NHS
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NHS Foundation Trust

SOMERSET NHS FOUNDATION TRUST
PUBLIC BOARD MEETING

A Public meeting of the Somerset NHS Foundation Trust Board will be held on **Tuesday 13 January 2026** at **9.30 am** in Meeting Rooms 1-3 at Wynford House, Lufton Way, Lufton, Yeovil, BA22 8HR.

If you are unable to attend, would you please notify Julie Hutchings, Board Secretary and Corporate Services Manager at Somerset NHS Foundation Trust by email on julie.hutchings1@somersetft.nhs.uk

Yours sincerely

Dr Rima Makarem
Chair

AGENDA

		Action	Presenter	Time	Enclosure
1.	**Welcome and Apologies for Absence**	Note	Chair	09:30	Verbal
2.	**Registers of Directors' Interests and Declarations of Interests relating to items on the agenda**	Note and receive	Chair		Enclosure 01
3.	**Minutes of the Somerset NHS Foundation Trust's Public Board meeting held on 4 November 2025**	Approve	Chair		Enclosure 02
4.	**Action Log and Matters Arising**	Review	Chair		Enclosure 03
5.	**Questions from Members of the Public and Governors**	Receive	Chair	09:35	Verbal
6.	**Chair's Remarks**	Note	Chair	09:50	Verbal
7.	**Chief Executive and Executive Directors' Report** • National and Regional Developments/ Policy Updates • Corporate Updates • Reports and Assurance updates including: • Assurance Report from Executive Committee		Peter Lewis	10:00	Enclosure 04

	• Freedom to Speak Up (FTSU) – Board Workshop Outcomes and Next Steps • Learning from Deaths Framework: Mortality Review progress Report (Q2)	Endorse			
8.	**Update on Paediatric and Maternity Services at Yeovil District Hospital**	Receive	Peter Lewis/ Mel Iles	10:20	Verbal
9.	**Update on Children and Young People System Event with Naomi Eisenstadt – 12 December 2025**	Receive	Andy Heron	10:35	Verbal
10.	**Constitution Amendments - Council of Governors transition**	Approve	Ben Edgar-Attwell	10:45	Enclosure 05
	Refreshment Break – 10:55 – 11:10				
	Aim 5 – Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture				
11.	**Assurance report of the People Committee meeting held on 9 December 2025**	Receive	Graham Hughes	11:10	Enclosure 06
	Aim 2 – Provide the best care and support to people				
12.	**Integrated Performance Report**	Receive	Pippa Moger	11:15	Enclosure 07
13.	**Assurance report of the Quality and Governance Assurance Committee meetings held on 26 November 2025 and 17 December 2025**	Receive	Graham Hughes/ Rosie Benneyworth	11:45	Enclosure 08 Enclosure 09
14.	**Assurance report of the Mental Health Legislation Committee held on 15 December 2025**	Receive	Alexander Priest	11:50	Enclosure 10
15.	**Intensive Assertive Outreach Update**	Receive	Neil Jackson	11:55	Enclosure 11
16.	**The implications of the new Mental Health Bill for Patients and Services**	Receive	Andreas Papadopoulos	12:05	Enclosure 12

Aim 6: Live within our means and use our resources wisely

17.	**Finance report (M8)**	Receive	Pippa Moger	12:15	Enclosure 13

For Information

18.	**Follow-up questions from Members of the Public and Governors**	Receive	Chair	12:25	Verbal
19.	**Any other business**		All		Verbal
20.	**Risks identified**		All		Verbal
21.	**Evaluation of the effectiveness of the Meeting**		Chair	12:30	Verbal

22. Items to be discussed at the Confidential Board Meeting

- Minutes of the Confidential Board meeting
- Notes of the Board Development sessions
- Notes of the Joint Board and Governor Development session
- Healthset (Electronic Health Record)
- Minutes of the Finance Committee meetings
- Symphony Healthcare Services – Going Concern Guarantee

23. Withdrawal of Press and Public

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

24. Close and Date of Next Meeting 12:35

10 March 2026

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Somerset NHS Foundation Trust	
REPORT TO:	Board of Directors
REPORT TITLE:	Registers of Directors' Interests
SPONSORING EXEC:	Melanie Iles, Chief Medical Officer
REPORT BY:	Julie Hutchings, Board Secretary and Corporate Services Manager
PRESENTED BY:	Rima Makarem, Chair
DATE:	13 January 2026

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

Executive Summary and Reason for presentation to Committee/Board	The Registers of Interests are presented to the Board at every meeting and reflect the interests of Board members as at 2 January 2026.
Recommendation	The Board is asked to: • Note the Register of Interests. • Declare any changes to the Register of Interests. • Declare any conflict of interests in relation to the agenda items.

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

☐ Aim 1 Contribute to improving the physical health and wellbeing of the population and reducing health inequalities

☒ Aim 2 Provide the best care and support to people

☐ Aim 3 Strengthen care and support in local communities

☒ Aim 4 Respond well to complex needs

☒ Aim 5 Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture

☐ Aim 6 Live within our means and use our resources wisely

☐ Aim 7 Deliver the vision of the Trust by transforming our services through, innovation, research and digital transformation

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

Equality The Trust wants its services to be as accessible as possible, to as many people as possible. Please indicate whether the report has an impact on the protected characteristics
☒ This report has been assessed against the Trust's People Impact Assessment Tool and there are no proposals or matters which affect any persons with protected characteristics
☐ This report has been assessed against the Trust's People Impact Assessment Tool and there are proposals or matters which affect any persons with protected characteristics and the following is planned to mitigate any identified inequalities

Public/Staff Involvement History (Please indicate if any consultation/service user/patient and public/staff involvement has informed any of the recommendations within the report)
Public or staff involvement or engagement has not been required for the attached report.

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

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

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

SOMERSET NHS FOUNDATION TRUST

REGISTER OF DIRECTORS' INTERESTS

NON-EXECUTIVE DIRECTORS	
Rima Makarem Chair	• Chair, Sue Ryder – non-remunerated • Chair, Queen Square Enterprises – remunerated • Lay member, General Pharmaceutical Council – remunerated
Alexander Priest Non-Executive Director	• Chief Executive Mind in Somerset
Martyn Scrivens Non-Executive Director (Deputy Chairman)	• Non-Executive Director and Chair of Audit Committee of Hampshire Trust Bank Limited • Wife works as a Bank Vaccinator for the Trust ▪ Member of the Boards of Directors of the Ardonagh Group – consisting of the following companies: – Ardonagh Holdco Limited (Jersey) – Ardonagh New Midco 1 Limited (Jersey) – Ardonagh Group Holdings Limited (UK) – Ardonagh New Midco 3 Limited (Jersey) – Ardonagh Midco 1 Limited (Jersey) – Ardonagh Midco 2 plc (UK) – Ardonagh Midco 3 plc (UK) – Ardonagh Finco plc (UK) • Director of Ardonagh International Limited • Chair of Symphony Healthcare
Graham Hughes Non-Executive Director	• Chairman of Simply Serve Limited
Paul Mapson Non-Executive Director	• Nothing to declare.
Inga Kennedy Non-Executive Director	• Director - IJKennedy Healthcare Consultancy (however this Ltd Company is registered as not trading at this time.) • Trustee of the White Ensign Association
Dr Rosie Bennyworth Non-Executive Director	• Interim CEO - Health Services Safety Investigations Body • Member of the Royal College of GPs
Darshan Chandara Non-Executive Director	• Managing Director - NeoPath Ltd
Prof Olena Doran Non-Executive Director	• Professor and Dean for Research and Enterprise at University of West England
Tom Frederick Associate Non-Executive Director	• Director - Oliver Wyman

EXECUTIVE DIRECTORS	
Peter Lewis Chief Executive (CEO)	• Management Board Member, Somerset Estates Partnership (SEP) Board • Director, Somerset Estates Partnership Project Co Limited
Jade Renville Director of Corporate Services	• Executive Director of Corporate Services, Somerset ICB Board • Chair, Richard Huish Multi-Academy Trust (voluntary capacity) • Father is Director and owner of Renvilles Costs Lawyers
Isobel Clements Chief of People and Organisational Development	• Sister-in-law works in the pharmacy department at Musgrove Park Hospital • Nephew works as a physio assistant within Musgrove Park Hospital. • Governor at Weston College
Andy Heron Chief Operating Officer/Deputy Chief Executive	• Wife works for Avon and Wiltshire Mental Health Partnership NHS Trust (and is involved in a subcontract for liaison and diversion services) • Director of the Shepton Mallet Health Partnership • Director of Symphony Healthcare Services
Pippa Moger Chief Finance Officer	• Stepdaughter works at Yeovil District Hospital • Son works for the Trust • Director of the Shepton Mallet Health Partnership • Director of Somerset Estates Partnership Project Co Limited • Member of the Southwest Pathology Services (SPS) Board • Shareholder Director for SSL
David Shannon Director of Strategy and Digital Development	• Member of the Southwest Pathology Services (SPS) Board • Daughter is employed as a healthcare assistant at Musgrove Park Hospital • Director of Symphony Healthcare Services • Wife works within the Neighbourhood's Directorate. • Management Board Member, Somerset Estates Partnership (SEP) Board • Director Predictive Health Intelligence Ltd • Shareholder Director of Simply Serve Limited
Melanie Iles Chief Medical Officer	• None to declare
Deirdre Fowler Chief Nurse	• None to declare

Somerset
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PUBLIC BOARD MEETING

MINUTES OF THE SOMERSET NHS FOUNDATION TRUST PUBLIC BOARD MEETING HELD ON 4 NOVEMBER 2025 IN THE JOHN MEIKLE ROOM, DEANE HOUSE, BELVEDERE ROAD, TAUNTON, TA1 1HE

PRESENT

Dr Rima Makarem	Chair
Graham Hughes	Non-Executive Director
Martyn Scrivens	Non-Executive Director
Inga Kennedy	Non-Executive Director
Paul Mapson	Non-Executive Director
Olena Doran	Non-Executive Director
Peter Lewis	Chief Executive
Andy Heron	Chief Operating Officer/Deputy Chief Executive
Pippa Moger	Chief Finance Officer
Melanie Iles	Chief Medical Officer
David Shannon	Director of Strategy & Digital Development
Isobel Clements	Chief People Officer
Deirdre Fowler	Chief Nurse and Midwife
Jade Renville	Director of Corporate Services

IN ATTENDANCE

Ben Edgar Attwell	Deputy Director of Corporate Services
Sally Bryant	Director of Maternity - for Maternity Services Report
Jo Poole	Interim Deputy Chief Nurse

APOLOGIES

Darshan Chandarana	Non-Executive Director
Rosie Benneyworth	Non-Executive Director
Alexander Priest	Non-Executive Director
Tom Frederick	Associate Non-Executive Director

1. WELCOME AND APOLOGIES FOR ABSENCE

1.1. The Dr Rima Makarem opened the meeting at 9:30am and welcomed all present to the Public Board meeting, including members of the public and Trust Governors. She noted that the agenda included a significant number of items requiring discussion and decision, and thanked members for their preparation. Apologies for absence were received as above.

2. MINUTES OF THE SOMERSET NHS FOUNDATION TRUST PUBLIC BOARD MEETING HELD ON 2 SEPTEMBER 2025

2.1. The minutes of the Public Board meeting held on 2 September 2025 were reviewed. Pippa Moger highlighted that in section 12.3, the sentence referring to temporary arrangements for children's eating disorders was incomplete and required clarification. Subject to this correction, the minutes were formally **approved**.

3. ACTION LOGS AND MATTERS ARISING

3.1. The Board reviewed the Action Log and noted progress against previously recorded actions. Updates were provided on all outstanding items, and no new matters arising were identified beyond those already captured in the agenda.

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

4.1. The Board received and noted the Registers of Directors' Interests. The Chair invited members to declare any interests relating to items on the agenda. No declarations of interest were made.

5. QUESTIONS FROM MEMBERS OF THE PUBLIC/GOVERNORS

5.1. The Chair noted that a public question had been received regarding management of conflicts of interest. She read out and question and response as appended to these minutes.

6. CHAIR'S REMARKS

6.1. Rima Makarem provided an overview of her recent activities and reflections since the last Board meeting. She had undertaken a number of visits across the Trust and externally, including attending the national forum for Chairs of the largest NHS trusts. She shared insights from a presentation by Stephen Donnelly, former Minister for Health in Ireland, reflecting on healthcare achievements in Ireland, which offered valuable learning from international practice.

6.2. Rima Makarem said she had also attended a Spark Somerset event and a session focused on non-medical prescribers, both of which highlighted the importance of community engagement and workforce development. She emphasised the ongoing work to strengthen relationships with the Somerset Integrated Care Board (ICB), noting that she had met with Rob Whiteman in his role as the new cluster Chair. While Rob Whiteman is focusing on Dorset and the Bath and North East Somerset, Swindon and Wiltshire (BSW) system, Paul von der Heyde continues to represent Somerset in the Deputy Chair role.

6.3. Rima Makarem informed the Board that Naomi Eisenstadt, Chair of Northamptonshire ICB, had accepted an invitation to be the keynote speaker at an upcoming workshop involving the Trust, the local council, and the ICB. The workshop will explore collaborative opportunities and shared priorities across organisations.

Rima Makarem highlighted the importance of showcasing the Trust's community-based work and the value of bringing partners together to improve outcomes.

7. CHIEF EXECUTIVE AND EXECUTIVE DIRECTORS' REPORT

7.1. Peter Lewis presented the Chief Executive's report, which included several items for approval and discussion. The Board formally approved the Trust's Green Plan, noting alignment with regional networks and the importance of leveraging funding opportunities. Olena Doran emphasised the need to reflect the Green Plan within the Trust's overarching strategy. The Board approved the revised procurement thresholds, following recommendation from the Audit Committee.

7.2. The Board approved the delegation of authority to the Finance Committee for the forthcoming planning submission, expected in December. Pippa Moger advised that national planning guidance and financial allocations were anticipated imminently, with a submission deadline likely in mid-December and final submission in February. She expressed concern about the quality of the final submission if feedback from the initial draft is delayed until January. An extraordinary Finance Committee meeting has been scheduled.

7.3. The Board considered the planning guidance targets, including a 7% increase in RTT performance, 3% in diagnostics, 4% in A&E, and improved performance above 2025/26 level for 12-hour waits in A&E. The 30% reduction target for agency workforce usage was noted as particularly challenging, especially in medical staffing. Pippa Moger confirmed that Community >18wk waits has decreased by 67% since October 2024 and is being tracked. Peter Lewis added that the new primary care measurement would be difficult to measure. Rima Makarem requested that future Board reports include tracking of any new metrics. **ACTION**: Update Board reports to include tracking of planning guidance metrics.

7.4. Peter Lewis provided a summary of the Trust's submission against the NHS Provider Capability Assessment. The Trust was confirmed in four out of six domains, with two partially confirmed. He noted this was a fair reflection of the organisation's current position.

7.5. The Board discussed the reconfiguration of stroke services, with April 2026 identified as the target date for service change. Estates changes may not be fully in place by then but are not essential for the service change itself. The implications of the Building Safety Act for estates approvals, particularly at Yeovil District Hospital, were noted.

7.6. The Board noted the results of the General Medical Council (GMC) survey. Mel Iles reported positive outcomes for Musgrove Park Hospital and noted improvements at Yeovil District Hospital since the merger. Musgrove Park Hospital continues to rank second in the South West. However, challenges remain, particularly in areas with staffing pressures. The Trust continues to implement its ten-point plan to support resident doctors, including investment in digital systems and leadership development. Anna Baverstock is leading work to support doctors under pressure. Mel Iles acknowledged that the ten-point plan alone is insufficient and that additional measures are being pursued.

7.7. Rima Makarem asked about the number of resident doctors who previously went on strike in the Trust compared to the national average. Mel Iles confirmed that data has been requested, though comparisons are difficult due to differing methodologies. She noted that middle grade and Tier 2 doctors are less likely to strike.

7.8. The Board discussed broader colleague wellbeing and the quality of people management. Isobel Clements raised concerns about managers' confidence, capability, and capacity, particularly in the post-COVID context. She suggested a deeper dive through the People Committee. Paul Mapson supported the need for basic management training, especially for those from clinical backgrounds. Andy Heron noted the complexity of middle management roles and described the national NHS Impact training programme, which has been offered to band 6–7 managers. Feedback from the initial cohort was mixed, but improvements are being made. He confirmed that around 500–600 individuals are in leadership roles and that the Trust is working to develop their skills. Performance management processes are in place to support those not meeting expectations.

7.9. The Board discussed the issue of sexual safety, with the South West identified as a negative outlier. Isobel Clements confirmed that the Trust is an outlier and has established a Sexual Safety Group and a new policy. Colleagues are now coming forward who may not have previously felt able to do so. Work is ongoing with managers and colleagues to address this.

7.10. Rest areas for colleagues were also discussed. Rima Makarem asked about national requirements for new builds. David Shannon confirmed that rest areas are included in design plans for new builds, though space constraints on existing acute sites present challenges. The estates team is reviewing existing facilities and planning improvements. Isobel Clements noted that some good facilities exist but are not well publicised. Deirdre Fowler emphasised the importance of rest areas for all multidisciplinary teams, citing evidence of fatigue's impact on patient outcomes.

7.11. The Board discussed the need for improved clinical supervision and patient safety oversight. Inga Kennedy requested further information outside of the meeting. Mel Iles described the development of a patient safety faculty and the appointment of topic leaders to support assurance.

7.12. The Board considered the anti-racism statement, which will be incorporated into guidance documents for managers. Isobel Clements described the work undertaken with colleague networks and the development of tools to support de-escalation and inclusive management practices. The Board agreed the well-drafted statement to be used in guidance documents.

7.13. Freedom to Speak Up was also discussed. Paul Mapson asked about under-reporting at Yeovil District Hospital. Isobel Clements confirmed that ambassadors are in place to encourage speaking up, and Peter Lewis noted significant usage of the service. The Board agreed that further work is needed to support managers, improve wellbeing, and ensure consistent leadership across the organisation.

8. UPDATE ON PAEDIATRIC AND MATERNITY SERVICES AT YEOVIL DISTRICT HOSPITAL

8.1. Mel Iles presented the update and sought formal ratification of the framework previously discussed at the Board Development Day. She provided an overview of the background and confirmed that significant progress had been made, including the successful recruitment of additional consultant paediatricians. Mel emphasised that adequate staffing is essential for the safe relaunch of services and explained that some colleagues have retired or moved on since the temporary closure, which adds complexity to the process.

8.2. The Board discussed the proposed framework for reopening services, noting that training and skills development will be critical to ensure safe and sustainable provision. Mel Iles highlighted the importance of governance and consistent guidelines, alongside a strong focus on culture and leadership. She explained that consultant presence during peak times typically means availability around 9-10pm, which is vital for managing sick children in the Emergency Department and maintaining labour ward cover.

8.3. Graham Hughes asked about the morale of colleagues who had moved to Dorset County Hospital and their likelihood of returning. Mel Iles advised that responses have been mixed; some colleagues are keen to return, while others have enjoyed working in different environments. Sally Bryant confirmed that active engagement is taking place throughout the process, including one-to-one discussions with colleagues, and that most remain enthusiastic about the relaunch. Both Mel Iles and Sally Bryant stressed that true multidisciplinary working will be essential for success.

8.4. Following discussion, the Board ratified the approval of the framework for the safe reopening of paediatric and maternity services at Yeovil District Hospital.

9. UPDATE ON COMMUNITY HOSPITALS

9.1. Andy Heron presented an overview of the phased transformation programme for community hospitals, noting that on 29 September 2025, the Trust had reduced the number of community hospital beds across three sites. This change was part of a broader strategy to increase the availability of home-based care options. Andy Heron confirmed that key metrics and checkpoints were being monitored and that the initial impact had not resulted in a shortage of community hospital beds. Instead, there had been an increase in patients accessing longer-term independence pathways.

9.2. Andy Heron acknowledged the impact on colleagues working in affected areas, noting that some had opted for redeployment, retirement, or alternative roles. He praised Emma Davey, Director of Patient Experience and Engagement's, team for their work in launching the engagement process for Phase 2, which involved asking local communities what services they would like to see and what matters most to them. Engagement had included local campaigns and was now extending to town councils to share feedback and gather further views. Andy Heron emphasised that this was not an existential issue for the sites, but rather a question of how best to use them to meet community needs.

9.3. Martyn Scrivens asked for more detail on Phase 1, specifically regarding the temporary bed reductions and when a decision would be made to either make the changes permanent or revert. Andy Heron confirmed that the initial evaluation period would run until spring 2026, at which point options would include extending the test-and-learn approach, reverting to previous arrangements, or engaging further with local communities, with leadership from the Somerset Integrated Care Board.

9.4. Further detail on the deployment of colleagues following the expansion of Pathway 1 was requested. Andy Heron explained that colleagues had moved into a variety of roles, including outpatients, rapid response teams, other hospitals, and acute sites. Regarding the spot purchasing of care home beds, Peter Lewis confirmed that the Council was responsible for both the expansion of Pathway 1 and the commissioning of nursing home beds.

9.5. Rima Makarem asked whether the Trust was measuring the impact of these changes on key metrics, including financial and workforce indicators. She also raised the importance of workforce flexibility and the implications for future service models. Andy Heron confirmed that financial impacts were being monitored and that further work was needed to develop a longer-term workforce strategy. He noted that this would be covered in more detail during the seminar session later that day and highlighted the increasing role of the voluntary, community, social enterprise and faith (VCSFE) sector as a key partner.

9.6. Olena Doran asked how the outputs from consultations at two specific hospitals could be applied to other community hospitals, given differences in local cultures and service usage. Andy Heron responded that engagement outcomes could not be assumed to be transferable, as local circumstances and patterns of service consumption vary significantly. For example, North Sedgemoor and Bridgwater have higher usage of urology services, and pockets of deprivation differ across the county.

9.7. Olena Doran suggested exploring the use of digital tools and broader engagement methods to reach communities beyond the immediate hospital catchment areas. Andy Heron agreed that this was an important consideration and confirmed that the team was actively exploring how best to engage with local communities.

9.8. Deirdre Fowler reflected on traditional NHS engagement practices, noting that engagement often occurs too late in the process. She advocated for a shift towards co-production and earlier involvement in service design.

10. 2025/26 BOARD ASSURANCE FRAMEWORK (BAF) AND CORPORATE RISK REGISTER REPORT (CRR)

10.1. Jade Renville introduced the Q2 update of the BAF, noting improvements in narrative clarity and the inclusion of updated KPIs. She confirmed that the report continues to evolve and has been discussed at Audit Committee and other assurance committees. Key changes include the addition of new risks and mitigations relating to paediatric and maternity services and workforce challenges. Updates were

highlighted across aims, including enhanced reporting on electronic health record development and finance oversight.

10.2. The Board noted that one of the objectives under Aim 4 remains significantly behind schedule due to delays in transition services for children. Rima Makarem asked for an update on this area. Mel Iles explained that progress had stalled following the expiry of funding for a key role, and challenges in the availability of ongoing funding across the Service Groups. Andy Heron acknowledged the challenge of securing funding amid cost improvement pressures. Deirdre Fowler stressed the need for executive direction to agree essential posts and identify funding. The Board discussed the consequences of inadequate transition arrangements for patients and families and agreed that urgent action was required. **ACTION**: Executive team to review and identify funding source for transition services role.

10.3. Mel Iles presented the Corporate Risk Register (CRR), reporting that 25 risks corporate risks were currently recorded, with eight scoring 20 or above. Neonatal services remain the highest-rated risk at 25, alongside concerns about waiting times, infrastructure, and cost improvement plans. A new risk has been added regarding inconsistent provision of colleague rest areas, reflecting its importance for wellbeing and retention. One risk, ICO enforcement action relating to Subject Access Request (SAR) backlog, had increased from 15 to 20. David Shannon explained that SAR volumes have risen significantly following legislative changes, creating significant complexity. Compliance is currently around 60%, and while resources have been increased, challenges remain. The Trust has responded to the ICO and is exploring technical solutions, though these are not straightforward. Inga Kennedy observed that this is a national issue.

10.4. The Board welcomed the clarity of the CRR and the inclusion of compound risks, which help identify cross-cutting themes.

11. SIX MONTHLY SAFE STAFFING ESTABLISHMENT REPORT

11.1. Deirdre Fowler introduced the report, outlining the statutory requirement for Boards to ensure nursing, midwifery, and allied health professional (AHP) staffing establishments are appropriate. She noted that due to recent personnel changes, the tools used for workforce modelling had not been fully optimised during the review period, but work is underway to restore compliance.

11.2. Jo Poole reported that staffing establishments and fill rates had been reviewed, highlighting a decline in fill rates driven by high sickness levels across service groups, escalation spaces (particularly at Yeovil District Hospital), and fluctuations in acuity. Critical care and theatre staffing remain areas of concern. A new steering group will oversee implementation of workforce tools and daily staffing management processes. Risks were identified around vacancies, approval delays, and recruitment processes, particularly for healthcare support workers.

11.3. The Board discussed pockets of over-establishment that are not delivering benefits due to sickness and maternity leave. Further work is required to ensure compliance with National Quality Board standards and workforce assurance requirements.

Deirdre emphasised the need to strengthen leadership capability and capacity to support proactive sickness management and supervisory oversight.

11.4. Isobel Clements confirmed that sickness absence is a current focus, with robust policy implementation expected to reduce rates. The Board noted the challenge of achieving a reduction and agreed that leadership and proactive management are key. Questions were raised about agency usage; Deirdre Fowler confirmed that off-framework agency use has ceased since April, with overall agency usage at approximately 20%, mainly in hard-to-recruit areas such as chemotherapy.

11.5. Paul Mapson queried the high proportion of sickness attributed to anxiety and depression. Isobel Clements advised that while some causes are work-related, many are external, and the Wellbeing Guardian report addresses this. The Board also noted concerns about flu vaccination uptake (currently around 39%) and agreed that further efforts are needed to improve coverage.

12. ASSURANCE REPORT OF THE PEOPLE COMMITTEE MEETING HELD ON 26 SEPTEMBER 2025

12.1. Graham Hughes presented the assurance report, confirming that the Committee has moved to a quarterly cycle, but additional meetings can be convened if required. Key areas reviewed included job planning, rostering, sickness absence, recruitment processes, and appraisals. Job planning compliance has exceeded 80%, and work is underway to achieve 95% on the digital platform by year-end, supported by a steering group chaired by Mike Walburn, Deputy Chief Medical Officer.

12.2. Recruitment processes remain slow, and sickness absence continues to be a challenge, with actions agreed to improve proactive management. Appraisal compliance is around 77%, and the Committee discussed barriers such as time constraints and perceived lack of value. A working group is reviewing processes and paperwork to improve completion rates and enhance the quality of conversations, recognising the link to retention.

12.3. The Board noted the report and took assurance on progress against workforce priorities, while acknowledging that further work is needed to embed improvements and address ongoing challenges.

13. WELLBEING GUARDIAN REPORT

13.1. Graham Hughes presented the Wellbeing Guardian report, noting that wellbeing has been a consistent theme throughout the meeting. The report outlined key focus areas, including colleague rest spaces and the need to address rising workplace stress. Graham highlighted that some stress factors may originate outside the workplace but still impact colleague wellbeing.

13.2. Deirdre Fowler emphasised the importance of creating an environment where colleagues feel psychologically safe and able to bring their whole selves to work. The Board discussed the link between wellbeing and effective management,

agreeing that leadership capability and compassionate conversations are critical to supporting colleagues.

14. INTEGRATED PERFORMANCE REPORT

14.1. Pippa Moger presented the Integrated Performance Report for September 2025. The Board noted strong performance in several areas, including A&E 12-hour compliance at 95.6%, Symphony patient satisfaction at 91.1%, and community physical health waits reduced by 67% since October 2024, with no patients waiting over 52 weeks. Urgent Community Response performance remained high at 93%, and Hospital at Home caseload and admissions continued to increase following engagement with Primary Care Networks. Mandatory training compliance reached 93.9%, and retention improved to 89.7%, the highest since the Trust was formed.

14.2. Mental health services maintained good performance, with perinatal access above target, Early Intervention in Psychosis at 86.4%, and Talking Therapies recovery rates above the national standard. Maternity indicators also remained positive, with breastfeeding initiation at 88.2% and smoking at delivery at 4.2%.

14.3. Key challenges were highlighted. A&E four-hour performance fell to 70.8% in September, though the Yeovil UTC is scheduled to open on 10 November. Ambulance handover delays persisted, but ITK link implementation is expected to help. Elective care remains under pressure, with 157 patients waiting over 65 weeks, triggering Tier 1 escalation, and concerns raised about the impact of industrial action on trajectories. Cancer faster diagnosis (28-day) performance was 71.3%, below trajectory, and diagnostic performance was 79.7% against the 80% standard. Stroke performance improved but remains below target.

14.4. Workforce issues included a Symphony Healthcare Services GP vacancy rate of 6%, but recruitment has taken place. Job planning compliance at around 80%, up from 60% at the start of October. Appraisal rates declined during the month.

14.5. The Board also noted complaints response timeliness improved to 62%, but there was an increase in second letters (10 cases), mainly due to inadequate explanations, additional questions, and incomplete addressing of concerns.

15. NO CRITERIA TO RESIDE (NCTR) UPDATE

15.1. Peter Lewis presented the update on NCTR performance, noting significant activity across the system to reduce delays. October saw progress, with numbers reducing, although there was a slight increase towards the end of the month. Musgrove Park Hospital showed improvement in internal process delays, while Yeovil District Hospital achieved the 15% trajectory for one week. However, external capacity constraints remain a challenge.

15.2. Peter highlighted issues with Pathway 1, where demand exceeded provider capacity, resulting in an increase in the number of delayed patients from 26 to 45 in a single week. Despite investment, flexibility in provision is still limited. For community hospitals (Pathway 2), delays have reduced, and the number of patients waiting for beds is now lower than the number of empty beds, indicating better flow.

15.3. Deirdre Fowler emphasised the need to simplify processes and improve timeliness of discharge. A structured MDT training programme is being implemented, alongside proactive board rounds and better use of discharge areas. Andy Heron expressed optimism, noting improvements in internal processes and the positive impact of job planning work. Peter Lewis confirmed that less than 15% of patients require supportive discharge, and ongoing work will benefit all discharge pathways.

15.4. The Board welcomed the progress and endorsed continued focus on process redesign, workforce training, and system flexibility to sustain improvements.

16. ASSURANCE REPORT OF THE QUALITY AND GOVERNANCE ASSURANCE COMMITTEE MEETINGS HELD ON 24 SEPTEMBER 2025 AND 3 OCTOBER 2025

16.1. Inga Kennedy presented assurance reports from the September and October meetings. The September meeting highlighted that BAF Aim 2 (Provide the best care) remains above appetite, with concerns around alignment between strategy and operational plans. Mental health care metrics were noted as off-plan, and leadership teams are undertaking a review to address these issues.

16.2. The October annual reports meeting provided substantial assurance across safeguarding, emergency preparedness, patient experience, infection prevention and control, information governance, and health and safety. Evidence of consolidation post-merger was strong, although some areas require further review, particularly devolved governance and investment at middle management level. Sustained quality improvement was identified as a key priority.

16.3. Committee discussions also focused on maternity services, with significant assurance on improvements achieved, though challenges remain. Progress on policies and procedures was noted, but slow delivery poses a risk. The Committee emphasised the need for adequate resources and expedited implementation of the accreditation programme. Patient safety and engagement strategies will take time to embed, and the Committee highlighted the importance of strengthening assurance mechanisms across service groups.

