Andrews ward in Wells as part of the overall Trust Quality Improvement programme.
- Tobacco treatment pathways developed for acute, mental health and maternity, with stop smoking medication protocols developed for nicotine replacement therapy and vapes.
- Full vape offer now available for patients to help reduce smoking-related incidences of violence and aggression.



- Fire Home Safety Checks offered to patients, supported by Devon and Somerset Fire service.
- New, clearer smokefree signage being rolled out across all of our sites, with vaping allowed areas planned to reduce smoking on sites.

- **SUPPORTING ROUGH SLEEPERS**

In Somerset, there are hundreds of people affected by homelessness or rough sleeping. While this number is relatively small in comparison to other groups of patients, they are some of our most vulnerable in our county, with complex and vast health needs.

People who are homeless or sleeping rough face huge barriers to accessing healthcare, and as such, can potentially only live until their mid-40s – around 30 years younger than the general population. Drug and alcohol disorders are common amongst the homeless population, and they are also more likely to struggle with their mental health. In fact, homeless people are more than nine times more likely to complete suicide.

Supporting homeless people to access healthcare when they need it can make all the difference to their lives – so it's important that we get it right, to give them the care that they so desperately need yet struggle to access.

Our homeless and rough sleepers service is a community-based, intensive outreach service, which has been supporting people across Somerset who are homeless or sleeping rough for the past two years. It provides a range of healthcare services, from general health assessments, wound care and dressings, to help with medical appointments, sexual health testing, mental health first aid, and much, much more.

Like many of our services, the team works closely with several partners across the Somerset health and care system, the police service, as well as charities – and now that our merger has created one, large NHS trust for Somerset, the hope is that there will be no wrong door when it comes to accessing services for this group of people.

Clinical lead for the homeless and rough sleepers service, Karen George, has grown the team to 14-strong since she started her role at the beginning of 2022. She shares how, together, Somerset is finding the forgotten.

“Whether it's a park bench in Taunton, a field in Wincanton, or one of the hostels in Yeovil, we will deliver care to those who need it, wherever we can,” explains Karen.

“There are hundreds of people in Somerset who are in difficult situations, and it's important to remember that it's not just people living on the streets that struggle. There are people living in hostels or sofa surfing, gypsies, travellers, and those who have just been released from prison – these people usually don't have a permanent home.

“When someone doesn't have a fixed address, the barriers they face to accessing healthcare can be impossible to navigate. This often means they end up coming through ‘the front door’ at an emergency department (ED), when they don't need to be there, or sadly, simply not accessing healthcare at all.

“Our goal as a team is to join up the gaps, by working closely together with our partners across Somerset. We link in with our colleagues at Avon and Somerset Police, with charities such as the Somerset Drug and Alcohol Service (SDAS), and with other healthcare services such as the South Western Ambulance Service

(SWAST). Now that we are one, merged trust, we also want to create a 'no wrong door' approach within our own organisation."

The homeless and rough sleepers service link closely with both EDs at Musgrove Park and Yeovil Hospital, and discharge teams from across the trust – supporting any patients who don't have a fixed address, once they leave hospital, to continue getting the care they need out in the community.

Due to the nature of their situation, people who are homeless or sleeping rough are also likely to struggle with alcohol and drug addictions, as a way of coping. This is where teams such as the substance misuse team at Yeovil Hospital, and the alcohol practitioners at Musgrove Park, play a huge part in offering this joined-up care.

"Being able to share patient information, and work together with teams from across the trust, will be a huge step forward in ensuring we can deliver care to all our patients – breaking down the barriers of inequality that we unfortunately still see," Karen continues. "My own personal background working in ED, for the police, and in the substance misuse team at YDH, before becoming clinical lead for the homeless and rough sleepers service, means that I understand how we can all help and support each other to benefit the people we care for."

The safeguarding service and mental health services in Somerset are also key partners helping to care for people who are homeless or sleeping rough. Karen has introduced new mental health practitioners and peer support workers to the team, providing a bridge to these services and making it easier for patients to access support.

"We are essentially creating a one-stop-shop for people with no fixed abode, enabling them to access various mental and physical health care, without the need to attend a hospital or GP. Little things can make a huge difference to the lives of these people – and that's why we do what we do.

"The perception of people who are homeless is often fairly negative. Many assume that these people got themselves into this situation, and aren't helping themselves to get out of it. It's simply not the case. Some of the stories we hear are truly heartbreaking, and you can fully understand why they are living as they are. But at the end of the day, they are people, and people have healthcare needs. We are building a joined-up service in Somerset that is showing them that they haven't been forgotten, and that they can get the care and support they need, just like anyone else."

- **ACUTE FRAILTY SERVICES**

Older people living with frailty are getting extra support if they need care at Musgrove Park Hospital's emergency department (A&E) as an existing service at the hospital has been repurposed to focus on patients with frailty instead of those who are elderly. The term frailty or 'being frail' is often used to describe the health of older people, but this isn't quite right as frailty is about a person's overall resilience and how quickly they can recover following a minor health problem – in fact, some frail patients could be younger, but frailty is more likely to occur in the very old.

For many years, an older person's assessment and liaison (OPAL) team has been helping older people who present to Musgrove Park Hospital's emergency department to get the right care and treatment.

But with the introduction of a new Acute Frailty Unit at the hospital in early 2022, the four-strong team of acute frailty practitioners have refocused their efforts on identifying those older patients presenting to hospital with frailty.

It's just one of a series of intensive support services that we are putting in place, alongside our partners across the wider healthcare system in Somerset, to help keep people in their own home setting or avoid a long stay in hospital.

The service has adapted to support frail patients to target support to those who need it most, enabling us to make more of an impact by directly seeing older patients living with frailty as they arrive in our emergency department. With the specialist expertise, they offer a comprehensive geriatric assessment within the emergency department, alongside our joint emergency therapy team (JETT).

As part of the re-launch of the service, the acute frailty practitioners are assigned as named clinicians for patients at the hospital's emergency department for the first time ever.

This is a new part of the role where the acute frailty practitioners hold responsibility for the patient's care and assessment, which could involve a transfer to the hospital's acute frailty unit or discharging them home or to an alternative care setting if safe and appropriate to do so.

The service is also being extended back to seven days a week, 8am to 6pm, so patients can be assessed by our frailty team if they arrive at the emergency department over the weekend.

The assessments are holistic in nature as they look at every aspect of a patient's care, including their physical health, functional, social and environmental history, psychological components and a medication review. This includes working together with our JETT colleagues who assess the patient's therapy needs.

The frailty team work closely with the patient flow team so when a bed becomes available on the acute frailty unit, the patient's transfer can be sped up to avoid them needing to move across different areas of the hospital. The aim is for the patient to be discharged home, or to an alternative care setting, within 72 hours.

Following the assessment of a patient in our emergency department, any specific frailty issues are identified early, which leads to a reduction in their length of stay in hospital if an admission is needed or can avoid an admission altogether if care could be managed in the community.

Colleagues in the new team have a wealth of knowledge between them as they've all worked in many different areas and specialities, including acute medicine, care of the older person, same day emergency care, community services. They are advanced clinical practitioners, with strong autonomous clinical decision-making skills who holistically assess patients, request diagnostics and prescribe medication, or more importantly for our patients, look to reduce the amount of medication they might need where appropriate, all with a patient centred frailty focus.

In addition, they work closely with the dementia and delirium team, which supports our patients in the emergency department.

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

Somerset Integrated Care Board, our principal commissioner of services, sets annual targets under the framework for Commissioning for Quality and Innovation (CQUIN), the aim of which is to improve the quality of services delivered to patients. The achievement of the CQUIN standards generates additional income for the Trust, of up to 1.25%.

In 2022/23 the five CQUIN indicators selected for the contract were across Acute, Community and Mental Health Services and included the following programmes:

- Staff flu vaccinations
- Timely communication of changes to medicines to community pharmacists via the Discharge Medicines Service
- Use of anxiety disorder specific measures in IAPT
- Biopsychosocial assessments by Mental Health liaison services
- Assessment, diagnosis and treatment of lower leg wounds

The financial risk associated with performance of the CQUIN indicators was removed during 2022/23 due the CQUIN income being included in the block contract value.

## **ORGAN DONATION**

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

The Trust has continued to support organ donation during 2022/23, with activity surpassing pre-COVID19 levels. An outstanding 96% of patients meeting the referral criteria had discussions with the organ donation service. Fifteen families have been approached to explore organ donation with 100% of these approaches being collaborative with the Specialist Nurse for Organ Donation.

The consent rate for organ donation within the Trust is above the national average. As a result, the Trust continues to perform well in terms of organ donation with a total of 25 transplants enabled over the year.

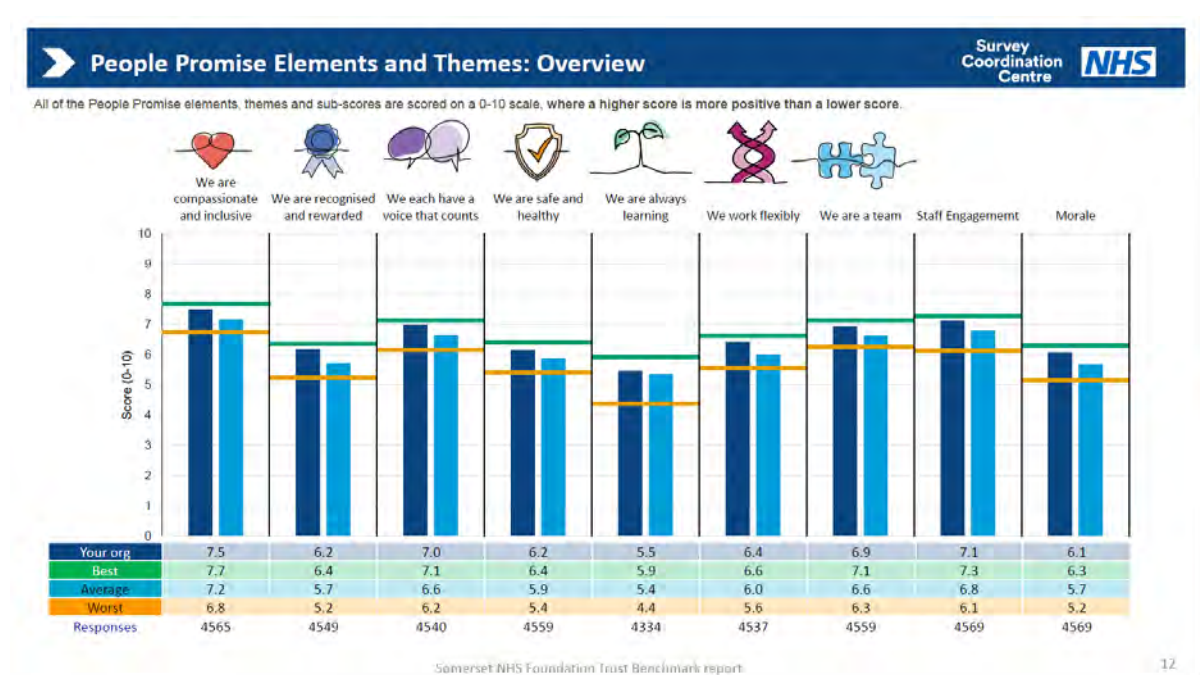
Key work for 2023/24 will be to continue to ensure all suitable patients are offered the option of organ donation at the end of their life, ensuring maximal adherence to national guidance on donor identification and referral as well as continuing to focus on minimising the time taken for the donation process. Tissue donation is another focus for the organ donation committee, and we will work toward all suitable patients having this offered as an option at the end of life. The last year has seen the formation of a single trust-wide organ donation committee. Work continues commissioning a donor memorial for Musgrove Park, and on promoting organ donation around the hospital.

## STAFF ENGAGEMENT

### • NHS STAFF SURVEY

The 2022 NHS Staff Survey was completed between September and December 2022 with a 45% response rate which is in line with the 2021 response rate and 1% higher than the average for the comparator group nationally. The response rate for the comparator group nationally has declined by 2%.

The NHS Staff Survey has 9 themes in total, 7 are the People promise themes with Staff Engagement and Morale as the additional themes. The 2022 survey results were positive with all 9 themes scoring better than the national average. This can be seen in the table below.



The strongest themes for the Trust in 2022 remain the People Promise of, we are compassionate and Inclusive, with the Trust scoring better than the comparator group in all 17 questions that contribute to this theme. The second strongest theme is Staff Engagement again with the Trust scoring better in all 9 questions that contribute to this theme than the comparator group.

The area of focus following the 2022 Staff Survey results is in the theme of We are always learning, this covers two sections, development, and appraisals. The Trust has made a slight improvement in both areas however continued focus is required as the theme score remains the lowest of all nine.

**Appraisals** – This remains an area of focus into 2023 and work continues ensuring that the quality of the conversation as well as numbers completed are a priority. The working group looking at aligning both Somerset Foundation Trust and Yeovil have come together and along with the Staff Survey results, and the recommendations from the Internal Audit carried out in 2022 in Somerset Foundation Trust a work plan had

been developed. This sits alongside the work already underway as part of the People Promise exemplar site in terms of ways of retaining colleagues.

The work around the development of the People Strategy is due to be completed by May 2023 alongside the metrics to track progress.

The work of the engagement champions will continue after the merger date and conversations have taken place with this group to ensure agreement. This group will continue to provide rich feedback monthly around colleague engagement and wellbeing and will be used to drive colleague engagement such as People Pulse and NHS Staff Survey as well as other initiatives.