17. MATERNITY SERVICES QUARTERLY REPORT

17.1. Deirdre Fowler introduced the quarterly report, with Sally Bryant providing key highlights. The Board noted significant achievements, including a low perinatal death rate identified by external review and the successful closure of the maternity services Care Quality Commission (CQC) action plan. Work continues on improving triage arrangements and preparing for the reopening of Yeovil District Hospital maternity services.

17.2. The team is also preparing for the forthcoming Baroness Amos investigation into maternity services, scheduled for late November, which will involve visits to both maternity sites and engagement with colleagues and local families. Sally Bryant emphasised that while substantial progress has been made, colleagues remain fatigued after two years of intense scrutiny, and support measures are in place. The

Maternity Incentive Scheme (MIS) compliance is close to being achieved, though training remains the most challenging area, with evidence submission due at the end of November.

17.3. The report also addressed legal claims following recent media coverage, noting that such cases take years to resolve. Sally Bryant outlined how claims data is analysed and triangulated to identify themes and drive improvements. Deirdre Fowler confirmed that culture, estates challenges, and risk management remain priorities, and additional resources, including a safety and risk post, are being expedited. The Board welcomed the progress and endorsed continued focus on safety, colleague wellbeing, and engagement with partners.

18. ASSURANCE REPORT OF THE MENTAL HEALTH LEGISLATION COMMITTEE HELD ON 17 SEPTEMBER 2025

18.1. Paul Mapson presented the assurance report from the meeting held on 17 September 2025. The Committee noted positive outcomes from the recent CQC inspection of Ash Ward, with good feedback on care quality and colleague engagement. The team was thanked for their efforts in achieving these results.

18.2. The report highlighted strong collaborative work with the South West Advocacy Network (SWAN), which continues to support patient rights and advocacy. Winter bed capacity was identified as a concern, alongside the availability of Approved Mental Health Professionals (AMHPs), and actions are being taken to mitigate these risks.

19. FINANCE REPORT

19.1. Pippa Moger presented the Month 6 finance position. The Trust reported an in month deficit of £0.2m and year-to-date deficit of £9.4m which is breakeven to plan.. To achieve breakeven by year-end, the Trust will need to deliver surpluses in each remaining month. Pippa Moger confirmed that the forecast remains for a breakeven position, but this is dependent on continued delivery of cost improvement plans and tight financial controls.

19.2. The Board noted the financial risks associated with planning guidance requirements and the potential impact of industrial action on elective activity. Pippa Moger advised that an extraordinary Finance Committee has been scheduled to review the medium-term planning framework and ensure alignment with national guidance once allocations are confirmed.

19.3. The Board received the report and acknowledged the significant challenge in achieving the forecast position, endorsing continued focus on expenditure control and efficiency delivery.

20. ASSURANCE REPORT OF THE AUDIT COMMITTEE MEETING HELD ON 15 OCTOBER 2025

20.1. Paul Mapson presented the assurance report from the meeting held on 15 October 2025. The Committee reviewed progress reports from the Quality and Governance

Assurance Committee, People Committee, and Finance Committee, noting improvements in assurance processes and the need for continued clarity in committee remits. Discussions highlighted the importance of triangulating risks across committees and ensuring timely escalation of unresolved issues.

20.2. The Committee considered the Q2 Board Assurance Framework and Corporate Risk Register, noting improvements in clarity and the inclusion of compound risks. Mandatory Level 1 risk training compliance was reported at 71%, and work continues on a new Risk Management Strategy. The Committee welcomed the inclusion of a new risk relating to colleague rest areas and noted a reduction in suicide risk within community hospitals.

20.3. External Audit provided a progress update and technical briefing, with no significant issues identified. Internal Audit reported good progress against the 2025/26 plan but raised concerns in two areas: agency ID checks and Paediatric Early Warning Score (PEWS), both of which received limited assurance. Actions have been escalated to the Executive Committee and Quality and Governance Assurance Committee for follow-up. The Committee also reviewed Counter Fraud activity, noting strong performance nationally and preparations for an NHS Counter Fraud Authority engagement visit in November.

20.4. The Committee supported proposed changes to procurement thresholds, subject to Board approval, and agreed to review its Terms of Reference to reflect emerging priorities such as digital, cyber security, and AI governance. Risks identified included recurring themes in limited assurance reports and the need for strengthened operational oversight.

21. ASSURANCE REPORT OF THE CHARITABLE FUNDS COMMITTEE – 23 OCTOBER 2025

21.1. Graham Hughes presented the assurance report from the meeting held on 23 October 2025. The Committee reviewed income and expenditure, noting that income levels continue to fluctuate and require close monitoring. A significant donation from the Glastonbury Festival was discussed, with plans for its allocation under consideration.

21.2. The Committee also reviewed the Charity Charter and introduced the “donor test” to ensure spending decisions align with donor intent and charitable purpose. David Shannon highlighted proactive work by the fundraising team to maintain donor engagement and develop a pipeline of future donations. A new appeal is being planned to stimulate interest, recognising that the Trust’s catchment area does not include the high-net-worth donors seen in other regions. The Committee also discussed opportunities to engage with national cancer charities as potential major donors.

22. FOLLOW UP QUESTIONS FROM THE PUBLIC AND GOVERNORS

22.1. Heather Shearer, Appointed Governor, commented on the breadth of discussion during the meeting and welcomed the updates provided. She expressed interest in seeing more assurance on early prevention and demand management, noting that

this area felt underexplored. She also requested further information on neighbourhood working and the outputs from community hospital transformation.

22.2. Jack Torr, Lead Governor raised a question regarding the community hospital test-and-learn approach and the Trust's 10-year plan. He highlighted concerns about how the changes could be reversed if required and the potential impact on colleague morale. Andy Heron confirmed that reopening beds remains an option and acknowledged the importance of considering the implications for colleagues. Peter Lewis added that while formal review has not yet taken place, early signs indicate positive outcomes, and Somerset continues to have more community beds per head of population than many other areas.

23. ANY OTHER BUSINESS

19.1. There was no further other business.

24. RISKS IDENTIFIED

19.2. No new risks were identified, however the Board noted the following key risks during the meeting:

- Workforce challenges, including sickness absence, recruitment delays, and management capability.
- Delivery of planning guidance targets and associated financial risks.
- Ongoing pressures in urgent and emergency care and potential impact of industrial action on elective activity.
- Compliance risks relating to Subject Access Requests and ICO enforcement action.
- Infrastructure and estates constraints, including provision of colleague rest areas.
- Operational risks highlighted in limited assurance internal audit reports (e.g., agency ID checks and PEWS compliance).

25. EVALUATION OF THE EFFECTIVENESS OF THE MEETING

19.3. Rima Makarem reflected that some papers remain lengthy and complex, making it challenging for Board members to extract key points. Further work is needed to simplify reports, reduce acronyms, and present information in a more accessible format, including clearer summaries of key issues and decisions.

19.4. The Board endorsed the approach to continue improving report structure and presentation to support effective decision-making.

26. ITEMS FOR DISCUSSION AT CONFIDENTIAL BOARD MEETING

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

27. WITHDRAWAL OF PRESS AND PUBLIC

19.6. The Board moved that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential

nature of the business to be transacted outlined on the agenda, publicity on which would be prejudicial to the public interest.

28. DATE FOR NEXT PUBLIC BOARD MEETING

19.7. Tuesday 13 January 2026

APPENDIX

Response to public questions about Crewkerne Hospital (minute 5)

Dear company secretary, I would be most grateful if the following question could be asked at the next board meeting on November 4th.
Does the trust believe there is a conflict of interest in the appointment of Rosie Benneyworth as a non executive director when she has been and is in charge of the organization responsible for investigation, oversight and escalation of maternity units (HSSIB , formerly Active Chief Investigations Officer HSIB).
Could any response please be minuted.

Thank you for your question. The Trust takes potential conflicts of interest seriously and follows the NHS Code of Governance and Managing Conflicts of Interest in the NHS guidance. Rosie Benneyworth's appointment as a Non-Executive Director was subject to the standard recruitment and due diligence processes, including a review of any actual or perceived conflicts of interest.

Rosie's role at the Health Services Safety Investigations Body (HSSIB) has been fully declared. HSSIB was established under the Health and Care Act and investigates patient safety issues of national concern. It does not investigate individual trusts or providers and is not a regulatory body. Its recommendations are directed to national bodies such as the Department of Health and Social Care and NHS England, not to individual trusts.

Rosie was interim Chief Investigator at HSIB between July 2022 and September 2023, which included the maternity programme before it moved to the Care Quality Commission in October 2023. She has not been involved in the work of the maternity and newborn safety investigation programme since that transfer. The only maternity-related work HSSIB has undertaken is a scoping review to consider whether a national investigation was needed; this did not progress due to the Baroness Amos review.

The Trust considers that Rosie's experience in patient safety and investigations brings valuable expertise. Where any matter arises that could present a conflict, Rosie will declare this and, if necessary, recuse herself from related discussions or decisions, in line with our governance procedures.

The Trust is confident that these safeguards ensure transparency and maintain public trust.

Somerset NHS Foundation Trust

SOMERSET NHS FOUNDATION TRUST

ACTION NOTES FROM THE PUBLIC BOARD OF DIRECTORS MEETING HELD ON 4 NOVEMBER 2025

Minute	Action	By whom	Due date	Progress
Public Board meeting held on 2 September 2025				
8.9 - David Fuller Inquiry (in CEO report)	Report on the Trust's response to 4 November Board	Andy Heron	4 November 2025	Update scheduled for the Board meeting on 4 November 2025. Complete – paper presented to Board meeting on 4 November 2025.
Public Board meeting held on 4 November 2025				
7.3 - Planning guidance targets (in CEO report)	Update Board reports to include tracking of planning guidance metrics	Pippa Moger	13 January 2026	Where details of metrics for 2026/27 are known, the Board report has / will be updated accordingly.
10.2 - 2025/26 Board Assurance Framework and Corporate Risk Register Report	Executive team to review and identify funding source for transition services role.	Exec team	13 January 2026	Plans are in place to appoint a nurse co-ordinator, supported by a Clinical Director for Transition, to map current practice and identify priorities. A steering committee and Transition Charter will be developed to guide this work. The role will sit within Neighbourhoods and Community but work across all service groups. Mel Iles is the Executive Lead.

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Somerset NHS Foundation Trust	
REPORT TO:	Board of Directors
REPORT TITLE:	Chief Executive and Executive Director Report
SPONSORING EXEC:	Peter Lewis, Chief Executive
REPORT BY:	Ben Edgar-Attwell, Director of Governance
PRESENTED BY:	Peter Lewis, Chief Executive
DATE:	13 January 2026

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

Executive Summary and Reason for presentation to Committee/Board	This report provides information on national, regional, and local issues impacting on the organisation. It also updates the Board on the activities of the executive and senior leadership team and/or points of note which are not covered in the standing business and performance reports, including any key legal or statutory changes affecting the work of the Trust.
Recommendation	The Board is asked to note the report.

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

- ☒ Aim 1 Contribute to improving the health and wellbeing of population and reducing health inequalities
- ☒ Aim 2 Provide the best care and support to people
- ☒ Aim 3 Strengthen care and support in local communities
- ☒ Aim 4 Respond well to complex needs
- ☒ Aim 5 Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture
- ☒ Aim 6 Live within our means and use our resources wisely
- ☒ Aim 7 Deliver the vision of the trust by transforming our services through innovation, research and digital transformation

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

Equality and Inclusion
The Trust aims to make its services as accessible as possible, to as many people as possible. We also aim to support all colleagues to thrive within our organisation to be able to provide the best care we can. How have you considered the needs and potential impacts on people with protected characteristics in relation to the issues covered in this report?
There are a range of issues covered in the report that highlight work we are doing and/or national initiatives in relation to equality, diversity and inclusion.

Public/Staff Involvement History
(Please indicate if any consultation/service user/patient and public/staff involvement has informed any of the recommendations within the report)
The report includes a number of references to work involving colleagues, patients and system partners.

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

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

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

SOMERSET NHS FOUNDATION TRUST

CHIEF EXECUTIVE / EXECUTIVE DIRECTOR REPORT

1 BACKGROUND AND PURPOSE

1.1 This report provides information on national, regional, and local issues impacting on the organisation.

1.2 It also updates the Board on the activities of the executive and senior leadership teams and/or points of note which are not covered in the standing business and performance reports, including media coverage and any key legal or statutory changes affecting the work of the Trust.

2 NATIONAL AND REGIONAL DEVELOPMENTS / POLICY UPDATES

End-of-Year Reflections and Priorities for 2026

2.1 NHS England has issued an end-of-year message, accompanied by an earlier joint letter from the Secretary of State for Health and Social Care and the NHS Chief Executive, acknowledging the exceptional efforts of NHS staff throughout 2025 and setting out priorities for the year ahead.

2.2 Key themes from both communications:

- Recognition and Thanks: Both messages express deep gratitude for the resilience and professionalism shown by NHS colleagues during a challenging year marked by winter pressures, industrial action, and record levels of activity.

- Achievements in 2025: Significant progress has been made in elective recovery, cancer diagnosis, and urgent and emergency care performance, despite operational challenges.

- Priorities for 2026:
    - Elective Recovery: Continued focus on reducing long waits and improving access.
    - Urgent and Emergency Care Transformation: Expansion of same-day emergency care and virtual wards.
    - Workforce: Implementation of the NHS Long Term Workforce Plan, including new roles and retention strategies.
    - Digital Innovation: Accelerating adoption of digital solutions such as the Federated Data Platform and unified electronic patient records.
    - Financial Discipline and Productivity: Delivering balanced plans and measurable efficiency improvements.

- Staff Wellbeing and Inclusion: Emphasis on supporting colleagues and fostering a compassionate, learning culture.

2.3 These messages reinforce the importance of collaboration, innovation, and system-wide working as the NHS navigates ongoing pressures and transformation.

Resident Doctors Industrial Action

2.4 The British Medical Association (BMA) has continued its programme of industrial action by Resident Doctors, with action during November and December 2025.

2.5 A five-day strike took place from 14-19 November, coinciding with early winter pressures. The Trust implemented contingency measures, including redeployment of senior clinicians and prioritisation of urgent and emergency care. A further four-day strike occurred from 19-23 December,

2.6 The Trust worked closely with system partners to prepare for the impact of the strike, particularly in light of ongoing winter pressures. Contingency planning took place to maintain safe staffing levels and minimise disruption to patient care.

Record Numbers Using NHS App

2.7 NHS England has reported record usage of the NHS App, with more people than ever managing their health digitally. Key highlights include:

- User Growth: Over 35 million people are now registered with the NHS App, making it one of the most widely used health applications globally.
- Expanded Functionality: The app now offers a range of services beyond appointment booking and prescription management, including:
  - Access to GP health records.
  - Viewing hospital appointments and referrals.
  - Integration with digital health tools for condition monitoring.
- Impact on Patient Experience: Increased adoption is helping reduce pressure on phone lines and improve convenience for patients, supporting NHS ambitions for digital-first care.
- Future Developments: NHS England plans further enhancements, including integration with virtual wards and remote monitoring platforms, aligning with the wider digital transformation agenda.

2.8 This trend reflects a significant shift toward self-service and digital engagement, which will influence how providers, like SFT, design patient pathways and manage demand.

3 CORPORATE UPDATES

Staff Survey Results – Presentation Timeline

3.1 The Trust has confirmed the schedule for presenting the results of the recent staff survey across key governance meetings. The below schedule includes timely updates and engagement with colleagues and stakeholders. The timeline is as follows:

- Executive Committee – 1 February 2026
- Somerset Operational Partnership Forum – 17 February 2026
- People Committee – 4 March 2026
- Trust Board (Confidential) – 10 March 2026
- JLNC (Joint Local Negotiating Committee) – 29 April 2026

3.2 The Trust will ensure that findings are communicated effectively and that action plans are developed to address key themes arising from the survey.

Multiprofessional Education Quality Review – Positive Feedback and Key Themes

3.3 On 22 October 2025, SFT participated in the annual Multiprofessional Education Quality Review (MEQR) with NHS England South West. This strategic meeting focused on the quality of education and training across all professional groups, including nursing, midwifery, allied health professionals, psychological professions, pharmacy, healthcare science, and medical and dental learners.

3.4 Key highlights and feedback:

- Strong performance and transparency: NHS England commended the Trust for its robust governance, visibility of education and training, and collaborative approach with system partners. The Trust's work on educational finance transparency was highlighted as sector-leading, with interest from other organisations to learn from our model.
- Educator and infrastructure challenges: Discussions acknowledged ongoing challenges in educator capacity and physical infrastructure, particularly in delivering education across a geographically dispersed area with limited transport links. Learner placement refusals due to travel and financial constraints remain a concern, and the Trust is working with partners to address these barriers.
- Community learning and service transformation: The review noted the importance of embedding education into contracts with independent sector providers, especially as new diagnostic centres and community-based models of care emerge. The Trust is aligning education delivery with the NHS 10-Year Plan, supporting service shifts toward community care and digital transformation.
- Sexual safety and inclusion: The Trust's work on sexual safety was recognised, including policy development, improved reporting mechanisms, and data-driven oversight. A dedicated working group is reviewing staff and learner survey data to strengthen confidence and reporting.

- Education and training strategy: The Trust is developing a comprehensive education and training policy as part of the five-year People Strategy. This includes measuring the impact of training on patient experience, safety, and outcomes, and ensuring alignment with operational objectives.
- Finance and funding model: A review of education income and expenditure is underway to create a transparent funding model and clarify accountability across professional groups. This work positions the Trust as a regional leader in educational finance governance.
- Digital developments: Procurement for a new electronic health record system has been completed, with rollout planned for 2028. Interim improvements include ambient voice technology and better system integration to support education delivery and working lives.

3.5 NHS England praised the Trust for its proactive approach, collaborative working, and commitment to continuous improvement in education quality. These developments will be monitored through ongoing governance processes and reported to the Board as part of the People Strategy implementation.

Success at the HSJ Awards

3.6 Somerset NHS Foundation Trust, as part of the Open Mental Health alliance, has won the prestigious Health Service Journal (HSJ) Award for Mental Health Innovation of the Year at the national ceremony held in London on 20 November 2025.

3.7 The award recognises the Trust's collaborative work with voluntary, community, faith, and social enterprise partners to ensure that people in Somerset struggling with their mental health can access the right support at the right time. Since its introduction five years ago, the Open Mental Health alliance has delivered significant improvements in patient care and system efficiency, including:

- 35% reduction in acute hospital bed days for mental health
- 4% drop in readmission rates to mental health beds – fewer than half the national average of 8.5%
- 18% reduction in patient admissions
- 15% reduction in mental health A&E attendances

3.8 The HSJ judges praised the initiative as a "multi-agency, open-access model that harnesses the collective strengths of Somerset's health and care system to create positive change across entire communities." The alliance brings together 18 organisations, including Somerset NHS Foundation Trust, Experts by Experience, Somerset Integrated Care Board, and Somerset Council, dismantling traditional barriers between services and enabling prevention, early intervention, and personalised support.

3.9 In addition to this award:

- The Trust was a finalist in the Acute Sector Innovation of the Year category for its post-menopausal bleeding (PMB) self-referral service,

which has reduced waiting times for specialist review from 63 days to just six days and enabled cancer diagnoses within 11 days of referral.
- The South West Provider Collaborative, which includes Somerset NHS Foundation Trust, was highly commended in the Provider Collaboration of the Year category for its work on adult forensic care and patient recovery.

3.10 These achievements reflect the Trust's commitment to innovation, partnership working, and improving outcomes for patients across Somerset.

ISO 14001 and ISO 9001 Revalidation Audit – Successful Outcome

3.11 Simply Serve Limited (SSL), the wholly owned subsidiary of Somerset NHS Foundation Trust, has successfully completed its ISO 14001 (Environmental Management) and ISO 9001 (Quality Management) revalidation audit, held from 5–7 November 2025.

3.12 The audit, conducted by the British Assessment Bureau, concluded with no findings, reflecting the high standards maintained across SSL operations. This outcome demonstrates the organisation's commitment to:

- Quality assurance in service delivery.
- Environmental sustainability and compliance with international standards.
- Continuous improvement and robust governance processes.

3.13 This achievement is a testament to the hard work and dedication of SSL colleagues and reinforces confidence in the subsidiary's ability to support the Trust's strategic aims.

4 REPORTS AND ASSURANCE UPDATES (INCLUDING UPDATES FROM EXECUTIVE COMMITTEE)

Assurance Report from the Executive Committee meetings held on 3 November 2025, 1 December 2025 and 5 January 2026.

4.1 The Executive Committee met on 3 November, 1 December 2025 and 5 January 2026, focusing on governance, operational performance, finance, and workforce priorities.

4.2 Governance updates included the establishment of the Patient Safety Faculty under the Chief Medical Officer and plans to transfer the Patient Experience and Engagement team to the Chief Nurse portfolio from January 2026. Work is underway to simplify reporting requirements for service groups and develop bite-sized guides to governance processes.

4.3 Operational flow and winter resilience - ahead of the Christmas period, teams reduced occupancy to create headroom, which helped absorb very high demand over the bank holiday and into New Year - reported by SWASFT as among their busiest days regionally. Hospital@Home, Rapid Response and Care Coordination made a material contribution, including positive "kept-out" referrals. Elective activity was largely protected through coordinated working

across surgery, medicine and CYP, with 65-week waits reduced to 14 by 21 December. The Committee agreed to maintain focus on discharge and patient flow through January.

4.4 Other operational updates highlighted notable progress in urgent care and community transformation. The Urgent Treatment Centre opened at Yeovil, and mental health out-of-area placements reduced significantly. Preparations for the relaunch of inpatient maternity services and the Special Care Baby Unit at Yeovil District Hospital in April 2026 were reviewed, with governance structures and risk mitigation plans in place. The Every Minute Matters campaign will launch early in 2026 to support patient flow improvements.

4.5 Financial performance remains challenging. At Month 8, the Trust delivered an in-month surplus, which was breakeven to plan. This means the Trust remains breakeven to plan year-to-date with a headline deficit still to recover by year-end. Industrial action costs were accrued for November with similar costs expected for December. Agency spend continues to reduce, meeting the 30% NHSE reduction, and a further 30% reduction is expected in 2026/27. CIP under-performed in month but remains over-delivered YTD, supported by a VAT rebate on agency expenditure that should enable delivery of the 2025/26 CIP target, noting that only circa 30% is recurrent. Activity under-performance with Specialised Commissioning and Dorset is reflected in projections. Capital remains behind plan although additional NHSE funding has been confirmed for King's Building cost pressures. The forecast year-end deficit improved, with mitigation opportunities and potential NHSE support for industrial action costs.

4.6 Risk and assurance discussions noted an increase in high-level risks, including industrial action and digital readiness for the Electronic Health Record programme. The Board Assurance Framework was presented and evidenced progress against the strategic aims, with key highlights including the expansion of self-referral cancer pathways; development of an ADHD service model with the ICB; record Hospital@Home admissions; digital TEPs >15,000; retention around 89% (appraisal still below target); EHR outline business case approved and preferred bidder identified; and digital medicines live across acute/community.

4.7 The Committee received an update on the three-pillar model (patient safety; clinical effectiveness/governance, inc. health & safety, risk, legal, policy; patient experience). Bite-size guides are being introduced to support ward-to-board governance and RADAR use. Actions were agreed to hold dedicated sessions between service groups and the Governance Support Team to strengthen mutual expectations, accountability and assurance.

4.8 Quality and safety updates included the Learning from Deaths Q2 report as outlined within this report. Safer staffing remains a concern, with declining fill rates and urgent work underway to implement acuity tools. Internal audits highlighted improvements in agency ID checks and Paediatric Early Warning System rollout, though assurance gaps persist for deteriorating patient pathways. Complaints have fallen below 100 cases for the first time since July, with thematic analysis pointing to communication and personalised care as recurring issues.

4.9 An update was received on Infection Prevention and Control, noting stable overall HCAI rates with isolated increases under investigation. Governance improvements include strengthening committee oversight, clarifying cleaning responsibilities, and improving training compliance.

4.10 Workforce discussions focused on the NHS England Ten Point Plan for resident doctors, addressing priorities such as hot food provision, locker access, payroll accuracy, and annual leave management. Despite progress, industrial action in November and December created operational and financial pressures, with further strikes planned for January. The Committee endorsed actions to improve rostering flexibility, overnight facilities, and systemic processes to support staff wellbeing.

Freedom to Speak Up (FTSU) – Board Workshop Outcomes and Next Steps

4.11 The Board held a reflective workshop on Freedom to Speak Up (FTSU) in November 2025. Somerset NHS Foundation Trust is viewed externally as having a positive speaking-up culture with low fear, supported by strong FTSU presence in maternity units. GMC survey findings indicate dissatisfaction among resident doctors. An increase in FTSU cases reflects greater confidence, service promotion, and proactive approaches.

4.12 Key themes discussed:

- Culture: Aim for an environment where FTSU becomes unnecessary because openness and trust are embedded.
- Clarification: Distinguish between FTSU and whistleblowing; ensure clear communication.
- Visibility of Action: Strengthen communication of actions taken following concerns; CEO and executive visibility is critical.
- Independence: External routes may be necessary in some cases to maintain impartiality.
- Fear Factors: Address residual fears around recruitment and perceptions of bias.
- Data & Measurement: Triangulate concerns with absence and complaints data; consider a Culture Dashboard and integration with new data systems.

4.13 Priorities and actions agreed for the Board:

1. Clarify and assure the process for raising concerns.
2. Improve feedback sharing with those who speak up.
3. Introduce FTSU Ambassadors for signposting and support.
4. Ensure transparency through data and audits.
5. Share learning and feedback while respecting confidentiality.
6. Maintain physical presence of the FTSU team.
7. Explore opportunities for individuals who raise concerns to participate in publicity.
8. Address medic engagement and review GMC survey findings.
9. Monitor use of other systems and embed new data recording processes.

4.14 The Board is asked to endorse these Board priorities and receive regular updates on progress, including GMC survey results and FTSU data trends.

Learning from Deaths – Quarterly Summary (Q2 2025–2026)

4.15 This report is presented in line with the National Guidance on Learning from Deaths (National Quality Board, 2017) and NHS Improvement requirements for Trust Board oversight. It provides an update on mortality review processes, key learning themes, and mortality indicators for the period July to September 2025.

4.16 Key Highlights

- Learning from Deaths: Reviews continue to identify opportunities for improvement in care delivery, including end-of-life care, medication management, and escalation processes. Electronic prescribing systems are reducing medication-related risks.
- Medical Examiner Scrutiny: 516 deaths under Somerset NHS Foundation Trust care were reviewed by the Medical Examiner service, with feedback provided on 78 cases for further review.
- Structured Judgement Reviews (SJRs): 34 SJRs were requested during the quarter, with themes emerging around documentation of end-of-life decisions, timely administration of medication, and escalation protocols.
- Patient Safety Incidents: Two PSIRF investigations were initiated following deaths linked to falls and medication errors. Recommendations include improvements in delirium screening, estate safety, and dementia/delirium referral pathways.
- Learning Disability Reviews: Seven inpatient deaths of patients with learning disabilities were reported; concerns were identified in three cases, with one meeting the threshold for a PSIRF investigation.
- Community Services: Increased mortality review activity in District Nursing and Hospital @ Home teams, with learning identified around fire safety, wound care delegation, and escalation processes.
- Maternity and Paediatric Deaths: One neonatal death was reported and reviewed; no maternal deaths occurred in this period. A Regulation 28 report was issued following an inquest into a neonatal death, prompting actions on fetal monitoring and escalation pathways.
- Coronial Activity: 42 new enquiries were received, with two Regulation 28 reports issued (one relating to maternity care and one to falls risk management).
- Complaints and PALS Themes: Common concerns include communication after death, discharge arrangements, and end-of-life care.

4.17 Mortality Indicators

- SHMI (May 2024 – April 2025): Trust-level SHMI is 1.0125 (as expected). Musgrove Park Hospital: 1.0130 (as expected); Yeovil District Hospital: 0.9698 (as expected).
- HSMR (July 2024 – June 2025): Trust-level HSMR is 107.3 (above expected), driven by diagnostic groups such as pneumonia, lung cancer, and senility/organic mental disorders.

- Diagnostic Alerts: Above-expected mortality noted for pneumonia, bronchitis, lung cancer, and chronic ulcer of skin. Reviews are underway to identify contributory factors and improvement actions.

4.18 Emerging Learning Themes

- End-of-life care documentation and timely medication administration.
- Escalation to critical care outreach in emergency settings.
- Competency frameworks for mental health crisis response.
- Fire safety risk assessment for patients who smoke at home.
- Strengthening wound care delegation and infection monitoring in community nursing.

4.19 The Board is asked to note the report and the ongoing work to embed learning from deaths across all care settings.

4.20 The full Learning from Deaths report is available in the Reading Room for Board members

Somerset NHS Foundation Trust	
REPORT TO:	Board of Directors
REPORT TITLE:	Constitution Amendments – Council of Governors transition
SPONSORING EXEC:	Dr Rima Makarem, Chair
REPORT BY:	Ben Edgar-Attwell, Director of Governance
PRESENTED BY:	Ben Edgar-Attwell, Director of Governance
DATE:	13 January 2026

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

Executive Summary and Reason for presentation to Committee/Board	This report seeks the Board of Directors' approval for the adoption of Option 5 – Transition as the preferred approach for the future composition of the Council of Governors and the associated amendments to the Trust's Constitution. The Council of Governors approved Option 5 at its meeting on 17 December 2025, following engagement at the joint Board and Governor development session and subsequent feedback. The recommended approach reduces the Council to 25 Governors (13 public, 5 staff, and 7 appointed) while maintaining statutory compliance and proportional representation. The proposed constitutional amendments are set out in Appendix 1. Approval by the Board is required under paragraph 54 of the Constitution.
Recommendation	The Board of Directors is asked to: • Approve Option 5 – Transition as the preferred approach for the future composition of the Council of Governors. • Approve the constitutional amendments detailed in Appendix 1 to enable implementation of this model from the next election cycle in 2026. • Delegate authority to the Board Secretary and Corporate Services Manager to update the Constitution and submit the revised version to NHS England in line with statutory requirements.

Links to Strategic Aims (Please select any which are impacted on / relevant to this paper)
☐ Aim 1 Contribute to improving the physical health and wellbeing of the population and reducing health inequalities
☐ Aim 2 Provide the best care and support to people
☐ Aim 3 Strengthen care and support in local communities
☐ Aim 4 Respond well to complex needs
☐ Aim 5 Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture
☐ Aim 6 Live within our means and use our resources wisely
☐ Aim 7 Deliver the vision of the Trust by transforming our services through, innovation, research and digital transformation

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

Equality and Inclusion The Trust aims to make its services as accessible as possible, to as many people as possible. We also aim to support all colleagues to thrive within our organisation to be able to provide the best care we can. How have you considered the needs and potential impacts on people with protected characteristics in relation to the issues covered in this report?
The Trust aims to make its services as accessible as possible to all people and to support colleagues to thrive within our organisation so that we can provide the best care. In developing this proposal, we have considered the potential impacts on people with protected characteristics under the Equality Act 2010. The changes relate to governance arrangements rather than direct patient care, but they do affect representation and voice within the Trust. To ensure inclusivity: • Public Representation: The revised Council structure maintains representation across all public constituencies, ensuring that diverse communities continue to have a voice in governance. • Staff Representation: The proposed constitutional amendment requires proportional representation across the integrated Trust, with at least one Staff Governor from acute services, community services, and mental health services. This approach safeguards inclusion of staff from different professional backgrounds and service areas.