**Table below indicates the score for the benchmarking group for each of the nine indicators in the staff survey report for the current and the prior year and the 10 indicators for the year before.**

| People Promise Theme               | SFT 2022 | Benchmark 2022 | +/- Difference |
|------------------------------------|----------|----------------|----------------|
| We are compassionate and inclusive | 7.5      | 7.2            | +0.3           |
| We are recognised and rewarded     | 6.2      | 5.7            | +0.5           |
| We each have a voice that counts   | 7.0      | 6.6            | +0.4           |
| We are safe and healthy            | 6.2      | 5.9            | +0.3           |
| We are always learning             | 5.5      | 5.4            | +0.1           |
| We work flexibly                   | 6.4      | 6.0            | +0.4           |
| We are a team                      | 6.9      | 6.6            | +0.3           |
| Staff Engagement                   | 7.1      | 6.8            | +0.3           |
| Morale                             | 6.1      | 5.7            | +0.4           |

## • OVERALL STAFF ENGAGEMENT

Colleague Wellbeing remains a high focus and the colleague support line is in place in the current format until March 2024. The Service continues to provide the phone line service to all Health and Social Colleagues within the Somerset System and plans are now in place to expand interventions such as Compassion Circles and Staff Support post incident into the system from April 2023.

In addition to the focus on colleague wellbeing other work has taken place including:

**Resolution Services** – the resolution service uses the skills of trained internal coaches and accredited internal mediators to offer a several interventions to support colleagues who may be experiencing some difficulties within their teams and supports the avoidance of taking colleagues through formal processes. Interventions include:

- **Resolution Coaching** – supporting colleagues through a coaching approach to resolve conflicts by providing them with the tools to have the right conversations.
- **Facilitated Conversation** – Supporting two or more colleagues through a conflict by facilitating a conversation where they can hear the needs of the others and try to reach an agreeable solution.



- **Mediation** – Supporting 2 or more colleagues through an informal resolution process. Mediation would also include colleagues having resolution coaching as part of this pathway.

The Leadership and Organisational Development team have also focussed on the development of the Rising Star Programme. A programme that takes colleagues through a period of development in a cohort to prepare them for the next step in their career. This was piloted with nurses at Band 5 level and in 2022 has been expanded to include colleagues who are looking to step into their first management role.

In 2023 there is a plan to further develop the internal leadership offering with the introduction of a programme that will aim to develop leaders across the new merged Trust in how to continue to have a positive leadership impact for all colleagues in a large, geographically dispersed Trust.

### **Facilitated Conversations**

Bite-size coaching - Quick sessions made available for colleagues to receive some quick coaching to help them with specific issues they may have.

Peer to peer facilitated sessions – An opportunity for colleagues to book a session with a facilitator and share with peers some concerns they may have and seek other perspectives to help.

Difficult Conversations sessions – A forum where managers can bring a challenging conversation they have had or may need to have and seek support from others about how they may go about this.

Resolution workshops – support for teams if they have found some challenges within the team and need some help in dealing with these before they get out of hand.

Communication remains key in 2022 and the Trust continue to use various channels to ensure colleagues are kept informed. Main channels used remain Staff News which from April 2023 will be available for all colleagues across the new Trust and Live Team Brief, this has been available for all colleagues to engage with since 2022.

Senior leaders across Somerset NHS Foundation Trust and Yeovil District Hospital come together regularly to meet with Executive Team members to discuss financial, performance, operational and other issues of importance at Senior Management Operational Team Meeting. Development of this group takes place on a quarterly basis and a programme of development is planned to start from May 2023.

The Somerset Operational Partnership meeting takes place monthly which is a forum where Trade Union colleagues and Senior Managers from Somerset NHS Foundation Trust and Yeovil District Hospital meet.

## APPENDICES

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



Our Ref: SM/sp

08 August 2022

Phil Brice  
Director of Corporate Services  
Somerset NHS Foundation Trust

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Dear Phil

#### **Somerset NHS Foundation Trust (SFT) Quality Account for 2022-23**

NHS Somerset (ICB) welcome the opportunity to review and comment on the Somerset NHS Foundation Trust (SFT) Quality Account for 2022/ 2023. In so far as the ICB has been able to check the factual details, the view is that the Quality Account is materially accurate in line with information presented to the ICB via contractual monitoring, quality monitoring and involved assurance, and is presented in the format required by NHSE/I presentation guidance.

The ICB recognises that 2022/2023 has continued to be a difficult year due to the workforce pressures, operational pressures and the continued recovery of services following the COVID-19 Pandemic. The ICB would like to thank colleagues at SFT for their continued contribution to supporting the wider health and social care system during this last year.

It is the view of the ICB that the Quality Account reflects SFT'S on-going commitment to quality improvement and addressing key improvement objectives in a focused and innovative way, utilising Quality Improvement methodology, and clearly aligning to the Trusts Vision and Strategy.

Achievement of some priorities during 2022/23 have continued to be affected by operational, workforce and COVID-19 recovery pressures. SFT has however, been able to make achievements against all of their identified priorities for 2022/23 including:

**Priority 1: Using the time waiting for surgery to optimise people's health and wellbeing both now and for the future.** It is great to see that this programme which recognises the importance of peri-operative care, the comprehensive management of patients before, during and after surgery is aiming to enable better outcomes from surgery including a reduction of length of stay, speedier recovery, reduced re-admissions plus better long-term outcomes. While this priority is in its early stages with work to be done it is encouraging to see that a core team has been established working on 14 workstreams with leads identified for each. It is also encouraging to see that c. 55+ tests of change have been undertaken to date.

**Priority 2: Helping older people to live as they wish, giving them time to do what is important to them.** This programme of work recognises that Somerset has a higher-than-average elderly population with 24.8% aged 65 and over. The ambition of this work is commendable in aiming to ensure quick and accurate identification of vulnerable people and to provide alternatives to hospital admission that are more responsive and better able to meet the needs of the frail person. It is great to see that in the last year there has been a determined focus on how services can more effectively manage frailer individuals at home to reduce potentially harmful lengthy hospital stays.

The achievements to be noted are those that have enabled early identification, provision of community alternatives and robust training and support for colleagues. It is noted that the aim for early identification in the Emergency Department using the Rockwood Clinical Frailty Scale (CFS) unfortunately did not achieve its target to screen all over 65's attending ED due to work pressures and flow issues. A review of this target however led to an agreement that community teams would rollout the CFS for all frailty patients age 65+ who come onto the caseload.

It is commendable that Frailty and Respiratory Hospital at Home pathways commenced in late 2022 supported 452 patients saving in excess of 3000 acute bed days. It is also great to hear that the preparation for the merger between YDH and SFT enabled Hospital at Home to introduce a Geriatrician from YDH to support the service alongside the existing Consultant Geriatrician, to provide consistent cover across Somerset.

It is great to hear that Frailty Advanced Clinical Practitioners (ACP's) have been employed across ED and community services and that a monthly community falls and frailty clinic at Shepton Hospital with an MDT approach has been established.

It is commendable that there have been improvements in the frailty interventions in ED, resulting in more streamlined care and quicker access to a specialist frailty assessment. This has included Geriatricians working in ED two hours in the morning resulted in 50% of patients seen, being discharged home, who were otherwise planned for admission. It is important that there is a plan in place to look at resources to test this model further.

**Priority 3: Helping people with mental health conditions to live longer lives.** It was great to see the progress made in this stolen year's flagship programme which pledged to co-produce projects with 'Experts by Experience'. The two main areas of focus identified were the uptake and quality of physical health checks for patients with serious mental illness and growing collaborative relationships between mental health and physical health colleagues, to improve care for patients with mental ill-health when accessing physical health services. Some excellent progress has been made working with the surgical booking teams on the expedition of elective treatment for vulnerable patients. This is drawing regional and national attention and the Trust should be commended on this important piece of work. It is noted that In June 2022, SFT appointed a Tobacco Reduction Programme (TRP) manager to lead on work contributing to a reduction in health inequalities. It is commendable that the TRP fully mobilised its' inpatient acute and mental health pathways across all sites in 2022/23.

It is also great to see the improvement in teams working together to develop advice and guidance for patients who become physically unwell on mental health wards, so they can remain there wherever possible. The outcome of this work is planned to go live across both EDs and mental health wards from Summer 2023, I look forward to following through the impact.

**Priority 4: Valuing people's precious time in the last chapter of life.** These last 1000 days flagship is ambitious in its aim to identify and appropriately support patients to ensure they maximise the time they have, doing what is important to them in a place they want to be. It is very encouraging that this also included the needs of relatives and friends during life and after the death of their loved one has occurred.

It is very commendable to see the improvements through the EOL Homecare pilot which commenced in November 2022 to bring about rapid discharge of EOL patients. The improvement noted from February 2023 with 68% of people getting home same day or next demonstrates the progress that has been made. It is also great to see the initiative to improve end of life care in heart failure which is underway and the launch of the Somerset End of Life Care and Bereavement Support website in March 2022.

The 'Talk About Project' looking at an advanced care planning (ACP) across Somerset using volunteers to help people personalise their care and legacy through an advanced care plan showed real collaborative working. It is sad to see that unfortunately, the funding for this work has been ceased and there is no resource in place to support advance care planning going forward. The ICB are committed to exploring further the evaluation of this work and exploring resource and funding.

It is commendable to understand that following the CQC inspection of community end-of-life care services, it was noted *'the provider had adopted a clear quality improvement approach at service level to drive development. This included the 'Last 1000 days'; a program of projects delivered across the service to improve the overall experience of people in Somerset approaching the last 1000 days of their life.'*

**Priority 5: Using time well by getting together to focus on what matters to people with complex needs.** The focus of this priority on meeting the needs of this population required a switch to anticipatory not reactive care, time to develop trusting relationships, broadening the membership of the care team and communicating across different specialties and agencies. There have been recognisable improvements in the support for those identified as high-intensity service users through the Ubuntu Project. This innovative partnership project between SFT and the Community Council for Somerset (CCS) supporting high-intensity users referred with a focus on what is important to the individual, whilst developing self-activation and a subsequent reduction in health service use should be commended.

Whilst it is recognised there is still a lot of work to do in Somerset to improve the diagnosis and care of those with dementia it is great to see that the Somerset Dementia Wellbeing model is currently being launched and that a website has been developed and will be launched imminently. It is also encouraging to see the workforce has been expanded to support the increase in referrals seen over the last year.

**Priority 6: Improving life chances for children by increasing their time in school.** It is really encouraging to see that the Trailblazers programme improving the access to emotional and mental health support for children and young people within school settings has successfully transitioned from a test of change to a permanent service. It is also commendable to see that significant progress has been made in the offer to children and young people with eating disorders, which includes the commissioning of a VCSE partner for low to moderate needs. Consequently, waiting times are significantly improving for this group.

It is also commendable to see the trusts 'good' CQC rating overall and the positive comments following their CQC inspection in September 2022, including the trusts preparedness for merger with Yeovil District Hospital.

The ICB supports SFT's identified continued Quality Priorities for 2023/2024. It is recognised that several of the priorities described in this Quality Account align to the NHS priorities set out in the NHS Long Term Plan and Operational Planning Guidance with a crucial focus on reducing inequalities.

The ICB also welcomes continued engagement and focus on improvements in but not restricted to:

1. Progress in implementing the priority clinical standards for 7-day hospital services.
2. Improving Summary Hospital-Level Mortality Indicator (SHMI) rates.
3. Understanding and improving the percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust.
4. Improving the collection of Patient Reported Outcome Measures (PROMS).
5. Reducing the number of patients readmitted to a hospital within 30 days of being discharged.
6. Reducing the rate of Clostridium difficile infection.
7. Increasing patient safety incidents reporting to the national reporting and learning system (in 2023 the Learning from Patient Safety Event national reporting system).
8. Reducing the number of Patient Safety Incidents that Resulted in Severe Harm or Death
9. Increasing the number of patients admitted to hospital who were risk assessed for venous thromboembolism.

We look forward to seeing progress with quality priorities identified in this Quality Account in conjunction with the continued transition to PSIRF and the formulation of the organisations Patient Safety Incident Response Plans (PSIRPs). We would encourage alignment to focus improvement in key areas.

NHS Somerset ICB are committed to sustaining strong working relationships with the SFT, and together with wider stakeholders, will continue to work collaboratively to achieve our shared priorities as the Integrated Care System further develops in 2023/24.

With kindest regards,



**Shelagh Meldrum**  
**Chief Nursing Officer**  
**NHS Somerset ICB**

Copy to:

Peter Lewis, CEO, Somerset NHS Foundation Trust  
Hayley Peters, Chief Nurse, Somerset NHS Foundation Trust  
Dan Meron, Chief Medical Officer, Somerset NHS Foundation Trust

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

**Somerset Council**  
County Hall, Taunton  
Somerset, TA1 4DY



Phil Brice  
Director of Corporate Services  
Somerset NHS Foundations Trust

Please ask for: Jamie Jackson

Email: [Jamie.Jackson@Somerset.gov.uk](mailto:Jamie.Jackson@Somerset.gov.uk)

Direct Dial: 01823 359040

Date: 24 August 2023

Dear Phil,

### **SFT Quality Account 2023/24**

Thank you for sharing with the Scrutiny Policies for Adults and Health Committee your draft report on Quality Accounts 2022/23 for comment.

The report has been shared with the 13 members of the Committee and they have all had the opportunity to consider and review the report and have noted that this is the first report of the merged Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust. It is clear that the year has been a challenging one for the NHS but significant steps have been made to provide innovative solutions to those challenges.

The Committee has no specific comments to make on the draft report.

The Committee would like to add its thanks to the staff and volunteers of Somerset NHS Foundation Trust and for the open and frank way the Trust have worked with the Committee over the last year. The Committee look forward to continuing this constructive dialogue in the forthcoming year.

Yours sincerely,

**Jamie Jackson**  
Scrutiny Manager

## APPENDIX 3: STATEMENT FROM STAKEHOLDERS – HEALTHWATCH



25/08/2023

Healthwatch Somerset's Response to Somerset NHS Foundation Trust's Quality Account Statement 2022-2023

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 welcome the opportunity to comment on the Somerset NHS Foundation Trust's (SFT) quality account for 2022/23. The work being done to merge SFT and Yeovil District Hospital Foundation Trust seems to be working well with the different teams continuing to come together under the joint management arrangements put in place in 2021.

We were interested to read about the perioperative services and pathways particularly in the light of the recommendations that we made in our report on waiting lists back in November 2021 and we look forward to hearing how well this works.

We note the aspiration to improve the discharge process but we have some concerns around its integration with GP practices not quite being what it should be. However, the introduction of the discharge facilitator role is welcomed in Musgrove as communication is one of the areas that we receive significant feedback about.

The End of Life Care last 1000 days flagship ambition is to be applauded. May we also commend the work of the new Acute Frailty Unit enabling older people living with frailty to get extra support if they need care at Musgrove Park **Hospital's emergency department** (A&E).

May we also commend the development of the new surgical decision unit at Musgrove Park Hospital which enables surgical teams to assess patients more rapidly in order to determine whether they need emergency surgery or can be safely discharged home.

We look forward to maintaining the good working relationship that we have with SFT while working as a stakeholder on the ICB to ensure the experiences of patients, their families and unpaid carers are heard and taken seriously.

Gillian Keniston-Goble  
Manager  
Healthwatch

## **APPENDIX 4: STATEMENT FROM STAKEHOLDERS – SFT GOVERNORS**

Having reviewed the whole Quality Account for 2022/23 it is clear to me that the massive commitment to our integrated trust is an opportunity to improve performance across the many and varied indicators and comparisons

The Trust performs well in all aspects compared with national averages but in every case there are better performances that we can strive to emulate.

Every interaction I have had with Trust activities this year has demonstrated the effects of outstanding leadership and unswerving commitment to make best possible provision for our Somerset population. In partnership with the Public Health and Social Services we can deliver a unique comprehensive service to our ageing demographic.

Dr Paull Robathan  
Lead Governor

24/08/2023



## **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 that:

- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2022/23 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 2022 to March 2023
  - Papers relating to quality reported to the Board April 2022 to March 2023
  - Feedback from the commissioners dated 09/08/2023
  - Feedback from Local Authority Overview and Scrutiny Committee dated 24/08/2023
  - Feedback from local Healthwatch organisations dated 25/08/2023
  - Feedback from governors dated 24/08/2023
- 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.



05/09/2023

Date..... Chairman

**COLIN DRUMMOND**



05/09/2023

Date..... Chief Executive

**PETER LEWIS**

| Somerset NHS Foundation Trust |                                                                      |
|-------------------------------|----------------------------------------------------------------------|
| <b>REPORT TO:</b>             | Council of Governors                                                 |
| <b>REPORT TITLE:</b>          | Ratification of the appointment of three new Non-Executive Directors |
| <b>SPONSORING EXEC:</b>       | Colin Drummond, Chairman                                             |
| <b>REPORT BY:</b>             | Ria Zandvliet, Secretary to the Trust                                |
| <b>PRESENTED BY:</b>          | Colin Drummond, Chairman                                             |
| <b>DATE:</b>                  | 20 September 2023                                                    |

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

|                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Executive Summary and Reason for presentation to Committee/Board</b> | <p>The Council of Governors received an update on the appointment of three new Non-Executive Directors at its June 2023 meeting and Kate Butler provided an update by email following the interviews held on 11 and 12 July 2023.</p> <p>The final interview was completed on 1 August 2023 and an email and report setting out the process followed and the recommendations from the Appointment Panel was sent out to all Governors on 2 August 2023. In view of the time between the completion of the interviews and the September 2023 Council of Governors meeting, Governors were asked to approve the three Non-Executive Director appointments by email. A copy of the report circulated is attached for information.</p> <p>A total of 22 responses (the majority of possible responses) were received and all responses approved the appointment of the three Non-Executive Directors.</p> |
| <b>Recommendation</b>                                                   | <p>The Council of Governors is asked to ratify the approval by email of the appointment of the three Non-Executive Directors, as set out in the report, including a starting date of 1 October 2023 for all three Non-Executive Directors.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

| Links to Joint Strategic Objectives<br>(Please select any which are impacted on / relevant to this paper) |                                                          |
|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Obj 1                                                                            | Improve health and wellbeing of population               |
| <input type="checkbox"/> Obj 2                                                                            | Provide the best care and support to children and adults |
| <input type="checkbox"/> Obj 3                                                                            | Strengthen care and support in local communities         |
| <input type="checkbox"/> Obj 4                                                                            | Reduce inequalities                                      |



|                                |                                                                                                                     |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Obj 5 | Respond well to complex needs                                                                                       |
| <input type="checkbox"/> Obj 6 | Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture |
| <input type="checkbox"/> Obj 7 | Live within our means and use our resources wisely                                                                  |
| <input type="checkbox"/> Obj 8 | Develop a high performing organisation delivering the vision of the Trust                                           |

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

**Details:** N/A

|                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p align="center"><b>Equality and Inclusion</b></p> <p>The Trust aims to make its services as accessible as possible, to as many people as possible. We also aim to support all colleagues to thrive within our organisation to be able to provide the best care we can.</p> <p>How have you considered the needs and potential impacts on people with protected characteristics in relation to the issues covered in this report?</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

The needs and potential impacts on people with protected characteristics were considered as part of the longlisting and shortlisting processes.

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

|                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p align="center"><b>Public/Staff Involvement History</b></p> <p>How have you considered the views of service users and / or the public in relation to the issues covered in this report? Please can you describe how you have engaged and involved people when compiling this report.</p> <p>A number of public stakeholders and staff took part in the focus groups prior to the interviews.</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p align="center"><b>Previous Consideration</b></p> <p>(Indicate if the report has been reviewed by another Board, Committee or Governance Group before submission to the Board or is a follow up report to one previously considered by the Board – eg. in Part B]</p> <p>Not applicable.</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Reference to CQC domains (Please select any which are relevant to this paper) |                                    |                                 |                                     |                                              |
|-------------------------------------------------------------------------------|------------------------------------|---------------------------------|-------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Safe                                                 | <input type="checkbox"/> Effective | <input type="checkbox"/> Caring | <input type="checkbox"/> Responsive | <input checked="" type="checkbox"/> Well Led |

|                                                                            |                                         |                             |
|----------------------------------------------------------------------------|-----------------------------------------|-----------------------------|
| Is this paper clear for release under the Freedom of Information Act 2000? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|----------------------------------------------------------------------------|-----------------------------------------|-----------------------------|



## **SOMERSET NHS FOUNDATION TRUST**

### **APPOINTMENT OF THREE NEW NON-EXECUTIVE DIRECTORS**

#### **1. PURPOSE**

- 1.1 To present the Council of Governors with the recommendations from the Non-Executive Director Appointment Panel in relation to the appointment of three new Non-Executive Directors.

#### **2. INTRODUCTION**

- 2.1 The Council of Governors approved the recruitment process for the replacement of three Non-Executive Directors, whose term of office will expire in 2024 and who will not be eligible to stand for a further three year term, at its meeting held on 19 March 2023.
- 2.2 In accordance with the constitution an Appointment Panel needed to be established for the appointment of new Non-Executive Directors and expressions of interest to serve on the Appointment Panel were requested in March 2023.
- 2.3 Expressions of interest to sit on the Appointment Panel were received from:
- Shabnum Ali
  - Jane Armstrong
  - Kate Butler
  - Ian Hawkins
  - Jeanette Keech
  - Eddie Nicolas
- 2.4 According to the constitution, membership of the Appointment Panel should include the Chairman, two elected Council members, and one appointed Council member.
- 2.5 As more expressions of interest were received than seats available, an election process was undertaken and the Appointment Panel was confirmed as follows:

- |   |                 |                    |
|---|-----------------|--------------------|
| • | Colin Drummond  | Chairman           |
| • | Kate Butler     | Public Governor    |
| • | Jane Armstrong  | Public Governor    |
| • | Heather Shearer | Appointed Governor |

In addition, Martyn Scrivens, Non-Executive Director joined the Appointment Panel as an observer.

### **3. APPOINTMENTS PROCESS**

- 3.1 The process for appointing new Non-Executive Directors was discussed and approved at the Council of Governors meeting held on 9 March 2023.
- 3.2 The recruitment process was managed by Hunter Healthcare Resourcing Ltd and a total of 35 applications, split into three categories, were received. The applications were reviewed by the Appointment Panel as part of a long list and short list process.
- 3.3 The Appointment Panel shortlisted eight candidates for interview but one candidate subsequently withdrew their application.
- 3.4 The interviews took place on 11/12 July 2023 and 1 August 2023.
- 3.5 The interview process was proceeded by three focus groups, consisting of Executive Directors and Non-Executive Directors; Network Leads and Service Directors; and Partners. All participants were asked to complete a survey about each of the candidates and this feedback was shared with the Appointment Panel.
- 3.6 From the interviews held on 11/12 July 2023, the Appointment Panel agreed to offer one candidate a Non-Executive Director post pending completion of the Fit and Proper Person Test and Council of Governors approval. Two candidates were not successful in their application and have been informed accordingly. The Appointment Panel agreed to make a final decision in relation to the remaining candidates after the interview to be held on 1 August 2023.
- 3.7 Following the completion of the interview process on 1 August 2023, the Appointment Panel unanimously agreed that (at least) three candidates are appointable.
- 3.8 Based on the needs of the Trust, the Appointment Panel recommends the approval of the appointment of the following candidates as set out below.
- 3.8.1 **Inga Kennedy**
- Associate Non-Executive Director (with no voting rights) from 1 October 2023
  - Non-Executive Director (with full voting rights) from 1 June 2024 for a three year term
- 3.8.2 **James Phipps**
- Associate Non-Executive Director (with no voting rights). The starting date will be between 1 October 2023 and 31 December 2023 and is currently being discussed.
  - Non-Executive Director (with full voting rights) from 1 August 2024 for a three year term

### 3.8.3 Tina Oakley

- Associate Non-Executive Director (with no voting rights). The starting date will be between 1 October 2023 and 31 December 2023 and is currently being discussed.
- Non-Executive Director (with full voting rights) from 1 August 2024 for a three year term

3.9 The Appointment Panel agreed that the recruitment process had been a rigorous process.

## 4. REMUNERATION

4.1 The Council of Governors approved the Non-Executive Director remuneration at its meeting held on 13 June 2023 and it is proposed to award the new Non-Executive Directors the full remuneration of £16,500 from their date of appointment as an Associate Non-Executive Director.

## 5. RECOMMENDATION

4.1 The recommendation to the Council of Governors is to approve the following appointments:

### 4.1.1 Inga Kennedy

- Associate Non-Executive Director (with no voting rights) from 1 October 2023
- Non-Executive Director (with full voting rights) from 1 June 2024 for a three year term

### 4.1.2 James Phipps

- Associate Non-Executive Director (with no voting rights) with a start date between 1 October 2023 and 31 December 2023
- Non-Executive Director (with full voting rights) from 1 August 2024 for a three year term

### 4.1.3 Tina Oakley

- Associate Non-Executive Director (with no voting rights) with a start date between 1 October 2023 and 31 December 2023
- Non-Executive Director (with full voting rights) from 1 August 2024 for a three year term

4.2 The Council of Governors is further asked to approve a remuneration of £16,500 from the date of appointment as Associate Non-Executive Director.

## CHAIRMAN OF THE APPOINTMENT PANEL





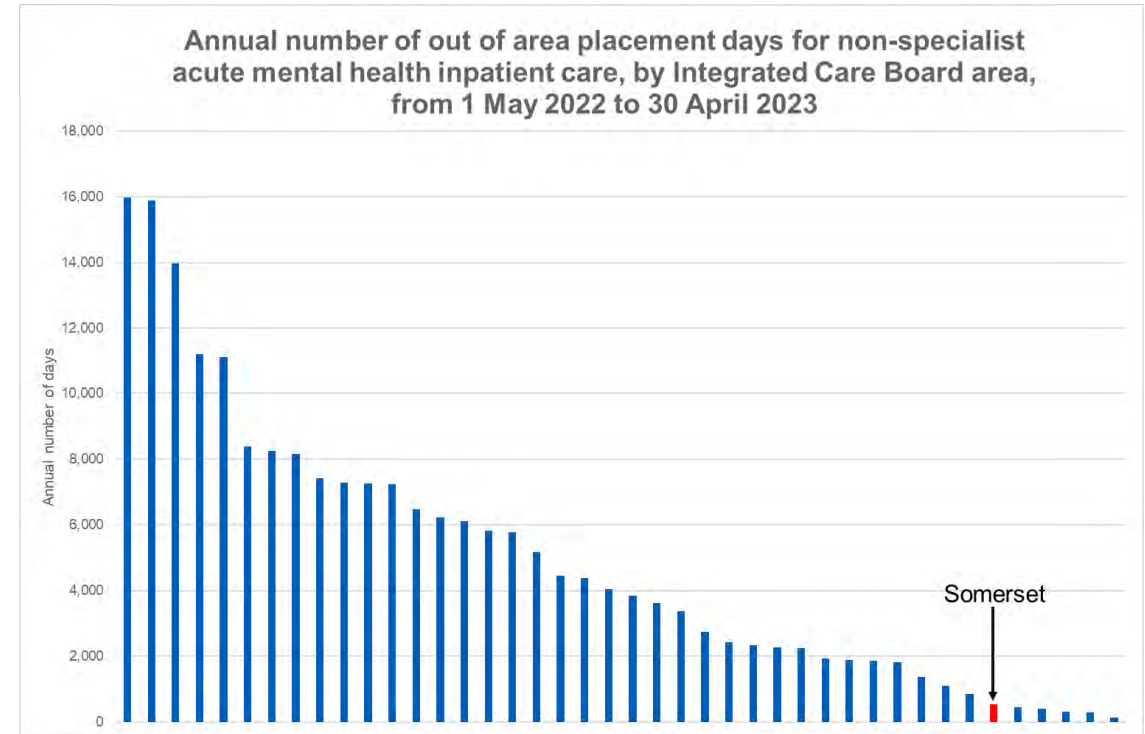
# Finance and Performance: Report to the Council of Governors

Kindness, Respect, Teamwork  
Everyone, Every day

Lee Cornell, Associate Director of Performance  
Mark Hocking, Deputy Chief Finance Officer

# Quality and patient safety

- During July 2023, two patients were placed out of area, for a total of 14 days. Both patients have since been repatriated. We continue to have amongst the lowest rates of such placements nationally.
- Infection Control: MRSA: There were no Trust-attributed MRSA bloodstream infections (BSIs) reported during July 2023. The total for the year to date is one.
- MSSA: Six Trust-attributed MSSA BSIs were reported during July 2023. The total since 1 April 2023 was 22 against an internal threshold for the year of 64.
- C. diff: There were three Trust-attributed cases in July 2023. The total since 1 April 2023 was 29 against an annual threshold of 54.
- E. coli: eight Trust-attributed E. coli BSIs were reported in July 2023. The total since 1 April 2023 was 53, against an annual threshold of 105.
- Covid: as at 11 September 2023 there were 35 patients with Covid in beds across the Trust; 22 at MPH, nine at YDH, and four in community hospitals.