Public/Staff Involvement History (Please indicate if any consultation/service user/patient and public/staff involvement has informed any of the recommendations within the report)

The recommendations were informed by discussion at the joint Board and Governor development session on 2 December 2025 and subsequent feedback from Governors, including correspondence from the Lead Governor. The Council of Governors approved Option 5 on 17 December 2025.

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 – e.g. in Part B]
The options appraisal was considered by the Board and Governors at the Joint Development Day held on 2 December 2025. The Council of Governors approved Option 5 – Transition at its meeting on 17 December 2026.

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

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

SOMERSET NHS FOUNDATION TRUST

CONSTITUTION AMENDMENTS – COUNCIL OF GOVERNORS TRANSITION

1. PURPOSE AND BACKGROUND

1.1 This report seeks the Board of Directors' approval for a transition model for the Council of Governors and the associated amendments to the Trust's Constitution. These changes are proposed following the Council of Governors' approval of Option 5 – Transition at its meeting on 17 December 2025.

1.2 The changes respond to anticipated legislative reforms under the Fit for the Future: 10-Year Health Plan for England (10YHP), which removes the statutory requirement for NHS Foundation Trusts to have Councils of Governors from April 2027. While the precise legislative framework is yet to be confirmed, the direction of travel is clear: future governance models will be more dynamic and focused on patient, staff, and stakeholder engagement through alternative mechanisms.

1.3 Somerset NHS Foundation Trust currently has one of the largest Councils nationally, comprising 42 Governors (21 public, 12 staff, and 9 appointed). Twenty-one of these terms will conclude in early 2026, creating a natural opportunity to review and adjust the Council's size and composition without curtailing existing terms.

1.4 The Trust want to record our sincere thanks to all Governors for their exceptional commitment, insight, and professionalism. Governors have played a vital role in shaping the Trust's strategic direction, holding the Board to account, and ensuring that the voices of patients, staff, and communities are heard. Governors' contributions extend beyond statutory duties, encompassing quality walk rounds, PLACE inspections, membership engagement, and working groups – all of which have improved patient care.

1.5 These changes do not diminish the value of the Governors' work; rather, they reflect the evolving national context and the need to prepare for future models of engagement. The Trust is committed to ensuring that Governors' experience and perspectives continue to influence decision-making throughout the transition and beyond.

2. COUNCIL OF GOVERNORS DECISION

2.1 At the joint Board and Governor development session on 2 December 2025, NHS Providers presented five options for managing the transition. After discussion and subsequent engagement, the Council of Governors approved Option 5 – Transition at the Council of Governors meeting held on 17 December 2025. This option reduces the Council to 25 Governors:

Public Governors: 13
Staff Governors: 5

Appointed Governors: 7

2.2 This approach maintains compliance with the NHS Act and the Trust's Constitution, provides sufficient capacity to discharge statutory duties, and avoids unnecessary cost and disruption from full elections for short-term roles. It also enables flexibility for future governance models envisaged by the 10YHP.

2.3 The following table illustrates the proposed Council structure:

Electing/Appointing Body	Elected Governors	Appointed Governors
Public Governors		
Mendip area	2	
Sedgemoor area	2	
South Somerset area	4	
Somerset West and Taunton area	3	
Dorset	1	
England and Wales outside Somerset	1	
Staff Governors		
Staff Constituency	5	
Appointed Governors		
NHS Somerset		1
Somerset Council		2
Voluntary, Community, Faith and Social Enterprise (VCFSE)		2
Universities		1
Wholly owned subsidiaries (Symphony Healthcare Services Limited and Simply Serve Limited)		1
Total	**18**	**7**

3. FEEDBACK AND ENGAGEMENT

3.1 The proposal reflects feedback from Governors during the development session and through correspondence from the Lead Governor. Governors emphasised the importance of meaningful engagement and proportional representation. In response, the constitutional amendments include a requirement that at least one Staff Governor is elected from each of the following service areas: acute services, community services, and mental health services.

3.2 The Council also supported the principle that Governors should be actively involved in shaping alternative engagement forums alongside the Patient Experience and Engagement teams to ensure strong influence and accountability beyond 2027.

4. RISKS AND MITIGATIONS

4.1 Reducing representation may raise concerns about stakeholder confidence and accountability. To mitigate these risks:

- Alternative forums for staff and public engagement will be established, with Governors involved in their design.
- Transparency will be reinforced through patient groups and community partnerships.
- Arrangements will be reviewed regularly to maintain flexibility in response to legislative changes.

5. CONSTITUTIONAL AMENDMENTS REQUIRED

5.1 To implement this proposal, amendments to the Trust's Constitution are required. Specifically, Annexes 1, 2, and 3 must be revised to reflect the new allocations for public, staff, and appointed Governors. The detailed amendments are set out in Appendix 1. Approval of these amendments requires more than half of the Board of Directors and more than half of the Council of Governors voting in favour, in accordance with paragraph 54 of the Constitution.

6. RECOMMENDATION

6.1 The Board of Directors is asked to:

6.1.1 **Approve** the adoption of Option 5 – Transition as the preferred approach for the future composition of the Council of Governors.

6.1.2 **Approve** the constitutional amendments set out in Appendix 1 to enable implementation of this model.

6.1.3 **Delegate** authority to the Board Secretary and Corporate Services Manager to update the Constitution and submit the revised version to NHS England in line with statutory requirements.

6.1.4 **Agree** that the changes take effect from the next scheduled election cycle in 2026, ensuring a smooth transition without curtailing existing terms of office.

6.2 By approving these recommendations, the Board will enable the Trust to remain compliant with current legislation, manage resources effectively, and prepare for the governance changes expected nationally, while continuing to work closely with Governors to maintain strong engagement during and beyond the transition.

Appendix 1 – Proposed Amendments to the Constitution

Annex 1 – Public Constituencies

Existing table:

Table 1 - Seats on the Council of Governors from 1 May 2023

Name of Constituency	***For residents of***	***Minimum number of members***	***Elected Governors***
Mendip	*The Mendip District Council area*	*150*	*4*
Sedgemoor	*The Sedgemoor District Council area*	*150*	*4*
South Somerset	*The South Somerset District Council area*	*200*	*6*
Somerset West and Taunton	*Somerset West and Taunton District Council*	*200*	*5*
Dorset	*Dorset*	*50*	*1*
Outside Somerset and Dorset	*England and Wales outside Somerset and Dorset*	*50*	*1*
Totals	***Minimum Membership***	***800***	
	Governors		***21***

To replace table with:

Table 1 - Seats on the Council of Governors from [DATE TBC]

Name of Constituency	**For residents of**	**Minimum number of members**	**Elected Governors**
Mendip	The Mendip District Council area	150	2
Sedgemoor	The Sedgemoor District Council area	150	2
South Somerset	The South Somerset District Council area	200	4
Somerset West and Taunton	Somerset West and Taunton District Council	200	3
Dorset	Dorset	50	1
Outside Somerset and Dorset	England and Wales outside Somerset and Dorset	50	1
Totals	**Minimum Membership**	**800**	
	Governors		**13**

Annex 2 – Staff Constituency

1. MINIMUM NUMBER OF MEMBERS

1.1 There will be a single Staff Constituency with at least 1,200 members.

2. NUMBER OF SEATS ON COUNCIL OF GOVERNORS

2.1 The number of Governors to be elected by the Staff Constituency is 12 (twelve).

To replace with:

1. MINIMUM NUMBER OF MEMBERS

1.1 There will be a single Staff Constituency with at least 1,200 members.

2. NUMBER OF SEATS ON COUNCIL OF GOVERNORS

2.1 The number of Governors to be elected by the Staff Constituency shall be five (five).

2.2 To ensure proportional representation across the integrated Trust, at least one Staff Governor should be elected from each of the following service areas:

- Acute Services
- Community Services
- Mental Health Services

Annex 3 – Composition of Council of Governors

Existing wording:

2. COMPOSITION

2.1 The Composition of the Council of Governors shall be as follows:

2.2 The Composition of the Council of Governors from 1 May 2023 shall be as follows:

	Electing/Appointing Body		***Elected Governors***	***Appointed Governors***
1.1	***Public Governors***			
	1.1.1	*Mendip District Council area*	*4*	
	1.1.2	*Sedgemoor District Council area*	*4*	
	1.1.3	*South Somerset District Council area*	*6*	
	1.1.4	*Somerset West and Taunton District Council*	*5*	
	1.1.5	*Dorset*	*1*	

	1.1.6	*England and Wales outside Somerset*	*1*	
1.2	***Staff Governors***			
	Staff Constituency		*12*	
Appointed Governors				
1.3	***CCG Governor***			
	NHS Somerset			*1*
1.4	***Local Authorities' Governors***			
	1.5.1	*Somerset Council*		*2*
1.5	***Partnership Organisations' Governors***			
	1.6.1	*Somerset Primary Care Board*		*1*
	1.6.2	*Voluntary, Community and Social Enterprise (VCSE)*		*2*
	1.6.3	*Universities*		*1*
	1.6.4	*Symphony Healthcare Services Ltd*		*1*
	1.6.5	*Simply Serve Limited*		*1*
	Total		***33***	***9***

To replace table with:

2. COMPOSITION

2.1 The Composition of the Council of Governors shall be as follows:

	Electing/Appointing Body		**Elected Governors**	**Appointed Governors**
1.1	**Public Governors**			
	1.1.1	Mendip area	2	
	1.1.2	Sedgemoor area	2	
	1.1.3	South Somerset area	4	
	1.1.4	Somerset West and Taunton area	3	
	1.1.5	Dorset	1	
	1.1.6	England and Wales outside Somerset	1	
1.2	**Staff Governors**			
	Staff Constituency		5	
Appointed Governors				
1.3	NHS Somerset			1
1.4	Somerset Council			2
1.5	Voluntary, Community, Faith and Social Enterprise (VCFSE)			2
1.6	Universities			1
1.7	Wholly owned subsidiaries (Symphony Healthcare Services Limited and Simply Serve Limited)			1
	Total		**18**	**7**

NHS
Somerset
NHS Foundation Trust

Somerset NHS Foundation Trust	
REPORT TO:	Board of Directors
REPORT TITLE:	Assurance Report from the People Committee meeting held on 9 December 2025
SPONSORING EXEC:	Isobel Clements, Chief People Officer
REPORT BY:	Julie Hutchings, Board Secretary and Corporate Services Manager
PRESENTED BY:	Graham Hughes, Chair of the People Committee
DATE:	13 January 2026

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

Executive Summary and Reason for presentation to Committee/Board	The People Committee met on 9 December 2025 and reviewed key workforce priorities. Assurance was received on improvements to recruitment processes, progress with the NHS England 10-Point Plan for resident doctors and rising appraisal compliance. The Committee noted strong flu vaccination uptake and ongoing work to strengthen colleague experience and culture. Concerns remain around sickness absence, engagement scores and emerging workforce risks, which will continue to be monitored closely. This report provides assurance and highlights key risks for Board oversight.
Recommendation	The Board is asked to note the assurance provided and the key risks identified, including appraisal compliance, sickness absence, engagement and workforce sustainability and to support continued focus on recruitment, wellbeing and cultural change.

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

- ☐ Aim 1 Contribute to improving the physical health and wellbeing of the population and reducing health inequalities
- ☐ Aim 2 Provide the best care and support to people
- ☐ Aim 3 Strengthen care and support in local communities
- ☐ Aim 4 Respond well to complex needs

☒ Aim 5	Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture
☐ Aim 6	Live within our means and use our resources wisely
☐ Aim 7	Deliver the vision of the Trust by transforming our services through, innovation, research and digital transformation

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

Equality

The Trust wants its services to be as accessible as possible, to as many people as possible. Please indicate whether the report has an impact on the protected characteristics

☒	This report has been assessed against the Trust's People Impact Assessment Tool and there are no proposals or matters which affect any persons with protected characteristics
☐	This report has been assessed against the Trust's People Impact Assessment Tool and there are proposals or matters which affect any persons with protected characteristics and the following is planned to mitigate any identified inequalities

Public/Staff Involvement History

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

Staff involvement takes place through the regular service group and topic updates.

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 – e.g. in Part B]

The report is presented to the Board after every meeting.

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

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

SOMERSET NHS FOUNDATION TRUST

ASSURANCE REPORT FROM THE PEOPLE COMMITTEE MEETING HELD ON 9 DECEMBER 2025

1. PURPOSE

1.1. The People Committee met on 9 December 2025 to review workforce priorities including recruitment, appraisal compliance, cultural development, and wellbeing. This report provides assurance to the Board on matters discussed, highlights areas of concern, and identifies risks requiring escalation.

2. ASSURANCE RECEIVED

2.1. The Committee reviewed progress on recruitment and received assurance that improvements are being delivered, including a marked reduction in time to hire for both internal and external candidates and a robust plan to achieve further reductions. The Committee noted actions underway to address occupational health delays and improve pre-employment checks, supported by process standardisation and clearer KPIs.

2.2. Updates on the NHS England 10-Point Plan for resident doctors provided assurance on practical measures to improve wellbeing, including car parking, rest facilities, and hot food access, alongside initiatives to reduce payroll errors and embed national changes to exception reporting. The Committee endorsed the programme-level approach and noted the establishment of a stakeholder group to oversee delivery.

2.3. The People Performance Report highlighted incremental improvement in appraisal compliance, with a 2% month-on-month increase, and ongoing work to shift towards meaningful career conversations. The Committee welcomed progress but acknowledged that cultural change remains essential to improve quality and engagement.

2.4. Assurance was received on flu vaccination uptake, which stands above national trajectory and significantly ahead of last year's position, supported by targeted communications and peer vaccinators. The Committee also noted improvements in occupational health processes and agreed to maintain oversight of recovery plans.

2.5. The Committee discussed the work of the Colleague Experience Group and endorsed the move toward a more focused approach, including the development of a cultural dashboard and annual priorities to address workforce inequalities and wellbeing.

3. AREAS OF CONCERN OR FOLLOW UP

3.1. The Committee identified several areas requiring further attention. Appraisal compliance remains below target, and the quality of appraisals continues to be a concern, requiring cultural change to embed meaningful career conversations.

3.2. Sickness absence remains high at 5.2% with limited improvement, and engagement scores are declining, creating a risk of disengagement despite stable retention.

3.3. Recruitment improvements were noted, but time to hire remains above national targets and needs continued focus, particularly for medical roles. Risks linked to occupational health delays and system integration were also highlighted.

3.4. Emerging workforce risks include changes to visa thresholds and settlement rights for migrant workers, and challenges in maintaining healthcare support worker capacity. The Committee also emphasised the need for a structured approach to cultural improvement, including a cultural dashboard and clearer priorities for the Colleague Experience Group.

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

4.1. The Committee agreed that Strategic Aim 5 remains above risk appetite, driven by challenges in appraisal compliance, sickness absence, and workforce sustainability. Risks relating to cultural engagement and wellbeing were noted, with potential to impact retention and operational performance if not addressed.

4.2. Recruitment remains a key risk, particularly time to hire for medical roles, and the Committee highlighted the need for continued oversight of occupational health processes and system integration.

4.3. Emerging risks include changes to visa thresholds and settlement rights for migrant workers, which could affect workforce availability and costs, and challenges in maintaining healthcare support worker capacity.

4.4. The Committee also noted the importance of improving assurance on cultural development and inclusion and endorsed the need for a structured approach to mitigate these risks through clearer priorities and monitoring.

Graham Hughes
CHAIR OF THE PEOPLE COMMITTEE

Somerset NHS Foundation Trust	
REPORT TO:	Trust Board
REPORT TITLE:	Integrated Performance Exception Report
SPONSORING EXEC:	Pippa Moger, Chief Finance Officer
REPORT BY:	Lee Cornell, Associate Director – Planning and Performance Ian Clift, Senior Performance Manager Isobel Clements, Chief of People and Organisational Development Xanthe Whittaker, Director of Elective Care Stacy Barron-Fitzsimons, Director for Medical Services Group Sally Bryant, Director of Midwifery Leanne Ashmead, Director of Children, Young People and Families Mark Arruda-Bunker, Service Director, Mental Health and Learning Disabilities Abbie Furnival, Service Group Director – Neighbourhoods and Communities Kerry White, Managing Director – Symphony Healthcare Services Emma Davey, Director of Patient Experience and Engagement
PRESENTED BY:	Pippa Moger, Chief Finance Officer
DATE:	13 January 2026

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

Executive Summary and Reason for presentation to Committee/Board	Our Integrated Performance Exception Report sets out the key exceptions across a range of quality and performance measures, and the reasons for any significant changes or trends. Areas in which performance has been sustained or has notably improved include: • the percentage of patients waiting under six weeks to be seen by our community mental health services remained high.

	• the number of patients waiting 18 weeks or more from referral to be seen by our community services remains below (i.e. better than) the target level. • the number of patients waiting 18 weeks or more to be seen by our community dental service fell for the sixth month in a row. • patient satisfaction levels across our Symphony Healthcare practices remained high. • the percentage of patients followed up after discharge from our mental health wards remains above the national standard. National priority areas in respect of which the contributory causes of, and actions to address, underperformance are set out in greater detail in this report include: • improving the percentage of patients waiting no longer than 18 weeks for treatment and for a first appointment • the numbers of patients waiting 52 weeks or more for treatment. • compliance in respect of Cancer 28 Day Faster Diagnosis. • performance against the headline 62-day cancer standard. • compliance against the A&E delivery standard in respect of patients being admitted, discharged or transferred within four hours of attendance.
Recommendation	The Board is asked to discuss and note the report.

Links to Strategic Aims (Please select any which are impacted on / relevant to this paper)
☒ Aim 1 Contribute to Improving the health and wellbeing of the population and reducing health inequalities
☒ Aim 2 Provide the best care and support to children and adults
☒ Aim 3 Strengthen care and support in local communities
☒ Aim 4 Respond well to complex needs
☒ Aim 5 Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture
☒ Aim 6 Live within our means and use our resources wisely
☒ Aim 7 Deliver the vision of the Trust by transforming our services through innovation, research and digital transformation

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

Equality
The Trust wants its services to be as accessible as possible, to as many people as possible. Please indicate whether the report has an impact on the protected characteristics
This report has been assessed against the Trust's People Impact Assessment Tool and there are proposals or matters which affect any persons with protected characteristics and the following is planned to mitigate any identified inequalities A range of key indicators, relating to waiting times for treatment including acute hospital services, cancer services, and mental health services, are routinely monitored to provide assurance that there is equity of provision and access in relation to people with protected characteristics. This includes standards delivered according to recorded ethnicity and learning disability. Our workforce measures also include indicators relating to ethnicity, gender and disability.

Public/Staff Involvement History
(Please indicate if any consultation/service user/patient and public/staff involvement has informed any of the recommendations within the report)
Not Applicable.

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

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

Is this paper clear for release under the Freedom of Information Act 2000?	☒ Yes	

SOMERSET NHS FOUNDATION TRUST

INTEGRATED PERFORMANCE EXCEPTION REPORT: NOVEMBER 2025

TABLE OF CONTENTS

Each of the scorecards includes thumbnail trend charts for the key measures, and also uses the summary Variation and Assurance icons below, drawn from the NHS England publication 'Making Data Count'.

In respect of the variation icons, the Orange icon indicates a concerning special cause variation requiring action, the Blue icon indicates where there appears to be improvement, the Purple arrows indicate that there has been special cause variation, but not necessarily indicating either improvement or deterioration, and the Grey icon indicates no significant change.

In respect of the assurance icons, the Blue icon indicates that the target is consistently achieved, the Orange icon indicates that the target is consistently missed, and the Grey icon indicates that sometimes the target will be met and sometimes missed due to random variation – in a RAG report this indicator would vary between red, amber and green.

Each measure within the scorecards is also linked to one or more of our strategic aims, which are listed below:

1. Contribute to Improving the health and wellbeing of the population and reducing health inequalities.
2. Provide the best care and support to people.
3. Strengthen care and support in local communities.
4. Respond well to complex needs.
5. Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture.
6. Live within our means and use our resources wisely.
7. Deliver the vision of the Trust by transforming our services through innovation, research and digital transformation.

The sources of each of the measures contained within the scorecards are also specified, as follows:

- CQIM NHS England Clinical Quality Improvement Metric
- HDS NHS Hospital Discharge Service: Policy and Operating Model
- ICB Locally agreed measure from the NHS Contract with Somerset Integrated Commissioning Board
- LTP The NHS Long Term Plan, 2019
- NHSC: National measure from the NHS Contract
- NOF NHS Oversight Framework for 2025/26
- NSG Measures derived from a range of guidance documents for Stroke services

- OPG NHS England Priorities and Operational Planning Guidance
- PAF NHS England Performance Assessment Framework for 2025/26
- SFT Somerset NHS Foundation Trust internal target / monitoring
- SHS Symphony Healthcare Services internal target / monitoring
- VWOF NHS England Virtual Wards Operational Framework

CHIEF FINANCE OFFICER

NARRATIVE REPORT

NHS ENGLAND NATIONAL PRIORITIES AND SUCCESS MEASURES FOR 2025/26

The key points of note in respect of the NHS England national priorities and success measures for 2025/26 are as follows:

NHS England's 2025/26 priorities and operational planning guidance lists 18 national priorities and success measures for 2025/26, of which 12 apply to Somerset NHS Foundation Trust as a provider. Of these, we are performing well in respect of:

- improving A&E waiting times, with a higher proportion of patients admitted, discharged and transferred from ED within 12 hours across 2025/26 compared to 2024/25.
- reduce agency expenditure as far as possible, with a minimum 30% reduction on current spending across all systems.

For these measures, our performance in November 2025 was equal to, or better than, our target trajectory. Areas in respect of which we were underperforming against planned levels included:

- improving the percentage of patients waiting no longer than 18 weeks for treatment to 65% nationally by March 2026, with every trust expected to deliver a minimum 5%-point improvement against the November 2024 baseline.
- improving the percentage of patients waiting no longer than 18 weeks for a first appointment to 72% nationally by March 2026 - with every trust expected to deliver a minimum 5%-point improvement against the November 2024 baseline.
- reducing the proportion of people waiting over 52 weeks for treatment to less than 1% of the total waiting list by March 2026.
- improving performance against the 28-day cancer Faster Diagnosis Standard to 80% by March 2026.
- improving performance against the headline 62-day cancer standard to 75% by March 2026.
- improving A&E waiting times, with a minimum of 78% of patients admitted, discharged and transferred from ED within four hours in March 2026.

As at 30 November 2025, the percentage of patients waiting under 18 weeks RTT was 62.3%, down slightly from 62.5% in October. The percentage of patients waiting under 18 weeks for a first outpatient appointment increased to 70.7% in November 2025 but remained below plan. The number of patients waiting over 52 weeks reduced to 1,312 which represents 2.3% of the waiting list, which is better than our revised plan level of 2.4% or lower, but worse than our original plan of no more than 2.2%. A range of actions are in place to manage this position, including waiting list validation, and specialty-level planning and reporting arrangements. It is acknowledged that the

requirement to reduce 52-week waiters to less than 1% of the total waiting list by March 2026 will be a significant challenge, and one which we are likely not to achieve.

Compliance in respect of the A&E and UTC four-hour reporting standard fell in November 2025 and remained below the current national reporting target of 76%. A range of actions and developments are in progress to improve the position, including trialling the booking of next-day appointments for patients with low acuity conditions (following clinical triage). The MPH Urgent Treatment Centre (UTC) clinical pathway modelling has been completed for architect review. A staffing business case is under way, in conjunction with the clinical design model. Point of care testing is also now live in both Emergency Departments.

As at 31 October 2025 – the latest data available – we were above the national average performance for the headline 62-day cancer standard, but below our planning trajectory target of 70.3%. The main cause of the breaches for urology continues to be high demand which cannot be accommodated within available capacity. This is mainly for the diagnostic phase of cancer pathways, when tests are still being undertaken to confirm whether a patient has a cancer or a benign condition. Self-referral services continue to be piloted and rolled out for patients with symptoms of cancer, to encourage patients to come forward sooner to get checked out; this will also help to smooth demand. Two urology consultant posts (one substantive and one fixed-term) have been appointed to and colleagues are now in post; a locum has also been appointed, in part to support clinical cancer leadership; two consultants have also returned from maternity leave.

Also as at 31 October 2025, the percentage of patients diagnosed with a cancer or given a benign diagnosis within 28 days of referral was 77.8%, meeting the national standard and exceeding national average performance, but falling slightly below our planning trajectory of 80.3%. The highest breaches were in colorectal (29% of breaches, performance of 65%), gynaecology (18% of breaches; performance of 58%) and urology (13% of breaches; performance of 68%). The colorectal and urology teams have taken part in the national 100 Days Matter challenge see the Cancer report). Urology FDS performance has improved by 30% between May and October 2025.

During 2025/26, there is a requirement to reduce the average length of stay in our adult acute mental health beds. We have identified a data quality issue associated with our local reporting of the average length of stay in our mental health wards, which is currently being addressed.

Responsive

Referral to Treatment Time (RTT): National priorities in 2025/26 are to: Improve the percentage of patients waiting no longer than 18 weeks for treatment, improve the percentage of patients waiting no longer than 18 weeks for a first appointment, and reduce the proportion of people waiting over 52 weeks for treatment to less than 1% of the total waiting list by March 2026.

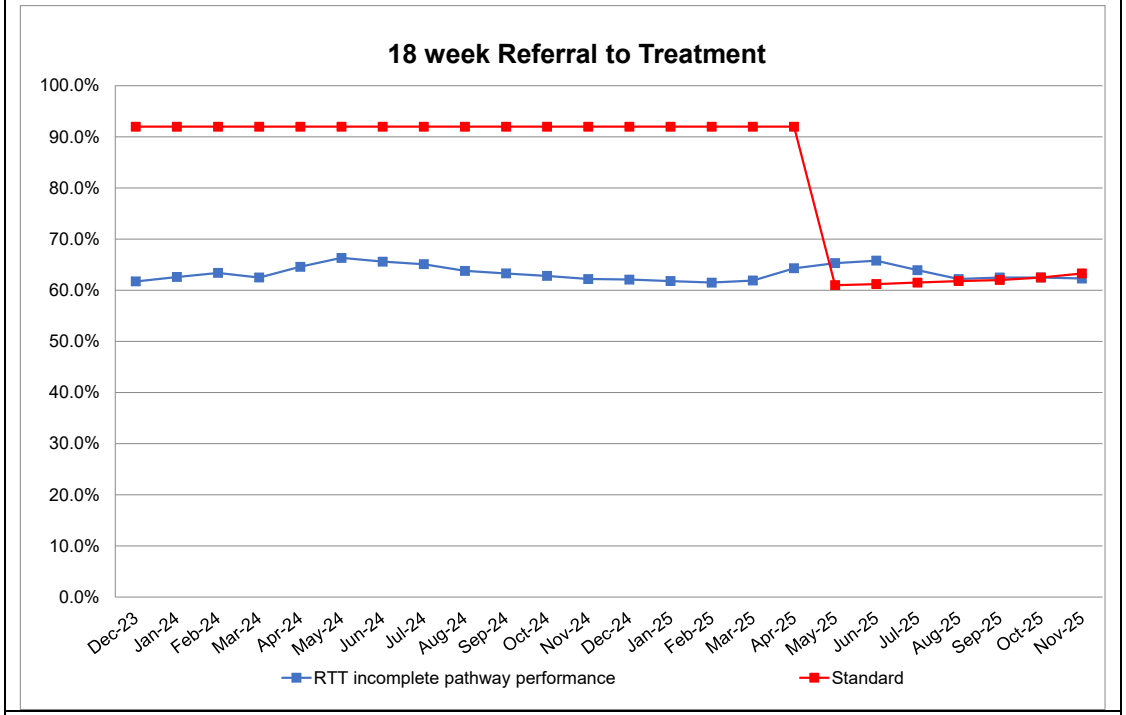
Current performance (including factors affecting this)

- The percentage of patients waiting under 18 weeks RTT was 62.3% in November 2025. The percentage of patients waiting under 18 weeks for a first outpatient appointment increased to 70.7% in November 2025 but remained below plan.
- Total waiting list size decreased by 1,409 pathways, but was still 679 higher (i.e. worse) than trajectory (56,659 actual vs. 55,980 plan).
- The number of patients waiting over 52 weeks decreased to 1,313. This represents 2.3% of the waiting list against a target of 2.2%. Whilst worse than the original plan this is better than the revised trajectory (1,349 52-week waiters and 2.4% of the waiting list).
- The number of patients waiting over 65 weeks decreased by 62 to 79 at the month-end, against a national expectation of zero.
- One patient had waited over 78 weeks RTT, which was a decrease of five on the October 2025 reported position of six.

Focus of improvement work

- A specialty-level RTT planning model was developed for 2025/26, which took account of the impact of productivity opportunities and quantified the level of activity needed to meet the two new national targets of a 5% improvement in performance against the 18-week RTT and first appointment within 18 weeks standards. Delivery plans for the twelve lower-performing high-volume specialties were refreshed in August 2025 and continue to be reviewed monthly.
- The Trust continues to take part in the national RTT Validation Sprint (please also see the Elective Care narrative); this administrative validation of the RTT pathways has delivered a 9.3% increase on baseline validation in Quarter 3 to date and is helping to keep the waiting list flat.
- Monitoring reports for all of the RTT standards are in place, along with reports to monitor the delivery against the core productivity measures, such as Advice & Guidance, Patient Initiated Follow-ups (PIFU), Did Not Attend (DNA rates) and capped theatre utilisation.

Line Chart



How do we compare

The national average performance against the 18-week RTT standard was 61.8% in October 2025, the latest data available; our performance was 62.5%. National performance was unchanged between September and October 2025; our performance was also unchanged. The number of patients waiting over 52 weeks across the country decreased by 7,776 to 178,860 (2.3% of the national waiting list compared with 2.7% for the Trust). The number of patients waiting over 78 weeks nationally increased by 227 to 1,716.

Performance trajectory: 18-week, first OP within 18 weeks and 52-week wait performance

Area	Jun	Jul	Aug	Sep	Oct	Nov
18-week trajectory	61.5%	61.8%	62.0%	62.5%	63.3%	64.1%
18-week actual	65.8%	63.9%	62.2%	62.5%	62.5%	62.3%
First OPA 18 weeks trajct.	72.7%	73.0%	73.1%	73.7%	74.7%	75.8%
First OPA 18 weeks actual	74.1%	72.3%	68.2%	70.6%	70.3%	70.7%
52-week trajectory	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%
52-week actual	2.8%	3.0%	3.2%	3.0%	2.7%	2.3%

Responsive

62-day Cancer is a measure of the length of wait from referral from a GP, screening programme or consultant, through to the start of first definitive treatment. The target is that by March 2026 at least 75.1% of patients are treated within 62 days of referral. The 28-day Faster Diagnosis is the first part of the 62-day pathway.

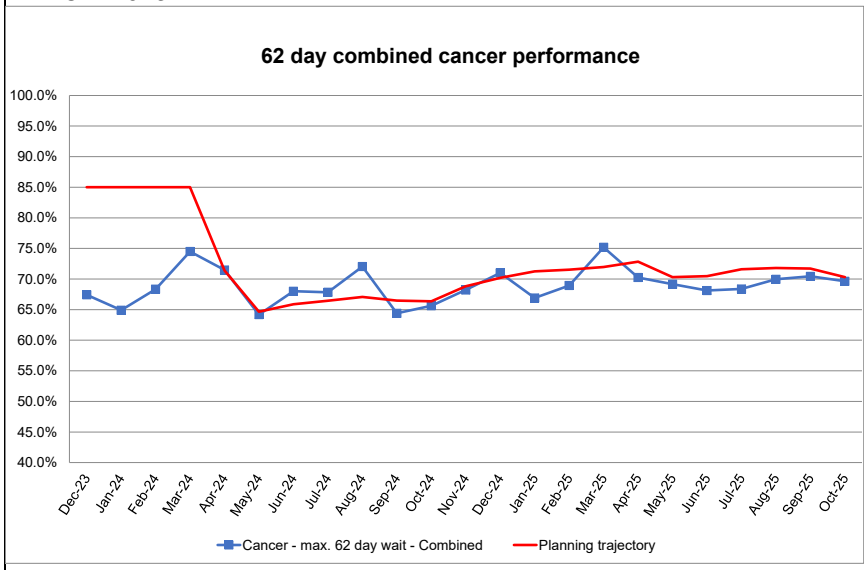
Current performance (including factors affecting this)

- The percentage of patients treated for a cancer within 62 days of referral was 69.6% in October 2025, below the planning trajectory target of 70.3% but above the national average performance.
- The main breaches of the 62-day combined cancer standard were in urology (27% of breaches), colorectal (20%) and skin (19%).
- The main cause of the breaches for urology continues to be high demand which cannot be accommodated within available capacity. This is mainly for the diagnostic phase of cancer pathways, when tests are still being undertaken to confirm whether a patient has a cancer or a benign condition. The skin breaches relate to high demand and capacity gaps, in particular in the plastics service.
- The breaches of the standard in colorectal relate to CT colon and endoscopy waits, as well as insufficient theatre capacity to meet bulges in demand for surgery consistently.
- Thirty-nine GP referred patients were treated in October 2025 on or after day 104 (the national 'backstop'); please see Appendix 1.

Focus of improvement work

- Two urology consultant posts, one substantive and one fixed-term, have been appointed to and colleagues are now in post; a locum has also been appointed; two consultants also returned from maternity leave in September 2025.
- Urology and Colorectal have taken part in the 100 Days Matter national pathway improvement challenge (please also see the Cancer Report).
- Self-referral services continue to be piloted and rolled out for patients with symptoms of cancer, to encourage patients to come forward sooner to get checked out; this will also help to smooth demand. This includes the Somerset Bowel Service which is now live across three Primary Care Networks.
- Please also see the Elective Care report for details of endoscopy capacity improvements.

Line Chart



How do we compare

National average performance for providers was 68.8% in October 2025, the latest data available. Our performance was 69.6%. We were ranked 86 out of 145 trusts.

Although the national standard remains 85%, the operating plan guidance for 2024/25 sets the improvement target as 70% for March 2025, rising to 75% by March 2026.

Recent performance

62-day GP cancer performance

Area	May	Jun	Jul	Aug	Sep	Oct
% Compliance	69.2%	68.1%	68.4%	70.0%	70.4%	69.6%
Trajectory	70.3%	70.5%	71.6%	71.8%	71.7%	70.3%

Responsive

28 Day Faster Diagnosis Cancer Standard (FDS) is a measure of the length of wait from referral through to diagnosis (benign or cancer). The target is for at least 80% of patients to be diagnosed within 28 days of referral by March 2026. The first step in a 62-day cancer pathway.

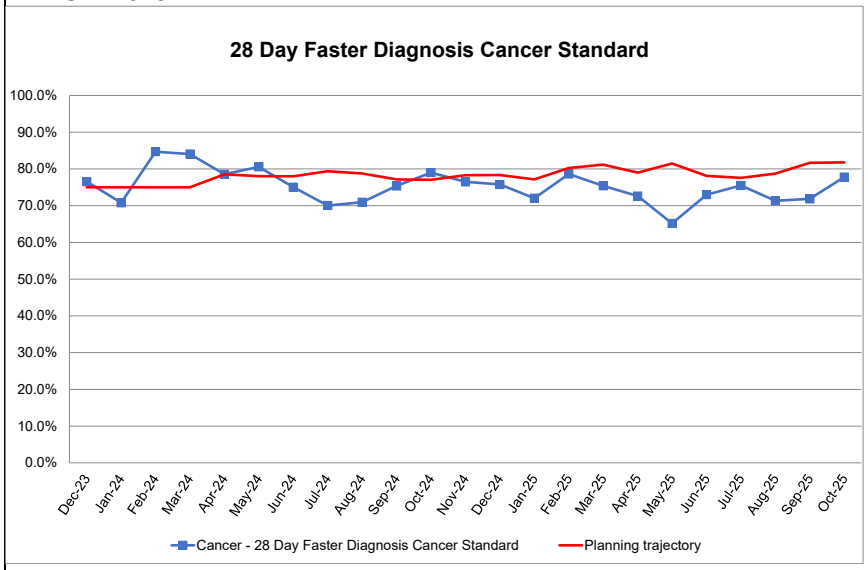
Current performance (including factors affecting this)

- The percentage of patients diagnosed with a cancer or given a benign diagnosis within 28 days of referral was 77.8% in October 2025, meeting the national standard and exceeding national average performance, but falling slightly below our planning trajectory.
- The highest breaches were in colorectal (29% of breaches, performance of 65%), gynaecology (18% of breaches; performance of 58%) and urology (13% of breaches; performance of 68%).
- Colorectal FDS performance has been affected by waiting times for colonoscopies and CT colon scans, which have increased due to reduced service capacity; the causes for longer colonoscopy waits are multifactorial but include significant nursing vacancies.
- Gynaecology had an increase in demand over the summer, but this has subsided. The service is, however, currently short of a consultant who is currently on maternity leave, for whom there is insufficient cover, and who usually provides a high proportion of the diagnostic capacity.
- Urology demand remains consistently high, especially for patients with suspected prostate cancers. Overall performance against the FDS for November 2025 is also expected to be above 77%.

Focus of improvement work

- The colorectal and urology teams have taken part in the national 100 Days Matter challenge (please also see the Cancer report). Urology FDS performance has improved by 30% between May and October 2025.
- Urology performance is expected to improve again as the impact of the additional capacity and pathway redesign take effect (see the Cancer report).
- Gynaecology is undertaking an end-to-end review of its pathways; particular focus is the management of benign results, to speed up the notification of the all clear to patients.
- Additional diagnostic capacity is being established, which will help improve colorectal FDS performance (please also see the Elective Care report).

Line Chart



How do we compare

National average performance for providers was 76.1% in October 2025, the latest data available. Our performance was 77.8%. We ranked 75 out of 138 providers.

Recent performance

Performance in recent months was as follows:

28-day Faster Diagnosis performance

Area	May	Jun	Jul	Aug	Sep	Oct
Trajectory	81.5%	78.1%	77.6%	78.7%	81.7%	80.3%
Compliance	65.2%	73.0%	75.5%	71.3%	71.9%	77.8%

Responsive

The Accident & Emergency (A&E) 4-hour standard is a measure of the length of wait from arrival in an Emergency Department (ED) to the time the patient is discharged, admitted or transferred to another provider. The target is that at least 76% of patients will wait less than four hours in the Emergency Department, rising to 78% by March 2026.

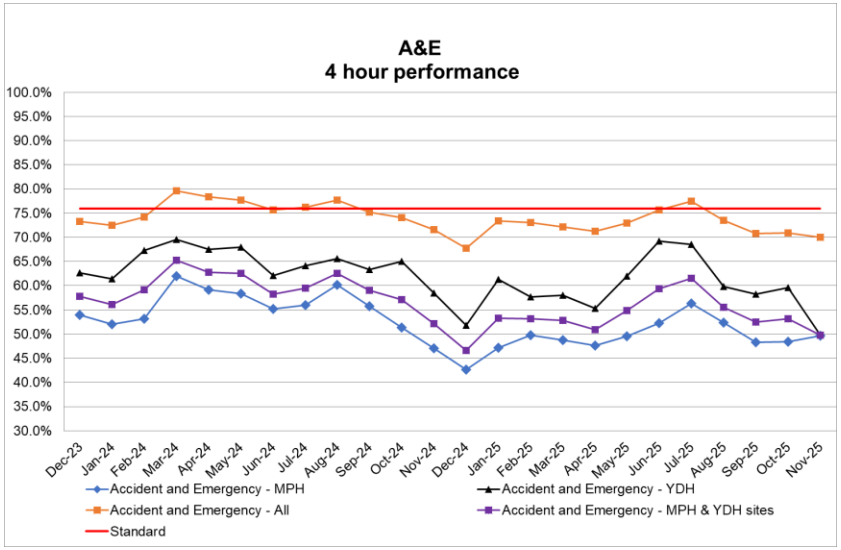
Current performance (including factors affecting this)

- Trust-wide A&E 4-hour performance for our EDs was 49.7% during November 2025, down from 53.1% in October 2025. With Urgent Treatment Centres (UTCs) compliance included at 97.3%, overall compliance was 70.0%, below the 76% national standard.
- Compliance in respect of our two A&E departments was:
    - Musgrove Park Hospital (MPH): 49.7%.
    - Yeovil District Hospital (YDH): 49.7%.
- At YDH the UTC became operational from 11 November 2025, with 1,050 patients (92.3%) being seen discharged, admitted or transferred with four hours.
- We are required to achieve an improvement in respect of the percentage of patients sending less than 12 hours in the departments, compared to the 2024/25 outturn. Between 1 April and 30 November 2025, 95.3% of patients spent less than 12 hours in the departments, the same as the 95.3% achieved in the 12 months ending 31 March 2025.

Focus of improvement work

- MPH:
    - Dedicated paediatrics doctor on lates - visual reminders, such as lanyards put in place to identify this clinician.
    - The use of Out of Hours orthopaedic/fracture clinic space is improving.
    - A plan is in place for a trial in January 2026 for patients with low acuity conditions to be booked to re-attend the next day.
    - Two consultant post interviews are scheduled for 21 January 2026, which will enable additional senior consultant cover during peak times.
    - The MPH Urgent Treatment Centre (UTC) clinical pathway modelling has been completed for architect review. A staffing business case is under way, in conjunction with the clinical design model.
    - A further ED Advanced clinical practitioner (ACP) roles (trainee) recruitment day is scheduled for January 2026.
- **YDH:**
    - Frailty Same Day Emergency Care ACP posts have been offered and successfully recruited to.
    - UTC fortnightly meetings are now in place.
    - The nPEWS (paediatric early warning score) roll out is commencing.
    - SAS recruitment was successful for one role; a further three posts remain. Internal development may be possible.
- **Cross site**
    - A Frailty Programme manager is now in place.
    - A review of progress chaser/ tracker role job descriptions has been undertaken – awaiting banding review.
    - The BARS (Booking and Referral Standards) workstream is progressing well; the community UTC aims to go-live by the end of 2025, with co-located UTC by March 2026.
    - Point of care testing is now live in both Emergency Departments.

Line Chart



How do we compare

In November 2025, the national average performance for Trusts with a major Emergency Department was 60.3%. Our performance was 49.7%. We were ranked 106 out of 121 trusts. With Urgent Treatment Centre attendances included, we were ranked 76, with performance of 70.0%. National average performance was 71.9%.

Recent performance

Area	Jun	Jul	Aug	Sep	Oct	Nov
A&E only	59.4%	61.5%	55.5%	52.5%	53.1%	49.7%
Including UTC	75.7%	77.5%	73.5%	70.8%	71.0%	70.0%

SOMERSET NHS FOUNDATION TRUST

NHS ENGLAND 2025/26 PRIORITIES AND OPERATIONAL PLANNING GUIDANCE: NATIONAL PRIORITIES AND SUCCESS MEASURES FOR 2025/26

No.	Priority	Success Measure	Links to strategic aims	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Thresholds	Trend	Variation / Assurance
NP1	Reduce the time people wait for elective care	Improve the percentage of patients waiting no longer than 18 weeks for treatment to 65% nationally by March 2026, with every trust expected to deliver a minimum 5% point improvement against the November 2024 baseline	1,2	62.1%	61.8%	61.5%	61.9%	64.3%	65.3%	65.8%	63.9%	62.2%	62.5%	62.5%	62.3%	Per the planning trajectory, culminating in 67.3% in March 2026.		
NP2		Improve the percentage of patients waiting longer than 18 weeks for a first appointment to 72% nationally by March 2026, with every trust expected to deliver a minimum 5% point improvement against the November 2024 baseline	1,2	73.7%	74.7%	73.8%	73.9%	74.7%	75.4%	74.1%	72.3%	68.2%	70.6%	70.3%	70.7%	Per the planning trajectory, culminating in 80.3% in March 2026.		
NP3		Reduce the proportion of people waiting over 52 weeks for treatment to less than 1% of the total waiting list by March 2026	1,2	2.3%	2.4%	2.4%	2.1%	2.5%	2.8%	2.8%	3.0%	3.2%	3.0%	2.7%	2.3%	Per the planning trajectory, culminating in 1.5% in March 2026.		
NP4		Improve performance against the headline 62-day cancer standard to 75% by March 2026	1,2	71.0%	66.9%	68.9%	75.2%	70.2%	69.2%	68.1%	68.4%	70.0%	70.4%	69.6%	Data not yet due	From April 2025 at or above trajectory =Green >=70% Amber <70% =Red		
NP5		Improve performance against the 28-day cancer Faster Diagnosis Standard to 80% by March 2026	1,2	75.8%	72.0%	78.6%	75.4%	72.6%	65.2%	73.0%	75.5%	71.3%	71.9%	77.8%	Data not yet due	From April 2025 at or above trajectory =Green >=77% Amber <77% =Red		
NP6	Improve A&E waiting times	Improve A&E waiting times, with a minimum of 78% of patients admitted, discharged and transferred from ED within 4 hours in March 2026: **Trust-wide performance**	2	67.7%	73.4%	73.0%	72.2%	71.3%	73.0%	75.7%	77.5%	73.5%	70.8%	71.0%	70.0%	From April 2025 >=76%= Green >=66% - <76% =Amber <66% =Red (the standard will rise to 78% in March 2026, and 82% in March 2027)		
NP7		Improve A&E waiting times, with a higher proportion of patients admitted, discharged or transferred from ED within 12 hours across 2025/26 compared to 2024/25 - **Trust-wide performance**	2	96.0%	95.5%	95.2%	95.3%	92.9%	93.9%	94.9%	95.5%	95.6%	95.6%	95.2%	95.3%	From April 2025 >=95.3% = Green <95.3% = Red		
NP8	Improve mental health and learning disability care	Reduce average length of stay in adult acute and older persons mental health beds	2,6	66.2	58.9	63.0	63.3	61.8	60.2	63.6	67.7	71.6	77.4	Data awaited	Data awaited	A revised trajectory has been submitted to the ICB and is awaiting sign-off by NHSE		
NP9	Live within the budget allocated, reducing waste and improving productivity	Reduce agency expenditure as far as possible, with a minimum 30% reduction on current spending across all systems	6	£22,460K	£24,679K	£26,790K	£28,921K	-40.8% £1,827K	-40.7% £3,489K	-37.0% £5,098K	-35.5% £6,747K	-36.8% £8,247K	-35.8% £9,731K	-38.2% £11,040K	-39.2% 12,341K	>=30% reduction= Green >=25% - <30% reduction =Amber <25% reduction =Red		
NP10		Close the activity / WTE gap against pre-Covid levels (adjusted for case mix)	6	To be included in the Productivity report.												To be confirmed.		
NP11	Maintain focus on quality and safety of services	Improve safety in maternity and neonatal services, delivering the key actions of the of the 'Three year delivery plan'	1,2	Progress reported via regular updates to our Quality and Governance Assurance Committee.												To be confirmed.		

Sector-Based Performance Summaries

NARRATIVE REPORT

NEIGHBOURHOODS AND COMMUNITY SERVICES

The key points of note in respect of Neighbourhoods and Community services are as follows:

Achievements

- A meeting was held with colleagues at Burnham-on-Sea and Crewkerne community hospitals to share our intention to move forward with a test and learn from April 2026, which includes the expansion of access to services through a temporary reduction in the inpatient bed base. Both units would go from 16-bedded to eight-bedded units.
- Engagement around our preferred option has also extended to local MPs, Health and Social Care Overview and Scrutiny Committee, and Leagues of Friends.
- A flu pathway for straight to respiratory Hospital at Home (H@H) has yielded a significant number of referrals from MPH in December. The inspiration for this pathway was national guidance to set up flu cohort beds in community hospitals as part of the winter plan. The Service Group elected to convert this to H@H instead of community hospital beds with some promising signs.
- The average length of stay of non-stroke patients discharged between 1 April and 30 November 2025 was 35.1 days, down from an average of 36.5 days during 2024/25. The average length of stay of stroke patients discharged between 1 April and 30 November 2025 was 40.9 days, down from an average of 48.6 days during 2024/25.

Challenges

- Hospital at Home: In November 2025, we received a total of 308 referrals, which was below the plan level for the month of 357. The team had 304 admissions (167 Frailty, 137 Respiratory), which was the fourth-highest monthly total since the service began, behind October, September and January 2025. The total number of admissions since the service was established has now exceeded 7,500. Gaps in frailty Advanced Clinical Practitioners (ACPs) and Band 5 nurses has caused some challenge but referrals turned away continue to be minimal and Respiratory teams are stepping in to support despite having very heavy caseloads.
- There continues to be challenge for our MSK physio and Podiatry outpatient services with waits for the first outpatient appointment starting to extend. This is due to a spike in referrals in July 2025 for Podiatry and September 2025 for MSK physio as well as a slight reduction in Physios due to vacancy control processes.

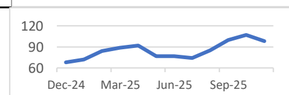
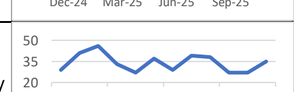
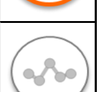
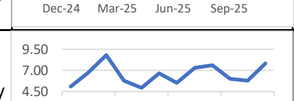
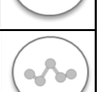
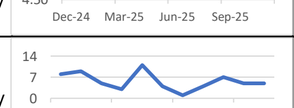
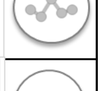
- The number of closures for Burnham on Sea minor injury unit and Shepton Mallet urgent treatment centre is a concern.

Actions to Address Underperformance:

- External recruitment for Hospital at Home was authorised by the executive panel on 13 November 2025.
- Review with the service lead for Urgent Treatment Centres of the vacancy position by month and rostering to these units to establish what could be possible in achieving some consistent opening hours. The team have restarted work with Symphony on a collaborative approach to same day urgent care for Burnham-on-Sea to provide more resilient staffing.
- MSK Physio are working with the digital team to migrate all clinics onto Maxims, which will realise a number of productivities and assist with the improvement of waiting times. This work has been delayed over the year but is now back on track and is very important to offset the vacancies.

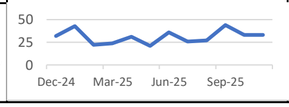
SOMERSET NHS FOUNDATION TRUST

NEIGHBOURHOODS AND COMMUNITY SERVICES

No.	Description		Source	Links to strategic aims	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Thresholds	Trend	Variation / Assurance
NC1	Mental health referrals offered first appointments within 6 weeks	Older Persons mental health services	ICB	1,2,3	97.7%	91.1%	96.2%	96.2%	97.5%	98.0%	100.0%	96.8%	97.2%	99.0%	97.9%	95.8%	>=90%= Green >=80% - <90% =Amber <80% =Red		
NC2	Community service waiting times: number of people waiting over 18 weeks from referral to first appointment (excluding dental)	Numbers waiting	SFT	1,2,3	768	592	576	589	538	536	472	405	473	465	663	760	From April 2026 =<22% of the total waiting list = Green >22% of the total waiting list = Red		
NC3		% waiting under 18 weeks	SFT	1,2,3	91.4%	93.8%	93.9%	94.0%	94.7%	95.1%	95.6%	96.4%	95.8%	95.7%	94.3%	93.9%	From April 2026 >78% = Green <78% = Red		
NC4	Community service waiting times: number of people waiting over 52 weeks from referral to first appointment (excluding dental)		PAF	1,2,3	26	9	5	4	2	1	1	0	0	0	0	0	From April 2025 0 = Green >0 = Red		
NC5	Community service waiting times: percentage of people waiting over 52 weeks from referral to first appointment (excluding dental)		PAF	1,2,3	0.29%	0.10%	0.05%	0.04%	0.02%	0.01%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%			
NC6	Intermediate Care - Patients all ages discharged home from acute hospital beds on pathway 0 or 1		HDS	1,2,3	93.8%	94.4%	95.5%	95.0%	95.5%	94.9%	94.9%	94.5%	95.3%	95.3%	Data awaited	Data awaited	>=95%= Green >=85% - <95% =Amber <85% =Red		
NC7	Urgent Community Response: percentage of patients seen within two hours		NHSC	1,2,3	93.4%	92.6%	92.7%	90.9%	91.9%	93.0%	92.6%	93.5%	92.0%	92.7%	91.2%	93.8%	>=70%= Green >=60% - <70% =Amber <60% =Red		
NC8	Hospital at Home - Caseload Size		VWOF	1,2,3	68	72	84	89	92	77	77	74	85	100	107	98	>167 = Green >134 - <167 =Amber <134 =Red		
NC9	Hospital at Home - Admissions		VWOF	1,2,3	255	305	227	237	266	258	242	289	288	308	364	304	>419 = Green >377 - <419 =Amber <377 =Red		
NC10	Total number of patient falls - community hospitals		NHSC	2	29	41	46	33	27	37	29	39	38	27	27	35	Monitored using Statistical Process Control rules. Report by exception.		
NC11	Rate of falls per 1,000 occupied bed days - community hospitals		NHSC	2	5.10	6.76	8.82	5.78	4.94	6.65	5.52	7.32	7.62	5.99	5.78	7.83	Monitored using Statistical Process Control rules. Report by exception.		
NC12	Community hospitals - number of pressure ulcers		NHSC	2	8	9	5	3	11	4	1	4	7	5	5	Data not yet due	Monitored using Statistical Process Control rules. Report by exception.		
NC13	Rate of pressure ulcer damage per 1,000 occupied bed days		NHSC	2	1.41	1.48	0.96	0.53	2.01	0.54	0.19	0.75	1.40	1.11	1.07	Data not yet due	Monitored using Statistical Process Control rules. Report by exception.		
NC14	District nursing - number of pressure ulcers		NHSC	2	82	102	92	63	75	69	56	59	72	66	77	Data not yet due	Monitored using Statistical Process Control rules. Report by exception.		
NC15	Rate of pressure ulcer damage per 1,000 district nursing contacts		NHSC	2	2.60	3.10	3.15	2.02	2.36	2.11	1.72	1.78	2.32	2.08	2.37	Data not yet due	Monitored using Statistical Process Control rules. Report by exception.		

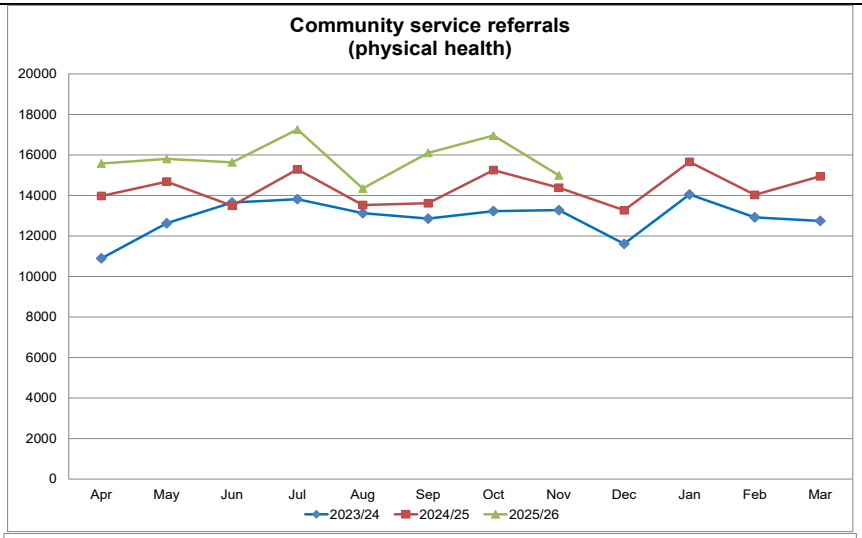
SOMERSET NHS FOUNDATION TRUST

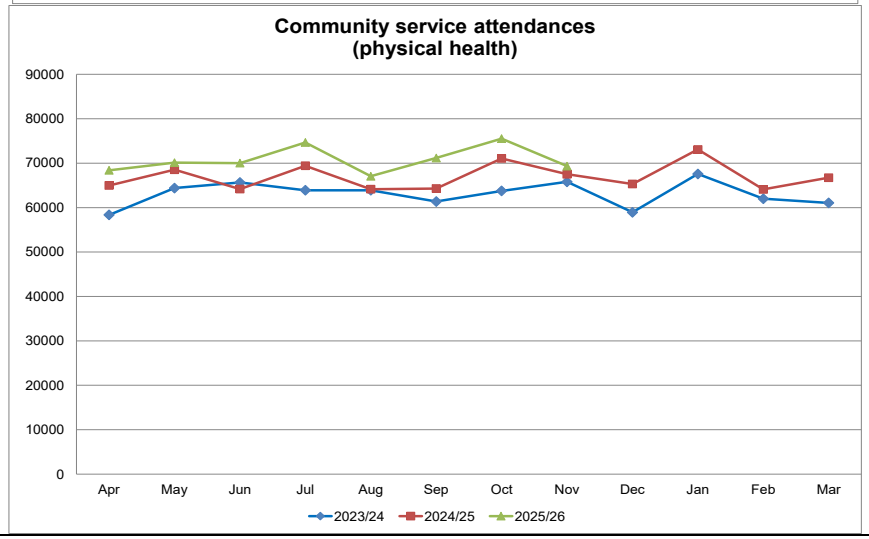
NEIGHBOURHOODS AND COMMUNITY SERVICES

No.	Description	Source	Links to strategic aims	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Thresholds	Trend	Variation / Assurance
NC16	Total number of medication incidents in a community setting	NHSC	2	32	43	22	24	31	21	36	26	27	44	33	33	Monitored using Statistical Process Control rules. Report by exception.		

Operational context

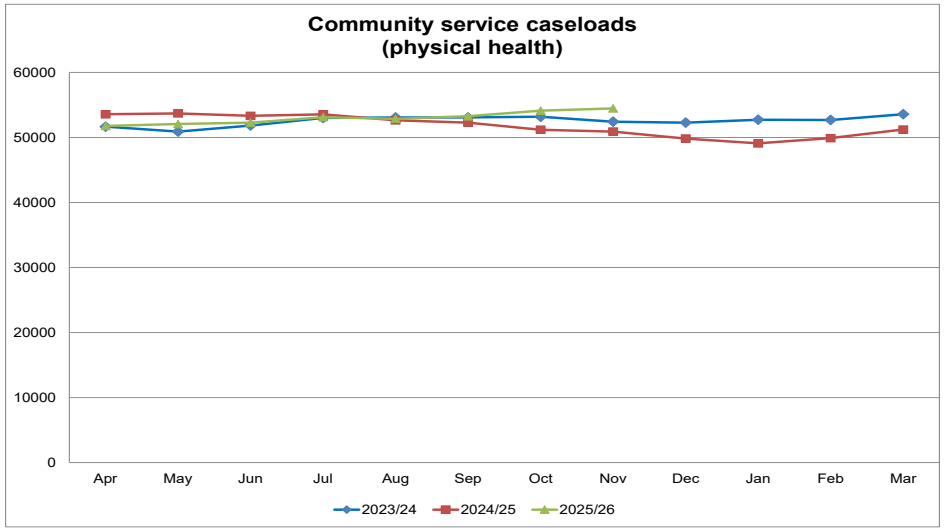
Community Physical Health: This section of the report provides a high level view of the level of demand for the Trust's services during the reporting period, compared to the previous months and prior year.





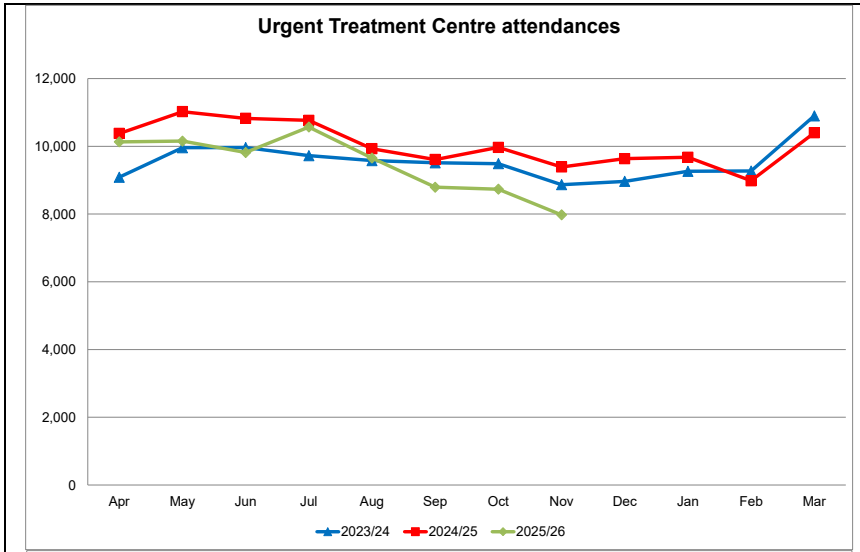
Summary:

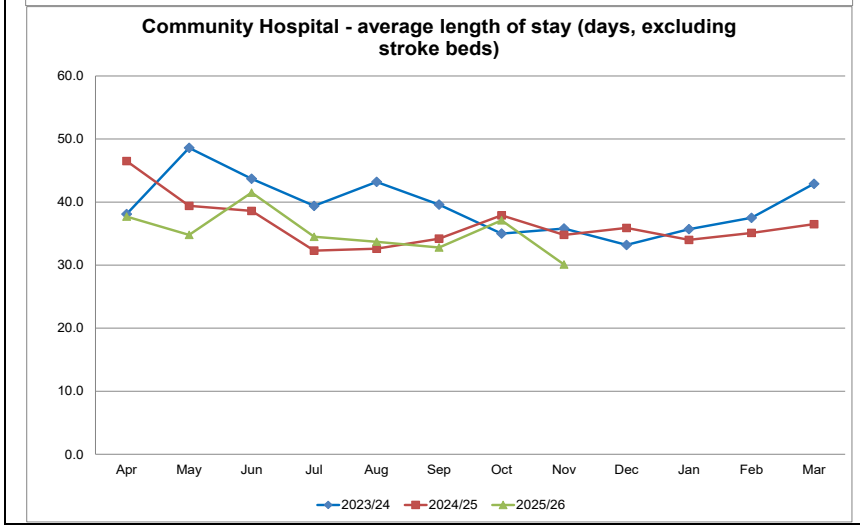
- Direct referrals to our community physical health services between 1 April and 30 November 2025 were 10.9% higher than the same months of 2024 and 22.4% higher than the same months of 2023. Services with the highest increases include Rapid Response, Diabetes Integrated Care and District Nursing.
- Attendances for the same reporting period were 7.0% higher the same months of 2024 and 3.9% higher than the same months of 2023.
- Community service caseload levels as at 30 November 2025 were 7.0% higher than as at 30 November 2024, and 3.9% higher than as at 30 November 2023.