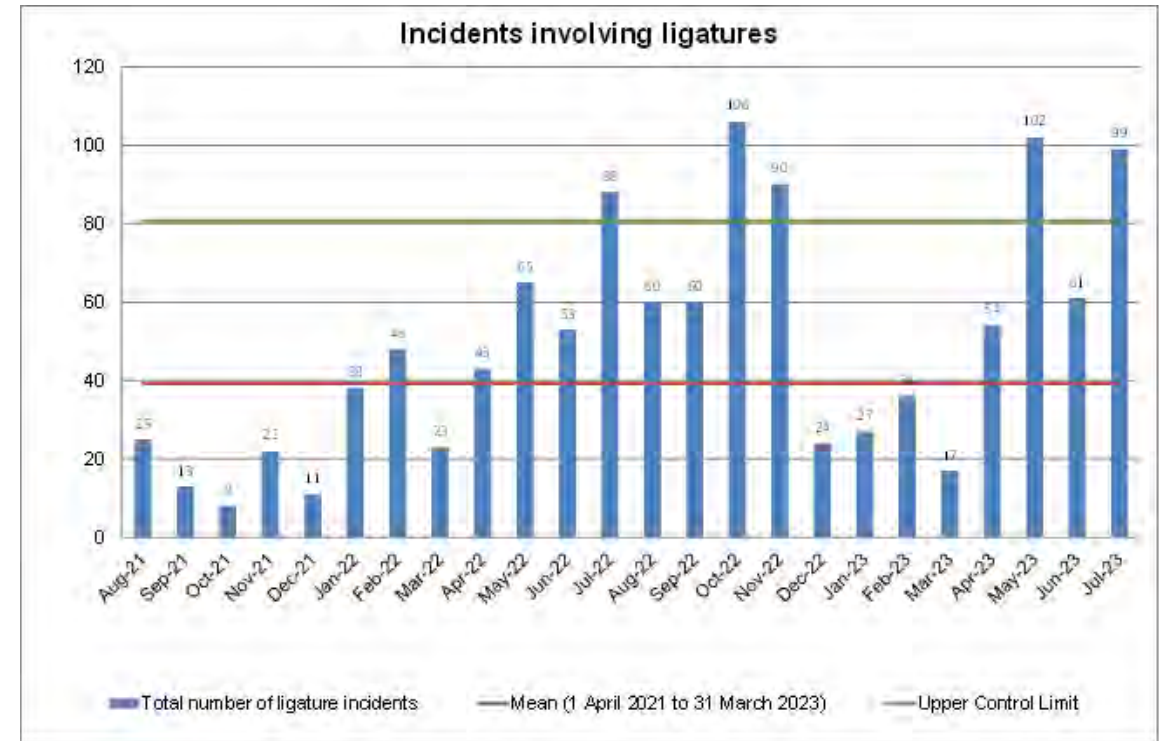


| Area   | Feb | Mar | Apr | May | Jun | Jul |
|--------|-----|-----|-----|-----|-----|-----|
| MRSA   | 0   | 1   | 0   | 1   | 0   | 0   |
| C.Diff | 4   | 3   | 7   | 11  | 8   | 3   |
| MSSA   | 5   | 6   | 6   | 6   | 4   | 6   |
| E.coli | 10  | 12  | 18  | 15  | 12  | 8   |

# Quality and patient safety

- During July 2023 a total of 99 ligature incidents were reported. No ligature point incidents were reported.
- Of the 99 incidents, 43 occurred at Rowan Ward, with 30 relating to one patient. Rydon Ward 1 reported 33 incidents, with 27 relating to one patient.
- 12 of the 99 incidents, resulted in minor harm. No harm above minor was recorded.
- The increase in ligature incidents on Rowan Ward relates primarily to one patient diagnosed with an Emotionally Unstable Personality Disorder.
- Similarly, one patient diagnosed with a Recurrent Depressive Disorder on Rydon Ward 1 accounted for 27 out of 33 incidents occurring on that ward during the month. Both patients were using clothing or bed linen to tie non-fixed ligatures, where either no actual harm or minor harm occurred to the patients.
- Risk management plans are in place, and are being carefully managed in order not to adopt an overly restrictive approaches, which would severely impact on either patient's privacy and dignity.

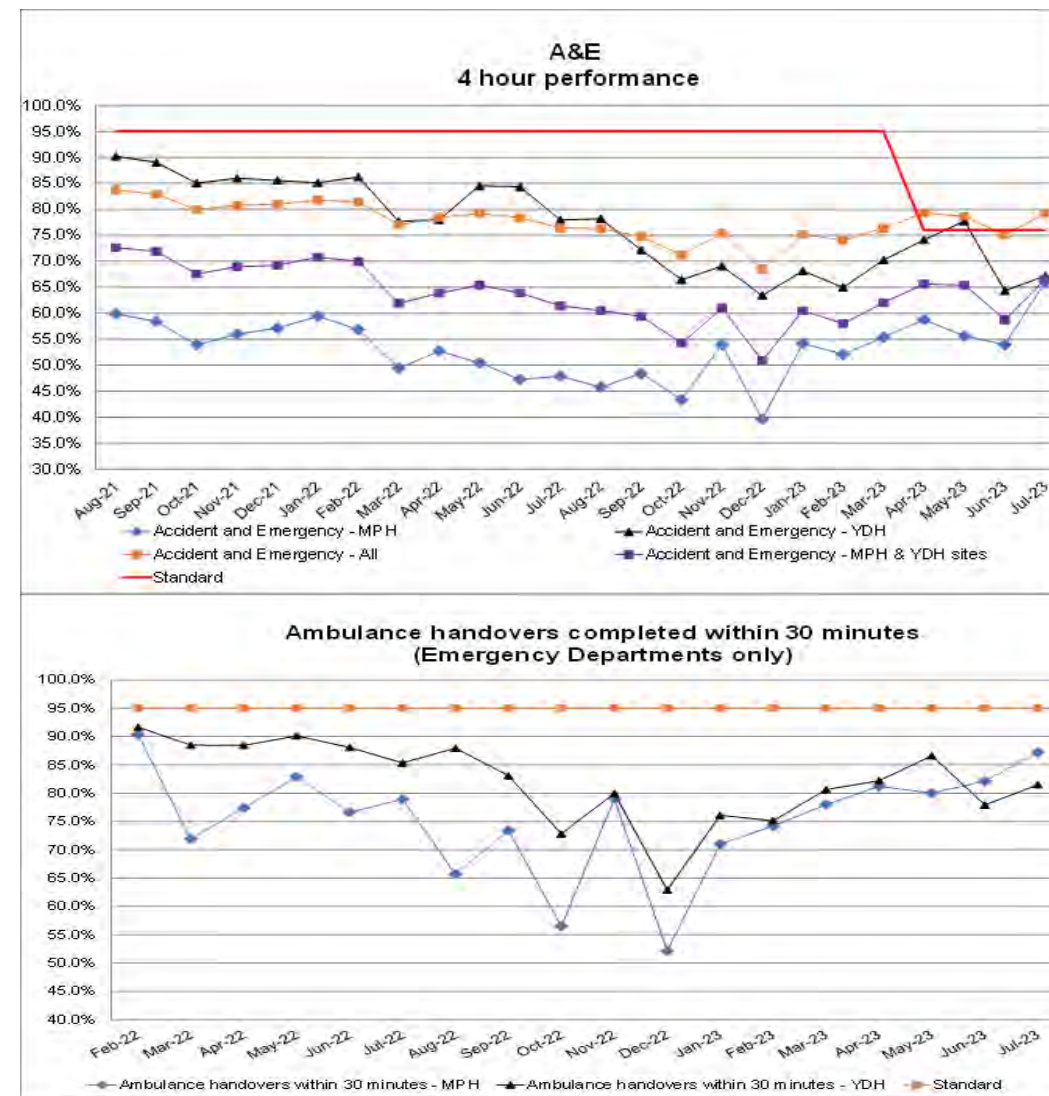
**Kindness, Respect, Teamwork**  
**Everyone, Every day**



# Urgent Care

- Trust-wide A&E 4-hour performance for July 2023 was 66.5%, up from 58.7% in June 2023. National average performance was 60.9%. Compliance within our Minor Injury Units (MIUs) was 96.9%. Overall compliance across all attendance types was 79.2%, above the revised national standard of 76%, to be achieved by March 2024, and above the national average of 74%
- Compliance in respect of our two A&E departments was 66.0% for Musgrove Park Hospital (MPH) and 67.2% for Yeovil District Hospital (YDH). Combined A&E attendances at MPH and YDH to the end of July 2023 were 1.3% higher than 2022/23 levels.
- The latest figures circulated by our regional office show that SFT was the second-best-performing of 13 Trusts in the South West in respect of the four-hour target across all attendance types, with performance of 76.3% during the week ending 3 September 2023. The regional average was 68.9%.
- During July 2023, the percentage of ambulance handovers completed within 30 minutes was 87.2% at MPH and 81.5% at YDH. The average performance across all hospitals served by South Western Ambulance Service NHS Foundation Trust (SWAST) in June 2023 was 66%. MPH and YDH were ranked respectively as the fifth and sixth best-performing of 19 sites served by SWAST.