Operational context

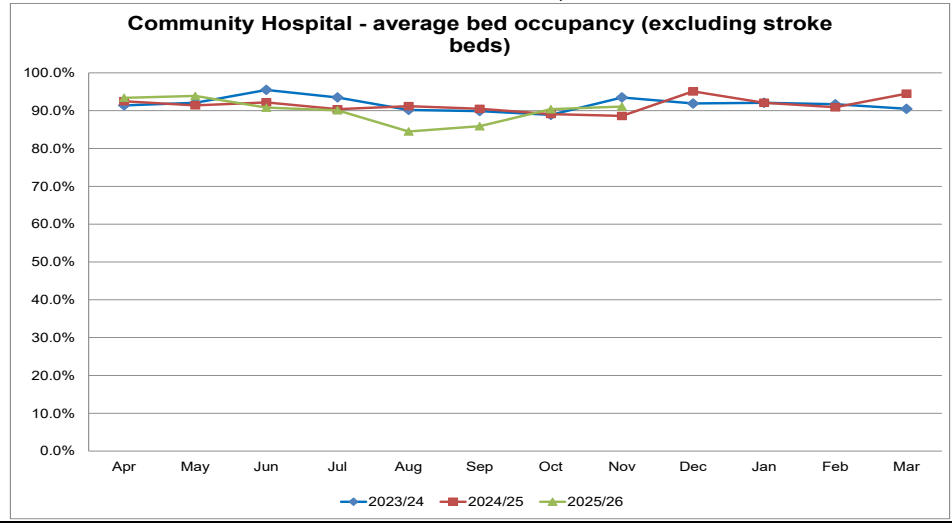
Community Physical Health: This section of the report provides a high level view of the level of demand for the Trust's services during the reporting period, compared to the previous months and prior year.





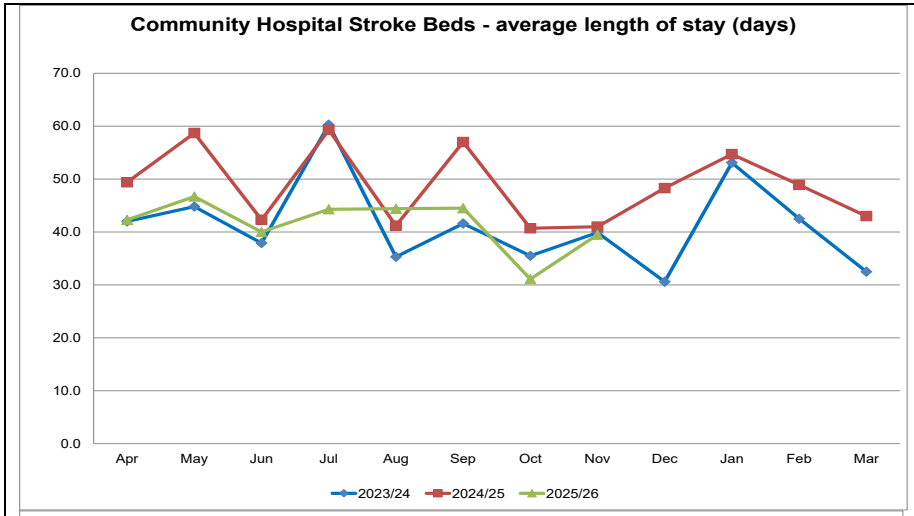
Summary:

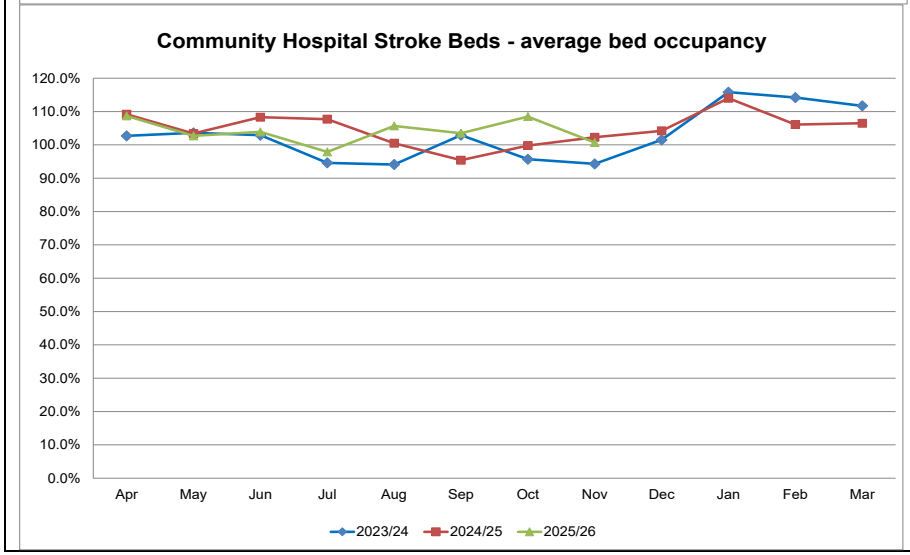
- Between 1 April and 30 November 2025, the number of Urgent Treatment Centre (UTC) attendances (excluding the YDH UTC) was 7.4% lower than the same months of 2024 and 0.5% lower than the same months of 2023. During November 2025, 98.4% of patients were discharged, admitted, or transferred within four hours of attendance, against the national standard of 76%.
- The average length of stay for non-stroke patients in our community hospitals in November 2025 was 30.1 days; a decrease compared to October 2025. During November 2025 three patients discharged had a length of stay of 100 days or more. The rolling 12-month average length of stay in respect of non-stroke patients ending 30 November 2025 was 35.3 days, compared to 36.7 days for the 12-month period ending 30 November 2024.
- The community hospital bed occupancy rate for non-stroke patients in November 2025 increased to 91.1%, from 90.4% in October 2025.



Operational context

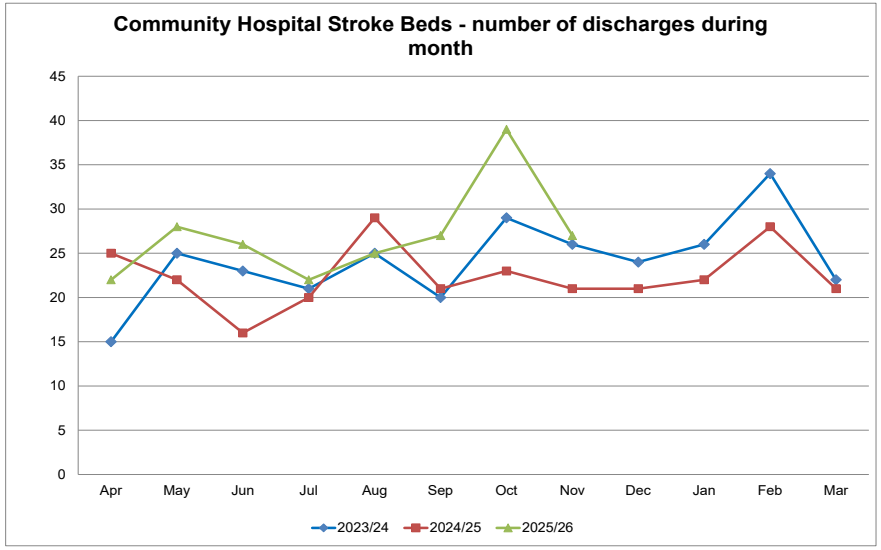
This section of the report looks at a set of key community hospital indicators relating to stroke patients, which helps to identify future or current risks and threats to achievement of mandated standards.





Summary:

- The average length of stay for stroke patients in our community hospitals in November 2025 increased to 39.5 days, from 31.1 days in October 2025. Two patients were discharged with a length of stay of 100 days or more. The rolling 12-month average length of stay in respect of stroke patients for the period ending 30 November 2025 was 43.3 days, compared to 45.4 days for the 12-month period ending 30 November 2024.
- Stroke bed occupancy in November 2025 decreased compared to October 2025.
- During November 2025 there were 27 discharges of stroke patients, compared to 39 during October 2025.



NARRATIVE REPORT

SYMPHONY HEALTHCARE SERVICES

The key points of note in respect of Symphony Healthcare services are as follows:

What is Going Well

- **Finance 2025/26**
  The financial budget for 2025/26 and the Cost Improvement Programme are on plan.
- **Patients seen within two weeks of request (scorecard measure S9)**
  Performance improved by 4.2% to 87%, although the capacity available to meet demand remains a significant challenge and this has been further exacerbated by the extension of online access.

What Requires Improvement and Planned Actions

- **Hypertension treatment (S2):**
  A focused session took place in November 2025 with clinical teams, on how to improve this, reviewing CVD pathways.
- **Document Backlog:**
  Due to long term sickness, documents have gone outside of protocol. A recovery plan is in place, with regular assurance meetings with the ICB and CQC.
- **Average time for calls in the queue (S7):**
  This has improved slightly in month, but high sickness and vacancies within the patient support advisor team continue.

Other updates

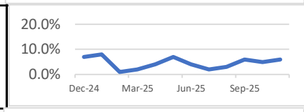
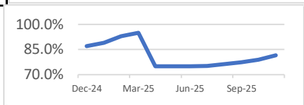
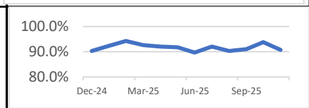
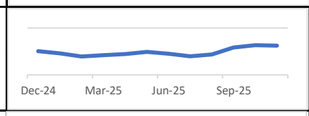
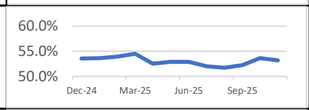
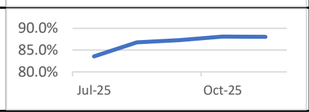
There is a continued focus on the merging of the practices within South Somerset West Primary Care Network (Crewkerne & West One, Hamdon, Buttercross & Ilchester, Martock & South Petherton) to form Symphony South Healthcare commencing in January 2026. The current risk of this proceeding lies with legal issues relating to property lease ownership.

Lister House Surgery had a CQC inspection on 13 November 2025. A report is awaited.

A steering group has been introduced across Symphony and all the SFT service groups, to facilitate the left-shift of services. A focus on the diabetes pathway across the whole system within South Somerset West Primary Care Network is being explored to provide better patient outcomes.

SOMERSET NHS FOUNDATION TRUST

SYMPHONY HEALTHCARE SERVICES

No.	Description	Source	Links to strategic aims	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Thresholds	Trend	Variation / Assurance
S1	Dementia diagnosis rates for patients aged 65 years plus	OPG	1,3,4	53.5%	52.6%	52.3%	51.9%	52.5%	53.1%	54.0%	53.8%	54.1%	54.1%	54.6%	54.2%	>=66.7%= Green >=61.7% - <66.7% =Amber <61.7% =Red		F
S2	Increase the % of patients with hypertension treated according to NICE guidance	OPG	1,2,3	91.5%	91.5%	91.5%	91.5%	70.0%	72.0%	73.5%	73.3%	72.4%	73.1%	72.3%	72.7%	>=Above trajectory = Green <below trajectory = Red To achieve 85% by March 2026		P
S3	Increase the % of patients with GP recorded CVD, who have their cholesterol levels managed to NICE guidance	OPG	1,2,3	94.1%	94.1%	94.1%	94.1%	65.0%	65.0%	55.0%	65.0%	61.0%	61.0%	62.3%	63.1%	>=50%= Green >=40% - <50% =Amber <40% =Red. Target to be achieved by year end		P
S4	GP Vacancy rate	SHS	6	7.0%	8.0%	1.0%	2.0%	4.0%	7.0%	4.0%	2.0%	3.0%	6.0%	5.0%	6.0%	=<5%= Green >5% - <10% =Amber >10% =Red		?
S5	Percentage of total Quality and Outcomes Framework (QOF) points	SHS	1,2,3	87.0%	89.0%	93.0%	95.0%	75.0%	75.0%	75.0%	75.3%	76.4%	77.4%	78.9%	81.5%	Profiled target: 95% by year end		P
S6	Patient satisfaction rate	SHS	2,3	90.3%	92.4%	94.3%	92.6%	92.1%	91.8%	89.7%	92.1%	90.4%	91.1%	93.8%	90.8%	>=85%= Green >=75% - <85% =Amber <75% =Red		P
S7	Average time for calls in the queue	SHS	2,3	06:05	05:29	04:42	05:01	05:20	05:52	05:23	04:45	05:12	06:58	07:36	07:30	=<4 minutes = Green >4 minutes - =<6 minutes = Amber >6 minutes = Red		F
S8	Ask My GP/Klinik/AccuRX/Anima – percentage of requests raised online	SHS	2,3	53.6%	53.6%	53.9%	54.5%	52.5%	52.9%	52.9%	52.0%	51.7%	52.2%	53.6%	53.2%	>=50%= Green >=40% - <50% =Amber <40% =Red		P
S9	Seen within two weeks of request (acute team only)	SHS						83.6%	86.8%	87.3%	88.1%	88.1%	89.1%	82.8%	87.0%	>=90%= Green >=80% - <90% =Amber <80% =Red		F

NARRATIVE REPORT

MENTAL HEALTH AND LEARNING DISABILITIES SERVICES

The key points of note in respect of Mental Health and Learning Disabilities services, in November 2025, are as follows:

What is going well

The mental health and learning disabilities dashboard remains positive, maintaining good performance in most areas.

A significant and sustained improvement has occurred in bed management and patient flow, with a second 'Breaking the Cycle' week occurring in November 2025. There were no inappropriate Out of Area or Out of Trust admissions as at 30 November 2025, due to much-improved acute bed availability, and a focus on reducing Length of Stay, and the most appropriate pathway for those with a Complex Emotional Needs diagnosis. This latter point has also resulted in a significant and sustained reduction in ligature incidents on our inpatient wards – ten in November 2025, compared to 192 at its highest in May 2025.

The number of women accessing specialist community Perinatal mental health service remains better than the planned level, and the percentage of people beginning treatment with our Early Intervention in Psychosis service with a NICE-recommended care package within two weeks of referral was 100% in October 2025, significantly above the 60% national standard. Home Treatment service and Psychiatric Liaison continue to exceed the expected standards for access. Waiting times for our community mental health services remain low.

In Talking Therapies, Reliable Recovery Rates have improved to again meet the national target, after a brief dip in performance in October, and Reliable Improvement Rates continue to meet the national target. The numbers beginning treatment within six weeks of referral is also expected to have moved to a compliant position with the target, although data is still awaited for both October and November 2025 to evidence this.

What is going less well

The Length of Stay (LOS) metric has been reviewed in month, as it has been identified that the method of reporting, was not in line with the national requirements. For 2025/26 this required a combined LOS for both acute and older adults, rather than separate lines, as in previous months. Data is therefore being recalculated based on this single metric, along with the data source to ensure this is accurate for

the remainder of 2025/26. Projections against the 2026/27 metrics, which change to separate adult acute LOS and older adult LOS, have been agreed.

In the Employment Support Service, the percentage of people supported into work continues to fall below the national target. This is through a combination of a drop-off in referrals to the team, which whilst this can have a seasonal variation, is being addressed by ensuring Community Mental Health Services (CMHS) and the Assertive Outreach Team are fully aware of the service and benefit to patients. Other issues include difficulties with job starts due to the national cost of living concerns, increase in National Insurance contributions, and the national minimum wage, making employers less approachable, but the service is trying to increase employer engagement to address this.

The demand on CMHS for ADHD patients and their care and delivery is continuing to cause challenges, and a two-tier system. A review of the criteria for where referrals should be directed has been undertaken to avoid a two-tier and inequitable system, and will be rolled out from January 2026. This means that CMHS will only accept new patients where a diagnosis and treatment have been established and require annual review under shared care only. The previous ADHD Business Case has been reviewed and revised with Executive team colleagues and is due to be presented to the ICB in December 2025, to present a more sustainable system model.

VTE and physical health reporting remain below the reporting standards, although there has recently been a significant improvement in compliance. Gaps in this indicator are predominantly an issue of where the information is recorded, and not that these checks are being missed. Manual audits evidence that checks are being completed, primarily by resident doctors, but within the progress notes, which means they are not picked up for automated reporting.

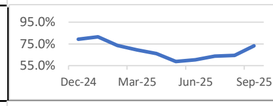
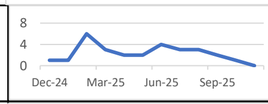
Focus of improvement work

The Service Group leadership have worked with the ICB to agree and submit plans against the national mental health metrics for 2026/27 and 2027/28 and are awaiting feedback on these.

Work has started on creating a project plan for CMHS transformation, and to improve multi-disciplinary functioning within that service. However, work is required across the service group to ensure all professions are part of operational planning and delivery, including governance meetings.

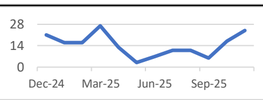
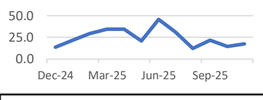
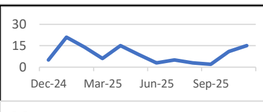
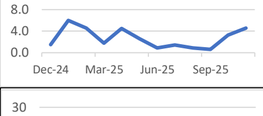
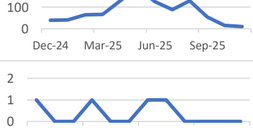
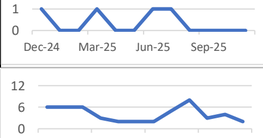
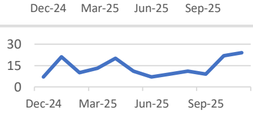
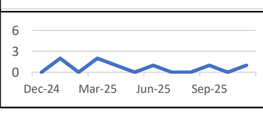
SOMERSET NHS FOUNDATION TRUST

MENTAL HEALTH AND LEARNING DISABILITIES SERVICES

No.	Description		Source	Links to strategic aims	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Thresholds	Trend	Variation / Assurance
MH1	Mental health referrals offered first appointments within 6 weeks	Adult mental health services	ICB	1,2,3	89.6%	92.9%	96.4%	91.0%	94.0%	92.6%	92.1%	97.1%	98.2%	91.9%	92.2%	93.8%	>=90%= Green >=80% - <90% =Amber <80% =Red		
MH2		Learning disabilities service	ICB		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-	100.0%	100.0%			
MH3	Percentage of women accessing specialist community Perinatal Mental Health service - 12 month rolling reporting		LTP	1,2	714	705	706	713	689	690	657	655	642	658	658	Data awaited	>=640 = Green <640 = Red		
MH4	Early Intervention In Psychosis: people to begin treatment with a NICE-recommended care package within 2 weeks of referral (rolling three month rate)		NHSC	1,2,3	91.7%	94.4%	93.8%	88.2%	80.0%	75.0%	83.3%	85.7%	100.0%	100.0%	100.0%	Data awaited	>=60%= Green <60% =Red		
MH5	Talking Therapies RTT : percentage of people waiting under 6 weeks		NHSC	1,2,3	79.4%	81.5%	73.6%	69.6%	66.0%	58.8%	60.3%	63.6%	64.3%	73.1%	Data awaited	Data awaited	>=75%= Green <75% =Red		
MH6	Talking Therapies RTT: percentage of people waiting under 18 weeks		NHSC	1,2,3	98.4%	99.0%	98.4%	99.3%	98.7%	98.6%	100.0%	99.3%	99.2%	99.2%	Data awaited	Data awaited	>=95%= Green <95% =Red		
MH7	Talking Therapies (formerly Improving Access to Psychological Therapies [IAPT]) Recovery Rates		NHSC	1,2,3	56.3%	56.3%	55.9%	58.4%	55.5%	57.8%	56.9%	50.4%	53.1%	51.3%	49.0%	54.5%	>=50%= Green <50% =Red		
MH8	Talking Therapies: Completing a course of treatment for anxiety and depression achieving Reliable Improvement		NHSC	1,2,3	71.0%	75.1%	72.4%	70.5%	72.7%	76.1%	74.2%	70.0%	74.3%	70.8%	70.8%	74.4%	>=67%= Green <67% =Red 61% from April 2026		
MH9	Talking Therapies: Completing a course of treatment for anxiety and depression achieving Reliable Recovery		NOF, NHSC	1,2,3	50.1%	53.9%	51.4%	54.2%	50.9%	56.7%	52.1%	47.4%	49.1%	48.3%	45.5%	50.7%	>=48%= Green <48% =Red 51% from April 2026		
MH10	Adult mental health inpatients receiving a follow up within 72 hours of discharge		NHSC	1,2	97.1%	100.0%	94.6%	97.5%	96.7%	96.2%	94.9%	100.0%	94.3%	100.0%	97.1%	100.0%	>=80%= Green <80% =Red		
MH11	Inappropriate Out of Area Placements for non-specialist mental health inpatient care. Number of 'active' out of area placements at the month-end		LTP	1,2	1	1	6	3	2	2	4	3	3	2	1	0	1= Green >1 = Red		
MH12	Percentage of adult inpatients discharged with a length of stay exceeding 60 days		NOF, PAF	2,3	33.3%	31.3%	33.0%	27.5%	27.1%	25.5%	30.2%	32.6%	34.8%	36.2%	33.3%	Data awaited	To be confirmed		
MH13	Percentage of inpatients referred to stop smoking services		PAF	1,2	Reporting was planned to commence from May 2025. However, data anomalies have been identified. The topic lead is working with our Data Analytics team to investigate these and the issue and resolution is awaited												To be confirmed		
MH14	Percentage of patients referred to crisis care teams to receive face to face contact within 24 hours		NOF, PAF	1,2,3	91.6%	93.0%	92.8%	90.0%	92.3%	90.8%	91.3%	90.2%	90.1%	91.2%	91.2%	91.0%	>=90%= Green >=80% - <90% =Amber <80% =Red		
MH15	Number of people accessing community mental health services with serious mental illness - rolling 12 month number.		NOF, PAF	1,2,3,4	10,071	9,974	9,965	9,916	9,805	9,744	9,977	10,113	10,141	10,143	10,255	10,202	No stated target		

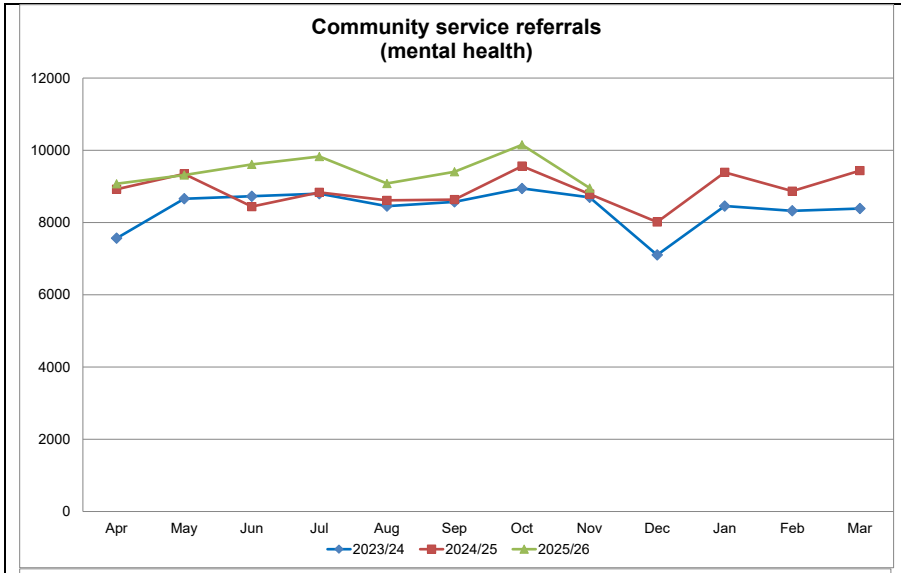
SOMERSET NHS FOUNDATION TRUST

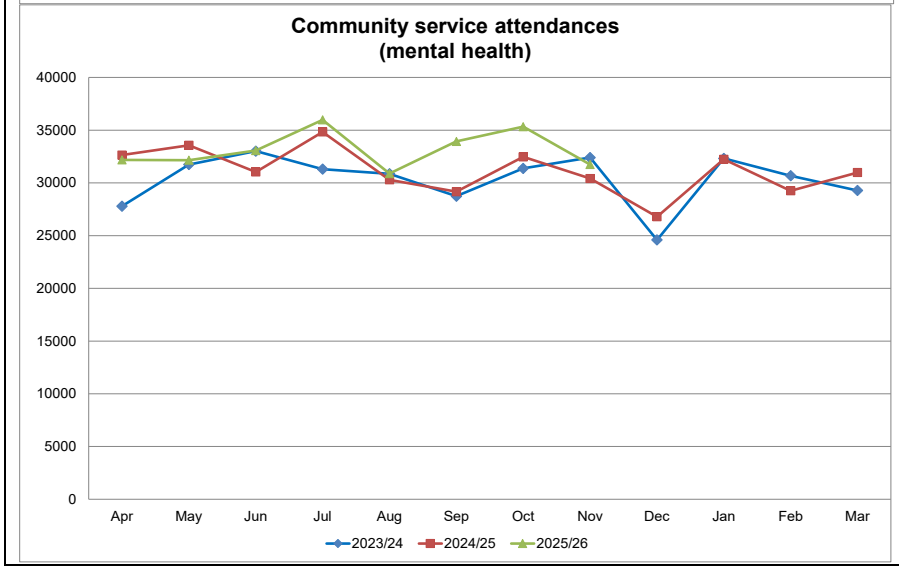
MENTAL HEALTH AND LEARNING DISABILITIES SERVICES

No.	Description	Source	Links to strategic aims	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Thresholds	Trend	Variation / Assurance
MH16	Percentage of people with suspected autism awaiting contact for over 13 weeks (aged 18 or over)	NOF, PAF	2,3,4	90.3%	93.0%	97.0%	98.2%	97.0%	98.7%	98.0%	99.0%	98.2%	97.6%	97.6%	97.1%	To be confirmed		
MH17	Percentage of adults over the age of 65 with a length of stay beyond 90 days at discharge (Older Person wards only)	NOF, PAF	2,3	50.0%	44.4%	36.4%	43.5%	50.0%	52.0%	50.0%	44.0%	34.6%	37.0%	41.4%	Data awaited	To be confirmed		
MH18	Total number of patient falls - mental health inpatient wards	NHSC	2	21	16	16	27	13	3	7	11	11	6	17	24	Monitored using Statistical Process Control rules. Report by exception.		
MH19	Rate of falls per 1,000 occupied bed days	NHSC	2	6.4	4.6	5.2	7.9	3.9	0.9	2.1	3.2	3.2	1.9	5.1	7.3	Monitored using Statistical Process Control rules. Report by exception.		
MH20	Restrictive Interventions - total number of incidents	NOF, NHSC	2	45	77	90	119	114	72	155	108	43	70	48	58	Monitored using Statistical Process Control rules. Report by exception.		
MH21	Restrictive Interventions per 1,000 occupied bed days	NHSC	2	13.7	22.0	29.2	34.7	34.3	20.9	45.7	31.2	12.3	21.8	14.4	17.6	Monitored using Statistical Process Control rules. Report by exception.		
MH22	Number of prone restraints	NHSC	2	5	21	14	6	15	9	3	5	3	2	11	15	Monitored using Statistical Process Control rules. Report by exception.		
MH23	Prone restraints per 1,000 occupied bed days	NHSC	2	1.5	6.0	4.5	1.7	4.5	2.6	0.9	1.4	0.9	0.6	3.3	4.5	Monitored using Statistical Process Control rules. Report by exception.		
MH24	Total number of medication incidents in a mental health setting	NHSC	2	15	9	11	5	11	13	19	16	21	15	3	8	Monitored using Statistical Process Control rules. Report by exception.		
MH25	Ligatures: Total number of incidents	NHSC	2	40	41	64	66	130	192	126	89	130	54	15	10	Monitored using Statistical Process Control rules. Report by exception.		
MH26	Number of ligature point incidents	NHSC	2	1	0	0	1	0	0	1	1	0	0	0	0	Monitored using Statistical Process Control rules. Report by exception.		
MH27	Violence and Aggression: Number of incidents patient on patient (inpatients only)	NHSC	2	6	6	6	3	2	2	2	5	8	3	4	2	Monitored using Statistical Process Control rules. Report by exception.		
MH28	Violence and Aggression: Number of incidents patient on staff	NHSC	2	54	99	25	12	23	19	29	31	66	57	32	48	Monitored using Statistical Process Control rules. Report by exception.		
MH29	Number of Type 1 -Traditional Seclusion	NHSC	2	7	21	10	13	20	11	7	9	11	9	22	24	Monitored using Statistical Process Control rules. Report by exception.		
MH30	Number of Type 2 -Short term Segregation	NHSC	2	0	2	0	2	1	0	1	0	0	1	0	1	Monitored using Statistical Process Control rules. Report by exception.		

Operational context

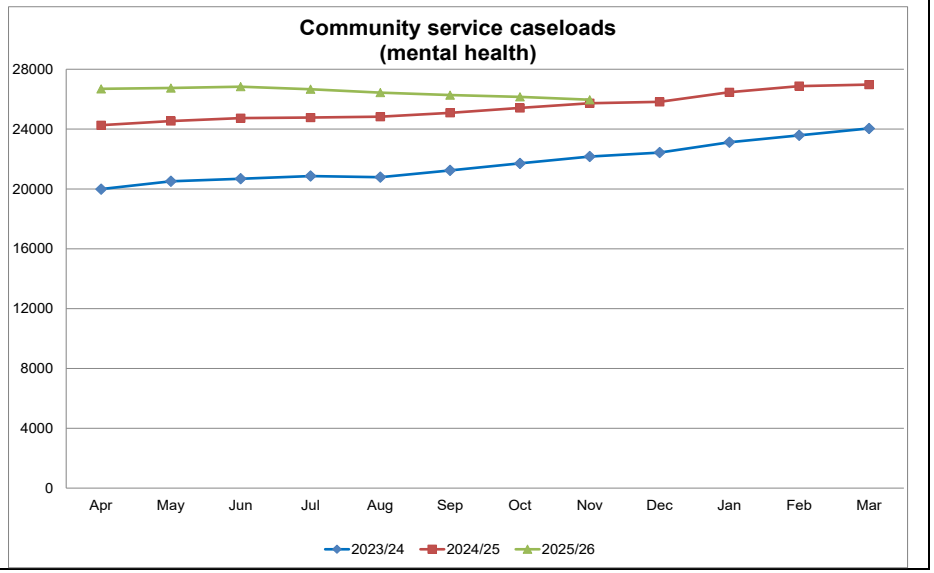
Community Mental Health services: This section of the report provides a high level view of the level of demand for the Trust's services during the reporting period, compared to the previous months and prior year.





Summary:

- Direct referrals to our community mental health services between 1 April and 30 November 2025 were 6.0% higher than the same months of 2024 and 12.6% higher than the same months of 2023.
- Attendances for the same reporting period were 4.3% higher than the same months of 2024 and 7.3% higher than the same months of 2023. Services which have seen significant increases in recorded activity include Primary Care Mental Health Services (Open Mental Health), Home Treatment, and Older People's Community Mental Health services.
- Community mental health service caseloads as at 30 November 2025 increased by 0.9% when compared to 30 November 2024 and were 17.1% higher than as at 30 November 2023. It should be noted that investment has facilitated the expansion of some community mental health services.



NARRATIVE REPORT

URGENT AND EMERGENCY CARE SERVICES

The key points of note in respect of Urgent and Emergency Care services are as follows:

Ambulance handovers - During November 2025, performance for the handover within 30 minutes of patient arrivals by ambulance at MPH and YDH rose by nearly 5% at each site compared to the prior month, from 83.2% to 87.1% at MPH and 67.9% to 72.3% at YDH.

SFT undertook 93.3% of handovers within 45 minutes in October 2025, compared to a South Western Ambulance NHS Foundation Trust (SWAST) average of 86.9%. Somerset continues to see a higher level than the south west regional average of ambulance handover conveyances, by around 3.5%.

Call before Convey began in September 2025, with the aim of reducing attendances where alternatives in the community could be used. Utilisation has been around an average of four calls per day, although this number was around ten calls per day by the end of the month, and early indications show that 50% of calls are suitable for community management.

Focus of improvement work:

- The Trust continues to work with colleagues from SWAST to support a reduction to the regional average on Hear & Treat rates and See & Treat demand conveyed to hospital.
- The YDH Urgent Treatment Centre (UTC) opened officially in November 2025, and we wait to see the full impact of that development.
- As a result of increased demand, additional escalation beds were in use across both acute sites during November 2025.

No criteria to reside (NCTR) - During November 2025, the percentage of occupied bed days lost due to patients not meeting the criteria to reside decreased at both acute sites, to 22.3% at MPH and 16.8% at YDH. This remains above the system plan ambition for NCTR but is a lower figure than the same period last year.

The average Length of Stay at MPH slightly increased to 6.9 days but decreased at YDH to 8.4 days, the lowest level since July 2025.

SFT continues to perform well in discharging over 85% of our patients on a Pathway 0; for November 2025, this was 87.1% at MPH and 86.7% at YDH.

Focus of improvement work:
A continued drive to improve hospital-related delays as well as continued focused work on board rounds and criteria-led discharge through the GIRFT work programme.

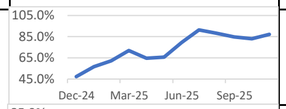
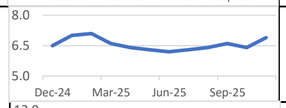
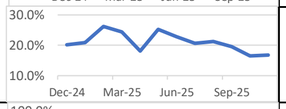
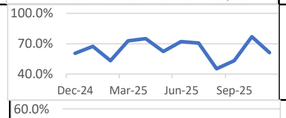
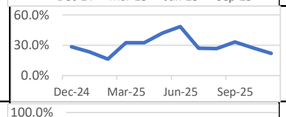
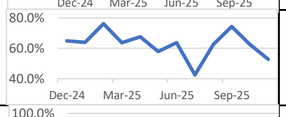
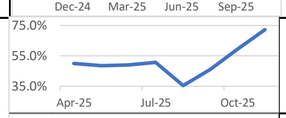
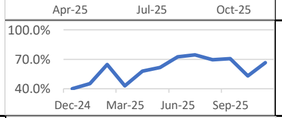
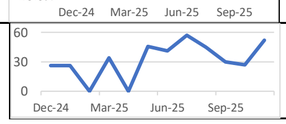
A focus on our capacity-related delays across pathways 1, 2 and 3, working with system partners to understand the reduction in flow. Discharges to Pathway 1 remain the most challenged against the 10% target, with attainment in November 2025 of 7.7% at MPH and 7.45% at YDH, reflective of challenges in capacity.

Stroke
Patients admitted to a stroke ward within four hours declined at both of our acute sites during November 2025, indicative of high operational pressures, MPH, with performance at 61.1% and 22.0% at YDH. The level of therapy minutes provided to stroke inpatients was 52 minutes at MPH, but only 29 minutes at YDH compared to a target of 42 minutes.

Focus of improvement work:
- A Stroke Improvement Group has been established to focus on scanning, stroke consultant assessment, and length of stay, with a specific focus on data capture and Sentinel Stroke National Audit Programme (SSNAP) indicators.
- Supported work is being undertaken to reduce the number of patients on the stroke wards who do not meet the criteria to reside, and who are awaiting onward care in the community and early supported discharge, to ensure that patients are therefore able to access a stroke ward in a timely way.

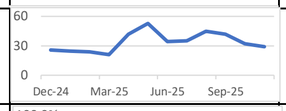
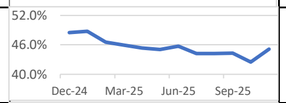
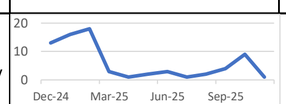
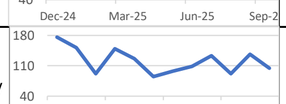
SOMERSET NHS FOUNDATION TRUST

URGENT AND EMERGENCY CARE

No.	Description		Source	Links to strategic aims	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Thresholds	Trend	Variation / Assurance
UEC1	Ambulance handovers waiting less than 30 minutes	MPH	NHSC	2	47.3%	56.8%	62.4%	71.8%	64.6%	65.7%	79.6%	91.4%	88.2%	84.6%	83.2%	87.1%	>=95%= Green >=85% - <95% =Amber <85% =Red		
UEC2		YDH			47.4%	52.8%	57.1%	62.3%	51.0%	62.2%	65.4%	66.9%	68.7%	67.6%	67.9%	72.3%			
UEC3	Average length of stay of patients discharged from acute wards - (Excludes daycases, non acute services, ambulatory/SDEC care and hospital spells discharged from maternity and paediatrics wards).	MPH	SFT	2,6	6.5	7.0	7.1	6.6	6.4	6.3	6.2	6.3	6.4	6.6	6.4	6.9	Monitored using Statistical Process Control rules. Report by exception.		
UEC4		YDH			9.2	9.9	9.0	9.5	9.7	9.4	9.0	8.1	9.3	8.7	9.1	8.4			
UEC5	Patients not meeting the criteria to reside: percentage of occupied bed days lost	MPH	SFT	2,6	20.0%	19.5%	26.4%	26.0%	23.7%	26.7%	22.5%	22.3%	22.1%	22.8%	23.0%	22.3%	<=9.8%= Green >15% =Red		
UEC6		YDH			20.2%	20.9%	26.2%	24.4%	18.1%	25.2%	22.8%	20.7%	21.3%	19.6%	16.5%	16.8%			
UEC7	Percentage of Stroke Patients directly admitted to a stroke ward within four hours	MPH	NSG	1,2,4	60.4%	67.3%	53.3%	72.7%	75.0%	62.3%	72.2%	70.8%	45.3%	53.3%	76.9%	61.1%	>=90%= Green >=75% - <90% =Amber <75% =Red		
UEC8		YDH			28.6%	23.3%	16.3%	32.5%	32.4%	41.9%	48.4%	27.0%	26.5%	33.3%	27.3%	22.0%			
UEC9	Percentage of patients spending >90% of time in stroke unit - acute services	MPH	NSG	1,2,4	82.0%	78.8%	89.4%	89.4%	70.0%	81.7%	73.6%	79.1%	72.3%	63.3%	64.1%	84.0%	>=80%= Green >=70% - <80% =Amber <70% =Red		
UEC10		YDH			65.0%	64.0%	76.2%	63.6%	67.5%	57.8%	63.8%	42.5%	62.5%	74.4%	62.5%	52.8%			
UEC11	Percentage of patients scanned within 20 minutes of clock start	MPH	NSG	1,2,4	50.9%	37.5%	50.0%	47.8%	70.0%	37.1%	52.7%	46.3%	46.2%	46.0%	48.1%	44.4%	>=32%= Green >=27% - <32% =Amber <27% =Red		
UEC12		YDH			5.7%	12.9%	17.6%	16.7%	21.1%	14.5%	33.3%	51.1%	19.4%	24.4%	23.5%	26.2%			
UEC13	Percentage of patients assessed by a Stroke Specialist Consultant within 14 hours of clock start	MPH	NSG	1,2,4	50.9%	37.5%	50.0%	39.1%	50.0%	48.4%	49.1%	50.7%	35.4%	46.0%	59.3%	72.2%	>=70%= Green >=60% - <70% =Amber <60% =Red		
UEC14		YDH			40.0%	45.2%	64.7%	42.9%	57.9%	61.8%	72.7%	74.5%	69.4%	70.7%	52.9%	66.7%			
UEC15	Stroke: Median number of minutes of total therapy received per inpatient day	MPH	NSG	1,2,4	26	26	No Data	34	No Data	46	41	57	45	30	27	52	>=42= Green >=32 - <42 =Amber <32 =Red		

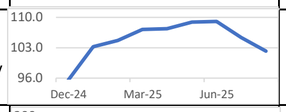
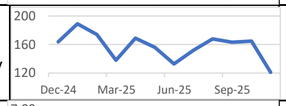
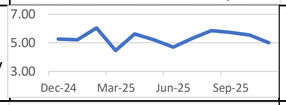
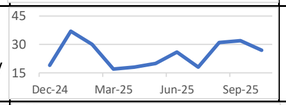
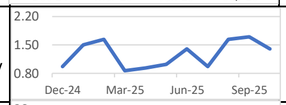
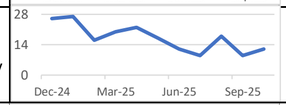
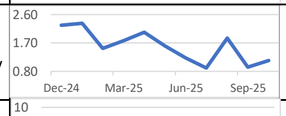
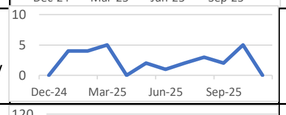
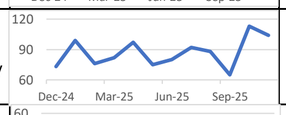
SOMERSET NHS FOUNDATION TRUST

URGENT AND EMERGENCY CARE

No.	Description		Source	Links to strategic aims	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Thresholds	Trend	Variation / Assurance
UEC16	Stroke: Median number of minutes of total therapy received per inpatient day	YDH	NSG	1,2,4	26	25	24	21	42	53	35	35	45	42	32	29	>=42= Green >=32 - <42 =Amber <32 =Red		
UEC17	Percentage of patients with a National Early Warning Score (NEWS) of 5 or more acted upon appropriately - The registered nurse should immediately inform the medical team caring for the	MPH, YDH, Community Hospitals and Mental Health wards	NHSC	1,2,4	Changes made to reporting and audit processes. Reporting to fully commence from May 2025					83.3%	64.7%	64.3%	58.3%	83.3%	80.0%	78.6%			
UEC18	Neutropenic Sepsis: Antibiotics received within 60 minutes - acute services	MPH	NHSC	1,2,4	90.6%	90.0%	84.2%	82.9%	96.9%	84.8%	90.0%	90.6%	92.0%	88.9%	100.0%	97.1%	>=90%= Green >=80% - <90% =Amber <80% =Red		
UEC19	Percentage of emergency patients screened for sepsis - Emergency Departments				93.9%	94.9%	100.0%	88.9%	88.2%	90.0%	100.0%	100.0%	100.0%	66.7%	52.5%	Data not yet due			
UEC20	Percentage of patients admitted as an emergency within 30 days of discharge		NOF, PAF	2,3	9.6%	7.6%	8.3%	9.0%	8.8%	9.0%	9.0%	8.7%	9.6%	8.8%	7.2%	8.0%	To be confirmed.		
UEC21	Average number of days between planned and actual discharge date		NOF, PAF	2,3	2.7	2.8	2.8	3.1	3.1	2.7	2.6	2.6	2.5	2.3	2.4	2.2	To be confirmed.		
UEC22	Monthly number of inpatients to suffer a new hip fracture		PAF	2	2	4	2	0	0	1	1	1	0	1	0	3	To be confirmed.		
UEC23	Number of mental health patients spending under 12 hours in A&E		PAF	2,3	91.3%	91.5%	91.2%	90.7%	86.0%	89.9%	90.3%	90.3%	90.9%	90.7%	90.1%	90.7%	From April 2025 >=91.4% = Green <91.4% = Red		
UEC24	Percentage of over 65s attending emergency departments to be admitted		PAF	2,3	48.5%	48.8%	46.6%	45.9%	45.4%	45.1%	45.7%	44.2%	44.2%	44.3%	42.5%	45.1%	To be confirmed.		
UEC25	Percentage of under 18s attending emergency departments to be admitted		PAF	2,3	14.6%	14.7%	14.7%	13.5%	12.9%	11.3%	12.2%	12.2%	14.1%	13.9%	13.7%	16.5%	To be confirmed.		
UEC26	Percentage of inpatients referred to stop smoking services		PAF	1,2	Report awaited from topic lead who is liaising with our Data Analytics team to resolve some identified data quality issues.												To be confirmed.		
UEC27	Average daily number of medical and surgical outliers in acute wards during the month	MPH	NHSC	2	13	16	18	3	1	2	3	1	2	4	9	1	Monitored using Statistical Process Control rules. Report by exception.		
UEC28		YDH	NHSC	2	13	14	13	12	14	13	15	18	11	9	9	9	Monitored using Statistical Process Control rules. Report by exception.		
UEC29	Number of patients transferred between acute wards after 10pm	MPH	NHSC	2	152	146	117	99	85	96	75	83	82	103	Data awaited	Data awaited	Monitored using Statistical Process Control rules. Report by exception.		
UEC30		YDH	NHSC	2	176	152	92	149	126	85	98	109	133	92	137	104	Monitored using Statistical Process Control rules. Report by exception.		

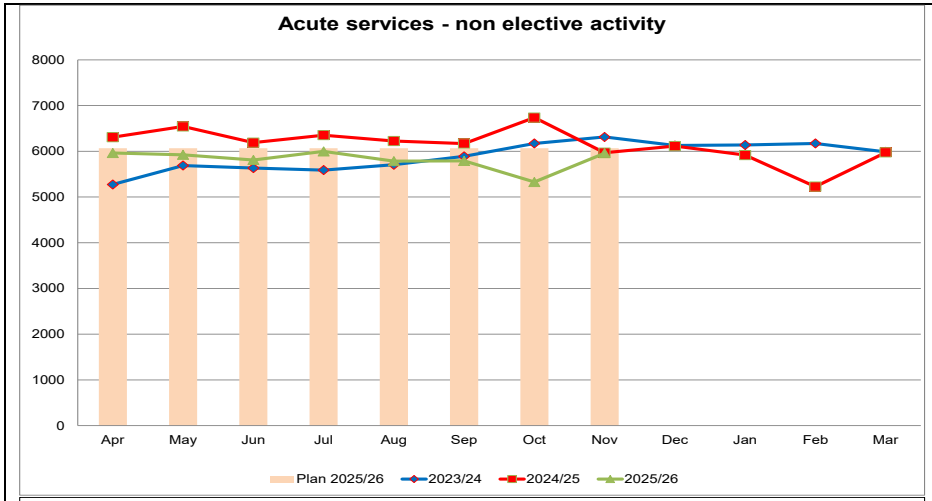
SOMERSET NHS FOUNDATION TRUST

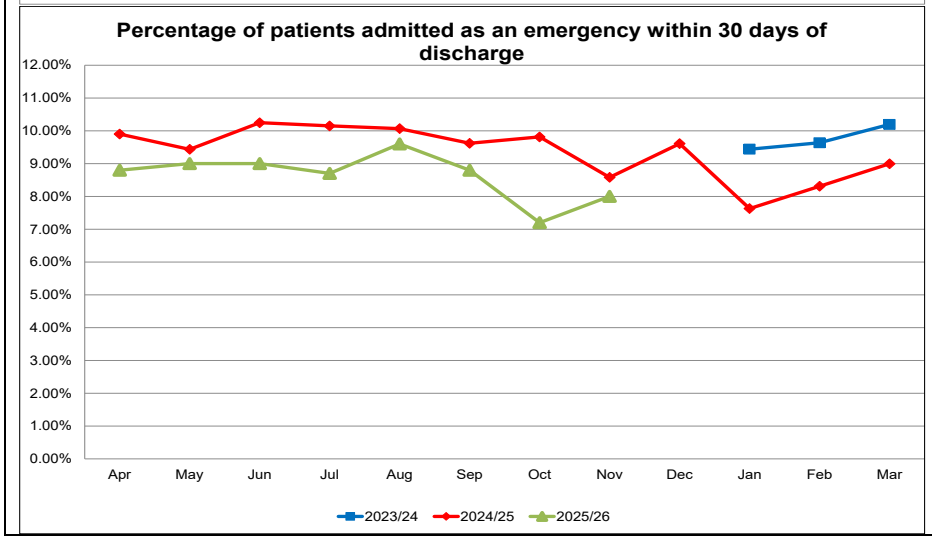
URGENT AND EMERGENCY CARE

No.	Description		Source	Links to strategic aims	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Thresholds	Trend	Variation / Assurance
UEC31	Summary Hospital-level Mortality Indicator (SHMI)		NOF, NHSC	2	95.6	103.3	104.7	107.3	107.4	108.9	109.1	105.3	102.2	Data not yet due - September 2025 to be reported after November 2025			Monitored using Statistical Process Control rules. Report by exception.		
UEC32	Total number of patient falls - acute services		NHSC	2	164	189	174	138	169	156	133	152	168	163	165	121	Monitored using Statistical Process Control rules. Report by exception.		
UEC33	Rate of falls per 1,000 occupied bed days - acute services		NHSC	2	5.26	5.22	6.05	4.46	5.62	5.20	4.70	5.32	5.86	5.72	5.55	5.00	Monitored using Statistical Process Control rules. Report by exception.		
UEC34	Number of pressure ulcers	MPH	NOF, NHSC	2	19	37	30	17	18	20	26	18	31	32	27	Data not yet due	Monitored using Statistical Process Control rules. Report by exception.		
UEC35	Rate of pressure ulcer damage per 1,000 occupied bed days	MPH	NOF, NHSC	2	0.96	1.51	1.64	0.87	0.93	1.02	1.40	0.96	1.63	1.70	1.40	Data not yet due	Monitored using Statistical Process Control rules. Report by exception.		
UEC36	Number of pressure ulcers	YDH	NOF, NHSC	2	26	27	16	20	22	17	12	9	18	9	12	Data not yet due	Monitored using Statistical Process Control rules. Report by exception.		
UEC37	Rate of pressure ulcer damage per 1,000 occupied bed days	YDH	NOF, NHSC	2	2.26	2.32	1.53	1.77	2.04	1.61	1.22	0.91	1.86	0.93	1.15	Data not yet due	Monitored using Statistical Process Control rules. Report by exception.		
UEC38	No. ward-based cardiac arrests - acute wards	MPH	NHSC	2	5	4	6	3	4	2	1	1	3	3	6	2	Monitored using Statistical Process Control rules. Report by exception.		
UEC39	No. ward-based cardiac arrests - acute wards	YDH	NHSC	2	0	4	4	5	0	2	1	2	3	2	5	0	Monitored using Statistical Process Control rules. Report by exception.		
UEC40	Total number of medication incidents	MPH	NHSC	2	73	99	76	82	97	75	80	92	88	65	113	104	Monitored using Statistical Process Control rules. Report by exception.		
UEC41	Total number of medication incidents	YDH	NHSC	2	49	38	31	39	33	50	42	46	54	51	47	40	Monitored using Statistical Process Control rules. Report by exception.		

Operational context

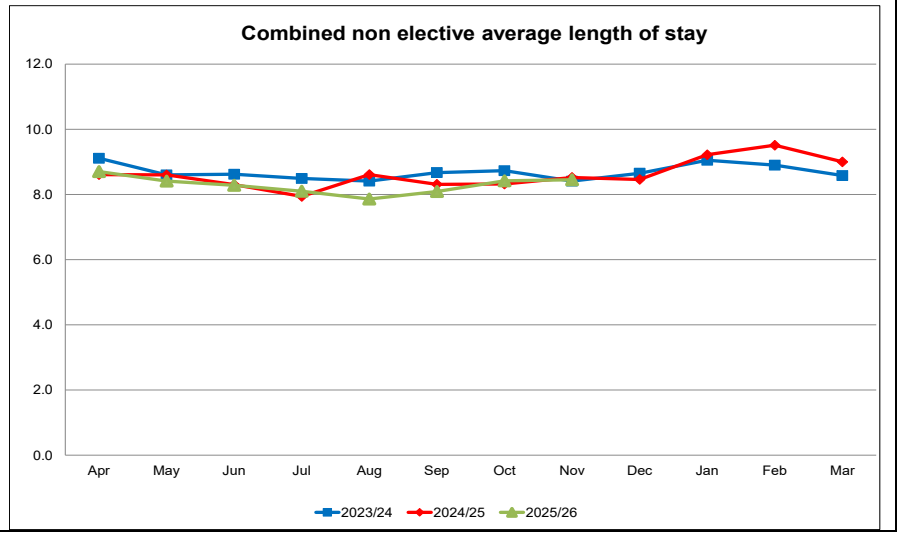
Acute services: This section of the report provides a summary of the levels of non-elective activity, emergency readmissions within 30 days, and non-elective length of stay during the reporting period, compared to the previous months and prior years.





Summary:

- Between 1 April and 30 November 2025, non-elective admissions decreased by 7.8% compared to the same months of 2024 but increased by 0.6% compared to the same months of 2023. Activity for 1 April to 31 October 2025 was 4.1% above the planned level.
- Between 1 April and 30 November 2025, emergency readmissions totalled 8,957, 14.3% lower than the same period in 2024, when there were 10,447 readmissions.
- The trust-wide monthly non-elective average length of stay slightly increased in November 2025 to 8.5 days, from 8.4 days in October 2025.



NARRATIVE REPORT

ELECTIVE CARE SERVICES

The key points of note in respect of Elective Care services are as follows:

1) The percentage of patients receiving the diagnostic test they need within six weeks of the request being made was 77.7% at the end of November 2025, compared with 81.3% at the end of October 2025. The number of patients waiting over six weeks for a diagnostic test increased in the period, from 2,129 to 2,585. The total waiting list size is better than plan (11,610 versus a plan of 12,828). However, the number of over six-week waiters is worse than plan at 2,585 against a plan of 1,910. As expected, performance deteriorated between the end of October and end of November positions, due to unexpected absences within the DEXA team as well as continued nurse vacancies within the endoscopy team.

Table 1. The percentage of patients waiting over six weeks at month-end for one of the top 15 high-volume diagnostic tests.

	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25
Trajectory (%)	89.4	92.0	93.8	95.0	76.0	75.7	77.4	78.2	79.2	81.0	83.0	85.1
Actual (%)	74.1	70.4	77.4	77.6	75.7	74.5	78.7	79.6	78.4	79.7	81.3	77.7
Total w/l	11754	13549	13622	13914	13914	13396	13426	12005	11057	11127	11385	11610

In the last year the number of over six-week waiters has been higher than plan due to a range of factors. This has included radiographer, echo physiologist and endoscopy nursing vacancies, sickness within radiology, loss of locums, equipment failure (scope washers), the need to staff the CT scanner installed in the Emergency Department from the autumn of 2024, an increase in patient complexity (more minutes of demand), challenges with newly implemented scheduling system which is resulted in bookings taking longer, vacancies within booking teams and the delayed opening of the Yeovil Community Diagnostic Centre (CDC). The following actions have been implemented in the past two months to increase capacity in these services:

- Six agency nurses sourced to support the running the full number of endoscopy lists, whilst substantive appointees come into post.
- A locum has commenced in post supporting the DEXA service.

- Revised business case has been submitted to NHSE for additional capital to increase the scope of the endoscopy scope washer replacements in Bridgwater Community Hospital.
- Recruitment to endoscopy nursing vacancy gaps.
- Mutual aid explored for cardiac CT scans (mixed response from patients, so may not be a viable option)
- Piloting drugless cardiac CT protocol adoption (supported by University Hospitals Plymouth).
- Diagnostic Centre at Bridgwater Community Hospital build progressing.
- Echo insourcing tender evaluation process completed and contract awarded.
- NHSE funding secured for further DEXA equipment.

Additional actions being taken in the coming months include:

- Opening of the Yeovil Community Diagnostic Centre – CT, including CT colon, MRI, ultrasound, endoscopy, audiology and echo.
- Completion of the Bridgwater Diagnostic Centre.
- Replacement of Bridgwater endoscopy scope washers being scheduled in (planned for February/March).
- Digital patient enabled booking solution is being progressed, to improve utilisation of scanning sessions and improve patient experience.

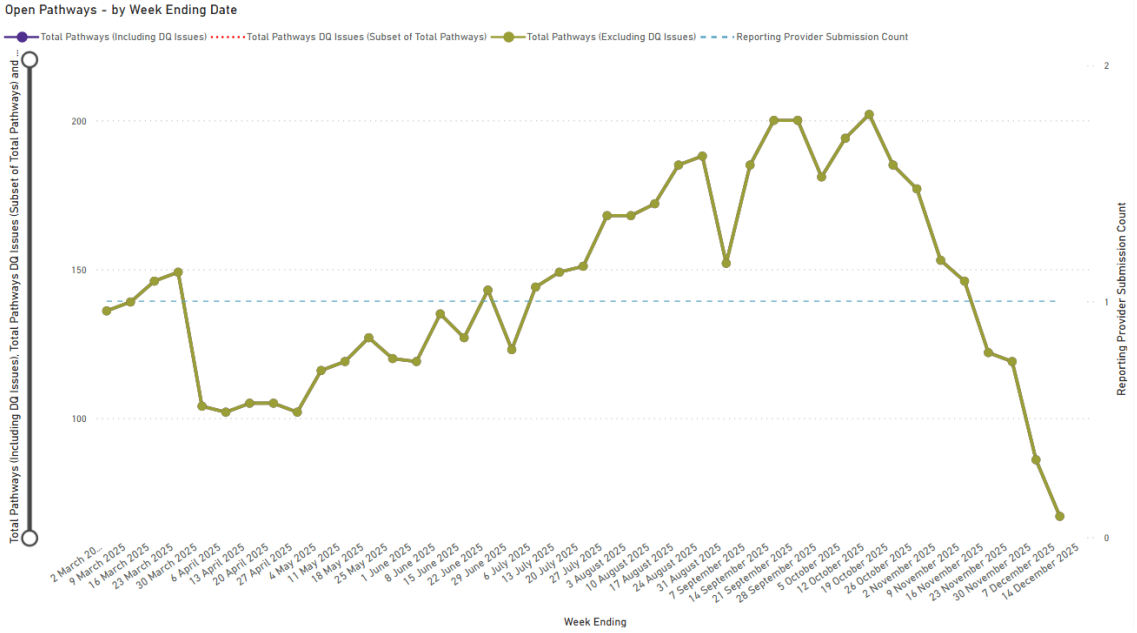
Table 2. The number of patients waiting over six weeks by diagnostic modality

	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25
MRI	343	640	691	499	461	335	260	148	130	96	136	88	105
CT	246	648	971	837	590	439	367	343	335	293	278	252	212
Ultrasound	52	89	583	251	429	849	1177	988	473	191	141	61	91
Barium Enema	35	40	44	44	71	71	61	30	23	21	21	12	19
DEXA	127	185	180	143	154	105	116	126	193	243	309	337	355
Audiology	47	181	157	148	167	176	90	92	163	111	120	79	117
Echo	578	706	750	606	570	526	327	254	256	328	142	130	296
Neurophysiology	13	48	51	24	19	25	41	46	25	28	62	26	35
Sleep studies	88	159	174	165	159	124	175	130	86	53	14	8	20
Urodynamics	1	58	53	43	66	38	48	35	36	24	26	30	25
Colonoscopy	62	120	118	105	179	304	302	258	326	447	442	465	520
Flexi sigmoid.	27	47	56	44	77	104	103	109	139	215	222	224	225
Cystoscopy	19	41	38	36	40	44	21	16	30	16	19	19	27
Gastroscopy	39	82	149	129	175	248	327	280	231	324	332	398	538

2) Current performance against the four core RTT targets is as follows:

- 18-weeks RTT (plan 64.1%; actual 62.3%).
- First OPA within 18 weeks (plan 75.8%; actual 70.7%).
- 52-week waits (plan 2.2%; actual 2.3%) – forecast to be back on plan at 2.0% by end of December 2025.
- 65-week waits (79 against a national requirement of zero) – the forecast for December 2025 is 14 for the 21 December 2025 deadline and 16 for the end of December 2025 (against a revised trajectory of 25).

Graphs 1 - 65-week waiters as at 14 December 2025



The percentage of patients waiting on an RTT pathway for a first outpatient appointment, waiting under 18 weeks, remained below plan in November 2025. The reason for this is multifactorial and includes a reduction in referrals (shorter-waiting patients) compared with what is typical for this time of the year, and reduced capacity. We have struggled to establish additional clinic activity in the context of re-setting expectations around remuneration and increasing financial control in an environment where we do not earn more money for undertaking more elective work. There is also the impact of competing demands, because we are being asked to improve waiting times at both the front (i.e. outpatient appointments within 18 weeks) and the back end (i.e. over 52- and 65-week waiters) of RTT waiting lists.

The number of patients waiting over 52 weeks decreased significantly at the end of November 2025, as did the number of 65-week waiters. The main specialties making-up the current 52-week waiters are: Trauma & Orthopaedics, Urology, Upper GI, ENT and Gynaecology making-up 77% of all current over 52-week waiters. But there continue to be specialties which do not currently have significant volumes of 52-week waiters currently, that waiting list analysis suggests are future risks to achievement of the 1% of the waiting list, national 52-week wait target for March 2026. These include Maxillo Facial, which since the Dermatology service repatriation

from Bristol has been providing plastics capacity for lesions on the head and neck, and the Endocrinology (Weight Management Service) which has been seeing heightened levels of demand due to the recent NICE guidelines on the use of weight loss drugs, which can be prescribed by secondary care to lower thresholds than primary care. Pain Management has also seen an increase in demand for its services, perhaps because of the length of waits for patients for other services such as Trauma & Orthopaedics. The 52-week wait position has improved in the last few months, mainly due to additional capacity coming on line including more insourcing (T&O), the return of two urologists from maternity leave and appointment of a further two, outsourcing of T&O patients to the Independent Sector, a reduction in the levels of annual leave and increased scrutiny as part of waiting list management, on patients due to breach 52 weeks in the coming month.

The 65-week waiters have reduced significantly over the past month but are largely in the same specialties as for the 52-week waiters. We have been monitoring individual patient pathways in the December 2025 cohort, and pencilling in dates for appointment and surgery, to establish where we have gaps. This same approach will continue into quarter 4. Actions to get to zero 65-week waiters, above those being taken to improve our 52-week wait position, largely relate to establishing additional capacity for the specific consultants / services where we have capacity gaps and continued very close tracking of progress of individual patient pathways. A shortfall in upper GI capacity presents the greatest risk to achieving this aim in the next three months. Plans are being revised following a low uptake of patients wanting to transfer to Yeovil for treatment, and a smaller than expected cohort of patients being appropriate for treatment in the Independent Sector.

Refreshed plans to support the improvement in performance against all three RTT targets were developed for the twelve high-volume specialties contributing most to the over 18-week waiters. This list is as follows and includes specialties which whilst performing generally well currently, have greater future performance risks: ENT, Urology, T&O, Upper GI, Spinal surgery, Maxillo Facial, Ophthalmology, Neurology, Cardiology, Endocrinology, Gynaecology and Pain Management. The plans developed include a significant focus on productivity as a primary means of delivering improvements, along with other ways of increasing capacity and throughput. These plans and associated trajectories were reviewed by a sub-set of the executive team at a meeting with Service Group Directors and the Director of Elective Care at the end of August 2025, and again in September 2025. Monthly review meetings are in place for all specialties. The themes for the main actions to improve RTT performance are as follows:

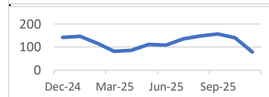
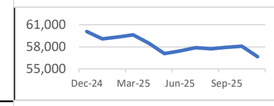
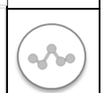
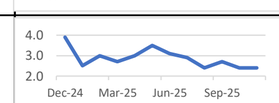
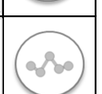
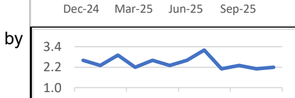
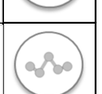
- Implementation of the Advice & Refer (Cinapsis) advice & guidance platform, which will enable enhanced referrals for all routine GP requests for secondary care opinion. Neurology, Urology and Cardiology have gone live in the last month. This will reduce the number of patients needing to have an outpatient appointment and being added to the waiting list. However, in the short term 18-week and First OPA within 18 weeks, performance will decline as a result of fewer shorter waiting patients being on the waiting list.