**Kindness, Respect, Teamwork**  
**Everyone, Every day**



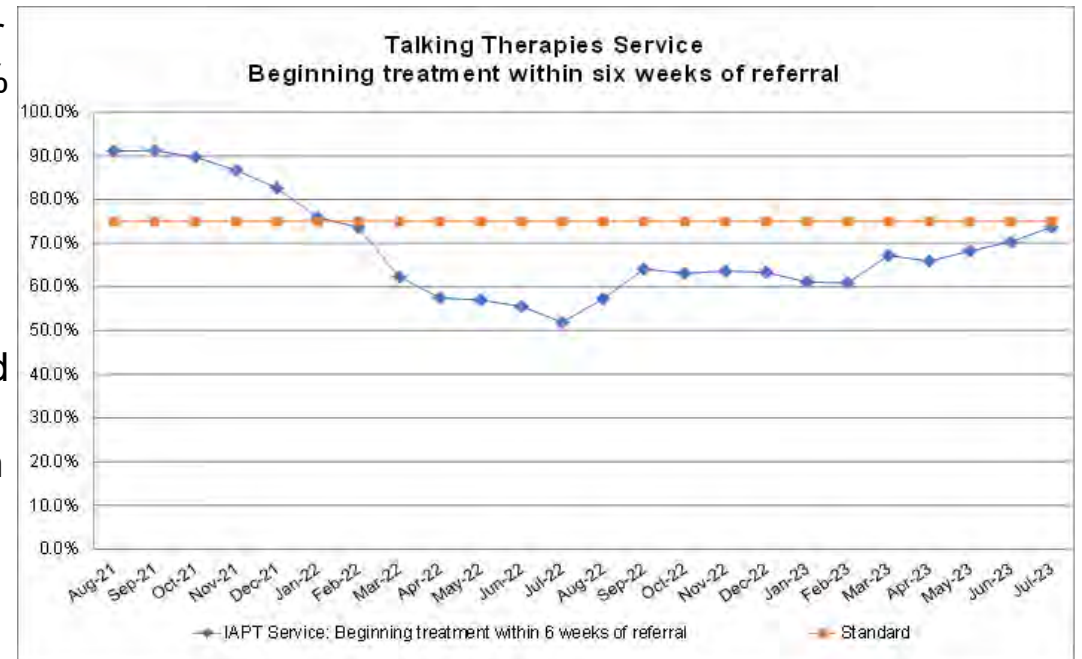
Pippa Moger



# Mental health

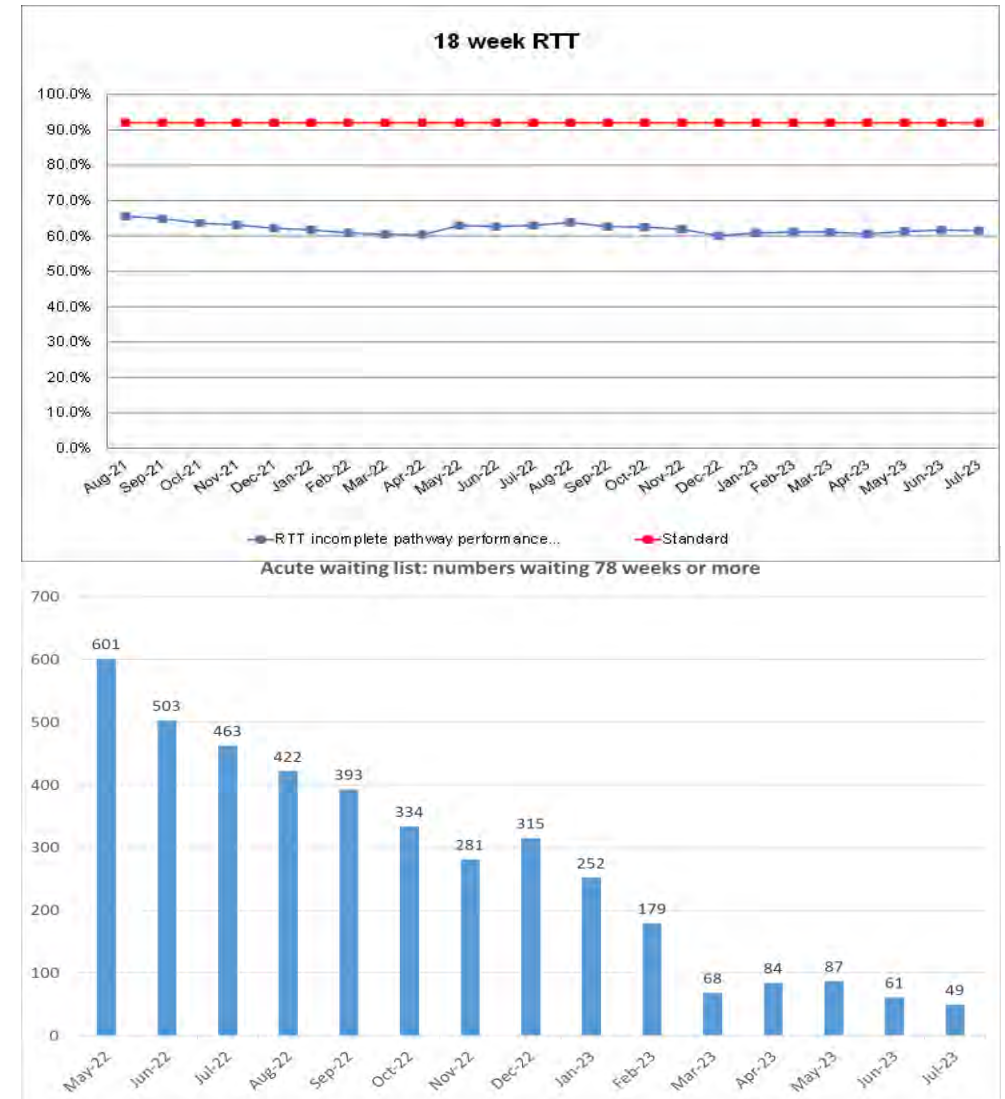
- The percentage of people waiting six weeks or less to be seen by our adult community mental health services was 95.2% in July 2023, and 91.2% of older people had waited six weeks or less for a first appointment. 93.2% of children and young people referred to Child and Adolescent Mental Health Services (CAMHS), and all people referred to our learning disabilities service had waited under six weeks.
- The percentage of people with a first episode of psychosis beginning treatment with a NICE-recommended care package within two weeks of referral was 83.3% in the three months to 30 June 2023 – the latest data available - above the national standard of 60%. Recovery rates for Talking Therapies have also remained consistently higher than the 50% national standard, and standards were also achieved for access to perinatal mental health services and Children & Young People's eating disorders services, with both services performing significantly better than the national average.
- However, the percentage of Talking Therapies patients beginning treatment within six weeks of referral remained below the 75% standard as at 31 July 2023, at 73.7%, although this was up from 70.3% in June, and was the highest level of compliance since January 2022. The fall in compliance has been primarily due to high levels of demand and a shortfall in capacity within the service.

|                                                    | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 |
|----------------------------------------------------|--------|--------|--------|--------|--------|--------|
| Adult mental health services                       | 92.7%  | 94.0%  | 89.6%  | 92.4%  | 94.5%  | 95.2%  |
| Older Persons mental health services               | 95.2%  | 94.4%  | 86.5%  | 87.2%  | 92.0%  | 91.2%  |
| Learning disabilities service                      | 100.0% | 92.9%  | 88.9%  | 100.0% | 100.0% | 100.0% |
| Children and young people's mental health services | 96.5%  | 95.4%  | 93.6%  | 95.1%  | 95.4%  | 93.2%  |



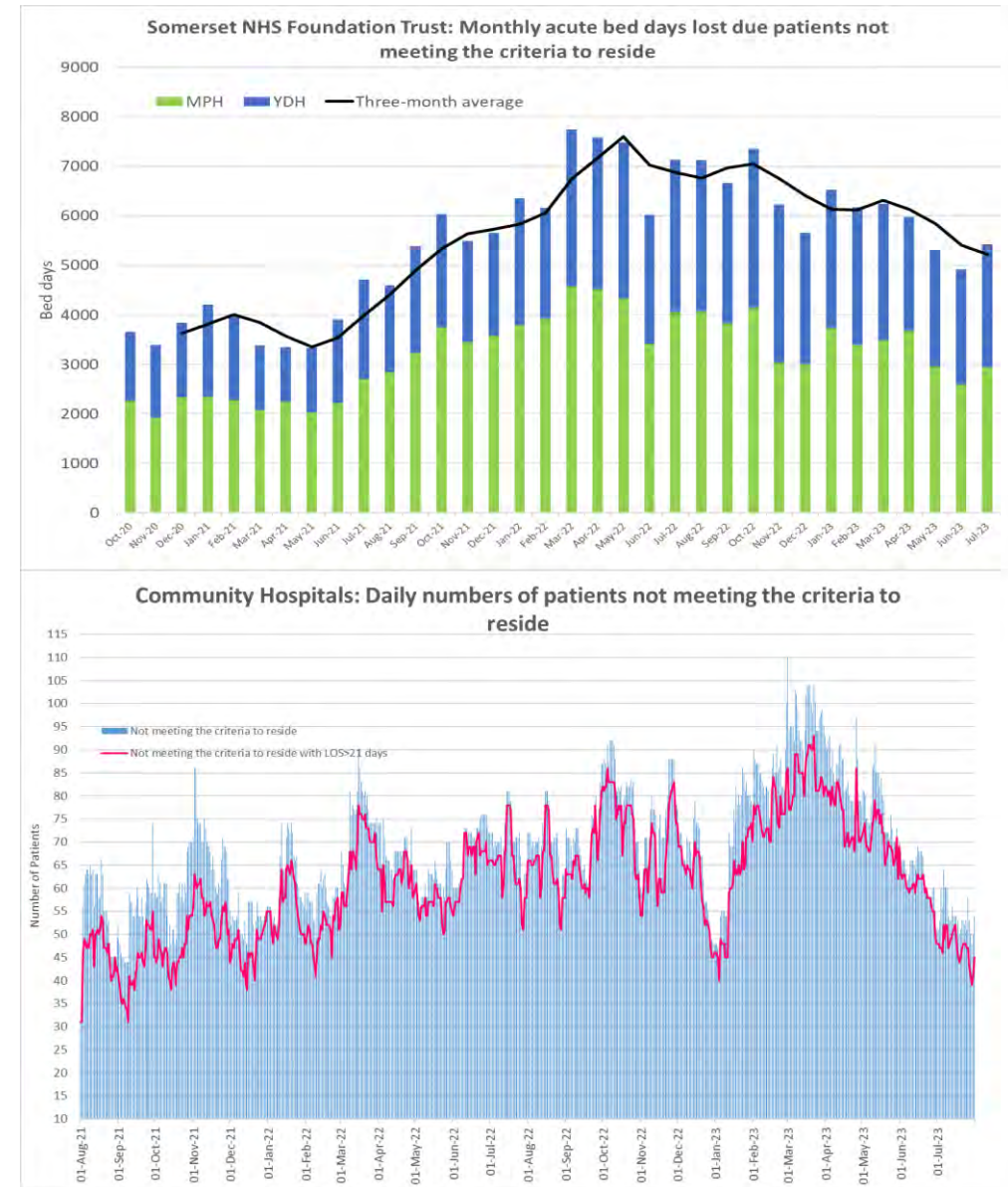
# Referral to Treatment (RTT): acute services

- The percentage of patients waiting under 18 weeks from referral to treatment was 61.5% in July 2023. National average performance in June 2023 – the latest data national available – was 59.2%. Our performance in June 2023 was 61.7%
- The total waiting list size at the end of July 2023 was 55,037, up by 718 from June 2023, but 828 lower than (i.e. better than) the target trajectory.
- No patients had waited 104 weeks or more as at 31 July 2023. The number of patients waiting over 52 weeks reduced by 21 in June 2023 to 2,340, and was better than the trajectory of 2,813 or fewer. The number of patients waiting over 65 weeks reduced by 53 to 659, 177 better than trajectory (836). The number of patients waiting 78 weeks or more also reduced, by 12 to 49.
- A significant programme of work to support elective care recovery in the medium and long-term is in place, and waiting list validation is being undertaken, including contacting patients to check that they still need to be seen.



# Criteria to Reside

- During July 2023, the Trust-wide number of acute bed days occupied by patients not meeting the criteria to reside was 5,423 (2,947 at MPH and 2,476 at YDH), UP from 4,921 in June. This equates to 175 fully occupied beds during the month of July, up from 164 in April.
- In our community hospitals, the number of patients not meeting the criteria to reside increased slightly, from 51 as at 30 June 2023 to 54 as at 31 July 2023, and the numbers not meeting the criteria to reside with a length of stay of 21 days or more fell slightly, from 48 at the end of June to 45 at the end of July.
- A range of actions are being taken to improve patient flow, care for people at home where appropriate, facilitate timely and appropriate discharge from hospital, and address the difficulties in the domiciliary care market