- Enhanced cross-site management of capacity to smooth demand and reduce maximum waiting times across Musgrove and Yeovil; this should reduce 52-week waiters (Cardiology, Gynaecology and Neurology).
- Increasing capacity through insourcing (T&O, ENT, gynaecology and upper GI); additional theatre capacity being allocated to T&O at Yeovil, with a shift in job plans from outpatients to theatres.
- Ambient Voice utilisation in clinic, to replace dictation of letters and increase patient throughput of clinics (neurology, ENT, T&O, and gynaecology).
- Reviews of referrals against referral criteria (pain management) which will reduce demand but also ensure higher clinical priority patients are seen sooner than they otherwise would be.
- Review of the service delivery model for endocrinology weight management services.

In the last two months, having moved in to Tier 1 of national performance management for the Trust's 65-week wait position, we have implemented a further level of governance, involving a weekly Chief Operating Officer-led review of the potential end of month 65-week wait breaches, with the Director of Elective Care and Service Group Directors, focusing on what mitigations are being put in place to avoid these breaches.

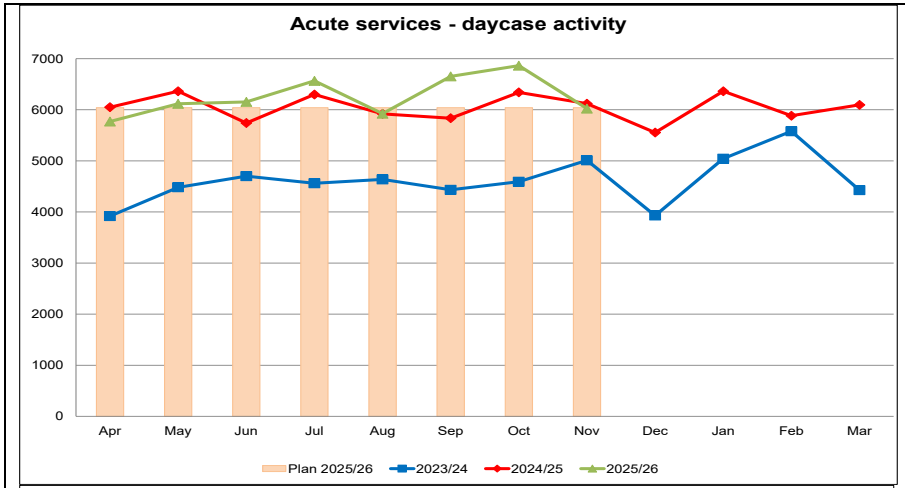
SOMERSET NHS FOUNDATION TRUST

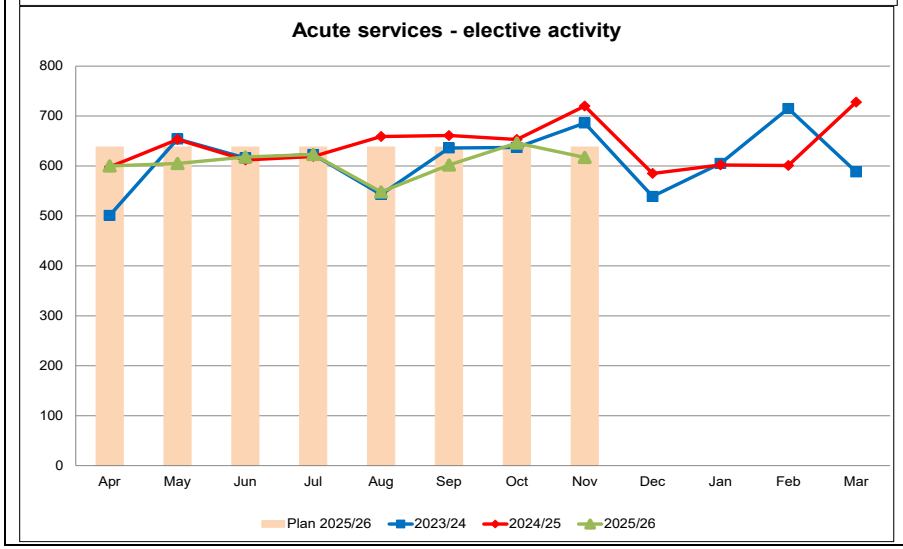
ELECTIVE CARE

No.	Description		Source	Links to strategic aims	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Thresholds	Trend	Variation / Assurance
EC1	Diagnostic 6-week wait - acute services	MPH	NOF	1,2	72.9%	72.2%	77.4%	79.0%	79.7%	81.4%	83.6%	83.8%	80.3%	80.6%	82.0%	76.8%	From March 2024 At or above regional ambition 85% = Green Above trajectory = Amber Below trajectory = Red In 2026/27, the national requirement is performance of 80%, or an improvement of at least 3% compared to March 2026, whichever is higher.		
EC2		YDH			77.0%	65.7%	77.6%	73.6%	65.5%	64.3%	67.5%	68.1%	73.2%	76.6%	78.9%	80.9%			
EC3		Combined			74.1%	70.4%	77.4%	77.6%	75.7%	74.5%	78.7%	79.6%	78.4%	79.7%	81.3%	77.7%			
EC4	52 week RTT breaches - Patients of all ages		OPG	1,2	1,364	1,388	1,406	1,257	1,438	1,572	1,588	1,749	1,826	1,740	1,575	1,313	From April 2023 At or below trajectory = Green Above trajectory = Red		
EC5	52 week RTT breaches - Patients aged under 18		OPG		87	104	108	116	122	134	150	133	138	124	106	81			
EC6	65 week RTT breaches - Patients of all ages		NHSC		142	146	117	81	86	112	108	136	149	157	141	79			
EC7	Referral to Treatment (RTT) incomplete pathway waiting list size - all ages		NHSC		60,076	59,061	59,310	59,621	58,470	57,069	57,440	57,905	57,715	57,935	58,068	56,659			
EC8	Referral to Treatment (RTT) incomplete pathway waiting list size - under 18		NHSC		4,207	4,214	4,189	4,331	4,115	4,128	4,312	4,160	4,027	3,967	4,005	3,918	From April 2025 at or below trajectory = Green above = Red		
EC9	Rate of annual growth in under 18s elective activity - Rolling 12 months comparison of previous 12 months		NOF, PAF		11.0%	7.0%	5.3%	28.1%	-4.7%	-3.1%	-2.1%	-1.7%	-4.0%	-4.5%	-6.1%	-5.2%	To be confirmed		
EC10	Average length of stay of patients discharged from acute wards - (Excludes daycases, non acute services, ambulatory/SDEC care and hospital spells discharged from maternity and paediatrics wards).	MPH	SFT	2,6	3.9	2.5	3.0	2.7	3.0	3.5	3.1	2.9	2.4	2.7	2.4	2.4	Monitored using Statistical Process Control rules. Report by exception.		
EC11		YDH			2.6	2.3	2.9	2.2	2.6	2.3	2.6	3.2	2.1	2.3	2.1	2.2			

Operational context

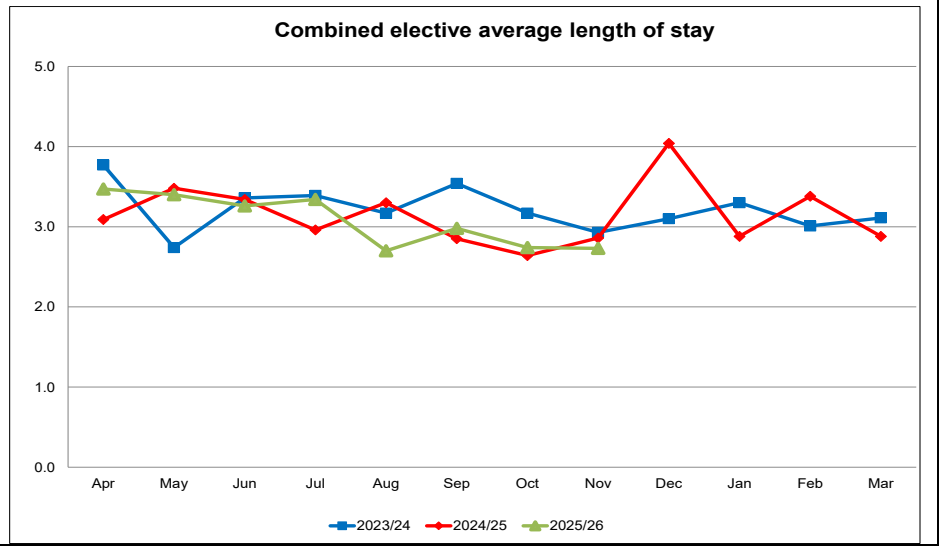
Acute services: This section of the report provides a summary of the levels of day case, and elective activity, plus elective length of stay during the reporting period, compared to the previous months and prior years.





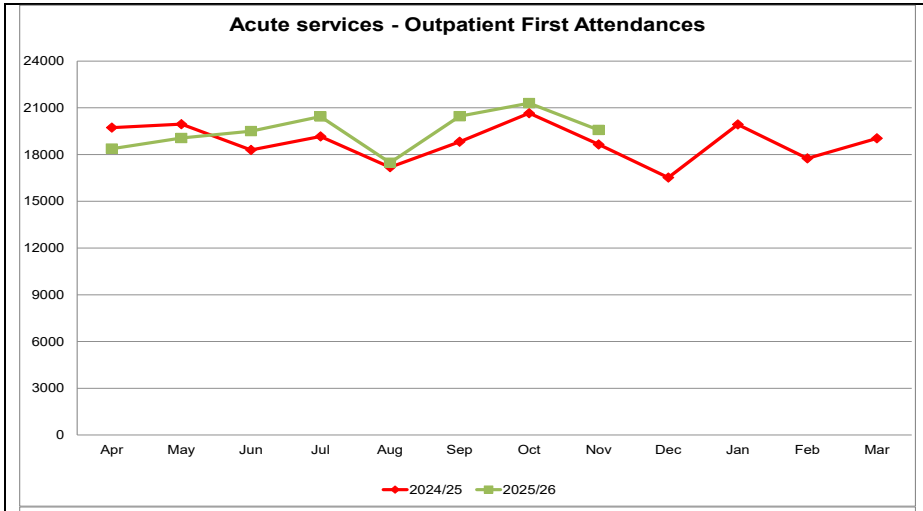
Summary:

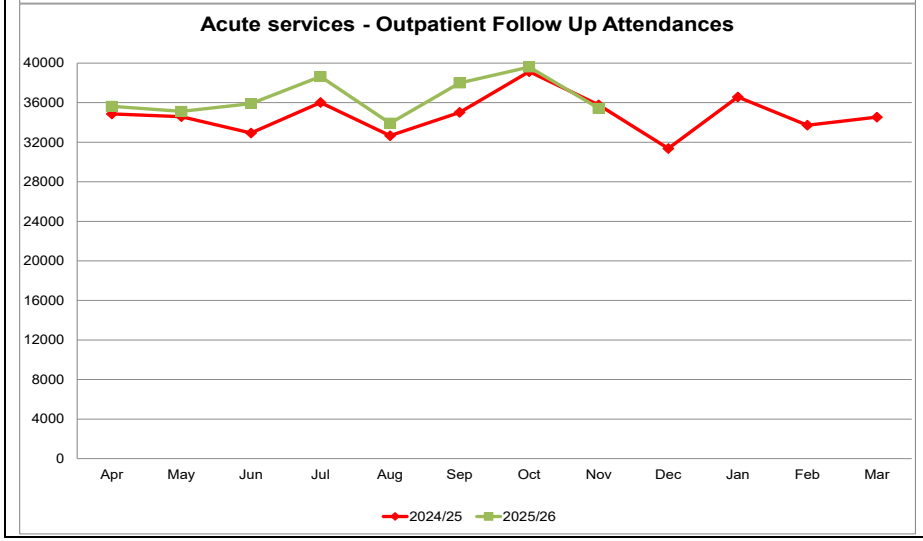
- The number of day cases undertaken by our acute services between 1 April and 30 November 2025 increased by 2.6% compared to the same months of 2024 and increased by 37.8% compared to the same months of 2023. Activity for the year to date was 3.6% above the current year plan.
- Over the same period, elective admissions were 6.1% lower than the corresponding months of 2024 and 0.8% lower compared to the same months of 2023. Activity for the year to date was 4.8% below the current year plan.
- The trust-wide monthly elective average length of stay was 2.7 days, the same as for October 2025.



Operational context

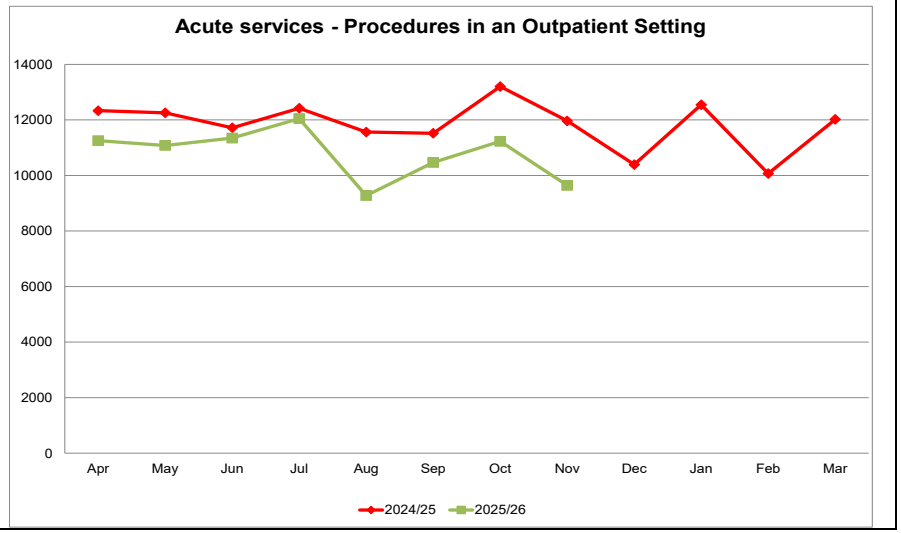
Acute services: This section of the report provides a summary of the levels of day case, and elective activity, plus elective length of stay during the reporting period, compared to the previous months and prior years.





Summary:

- The number of first outpatient attendances undertaken by our acute services between 1 April and 30 November 2025 increased by 2.4% compared to the same months of 2024.
- Over the same period, follow up outpatient attendances were 4.0% higher than the corresponding months of 2024.
- Between 1 April and 30 November 2025, the reported number of procedures undertaken within an outpatient setting decreased by 11.0% compared to the same months of 2024. Due a backlog of coding, the reported numbers for April to November 2025 are understated.



NARRATIVE REPORT

CANCER SERVICES

The key points of note in respect of Cancer services are as follows:

1) 28-day Faster Diagnosis Standard (FDS) performance was 77.8% in October 2025, above the national standard (77.0%), but below our planning trajectory of 80.3%. Five tumour sites are the main contributors to the breaches of the standard in October 2025 as shown in Table 1 below, together making up 82% of breaches. The main actions being taken to improve performance back to plan are shown below:
   - GIRFT national 100 Days Matter challenge completed for colorectal and urology (please also see the following page). Outcomes have included:
     - One-stop endoscopy and staging CT pathway implemented where a cancer is identified at colonoscopy
     - Faecal Immunochemistry Test (FIT) guidelines and resulting pathways have been reviewed
     - Colorectal Clinical Nurse Specialists have been given access to radiology imaging sharing system
     - One stop bladder cancer clinics have been established in Bridgwater
     - Urology clinic template and job plan reviews have been completed – which has liberated more capacity
     - Uro-Oncology Clinical Nurse Specialist lead has been appointed
     - Uro-Oncology band 6 posts x 1.6 WTE is being recruited
   - Faster Diagnosis Team established to deliver nurse-led triage (including for colorectal and urology), with straight to test for certain pathways and overall management of the initial diagnostic phase of cancer pathways
   - Continuing to increase endoscopy utilisation / productivity through recruiting to vacant nursing (all posts now recruited to), with backfilling in the interim with agency nurses; endoscopy insourcing continues; reviewing options for transferring patients between Taunton and Yeovil to make use of increased capacity once the Yeovil Community Diagnostic Centre opens in January.

- We have been unable to recruit to a breast radiology consultant post, so an alternative option is being progressed. Radiology is also diverting capacity to breast where possible (with small impacts on cross sectional imaging waits).
- The Yeovil site is also seeing breast patients from the Musgrove catchment area to even-out waiting times.
- ENT remains out to advert for consultant surgeon. The deadline has been extended due to having no applicants. Two middle grades were appointed in the summer.
- An ENT insourcing contract is now in place, and the first routine weekend clinics have commenced. Whilst this won't directly impact on capacity most weeks it will help to release capacity for suspected cancer clinics.
- One of the maxillo facial consultants who delivers specialist Head & Neck cancer care is leaving the Trust. Plans have been developed for his replacement, which include an existing member of the team increasing the cancer proportion of their job plan and undergoing a programme of development, in addition to recruiting to backfill the vacant post in the team.
- Gynaecology is undertaking an end-to-end review of their pathways, to understand where they can improve processes, and as part of this, reviewing how benign results reporting can be managed to speed-up the notification to patients.

Table 1. Top five tumour sites contributing to FDS performance in October, showing performance for these tumour sites in September.

Tumour sites	Breaches (Sep 25)	Performance (Sep 25)	% of breaches (Sep 25)	Breaches (Oct 25)	Performance (Oct 25)	% of breaches (Oct 25)
Colorectal	255	53%	35%	173	65% ↑	29%
Gynaecology	116	59%	16%	108	58% ↓	18%
Urology	58	75%	8%	76	68% ↓	13%
Breast	90	80%	12%	70	87% ↑	12%
Head & Neck	107	69%	15%	66	78% ↑	11%

The Trust took part in the national Get It Right First Time (GIRFT) improvement workstreams for the urology and colorectal 100 'Days Matter' challenge. The actions being taken primarily focus on pathway redesign, which should help to reduce the waiting time for the diagnostic phase of cancer pathway and hence improve 28-day Faster Diagnosis performance. The original target was a 5% improvement in performance relative to Q4 2024/25 by October 2025. Both colorectal and urology achieved well above this level of improvement in performance across these two time periods (see Table 2). Colorectal performance remains below where would want it to be due to longer than optimal waits for endoscopy, with the service currently having significant nursing challenges. We will continue to monitor FDS performance for these tumour sites against the improvement goal.

Table 2. FDS performance in colorectal and urology

Tumour site	Q4 24/25	Target Oct 25	April 25	May 25	June 25	July 25	August 25	September 25	October 25
Colorectal	52%	57%	57%	40%	49%	62%	52%	53%	65%
Urology	52%	57%	53%	38%	50%	61%	67%	75%	68%

October 2025 performance also showed, as expected, a material improvement in Head & Neck performance. Head & Neck has now been able to reduce waits for first appointment below 14 days, which is making achieving a cancer diagnosis or ruling out cancer by day 28 possible for a much greater proportion of patients.

2) 62-day referral to cancer treatment performance was 69.6% in October 2025, and hence just below the current national standard of 70%. It is primarily the same tumour sites (i.e. urology, colorectal but also skin – See Table 3, below) which have been driving the recent lower than plan performance. Colorectal and urology performance are mainly driven by lower 28-day FDS performance. The deterioration in skin performance relates to the high levels of skin cancer referrals over the summer, in part due to longer than ideal waits for the plastics elements of the treatment pathways. The plastics service is provided by the Exeter team. We are currently undertaking capacity and demand modelling to understand if we need to increase our Service Level Agreement with Royal Devon University Healthcare.

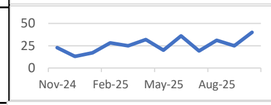
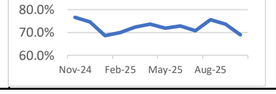
Table 3. Top five tumour sites contributing to 62-day performance in October, showing performance for these tumour sites in September.

Tumour sites	Breaches (Sep 25)	Performance (Sep 25)	% of breaches (Sep 25)	Breaches (Oct 25)	Performance (Oct 25)	% of breaches (Oct 25)
Urology	32	65%	28%	35	66% ↑	27%
Colorectal	11	66%	10%	27	38% ↓	20%
Skin	17	82%	15%	25	76% ↓	19%
Breast	16	67%	14%	11.5	78% ↑	9%
Lung	10.5	69%	9%	10.5	70% ↑	8%

The actions being taken to improve FDS performance will also improve 62-day performance because the diagnostic (FDS) phase of the pathway is a sub-set of the overall 62-day standard, although there is typically a one-month lag between improvement in FDS performance and improvements observed in 62-day performance. The improvement in urology FDS performance has already started to deliver improved 62-day performance. Overall, 62-day performance in November is expected to be reported as being above 75% (i.e. meeting the March 2026 performance ambition). However, colorectal and gynaecology performance remain below 60%, largely due to the low FDS performance, and this continues to be the focus of our attention.

SOMERSET NHS FOUNDATION TRUST

CANCER SERVICES

No.	Description	Source	Links to strategic aims	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Thresholds	Trend	Variation / Assurance
C1	31 day wait - from a Decision To Treat/Earliest Clinically Appropriate Date to First or Subsequent Treatment	NHSC	1,2	90.1%	93.7%	93.7%	97.1%	96.7%	95.4%	95.0%	95.2%	93.6%	94.1%	90.9%	91.6%	>=96% = Green >=Above trajectory = Amber <below trajectory = Red		
C2	Cancer: 62-day wait from referral to treatment for urgent referrals – number of patients treated on or after day 104	OPG	1,2	23	13	17	28	25	32	20	36	19	31	25	40	0= Green >0 = Red		
C3	Cancer: 62-day wait from referral to treatment for urgent referrals – Breast	OPG	1,2	82.9%	82.4%	77.8%	80.0%	87.5%	78.7%	62.2%	75.9%	74.6%	70.9%	67.3%	78.1%	At or above trajectory =Amber and below trajectory =Red		
C4	Cancer: 62-day wait from referral to treatment for urgent referrals – Colorectal	OPG	1,2	57.1%	45.2%	50.0%	46.2%	58.1%	55.2%	50.0%	53.8%	60.0%	67.8%	65.6%	37.9%	At or above trajectory =Amber and below trajectory =Red		
C5	Cancer: 62-day wait from referral to treatment for urgent referrals – Gynaecology	OPG	1,2	82.4%	72.2%	80.0%	75.0%	77.8%	78.9%	100.0%	80.0%	62.5%	75.0%	72.7%	86.4%	At or above trajectory =Amber and below trajectory =Red		
C6	Cancer: 62-day wait from referral to treatment for urgent referrals – Haematology	OPG	1,2	100.0%	76.9%	77.8%	93.8%	78.9%	78.6%	100.0%	84.6%	75.0%	78.9%	63.4%	74.4%	At or above trajectory =Amber and below trajectory =Red		
C7	Cancer: 62-day wait from referral to treatment for urgent referrals – Head and Neck	OPG	1,2	47.1%	62.5%	69.0%	34.6%	77.8%	68.8%	72.7%	91.7%	52.6%	51.4%	68.8%	67.5%	At or above trajectory =Amber and below trajectory =Red		
C8	Cancer: 62-day wait from referral to treatment for urgent referrals – Lung	OPG	1,2	53.7%	70.8%	54.2%	71.2%	73.1%	69.8%	75.5%	60.0%	57.6%	66.7%	68.1%	69.6%	At or above trajectory =Amber and below trajectory =Red		
C9	Cancer: 62-day wait from referral to treatment for urgent referrals – Other	OPG	1,2	80.0%	100.0%	83.3%	33.3%	88.9%	92.9%	100.0%	69.2%	92.3%	86.7%	77.8%	61.5%	At or above trajectory =Amber and below trajectory =Red		
C10	Cancer: 62-day wait from referral to treatment for urgent referrals – Skin	OPG	1,2	75.5%	72.9%	75.0%	85.9%	92.8%	98.7%	91.6%	92.0%	81.4%	83.1%	82.3%	76.3%	At or above trajectory =Amber and below trajectory =Red		
C11	Cancer: 62-day wait from referral to treatment for urgent referrals – Upper GI	OPG	1,2	80.0%	83.7%	72.6%	80.8%	91.1%	63.2%	82.1%	69.2%	66.7%	95.8%	63.8%	77.8%	At or above trajectory =Amber and below trajectory =Red		
C12	Cancer: 62-day wait from referral to treatment for urgent referrals – Urology	OPG	1,2	51.6%	68.7%	56.2%	51.5%	52.8%	37.5%	39.9%	40.7%	58.3%	52.7%	64.8%	66.2%	At or above trajectory =Amber and below trajectory =Red		
C13	Cancer: Percentage of all cancers diagnosed that are diagnosed at stage 1 or 2 (75% to be achieved by 2028)	PAF	1,2	76.6%	74.6%	68.6%	69.9%	72.4%	73.7%	71.9%	72.8%	70.7%	75.5%	73.6%	68.9%	>=60.1%= Green >=55.1% to <60.1% = Amber <55.1% =Red		

NARRATIVE REPORT

MATERNITY SERVICES

The key points of note in respect of Maternity services are as follows:

SFT Maternity services were visited by the national Amos investigation team over two days in November 2025. The investigation team met with the service leads and the Executive team, to hear about the challenges and to learn about the significant improvement work undertaken since the CQC inspections in November 2023. The team met with colleagues and service users and conducted site walkarounds on each site. Trusts expect to receive a Trust-specific report, and the national Amos investigation report will be published in the spring of 2026. A substantial data request has been received for submission in early January 2026, and the service is working through quality assurance evidence in preparation.

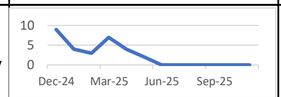
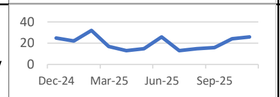
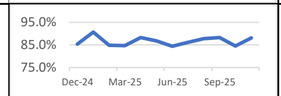
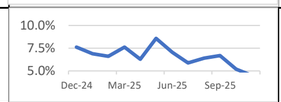
The service continues to monitor the impact of the temporary closure of YDH services on both activity and safety of services. The service has noted an increase in incidents that are occurring due to the increase in activity on the MPH site in both maternity and neonates and incidents relating to lack of adherence to care pathway guidance.

Since the Trust announcement on 14 October 2025 that, as long as specific safety criteria are met, the Trust will re-open YDH Maternity & Neonatal services on 21 April 2026, the Children and Young People (CYP) and Families Leadership team have been working with stakeholders and system partners including Dorset County Hospital to action plan the safety criteria. A programme of work has been developed into a project plan and each workstream has regular stakeholder meetings that each report to an overarching Programme Board. Good progress has been made and areas of risk escalated to trust executive team for support with resolution.

The service continues to make good progress with service improvements under the Maternity & Neonatal Improvement Programme.

SOMERSET NHS FOUNDATION TRUST

MATERNITY SERVICES

No.	Description	Source	Links to strategic aims	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Thresholds	Trend	Variation / Assurance
M1	Babies readmitted to hospital who were under 30 days	CQIM	2	9	4	3	7	4	2	0	0	0	0	0	0	Monitored using Statistical Process Control rules. Report by exception.		
M2	Babies who were born preterm - less than 37 weeks gestation	CQIM	2	25	22	32	17	13	15	26	13	15	16	24	26	Monitored using Statistical Process Control rules. Report by exception.		
M3	Percentage of babies where breast feeding was initiated	CQIM	1,2	85.3%	90.7%	84.8%	84.6%	88.3%	86.7%	84.4%	86.1%	87.7%	88.2%	84.6%	88.1%	>=80%= Green >=75% - <80% =Amber <75% =Red		
M4	Percentage of babies with an APGAR score between 0 and 6	CQIM	1,2	2.3%	1.2%	1.5%	0.9%	0.3%	2.4%	1.6%	0.7%	1.6%	1.8%	2.9%	1.2%	=<1%= Green >1% - =<2% =Amber >2% =Red		
M5	Women who had a 3rd or 4th degree tear at delivery	CQIM	2	9	7	5	9	8	5	3	8	4	10	9	4	To be confirmed, following benchmarking against regional performance.		
M6	Women who had a postpartum haemorrhage (PPH) of 1,500ml or more	CQIM	2	11	15	10	14	13	2	10	6	15	9	10	8	To be confirmed, following benchmarking against regional performance.		
M7	Women who were current smokers at booking appointment	CQIM	1,2	7.6%	6.9%	6.6%	7.6%	6.3%	8.6%	7.0%	5.9%	6.4%	6.7%	5.2%	4.5%	No target level.		
M8	Women who were current smokers at delivery	CQIM	1,2	10.1%	8.4%	6.0%	9.1%	5.8%	4.2%	5.4%	6.8%	6.6%	4.2%	6.8%	3.7%	=<10%= Green >10% - =<12% =Amber >12% =Red		
M9	No. of still births	CQIM	2	2	0	0	0	0	0	1	0	0	0	0	1	Monitored using Statistical Process Control rules. Report by exception.		
M10	No. of babies with Hypoxic Ischaemic Encephalopathy Diagnosis (rate per 1,000 births)	CQIM	2	3.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	Monitored using Statistical Process Control rules. Report by exception.		
M11	Babies under observation should have Newborn Early Warning Score assessment recorded as per trust clinical guidelines.	SFT	1,2,4	86.5%	86.4%		89.2%		84.9%		Reported quarterly					>=90%= Green >=80% - <90% =Amber <80% =Red		
M12	Babies under observation who have NEWS score alerts should be escalated to the paediatrics team for review	SFT	1,2,4	92.3%	100.0%		100.0%		93.3%									

NARRATIVE REPORT

CHILDREN AND YOUNG PEOPLE'S SERVICES

The key points of note in respect of Children and Young People's services are as follows:

Children and Young People's Eating disorders service

Eating disorder services (CEDS) have started to stabilise in terms of staffing, with retention rates improving and a significant reduction in reliance on agency nursing. The three-month rolling performance for the reporting period ending 31 October 2025 – the latest data available - was 87.5% against the 95% standard.

For SFT, performance was 90.9% (20 out of 22 referrals seen inside of four weeks), and for SWEDA compliance was 85.3% (29 out of 34 referrals seen inside of four weeks). All breaches are reviewed to ascertain if they were avoidable or due to choice.

Performance is actively managed, with potential breaches identified, reviewed and followed up. The Deputy Head of Service is in close contact with SWEDA, working collaboratively to plan service improvements.

Children and Young People's Community Mental Health service

Somerset CAMHS remains one of the best-performing teams nationally in terms of waiting times, with 94.9% of children and young people waiting less than six weeks for their first appointment as of 30 November 2025. Performance consistently exceeds the 90% green threshold, reflecting robust triage and referral management.

Primary care dental service

Community Dental Services across Dorset and Somerset are demonstrating clear progress in addressing operational challenges, particularly in relation to workforce stability and waiting list reductions.

In June 2025, the service launched its 2025/26 Productive Care Initiatives in collaboration with the Data Science Team. These initiatives aim to optimise appointment allocation and reduce waiting times in Somerset. The programme is now well embedded, with active

engagement from all teams. The Somerset service has seen significant improvements in the waiting lists for six consecutive months and is now lower than the monitoring target. The numbers waiting 52 weeks or more have reduced by 93% since May 2025.