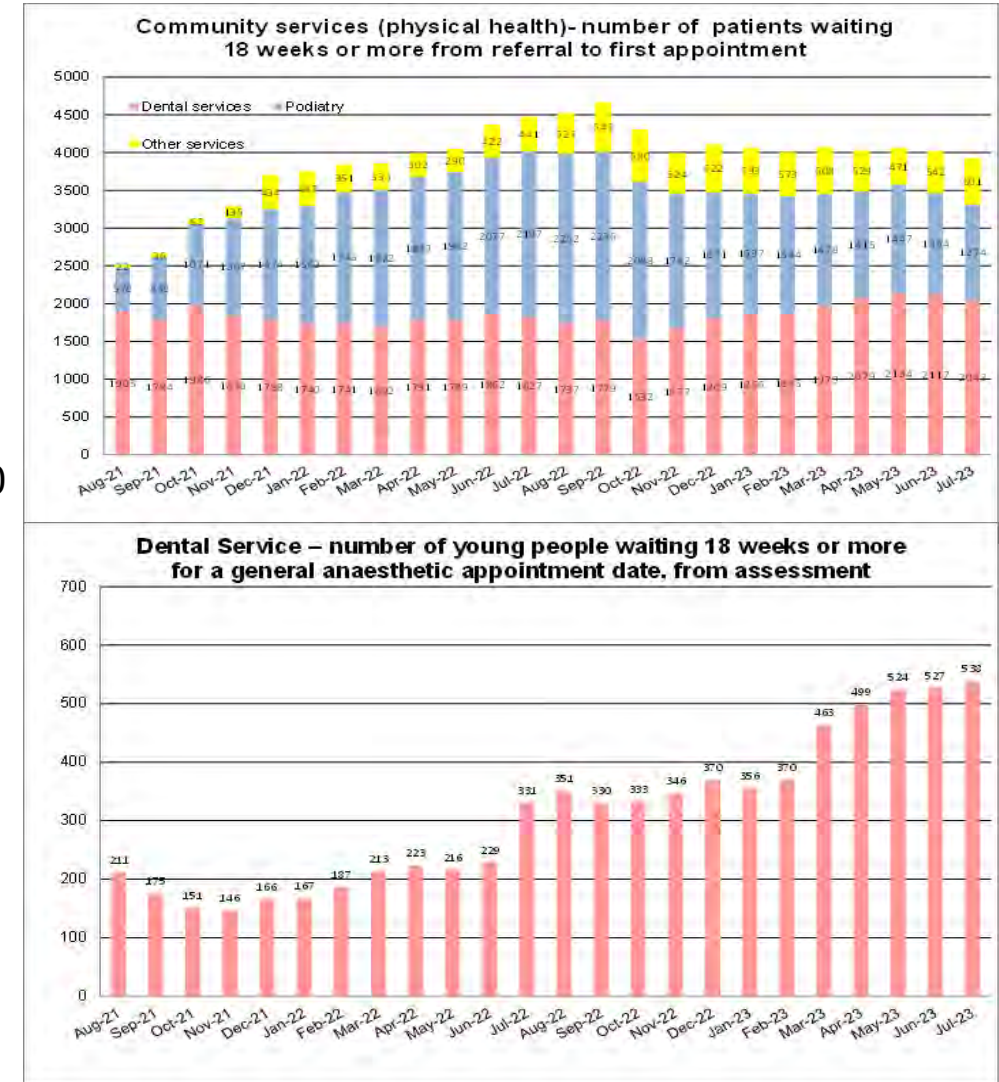




# Community physical health services

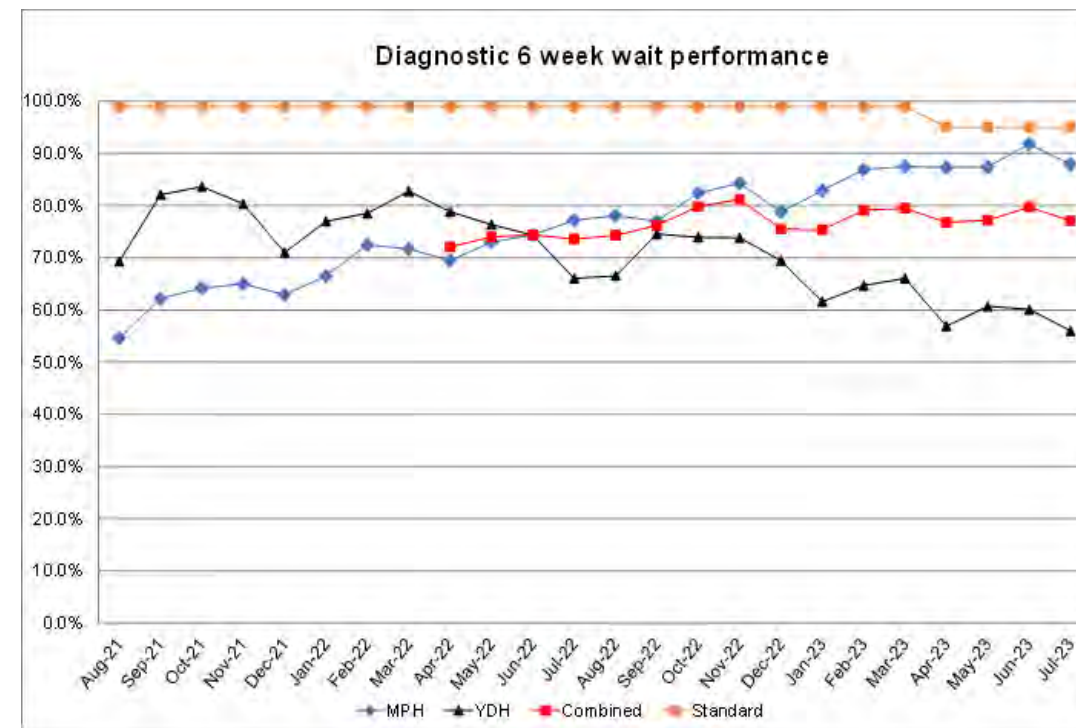
- As at 31 July 2023, the number of patients waiting 18 weeks or more reduced by 95 to 3,918. Our Somerset and Dorset dental service had 2,043 patients waiting 18 weeks or more to be seen, down from 2,117 as at 30 June 2023. The number of people waiting 18 weeks or more to be seen by our Podiatry service fell to 1,274 patients, from 1,354 as at 30 June 2023. The numbers of patients waiting over 52 weeks, over 65 weeks, and over 78 weeks all reduced.
- Of the numbers within 'Others', 59% related to our Children and Young People's Therapy Service, which increased from 321 as at 30 June 2023 to 353 as at 31 June 2023. The service expects to be fully recruited in September 2023.
- As at 31 July 2023, 538 young people had waited 18 weeks or more for a dental appointment for treatment involving a general anaesthetic (GA), an increase of 11 compared to 30 June 2023. The service continues to have significant levels of vacancies, exacerbated by sickness/absence that affects capacity within the service, as well as the loss of some theatre slots. Dorset Integrated Care Board (ICB) has allocated funding for Paediatric GAs, as an active intervention to start in the Autumn of 2023, to try to clear nearly 400 patients from the wait list, as well as additional ongoing capacity.

**Kindness, Respect, Teamwork**  
**Everyone, Every day**



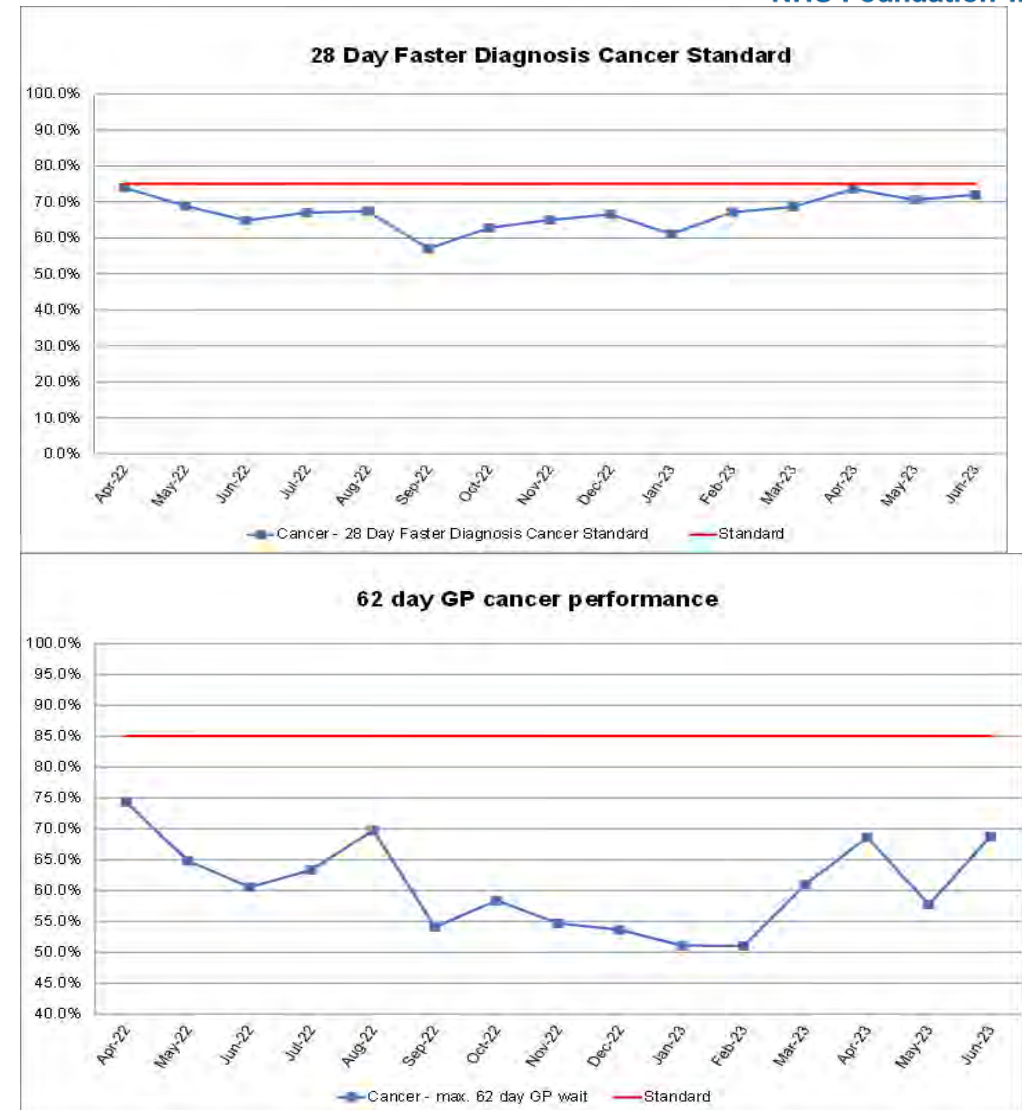
# Diagnostics

- The Trust-wide percentage of patients waiting under six weeks for their diagnostic test was 77.1% in July 2023. National average performance for NHS providers (i.e. excluding Independent Sector providers) was 74% in June 2023, the latest data available. Our performance in June 2023 was 79.7%.
- The number of patients waiting over six weeks increased by 372; the highest numbers of patients were waiting for an Echo (down from 747 to 734, 26% of over six-week waiters), Non-obstetric ultrasound (up from 306 to 588, 21%), and Audiology (down from 323 to 314, 11%), together making up 58% of the long waiters.
- The total waiting list size increased by 2%, largely due to an increase in the ultrasound waiting list because of staff shortages.
- An additional echo room has been established on the YDH site.
- The upgrade of the clinical reporting system has been completed, which brings the two sites on to the same system, and allows image sharing across sites and more flexible use of capacity.
- Additional ultrasound capacity is being sought, in addition to sharing-out the demand as far as possible, across the Musgrove and Yeovil sites.
- Additional in-house clinics are being run in audiology, to support backlog clearance, on top of the existing outsourcing contract.



# Cancer waiting times

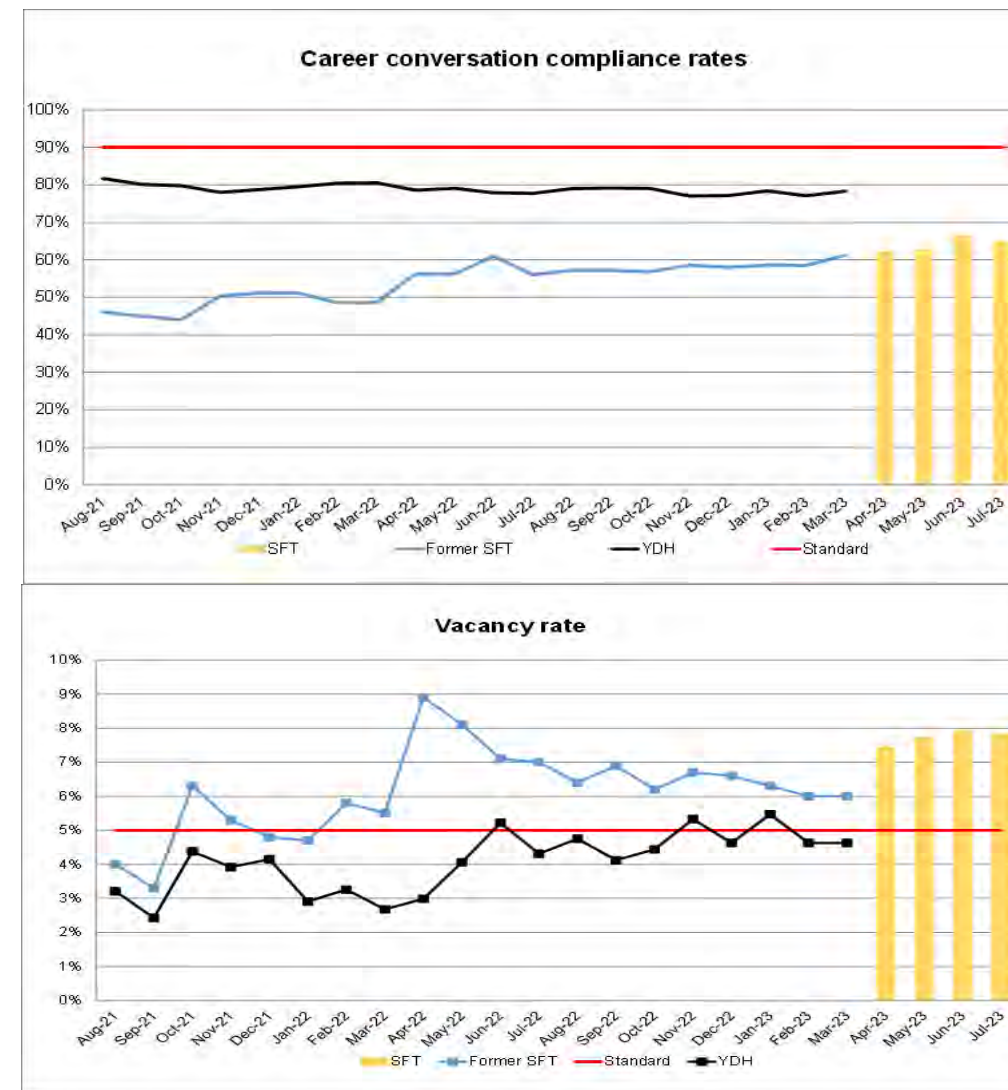
- The percentage of patients diagnosed with a cancer or given a benign diagnosis within 28 days of referral improved slightly to 72.0% in June 2023, but remained below the national 75% standard and slightly below the national average. This is the third consecutive month in which performance has exceeded 70%. Draft performance for July 2023 is expected to be above the 75% national standard. Colorectal made up 39% of all the breaches of the 28-day standard and gynaecology made up 34%. Both have seen a growth in referrals in recent months, relative to pre-COVID levels.
- The percentage of cancer patients treated within 62 days of referral by their GP was 68.8% in June 2023, up from 57.7% in May 2023 and above the national average of 59.2%. The main breaches of the 62-day GP standard were in urology (30% of breaches) and gynaecology (14%). The main causes of the breaches were very high growth in demand in urology (up 19% over the last three months, relative to same pre-COVID period) and an associated increase in diagnostic waiting times.
- A new lead nurse post has been introduced within the Faster Diagnosis Team, to bring together and streamline the processes across the MPH and YDH sites. This should help to speed up the management of colorectal patients for this phase of their pathway.





# People

- In respect of retention, of 153 colleagues who commenced employment during the month of August 2022, a total of 110 (71.9%) were still with the Trust as at 31 July 2023. Our aim is to achieve a rate of at least 88.3%. As one of 23 NHS People Promise Exemplar sites, we have a detailed action plan in place to improve retention across the Trust.
- As 31 July 2023, the percentage of career conversation reviews undertaken at least annually was 65%, against a target of 90% or more. Career conversations continue to be a key area of discussion in directorate and service group meetings to ensure this is reviewed at every opportunity and given the right level of focus.
- As at 31 July 2023, our mandatory training rate was 92%. Operational pressures, and limited capacity for areas with large backlogs such as life support and safeguarding continue to remain a challenge.
- Our Trust-wide vacancy level was 7.8% as at 31 July 2023, against a target of no more than 5%. The reported vacancy rate increased, mainly as a result of additional funding being received across operational and corporate areas prior to recruitment to new posts being undertaken.
- Our sickness absence rate for the 12 months to 31 July 2023 was 4.9%, down from 5.1% in June 2023.



# Finance

- In July, the Trust recorded a deficit of £0.903m, this was £0.325m adverse compared with the plan for the month.
- The impact of the post graduate doctors in training July industrial action was c£0.400m and was offset by savings of £0.075m resulting from the two days of consultant industrial action in the month.
- Agency expenditure was £2.8m in July (June £3.2m), this is above the cap. Service groups continue to exercise firm control on demand to minimise usage.
- CIP performance was above plan in month. YTD the trust is £0.815m behind plan. The level of savings already achieved represents a significant amount of work and services continue to explore further opportunities to close the current forecast gap.
- Confirmation has been received that system elective recovery targets will be reduced by 2% to consider the impact of the April industrial action.
- Cash balances remain good with £44.2m at the end of July. There is no update on how further periods of industrial action will be mitigated.

| Statement of comprehensive income                     | Month 4 (July) |                 |                   | YTD (Apr-July) |                 |                   |
|-------------------------------------------------------|----------------|-----------------|-------------------|----------------|-----------------|-------------------|
|                                                       | Plan<br>£'000  | Actual<br>£'000 | Variance<br>£'000 | Plan<br>£'000  | Actual<br>£'000 | Variance<br>£'000 |
| Operating income from patient care activities         | 79,725         | 76,649          | -3,076            | 307,408        | 308,731         | 1,323             |
| Other operating income                                | 4,431          | 4,712           | 281               | 17,468         | 20,455          | 2,987             |
| Employee expenses                                     | -58,662        | -55,349         | 3,313             | -224,750       | -228,453        | -3,703            |
| Operating expenses excl employee expenses             | -24,968        | -26,246         | -1,278            | -100,769       | -103,686        | -2,917            |
| <b>Operating Surplus/(Deficit)</b>                    | <b>526</b>     | <b>-234</b>     | <b>-760</b>       | <b>-643</b>    | <b>-2,953</b>   | <b>-2,310</b>     |
| Finance Costs/Corporation tax                         | -1,004         | -767            | 237               | -4,016         | 86,751          | 90,767            |
| <b>Surplus/(Deficit) 2023/24</b>                      | <b>-478</b>    | <b>-1,001</b>   | <b>-523</b>       | <b>-4,659</b>  | <b>83,798</b>   | <b>88,457</b>     |
| Adjustments to Financial Performance                  | -100           | 98              | 198               | -400           | -90,017         | -89,617           |
| <b>Adjusted Financial Performance Surplus/Deficit</b> | <b>-578</b>    | <b>-903</b>     | <b>-325</b>       | <b>-5,059</b>  | <b>-6,219</b>   | <b>-1,160</b>     |

| Somerset NHS Foundation Trust |                                                      |
|-------------------------------|------------------------------------------------------|
| <b>REPORT TO:</b>             | Council of Governors                                 |
| <b>REPORT TITLE:</b>          | Report from the Quality and Patient Experience Group |
| <b>SPONSORING EXEC:</b>       | N/A                                                  |
| <b>REPORT BY:</b>             | Judith Goodchild                                     |
| <b>PRESENTED BY:</b>          | Judith Goodchild                                     |
| <b>DATE:</b>                  | Wednesday 20 <sup>th</sup> September 2023            |

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

|                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Executive Summary and Reason for presentation to Committee/Board</b> | <p>The report sets out the items considered at the meeting held on 25 July 2023.</p> <p><b>1. APPROVAL OF THE DRAFT MINUTES</b><br/>Minutes Approved.</p> <p>Matters arising and actions discussed:</p> <ul style="list-style-type: none"> <li>Discussed emailing Emma Davey regarding Stakeholder sessions.</li> <li>Transport in hard to reach areas still a concern.</li> <li>Blister Pack Medication</li> <li>Difficulties locating wheelchairs in some areas</li> </ul> <p><b>2. OBJECTIVES REVIEW: Reduce Inequalities Learning Disabilities</b><br/>Tom Clifford attended the meeting to update group on his teams work around learning from disability data, mortality reviews nationally and locally, reviewing deaths of people who have autism and looking into health inequalities nationally and locally.</p> <ul style="list-style-type: none"> <li>Fairly significant difference in life experience for those with learning disabilities and those without.</li> <li>Discussed barriers for patients in accessing care and treatments within the system.</li> <li>Overview of plans in place including training, multidisciplinary teams, looking into how care can be provided out of hospitals and out of area to support those who cannot get to hospitals and clinics.</li> </ul> |
|                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |



### 3. QUALITY STRATEGY

Alison Wootton attended the meeting and provided an update on the quality strategy, and highlighted the following:

- SFT is the only organisation bringing together community, mental health and learning, primary care and hospitals to improve patient care in Somerset.
- Quality Strategy contains Trust mission and values, and strategic objectives. Encompasses numerous other strategies including people, digital and estates.

Discussed the following:

- Due to issues arising from COVID19, Flu, Winter planning, seasonal issues and industrial activities, quality standards are not always where the Trust would like them to be. The strategy helps to review, pin point and target where work is needed. Additionally, helps support colleagues with training, provides information, values and targets to work towards.
- The impact of covid, and recovery from and underlying covid issues.
- Workforce Concerns.

### 4. GET FIT FOR SURGERY / RECONDITIONING

Annabell attended to update the group on the perioperative service to help patients get fit for surgery. Highlighted the following:

- Surgery can be delayed if patients are not fit for surgery. Peri-op service hoping to turn this around and optimise patient health before surgery, which could improve surgery outcomes, reduce readmissions, and improve recovery.
- Develop wide framework of services to improve patient experience and to improve patient long term health trajectory.
- Significant financial savings
- Discussed various pathways / workstreams including examples of work in progress.
- Patient experience measure and feedback discussed

**ACTION** Emma Davey and Annabel to discuss patient engagement and feedback outside of meeting.

|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                       | <p><b>5. PERFORMANCE EXCEPTION REPORT – Quality And Performance Report</b><br/>Governors discussed the report specifically:</p> <ul style="list-style-type: none"> <li>• Infection Protection Control on upward trend</li> <li>• Higher rate of falls at Musgrove</li> <li>• Pressure Ulcer rates</li> </ul> <p><b>ACTION</b> Tina Hickinbottom-Tacey to ask Stephen and Lee to attend to provide more detailed feedback on report</p> <p><b>6. PERFORMANCE EXCEPTION REPORT – Complaints And Pals Manager Report</b><br/>Emma Davey provided key information from the report:</p> <ul style="list-style-type: none"> <li>• 67 formal complaints in quarter 1</li> <li>• Top themes have not changed: communication and staff attitude.</li> <li>• Transformation in progress about how we approach PALS and complaints, listen and understand concerns, proactive supporting individuals through service groups, triangulating data and working in collaboration with service groups.</li> </ul> <p><b>7. FEEDBACK FROM THE QUALITY AND GOVERNANCE COMMITTEE</b><br/><b>Appointment Of Governor Attendee</b><br/>Judith Goodchild and Jane Armstrong put their name forward to attend the committee. Tina Hickinbottom-Tacey will be emailing out to the group to perform a ballot to decide.</p> <p><b>8. THE MENTAL HEALTH ACT COMMITTEE</b><br/><b>Appointment Of Governor Attendee</b><br/>Jack Torr put his name forward and the group approved this decision.</p> <p><b>9. GOOD TO KNOW LOG</b><br/>Jane Armstrong reported a concern regarding her friend and a visit to a Major Injury Unit.<br/><b>ACTION</b> Jane Armstrong to email Ben Edgar-Attwell with the details to investigate this matter.</p> |
| <b>Recommendation</b> | The Council of Governors is asked to note the items discussed at the meeting.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

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



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

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

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

### Details:

#### Equality and Inclusion

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

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

- ☒ This report has not been assessed against the Trust's Equality Impact Assessment Tool and there are no proposals or matters which affect any persons with protected characteristics

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

#### Public/Staff Involvement History

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

N/A

#### Previous Consideration

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

The report is presented to the Council of Governors at every meeting.

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

|                               |                                    |                                 |                                     |                                   |
|-------------------------------|------------------------------------|---------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Safe | <input type="checkbox"/> Effective | <input type="checkbox"/> Caring | <input type="checkbox"/> Responsive | <input type="checkbox"/> Well Led |
|-------------------------------|------------------------------------|---------------------------------|-------------------------------------|-----------------------------------|

**Is this paper clear for release under the Freedom of Information Act 2000?**

☒ Yes

☐ No

| Somerset NHS Foundation Trust |                                                                          |
|-------------------------------|--------------------------------------------------------------------------|
| <b>REPORT TO:</b>             | Council of Governors                                                     |
| <b>REPORT TITLE:</b>          | Report from the Strategy and Planning Group meeting held on 27 July 2023 |
| <b>SPONSORING EXEC:</b>       | N/A                                                                      |
| <b>REPORT BY:</b>             | Paull Robathan, Chairman of the Strategy and Planning Group              |
| <b>PRESENTED BY:</b>          | Paull Robathan, Chairman of the Strategy and Planning Group              |
| <b>DATE:</b>                  | 20 September 2023                                                        |

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

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| <b>Executive Summary and Reason for presentation to Committee/Board</b> | <p>The report sets out the key items considered at the meeting held on 27 July 2023.</p> <ul style="list-style-type: none"> <li>• <b>Welcome and apologies</b></li> <li>• <b>Appointment of Deputy Chair</b><br/>To be decided at the next meeting.</li> <li>• <b>Any declarations of interest relating to items on the agenda</b><br/>None</li> <li>• <b>Approval of Draft minutes for the Strategy and Planning Group meeting held on 11 May 2023</b></li> <li>• Minutes were approved, if one small change is noted. Item 12.3, it said Objective 6 supposed to say Objective 8, amendment to be made.</li> <li>• <b>Review of Action log and Matters Arising</b><br/>Taunton Diagnostic Centre Bus route.<br/>Local Care Networks health representative.<br/>Population health work update for future meeting.<br/>Governor Representative on the ICB.<br/>Update on site infrastructure program.</li> <li>• <b>Review of the Trust's Strategic Objectives:</b><br/>Objective 8: Develop a high performing organisation delivering the vision of the trust. Lee Cornell provided the slides that were circulated to the group, David Shannon asked the group if there was any questions. Paull Robathan asked about 4-hour performance and Strikes.</li> <li>• <b>Report from the Finance Committee</b><br/>Martin Davidson was appointment as the Governor attendee for the Finance Committee.</li> <li>• <b>Board Assurance Framework (BAF)</b></li> </ul> |
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|                       | <p>Phil Brice explained the BAF focuses on key risks that the trust need to deliver and take forward, which is all part of a 5 year strategy.</p> <ul style="list-style-type: none"> <li> <b>Estates Strategy</b><br/> The estate strategy covers all services the trust provides across acute, community and mental health. There is a lot of change at the Musgrove site with the new surgical centre being built, they secured Government money and have been moving services to create space for the start of construction. The Yeovil site needs redevelopment however, it did not secure any additional money. Important work has happened at Summerland's site with Rowan one. The next calendar year will see the St Andrews inpatient unit move to Yeovil. Teams are looking to progress locations with appropriate landscaping. Environmental sustainability is a part of our work and needs more focus. </li> <li> <b>Launch of Somerset NHS Charity</b><br/> David Shannon explained the new charity for the new merged organisation was formally launched and is called the Somerset NHS Charity. This parent charity was formed from combining the legacy trusts charities into one, James Kirton was appointed Head of Charity. </li> <li> <b>Any Commercial Contracts updates</b><br/> David Shannon explained that the clinical services at the Yeovil Diagnostic Centre when it opens will be provide by inhealth. </li> <li> <b>Any Communication issues arising out of the agenda</b><br/> None </li> <li> <b>Feedback on the Meeting and Future agenda items</b><br/> The objective for the next meeting in November is an Ad Hoc item on Innovation and Information Technology. In addition, the group also want to look at population health. </li> </ul> |
| <b>Recommendation</b> | The Council of Governors is asked to note the items discussed at the meeting.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

| <b>Links to Joint Strategic Objectives</b><br>(Please select any which are impacted on / relevant to this paper) |                                                          |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <input checked="" type="checkbox"/> Obj 1                                                                        | Improve health and wellbeing of population               |
| <input type="checkbox"/> Obj 2                                                                                   | Provide the best care and support to children and adults |
| <input type="checkbox"/> Obj 3                                                                                   | Strengthen care and support in local communities         |
| <input type="checkbox"/> Obj 4                                                                                   | Reduce inequalities                                      |
| <input type="checkbox"/> Obj 5                                                                                   | Respond well to complex needs                            |

|                                           |                                                                                                                     |
|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Obj 6            | Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture |
| <input type="checkbox"/> Obj 7            | Live within our means and use our resources wisely                                                                  |
| <input checked="" type="checkbox"/> Obj 8 | Develop a high performing organisation delivering the vision of the Trust                                           |

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

|                 |
|-----------------|
| <b>Details:</b> |
| N/A             |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| <p align="center"><b>Equality and Inclusion</b></p> <p>The Trust aims to make its services as accessible as possible, to as many people as possible. We also aim to support all colleagues to thrive within our organisation to be able to provide the best care we can.</p> <p>How have you considered the needs and potential impacts on people with protected characteristics in relation to the issues covered in this report?</p> <p>This report has not been assessed against the Trust's Equality Impact Assessment Tool and there are no proposals or matters which affect any persons with protected characteristics</p> <p>All major service changes, business cases and service redesigns must have a Quality and Equality Impact Assessment (QEIA) completed at each stage. Please attach the QEIA to the report and identify actions to address any negative impacts, where appropriate.</p> |
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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p align="center"><b>Public/Staff Involvement History</b></p> <p>How have you considered the views of service users and / or the public in relation to the issues covered in this report? Please can you describe how you have engaged and involved people when compiling this report.</p> <p>N/A</p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p align="center"><b>Previous Consideration</b></p> <p>(Indicate if the report has been reviewed by another Board, Committee or Governance Group before submission to the Board or is a follow up report to one previously considered by the Board – eg. in Part B]</p> <p>The report is presented to the Council of Governors at every meeting.</p> |
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| Reference to CQC domains (Please select any which are relevant to this paper) |                                    |                                 |                                     |                                   |
|-------------------------------------------------------------------------------|------------------------------------|---------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Safe                                                 | <input type="checkbox"/> Effective | <input type="checkbox"/> Caring | <input type="checkbox"/> Responsive | <input type="checkbox"/> Well Led |

|                                                                            |                                         |                             |
|----------------------------------------------------------------------------|-----------------------------------------|-----------------------------|
| Is this paper clear for release under the Freedom of Information Act 2000? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
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| Somerset NHS Foundation Trust |                                                           |
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| <b>REPORT TO:</b>             | Council of Governors                                      |
| <b>REPORT TITLE:</b>          | Report from the People Group meeting held on 25 July 2023 |
| <b>SPONSORING EXEC:</b>       | N/A                                                       |
| <b>REPORT BY:</b>             | Mark Robinson                                             |
| <b>PRESENTED BY:</b>          | Mark Robinson                                             |
| <b>DATE:</b>                  | 20 <sup>th</sup> September 2023                           |

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

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| <b>Executive Summary and Reason for presentation to Committee/Board</b> | The report sets out the items considered at the meeting held on July 2023.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                         | <ol style="list-style-type: none"> <li><b>1. WELCOME AND APOLOGIES FOR ABSENCE</b><br/>As the first group will new governors, Isobel Clements introduced herself and invited the governors to introduce themselves.</li> <li><b>2. APPOINT A CHAIR / DEPUTY</b><br/>The group discussed the importance of the group and to make sure the Staff were well represented. Mark Robinson volunteered for the position and the group accepted and approved this decision.</li> <li><b>3. APPROVAL OF THE MINUTES FOR THE MEETING HELD ON 10/11</b><br/>Minutes approved.</li> <li><b>4. ANY DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA</b><br/>None</li> <li><b>5. REVIEW OF THE ACTION LOG AND MATTERS ARISING</b><br/>Mark Robinson had an amendment to make and advised he would email over to Tina Hickinbottom-Tacey following the meeting.</li> <li><b>6. APPROVE WORKPLAN</b></li> <li><b>7. PEOPLE STRATEGY UPDATE</b><br/>Isobel talked through the strategy slides highlighting the following: <ul style="list-style-type: none"> <li>• Three key values: respect, kindness and teamwork</li> <li>• Strategy framed on one page for ease of use and has positive feedback so far.</li> </ul> </li> </ol> |



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|  | <ul style="list-style-type: none"> <li>• Developing aims, ambition and measurable objectives.</li> <li>• Huge focus in year 1 to develop people digital plan for services</li> <li>• Noted key deliverables for 23/24</li> <li>• Discussed Retention as Hero Measure</li> </ul> <p><b>ACTION</b> Invite Julie Reeve to future meeting to discuss advanced practitioner roles.</p> <p><b>ACTION</b> Tina Hickinbottom-Tacey to circulate digital strategy when available.</p> <p><b>8. RECRUITMENT AND RETENTION</b><br/>Isobel Clements updated the group on recruitment and retention:</p> <ul style="list-style-type: none"> <li>• SFT is part of the People Promise Exemplar sites.</li> <li>• Focus going into 2023/24 is setting up and developing a range of frameworks, tools and guidelines, to help aid retention.</li> <li>• Current policies not flexible, need to work on these policies, processes and rosters to make the process more flexible for the individuals.</li> <li>• Provided data insights into; leaver rates; overseas colleagues and staff survey results.</li> <li>• Discussed Bank staff and use of agency.</li> <li>• Discussed International Recruitment and support available.</li> </ul> <p><b>9. PEOPLE SECTION OF THE PERFORMANCE EXCEPTION REPORT</b><br/>No questions</p> <p><b>10. REPORT FROM THE PEOPLE COMMITTEE</b><br/>Julie Reeve already attends as staff, but the group will discuss a formal governor attendee at the next meeting once the group is more established.</p> <p><b>11. FEEDBACK FROM LEAD GOVERNORS</b><br/>Kate Butler advised when looking into digital need to consider some users may not be as familiar with technology as others.</p> <p><b>12. ANY COMMUNICATION ISSUES ARISING OUT OF ITEMS ON THE AGENDA</b><br/>None</p> <p><b>13. FEEDBACK ON MEETING AND FUTURE AGENDA ITEMS</b><br/>None</p> <p><b>14. ANY OTHER BUSINESS</b><br/>Isobel Clements advised she will bring more colleagues to future meetings.</p> |
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| <b>Recommendation</b> | The Council of Governors is asked to note the items discussed at the meeting. |
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| <b>Links to Joint Strategic Objectives</b><br>(Please select any which are impacted on / relevant to this paper) |                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Obj 1                                                                                   | Improve health and wellbeing of population                                                                          |
| <input type="checkbox"/> Obj 2                                                                                   | Provide the best care and support to children and adults                                                            |
| <input type="checkbox"/> Obj 3                                                                                   | Strengthen care and support in local communities                                                                    |
| <input type="checkbox"/> Obj 4                                                                                   | Reduce inequalities                                                                                                 |
| <input type="checkbox"/> Obj 5                                                                                   | Respond well to complex needs                                                                                       |
| <input checked="" type="checkbox"/> Obj 6                                                                        | Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture |
| <input type="checkbox"/> Obj 7                                                                                   | Live within our means and use our resources wisely                                                                  |
| <input checked="" type="checkbox"/> Obj 8                                                                        | Develop a high performing organisation delivering the vision of the Trust                                           |

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

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| <b>Details:</b> |
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| <b>Equality and Inclusion</b>                                                                                                                                                                                                                                                                                                                                                      |
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| <p>The Trust aims to make its services as accessible as possible, to as many people as possible. We also aim to support all colleagues to thrive within our organisation to be able to provide the best care we can.</p> <p>How have you considered the needs and potential impacts on people with protected characteristics in relation to the issues covered in this report?</p> |
| <input checked="" type="checkbox"/> This report has not been assessed against the Trust's Equality Impact Assessment Tool and there are no proposals or matters which affect any persons with protected characteristics                                                                                                                                                            |
| All major service changes, business cases and service redesigns must have a Quality and Equality Impact Assessment (QEIA) completed at each stage. Please attach the QEIA to the report and identify actions to address any negative impacts, where appropriate.                                                                                                                   |

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



### Previous Consideration

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

The report is presented to the Council of Governors at every meeting.

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

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

☒ Yes

☐ No

| Somerset NHS Foundation Trust |                                                                                                    |
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| <b>REPORT TO:</b>             | Council of Governors                                                                               |
| <b>REPORT TITLE:</b>          | Report from the Membership, Involvement and Communications Group meeting held on 13 September 2023 |
| <b>SPONSORING EXEC:</b>       | N/A                                                                                                |
| <b>REPORT BY:</b>             | Kate Butler Chairman of the Membership, Involvement and Communication Group                        |
| <b>PRESENTED BY:</b>          | Kate Butler Chairman of the Membership, Involvement and Communication Group                        |
| <b>DATE:</b>                  | 20 September 2023                                                                                  |

| Purpose of Paper/Action Required (Please select any which are relevant to this paper) |                                                  |                                          |
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| <b>Executive Summary and Reason for presentation to Committee/Board</b> | <p>The report sets out the key items considered at the meeting held on 13 September 2023.</p> <ul style="list-style-type: none"> <li>• <b>Welcome and apologies</b></li> <li>• <b>Any declarations of interest relating to items on the agenda</b><br/>None</li> <li>• <b>Approval of Draft minutes for the Strategy and Planning Group meeting held on 10 May 2023</b><br/>Minutes were approved, if one small change is noted. Item 10.6 it says October 2030, should say 2022 amendment to be made.</li> <li>• <b>Action Sheet and any Matters Arising</b><br/>The Terms of Reference have been completed and approved.<br/>The new work programme was on the agenda this was discussed and approved.<br/>The group is going to invite Sandra (chair of the PPG) to the next meeting, to start engagement.<br/>Ria Zandvliet is going to talk with the voluntary groups about new appointed Governors.<br/>Mark Carter joined us for the meeting to discuss engagement with youths.</li> <li>• <b>Joint Work Programme - Discussion and approval of the joint membership, engagement and communications work programme</b><br/>As the ToRs have been approved the three teams used it to create the new programme which includes the work of the Membership team, the Involvement team and the Communications team and shows the objectives and has identified a number of actions the</li> </ul> |
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|                       | <p>trust can do this year, plus how the governors are able to support them.</p> <p>Jane Armstrong asked if the group could have a workshop where some Governors, Mark Cater and members from each of the teams that support this group could meet to discuss what membership is, what we can offer and how we are going to engage.</p> <ul style="list-style-type: none"> <li>• <b>Membership</b><br/><b>Statistics of current membership</b><br/>Emma Davey explained these slides were really helpful to see, it is really important to hear the quite voices.</li> <li>• <b>Developing a representative and inclusive membership</b><br/>Ben Edgar-Attwell explained we want more patient engagement and involvement, we want them to feel valued as members.</li> <li>• <b>Working with young people – Mark Carter</b><br/>Mark Cater, the Stimulation Outreach facilitator explained he facilitates teddy hospitals, goes into schools/colleges and attends careers fairs to expand the reach to young people therefore increasing engagement.</li> <li>• <b>Opportunities and upcoming events</b><br/>ICB AGM/SFT AGM<br/>Discuss Medicine for Members events and Governor Surgeries at the next meeting.</li> <li>• <b>Communications</b><br/><b>Updated recruitment materials – for information</b><br/>Ben Edgar-Attwell informed the group the recruitment materials have been updated and can be given to Governors soon as they are delivered to the trust.</li> <li>• <b>Engagement and Involvement Update</b><br/><b>Overview on engagement work with Priorswood community.</b><br/>The report was provided by Krystle Pardon and Emma Davey highlighted that the team has completed the consultation bringing the two legacy teams together. One thing the new team is working on is how the team listens and understands, the team want to hear voices across all levels.</li> </ul> |
| <b>Recommendation</b> | The Council of Governors is asked to note the items discussed at the meeting.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

| <b>Links to Joint Strategic Objectives</b><br>(Please select any which are impacted on / relevant to this paper) |                                                          |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <input checked="" type="checkbox"/> Obj 1                                                                        | Improve health and wellbeing of population               |
| <input type="checkbox"/> Obj 2                                                                                   | Provide the best care and support to children and adults |
| <input type="checkbox"/> Obj 3                                                                                   | Strengthen care and support in local communities         |

- ☐ Obj 4 Reduce inequalities
- ☐ Obj 5 Respond well to complex needs
- ☐ Obj 6 Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture
- ☐ Obj 7 Live within our means and use our resources wisely
- ☒ Obj 8 Develop a high performing organisation delivering the vision of the Trust

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

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| <input type="checkbox"/> Financial | <input type="checkbox"/> Legislation | <input type="checkbox"/> Workforce | <input type="checkbox"/> Estates | <input type="checkbox"/> ICT | <input type="checkbox"/> Patient Safety/Quality |
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#### Details:

N/A

#### Equality and Inclusion

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

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

This report has not been assessed against the Trust's Equality Impact Assessment Tool and there are no proposals or matters which affect any persons with protected characteristics

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

#### Public/Staff Involvement History

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

N/A

#### Previous Consideration

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

The report is presented to the Council of Governors at every meeting.

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

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| <input type="checkbox"/> Safe | <input type="checkbox"/> Effective | <input type="checkbox"/> Caring | <input type="checkbox"/> Responsive | <input type="checkbox"/> Well Led |
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| <b>Is this paper clear for release under the Freedom of Information Act 2000?</b> | <input checked="checked" type="checkbox"/> Yes | <input type="checkbox"/> No |
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| Somerset NHS Foundation Trust |                                                                |
|-------------------------------|----------------------------------------------------------------|
| <b>REPORT TO:</b>             | Council of Governors                                           |
| <b>REPORT TITLE:</b>          | Report from the Nomination and Remuneration Group              |
| <b>SPONSORING EXEC:</b>       | N/A                                                            |
| <b>REPORT BY:</b>             | Ria Zandvliet, Secretary to the Trust                          |
| <b>PRESENTED BY:</b>          | Kate Butler, Chairman of the Nomination and Remuneration Group |
| <b>DATE:</b>                  | 20 September 2023                                              |

| Purpose of Paper/Action Required (Please select any which are relevant to this paper) |                                                  |                                          |
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| <b>Executive Summary and Reason for presentation to Committee/Board</b> | The Committee has not met since the June 2023 Council of Governors meeting. |
| <b>Recommendation</b>                                                   | The Council of Governors is asked to note the report.                       |

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

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

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

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

Not applicable to this report.

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

### Public/Staff Involvement History

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

Not applicable to this report.

### Previous Consideration

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

The report is presented to every meeting.

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

|                               |                                    |                                 |                                     |                                              |
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Is this paper clear for release under the Freedom of Information Act 2000?

☒ Yes

☐ No