The General Anaesthetic (GA) waiting list for young people exceeding 18 weeks has also shown sustained improvement over the past nine months, decreasing to 395 as of 31 November 2025 - the lowest number reported since before 30 April 2022. The team is on track to deliver no patients waiting longer than 18 weeks by June 2026. To support this, Dorset ICB approved a business case for additional theatre slots through to August 2025, which has been extended due to theatre refurbishments that took longer than planned. Productivity has been affected by dentist availability within the GA pool, theatre staff sickness, and recent strike action.

In Somerset, the forthcoming opening of a new surgical facility may improve Paediatric GA capacity; the team are hopeful that this will offer further enhancement to service delivery. A Consultant in special care has forged relationships with a paediatric consultant in Bristol who has agreed to support the service from November 2025 with training support and guidance for dentists looking to join the GA pool to improve resilience.

Despite successful recent dentist recruitment efforts, 1.4 whole-time equivalent (WTE) dentists have recently resigned for reasons of relocation and to pursue academic opportunities. This will impact on overall performance, but skill mixing will be used through the recruitment of dental therapists to mitigate some of this impact across both counties.

At a national level, discussions are currently under way regarding the potential inclusion of community dental waiting lists in the nationally reported Referral to Treatment (RTT) statistics. The service is actively participating in these conversations, attending engagement sessions and working closely with the Trust’s Performance and Information teams to ensure alignment, readiness and accuracy of data sets.

Despite ongoing pressures, the outlook for Community Dental Services in Dorset and Somerset remains positive. Progress is being driven by a combination of strategic recruitment, data-informed planning, and robust system-wide collaboration.

Acute Paediatric service

National Paediatric Early Warning System (PEWS)

This month's compliance results were as follows:

- **MPH:** Compliance for November 2025 was 58.3%, a decrease compared with October 2025. Teaching sessions are planned for the new year, following the success of this approach on the YDH site.
- **YDH:** Compliance for November was 100% following a successful series of bitesize teaching sessions.

Focused education for clinical teams is being prioritised to embed improved compliance. Work to introduce ePEWS within the YDH Emergency Department is also under way. There is still significant improvement work to be done in this area, which is being led directly by the Service Group's Associate Director of Patient Care.

CYP Neurodevelopmental Partnership (CYPNP) service

Referral volumes continue to rise, with approximately 140 new referrals each month, exceeding the current capacity of the service.

As at 30 November 2025, there were 4,039 patients waiting, of whom 959 had waited 104 weeks or more. The longest wait was 193 weeks, relating to a child transferred from North Somerset, where the original referral date of 17 March 2022 was honoured.

Patients waiting over 104 weeks increased by 72 compared to 31 October 2025, rising from 769 to 841. Those waiting 52 weeks or more have also grown, and are now 343 above the trajectory agreed with the ICB and NHSE, with an increase of 106 compared to 31 October 2025. Consequently, referral-to-assessment times have extended to around 30 months. It should be noted that:

- Extended delays pose significant clinical and reputational risk.
- There is a potential impact on patient outcomes and compliance with national standards.
- The current model is unsustainable, given rising demand.
- This requires system-level intervention, including resource allocation.

- Escalation to the ICB/NHSE for support and funding is ongoing.

In response to ongoing pressures, the team developed and piloted a ‘one stop shop’ service model, aimed at improving pathway efficiency. This model enabled the delivery of an additional 35 appointments per month and significantly enhanced the service-user experience. Feedback has been overwhelmingly positive. Unfortunately, it has not yet been possible to extend the pilot due to limitations in clinic space, which is still under review. In addition, following successful productive care initiatives within the primary care dental service, the service group will divert some resource to support the CYPNP service to explore any additional productivity improvement opportunities. This work will aim to optimise efficiency and increase capacity, in collaboration with primary care and adult mental health services where appropriate.

Despite these innovations, the deterioration in waiting times remains unacceptable. The team has worked exceptionally hard to improve patient flow through triage, provide advice and support to families on the waiting list, and deliver educational packages to schools, GPs, and parents. The service’s risk score has now been raised to 16, reflecting ongoing concerns and repeated discussions with the ICB regarding insufficient funding to meet current demand.

Improving Emergency Department Waiting Times

The target for March 2026 is to ensure that at least 76% of patients are admitted, discharged, or transferred from the Emergency Department (ED) within four hours. The compliance target for this measure will rise to 95% by September 2026. Reducing waiting times for children and young people (CYP) in ED at YDH and MPH is a key priority.

Trust-wide performance for CYP in November 2025 was 70.5%. Weekly improvement meetings have been established, leading a range of initiatives to streamline care pathways and improve efficiency.

Establishing a dedicated Paediatric Assessment Unit (PAU) footprint at YDH is critical to improving overall performance and enhancing the experience of children and young people (CYP) in the Emergency Department. A well-defined PAU will enable more efficient patient flow, reduce waiting times, and provide a more appropriate environment for paediatric care.

The key challenges are to develop the clinical team to provide this approach to urgent and emergency care and to secure an appropriate location from which to deliver the service. Current fire safety restrictions within the building significantly influence where the unit can be located.

These factors are pivotal to delivering a safe, efficient PAU that meets performance and patient experience goals. Although four newly recruited Paediatricians are scheduled to start between January and May 2026, this additional capacity will not address the nursing staffing requirement or the current pressures regarding waiting times during the current winter period. This remains a significant concern for patient flow and timely care.

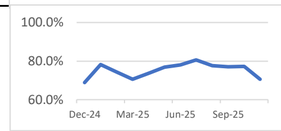
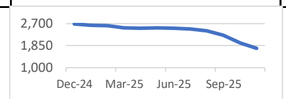
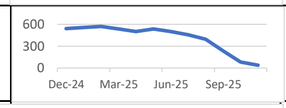
Fire Safety Concerns – Ward 10, YDH

Significant concerns remain regarding fire safety on Ward 10 at YDH, following a risk assessment rating of 16. Recent SIM training has heightened these concerns due to the time required to safely transport a child on oxygen and the need to descend a staircase during evacuation. A Quality Impact Assessment (QIA) has been completed.

A proposal to relocate Paediatrics into the Women's Building is currently being considered, including a footprint for PAU. This plan would require substantial investment and identification of a new location (preferably off-site) for Paediatric Outpatients. In the meantime, this remains a significant safety concern.

SOMERSET NHS FOUNDATION TRUST

CHILDREN AND YOUNG PEOPLE'S SERVICES

No.	Description		Source	Links to strategic aims	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Thresholds	Trend	Variation / Assurance
CYP1	CAMHS Eating Disorders - Urgent referrals to be seen within 1 week - (rolling 3 months)		NHSC	1,2,3,4	0.0%	-	-	-	-	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	Data not yet due	>=95%= Green >=85% - <95% =Amber <85% =Red		P
CYP2	CAMHS Eating Disorders - Routine referrals to be seen within 4 weeks - (rolling 3 months)			1,2,3,4	81.8%	90.0%	94.1%	92.3%	91.2%	90.5%	96.4%	97.0%	98.2%	85.7%	87.5%	Data not yet due	>=95%= Green >=85% - <95% =Amber <85% =Red		?
CYP3	Increase the number of CYP accessing mental health services to achieve the national ambition for 345,000 additional CYP aged 0–25 compared to 2019		NOF, OPG	1,2	4,900	4,970	5,010	5,216	5,246	5,315	5,408	5,524	5,451	5,610	5,676	5,691	From April 2025 >=5,400 = Green <5,400 = Red		P
CYP4	Mental health referrals offered first appointments within 6 weeks	Children and young people's mental health services	ICB	1,2,3	97.5%	97.3%	98.8%	99.0%	95.6%	100.0%	96.8%	100.0%	96.7%	97.1%	96.6%	94.9%	>=90%= Green >=80% - <90% =Amber <80% =Red		P
CYP5	Improve A&E waiting times, with a minimum of 76% of patients admitted, discharged and transferred from ED within 4 hours in March 2026: Trust-wide performance - Under 18 years old		PAF	2	68.9%	78.3%	74.5%	70.6%	73.7%	76.8%	78.1%	80.6%	77.6%	77.1%	77.2%	70.5%	From April 2025 >=76%= Green >=66% - <76% =Amber <66% =Red (the standard will rise to 78% in March 2026, and 95% in September 2026)		?
CYP7	Community dental services - General, Domiciliary or Minor Oral surgery waiting 18 weeks or more		SFT	1,2,3	2,688	2,631	2,629	2,544	2,516	2,532	2,523	2,495	2,420	2,252	1,956	1,747	From April 2024 <1,979 = Green >=1,979 = Red		?
CYP8	Community dental services - General, Domiciliary or Minor Oral surgery waiting 52 weeks or more				540	559	571	538	502	535	501	456	393	234	84	39	From April 2024 <574 = Green >=574 = Red		P
CYP9	Community dental services - Child GA waiters waiting 18 weeks or more		SFT	1,2,3	627	624	626	567	563	552	551	537	522	491	454	395	From April 2023 <463 = Green >=463 = Red		?
CYP10	National paediatric early warning system (PEWS) - Medium risk: percentage reviewed by the nurse in charge	MPH	SFT	1,2,4	23.8%	28.6%	57.1%	46.2%	70.0%	43.8%	62.5%	100.0%	57.1%	66.7%	73.3%	58.3%	>=90%= Green >=80% - <90% =Amber <80% =Red		F
CYP11		YDH	SFT	1,2,4	New reporting	85.7%	66.7%	76.9%	100.0%	100.0%	100.0%	100.0%	71.4%	88.9%	66.7%	100.0%			?

NARRATIVE REPORT

PEOPLE

The key points of note in respect of People are as follows:

Areas of Success / Celebration

- Appraisal compliance – this improved again in November 2025 and, as anticipated, has moved the RAG rating from red to amber. The compliance rate of 81.1% is the highest since the new Somerset NHS Foundation Trust was established. This would suggest that the accountability Service Managers are being held to, along with the set trajectories, are having a positive impact. The Appraisal Deliverable Workstream will be recommencing in January 2026 to consider next steps and potential "Test and Learn" projects in this area. The other key area identified as critical to the success of any appraisal scheme is manager capability in this area: to ensure clear expectations/goals are agreed, regularly reviewed throughout the year during management supervisions / 1-2-1s, and ensuring there are clear links to the team/service/Trust objectives which helps foster a sense of belonging.

- Mandatory training compliance remains unchanged from October 2025, at 94%. The number of colleagues in date with all of their mandated training in date has increased by 0.1% to 70.5%. The number of DNAs to adult basic life support sessions decreased to 170 for November (from 213 in October). Proactive Care Restrictive Interventions (secondary) training has reached 100% compliance as we have successfully worked with mental health-based colleagues to ensure the allocation of this training is correct.

Areas of Concern

- Sickness Absence - The in-month sickness rates have been on a concerning trajectory upwards since April 2025. All Service areas other than SSL report Anxiety, Stress and Depression as the leading cause of absence. The Surgical Service Group has noted positive improvements in leaders' confidence and focus on managing persistent absence, with a programme of support being offered. This has resulted in an increase of colleagues moving to final stages of sickness absence monitoring. Although the aim will always be to support colleagues to remain in the workplace, this approach is allowing the leadership team to manage cases more appropriately where necessary. Work continues in the Surgical Service Group in order to share best practice and learning across the Trust. Discussions are taking place with regard to potential absence management systems that can support and improve the ongoing management of sickness absence across the Trust.

Focus Areas

- Job Planning – While the number of signed off job plans continues to steadily rise, the reportable compliance for NHSE in December 2025 is at 84.2%. The national team have requested a clear plan on how 95% compliance will be achieved by the end of this financial year. The Job Planning Steering Group have agreed a targeted approach to capture the final 10.8% including a full review of the status of the job plans and whether all are 'due' in this financial year, in the same way as we do for medical appraisal.

- Vacancy levels - November 2025 leaver numbers (99.15) remain in line with expectations; however, starters have reduced slightly (63.09) compared to usual levels. The vacancy exception process remains in place, although additional exceptions have now been added, including Nurses and HCAs within the 24/7 service. From January/February 2026, we anticipate an increased vacancy gap due to the vacancy controls implemented since October 2025.

- Demographics – Without a more detailed breakdown it is impossible to know if the small increase in the representation of BAME colleagues and disabled colleagues at Bands 8 and above is showing that we are making progress, whether it is a reflection that our data quality in ESR is improving in general (while good it does not mean representation has improved), or that things have improved in specific job types or service groups. A detailed proposal on inclusion measures will be presented to the Board in February 2026. The ambition is for key measures to enable the Board to track progress against their inclusion 'position statement' and this will be reflected in this scorecard following Board approval.

- Retention - Retention has continued to improve across the year and is now sitting at its highest level since the start of the merger. Although the turnover rate continues to reduce, there are pockets of concern that remain, particularly with areas such as Additional Clinical Services. This group has seen a concerning peak in leavers in November 2025, increasing by 1.1% since July 2025. There are also questions about some of the reasons behind the retention rate continuing to improve, with potential reasons being the challenging external job market, rather than just being attributed to an improvement in engagement and a desire to stay.

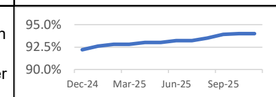
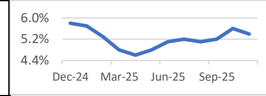
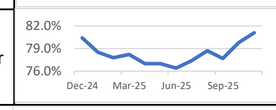
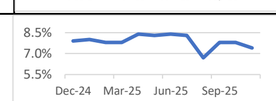
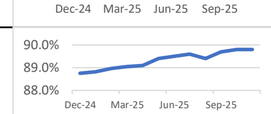
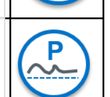
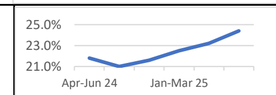
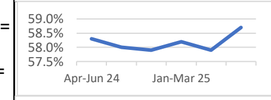
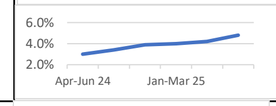
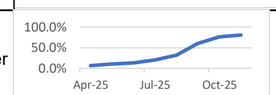
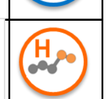
- Formal HR cases - The total number of formal cases has reduced by 23 since October 2025 as follows.
    - Live Disciplinary cases have reduced by 13 (please see the note below).
    - Capability have reduced by four.
    - Respect & resolution cases have reduced by two.
    - There are 30 active final sickness reviews, however this is a positive response to service groups engaging well with the advisory service and attending sickness workshops, coaching sessions, and training on persistent absence.
- New additions to toolkits have been well received, People Policy Toolkit was the fourth-most-visited subsite in October 2025 with 12,530 visits. 105 is still a significantly high number of cases, and the number of disciplinaries (32) is also significantly high. Data

collection remains an issue but plans to rectify this for 2026 are being explored at pace. MHPS processes remain challenging to support efficiently due to the complexity of cases and the capacity available within both the HRA service and the medical leadership team. Plans to rectify this are ongoing. In addition, Leadership Community of Practice is underway, led by the Leadership & OD team with HRA support and additional management workshops to support with overarching leadership skills due to start early 2026, supported by HRA workshops/training which will be standardised in 2026 with alternative ways to view (e.g. videos).

- Disciplinary Cases – excluded from the reported number are 52 individual investigations following an information governance breach against a colleague. There is a single investigation officer investigating each allegation independently and therefore it was decided to remove this number from the report to avoid a misrepresentation of cases.

SOMERSET NHS FOUNDATION TRUST

PEOPLE

No.	Description		Source	Links to strategic aims	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Thresholds	Trend	Variation / Assurance
P1	Mandatory training: percentage completed	Combined	SFT	5	92.2%	92.6%	92.8%	92.8%	93.0%	93.0%	93.2%	93.2%	93.5%	93.9%	94.0%	94.0%	All courses >=90%= Green Overall rate <80% =Red Any other position = Amber		
P2	Monthly percentage of days lost due to sickness absence		NOF	5	5.8%	5.7%	5.3%	4.8%	4.6%	4.8%	5.1%	5.2%	5.1%	5.2%	5.6%	5.4%	SPC (Upper Control Limit 5.4%)		
P3	Sickness absence levels - rolling 12 month average (Trust-wide)		NOF	5	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.1%	5.2%	5.2%	5.2%	5.1%	SPC (Upper Control Limit 5.2%)		
P4	Career conversations (12 months)		SFT	5	80.4%	78.5%	77.8%	78.2%	77.0%	77.0%	76.4%	77.4%	78.7%	77.7%	79.8%	81.1%	>=90%= Green >=80% - <90% =Amber <80% =Red		
P5	Vacancy levels - percentage difference between contracted full time equivalents (FTE) in post and budgeted establishment (Trust-wide)		SFT	5	7.9%	8.0%	7.8%	7.8%	8.4%	8.3%	8.4%	8.3%	6.7%	7.8%	7.8%	7.4%	<=8.5%= Green >8.5% to <=9.0% =Amber >9.0% =Red		
P6	Retention rate – rolling 12 months percentage of colleagues in post		SFT	5	88.8%	88.8%	89.0%	89.1%	89.1%	89.4%	89.5%	89.6%	89.4%	89.7%	89.8%	89.8%	>=88.3%= Green >=80% to <88.3% =Amber <80% =Red		
P7	Percentage of colleagues in a senior role (band 8a and above and consultant roles):	Who are of an ethnic minority	SFT	1,5	21.6%	22.5%			23.2%			24.4%			Reported quarterly		>=Trajectory = Green <=10% below trajectory = Amber >10% below trajectory = Red		
P8		Who are female	SFT	1,5	57.9%	58.2%			57.9%			58.7%							
P9		With a recorded disability	SFT	1,5	3.9%	4.0%			4.2%			4.8%							
P10	Job planning: Percentage of Consultant and SAS doctor job plans signed off		SFT	5	New measure - reported from March 2025.		21.5%	6.6%	10.2%	12.8%	20.2%	31.6%	60.4%		76.4%	80.6%	>=95%= Green >=85% to <95% =Amber <85% =Red		
P11	Percentage of patient-facing staff receiving a 'flu vaccination		PAF	1,5	Reporting to run from October 2025 to January 2026.										35.4%	45.3%	By February 2025 >=33.1% = Green <33.1% = Red		
P12	Number of formal HR case works (disciplinary, grievance and capability).		SFT	5	47	50	50	63	58	69	55	68	86	88	128	105	SPC (Upper Control Limit 78		

NARRATIVE REPORT

PATIENT EXPERIENCE AND INVOLVEMENT

The key points of note in respect of Patient Experience and Involvement are as follows:

What is going well

There has been an increase in the number of Care Opinion responses received for November 2025. A significant amount of work has been carried out to align 166 departments / areas appropriately with the correct hospital / service group for accurate reporting purposes. Patients, carers and relatives are providing positive feedback on compassion, person-centred care and clear explanations.

In November 2025 the response rate for formal complaints responded to within agreed time frame was 73%. This is consistent with the highest response rate seen in June and July this year, but remains below the target level.

What is going less well

There has been a decline in the number of Care Opinion stories being addressed by colleagues and the Patient Engagement team. This was primarily due to multiple periods of leave within an already reduced team. To prevent a recurrence, contingency measures are now in place: two members of the Data Team within Patient Experience and Engagement will step in to respond to patient stories whenever the core team is on leave. The content of the stories informed us that people were not happy about noisy environments and waiting times.

Delays were attributable to the following factors:

- Intensified focus on the quality of responses, with a focus on accuracy of information and comprehensive responses to all questions within the initial response.
- Ongoing operational and workforce challenges across all areas to be able to review, prioritise and respond to complaints.
- Continued challenges with ownership and accountability of formal complaints within some service areas and individual clinicians. This is being addressed through proactive support and engagement of the patient experience leadership team alongside service group governance leads and Associate Directors of Patient Care.
- Continued complexity, with a large proportion of complaints overlapping teams and service groups, and challenges with service groups identifying a lead for the review and ongoing management of a complaint.

- The timely availability of paper medical notes when multiple teams are involved across service groups.

Focus of improvement work

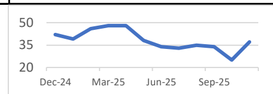
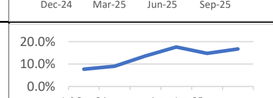
- To continue with Patient Voice, engaging with patients, carers and visitors.
- Recruit into the engagement vacancy - interviews are planned for early in the new year.
- A weekly sitrep of service group positions regarding formal complaints is provided to the Director of Patient Experience and Engagement. This report aims to provide senior leadership with oversight, particularly focusing on complaints that are 'at risk' (between 30 and 40 days old), to facilitate a more efficient escalation process.
- Escalation processes specific to individual Service Groups (Families, Neighbourhoods, and Surgical) have been developed, including escalation to Associate Medical Directors and Associate Directors of Patient Care prior to complaints breaching the time frame.
- Regular meetings between Associate Directors of Patient Care and the Head of Patient Experience to identify causes of delays and potential solutions.
- Regular tracker meetings between complaint co-ordinators and service groups to identify potential delays and escalate concerns.
- A review of targets to ensure alignment with national standards.
- A working group was developed to perform an organisational diagnostic against NHS Complaint Standards. The first meetings took place in November and December 2024, and February 2025. The latest meeting took place in October 2025 and completed the benchmarking and development of the NHS Complaint Standards action plan.
- Development of an interactive dashboard to increase visibility and timeframes of complaints is under way.

The intensified focus on the quality of first complaint responses over the past few months resulted in a significant reduction in the number of second letters received last month. Unfortunately, this low number was not sustained and the number of second letters received this month increased to eight. The quality of first complaint responses remains a focus. The complaints team analyse the rationale behind the requests for second response letters, which serve as a crucial indicator of the quality and effectiveness of initial complaint responses. The second letters received relate to the Medical, Surgical and Families service groups (Medical: four, Surgical: two, Families: two). The requests for second letters were due to:

- **Additional Questions**: Three complainants requested additional responses as they had further questions following receipt of the initial response letter and/or medical records.
- **Inadequate Explanations**: Two complainants found the explanations provided in the response letters to be inadequate and not factually accurate.
- **Unanswered Questions**: One complainant expressed dissatisfaction at the failure to address one of his main concerns.
- **Request for a Meeting**: One complainant requested a meeting to discuss their response letter and gain further clarity on responses.
- **Dissatisfaction with the Review**: One complainant was not satisfied with the accuracy, timeliness or transparency of the review.

SOMERSET NHS FOUNDATION TRUST

PATIENT EXPERIENCE AND INVOLVEMENT

No.	Description	Source	Links to strategic aims	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Thresholds	Trend	Variation / Assurance
PE1	Care Opinion: Number of stories per month	SFT	2	42	39	46	48	48	38	34	33	35	34	25	37	Increase from 2024/25 baseline		
PE2	Care Opinion: Percentage of stories with responses	SFT	2	100.0%	94.9%	100.0%	100.0%	97.9%	100.0%	100.0%	100.0%	100.0%	91.2%	92.0%	81.0%	>=90%= Green >=80% - <90% =Amber <80% =Red		
PE3	Percentage of complaints responded to within the timescale agreed with the complainant	SFT	2	47.8%	25.0%	47.6%	50.0%	39.3%	54.5%	73.3%	73.3%	56.8%	62.0%	52.8%	73.0%	>=90%= Green >=80% - <90% =Amber <80% =Red		
PE4	Number of complaints resulting in second letters	SFT	2	1	1	4	2	3	2	5	7	8	10	3	8	Monitored using Statistical Process Control rules. Report by exception.		
PE5	Percentage of formal complaints fully upheld	SFT	2	9.0%	13.6%			17.6%			14.8%			12.3%		Compare to national average		
PE6	Percentage of formal complaints partially upheld	SFT	2	73.1%	75.8%			63.7%			62.3%			69.9%		Compare to national average		

Appendix 1 – Specialty and tumour-site level performance

Table 1 – Performance against the RTT performance standard in November 2025, including the number of patients waiting over 18 weeks, the number of patients waiting over 52 weeks, and the average (mean) number of weeks patients have waited on the Trust's waiting list.

RTT specialty	Over 18-week waiters	Over 52-week waiters	Incomplete pathways	Incomplete pathways performance
General Surgery	958	22	2,732	64.9%
Urology	1,529	181	3,458	55.8%
Trauma & Orthopaedics	3,330	425	8,594	61.3%
Ear, Nose & Throat (ENT)	2,663	150	5,278	49.5%
Ophthalmology	968	32	3,216	69.9%
Oral Surgery	1569	81	3,259	51.9%
Plastic Surgery	24		124	80.6%
Cardiothoracic Surgery	2		12	83.3%
General Medicine	16		47	66.0%
Gastroenterology	676	10	2,334	71.0%
Cardiology	1,516	4	4,074	62.8%
Dermatology	786	13	3,043	74.2%
Thoracic Medicine	341	1	1,555	78.1%
Neurology	737	9	1,864	60.5%
Rheumatology	253	7	740	65.8%
Geriatric Medicine	123	4	516	76.2%
Gynaecology	1,666	108	3,870	57.0%
Other – Medical Services	1,666	26	4,758	65.0%
Other - Paediatric Services	267	5	955	72.0%
Other - Surgical Services	2,172	235	5,895	63.2%
Other – Other Services	78		335	76.7%
Total	**21,340**	**1,313**	**56,659**	**62.3%**

Table 2 – RTT validation progress

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

RTT waiting times bands	Week ending 9th Mar	Week ending 13th Apr	Week ending 11th May	Week ending 8th Jun	Week ending 20th Jul	Week ending 17th Aug	Week ending 14th Sep	Week ending 12th Oct	Week ending 9th Nov	Week ending 7th Dec
12 weeks and over	71%	70%	79%	83%	81%	81%	80%	78%	77%	76%
26 weeks and over	72%	71%	84%	89%	90%	91%	89%	87%	86%	84%
52 weeks and over	96%	98%	98%	96%	99%	99%	98%	97%	99%	97%

Table 3 – Performance against the 62-day GP cancer standard in October 2025.

Tumour site	No of breaches	Trust performance
Breast	11.5	78.1%
Colorectal	27.0	37.8%
Gynaecology	3.0	86.4%
Haematology	5.0	74.4%
Head & Neck	6.5	67.5%
Lung	10.5	69.6%
Other	2.5	61.5%
Skin	25.0	76.3%
Upper GI	6.0	77.8%
Urology	35.0	66.2%
Total	**132**	**69.6%**

Thirty-nine patients were treated in October on or after day 104 (the national 'backstop' for GP pathways). A breakdown of the breaches is as follows:

- Twenty-one patient pathways had internal delays mainly related to a lack of capacity. These pathways also had elements of unavoidable delays, due to additional investigations, medical complexity, waiting times at other organisations and periods of patient choice.
- Nine patients had a complex pathway, including patients requiring additional or repeat diagnostics, transferring from a different cancer pathway and being treated at the same time for another cancer.
- Seven pathways were delayed due to a range of factors, including elements outside of our control.
- One patient pathway was delayed due to the need for another medical condition to be addressed prior to treatment.
- One patient chose to delay their pathway.

Appendix 2 – Infection Control and Prevention – November 2025

MRSA bloodstream infections	Commentary on MRSA /MSSA BSIs
Musgrove Park Hospital = 0 Yeovil District Hospital = 0 Community Hospitals / Mental Health = 0 **Total year to date = 5**	There are no national thresholds assigned to MRSA or MSSA bloodstream infections (BSI). However, there is a zero tolerance of MRSA BSIs and as a Trust we have an internal threshold for MSSA. Although there were no cases of MRSA in November 2025, there continues to be an upward trend of rising case numbers across the system. As a Trust, we have one of the highest rates in the region (1.94 per 100,000 occupied bed days). This situation is mirrored nationally where rates have been increasing since 2019. At the end of financial year 2024 to 2025 rates increased by 29.5% which was the largest annual increase in MRSA rates since surveillance began. Conversely, case numbers for MSSA remain stable and as a Trust we are under our internal trajectory. Regionally we have one of the lowest rates (13.17 per 100,00 occupied bed days). This does not change our focus for improvement which is still peripheral cannulae. Nationally, rates have now exceeded pre-COVID-19-pandemic levels with a 12% increase in comparison to financial year 2018-2019.
MSSA Bloodstream Infections	
Musgrove Park Hospital = 0 Yeovil District Hospital = 3 Community Hospitals / Mental Health = 0 **Internal Threshold = 64** **Total year to date = 37**	
E. coli bloodstream infections	**Commentary on Gram-negative bloodstream infections**
Musgrove Park Hospital = 6 Yeovil District Hospital = 6 Community Hospitals / Mental Health = 0 **Threshold = 100** **Total year to date = 86**	The most common sources to date for this financial year continue to be urine and biliary. No new issues have emerged so far therefore work continues to focus on cases linked to urinary catheters. The overall burden of disease is in the community. **E. coli** Case numbers for E. coli remain above trajectory. However, we still have one of the lowest rates in the region (28.66 per 100,000 occupied bed days) and we remain under the national rate of 35.83 per 100,000 occupied bed days. Nationally rates have increased by 35% since financial year 2012 to 2013 driven mainly by the increase in community-onset cases. **Klebsiella** Case numbers for Klebsiella are double where they were at the same point last year and the annual threshold has been breached. As a trust we still have some of the lowest rates in the region (12.78 per 100,000 occupied bed days) and remain below both the regional rate (14.45) and national rate (14.67). Nationally, rates have been increasing since surveillance began in 2017.
Klebsiella bloodstream infections	
Musgrove Park Hospital = 4 Yeovil District Hospital = 2 Community Hospitals / Mental Health = 0 **Threshold = 36** **Total year to date = 39**	

	Pseudomonas Case numbers for Pseudomonas are higher than the same period last year and the annual threshold has been breached. As a Trust we are in the lower half regionally with rates of 6.2 per 100,000 occupied bed days which is in line with the National rate. The sources of the Trust cases are varied but are being investigated.
Pseudomonas bloodstream infections Musgrove Park Hospital = 4 Yeovil District Hospital = 0 Community Hospitals / Mental Health = 0 **Threshold = 12** **Total year to date = 20**	
C. difficile	**Commentary on C. difficile**
Musgrove Park Hospital = 2 Yeovil District Hospital = 3 Community Hospitals / Mental Health = 0 **Threshold = 91** **Total year to date = 64**	Despite rising case numbers, regionally we have the lowest rates of infection (22.85 per 100,00 occupied bed days). Nationally case numbers are increasing, and the drivers are not clear. The reason for the increase remains unclear and national experts have not identified any clear drivers to date. There have been no significant changes in overall antibiotic use, and there are no particular antibiotics being used that are implicated. Previously, certain strains of C diff such as 027 were linked to higher levels of disease and transmission but this does not seem to be the case currently.
Respiratory Viral Infections - inpatients	**Commentary on Respiratory Viral Infections**
COVID (Trust Cases) = 29 Musgrove Park Hospital = 13 Yeovil District Hospital = 15 Community / Mental Health = 1 **Influenza = 59 (Inpatients)** Musgrove Park Hospital = 36 Yeovil District Hospital = 23 **Respiratory Syncytial Virus (RSV) = 49 (Inpatients)** Musgrove Park Hospital = 32 Yeovil District Hospital = 17	**Respiratory Viruses** • Cases of COVID-19 have reduced significantly in November in line with the end of the small autumn wave in the Southwest. Although it is not clear from the nationally modelling whether there will be a second wave later this winter, it is probably likely. • Cases of influenza have increased through November and as we go into December are likely to increase dramatically. The season has started earlier than normal and is being driven by the H3N2 strain of Flu A. This is not a new strain but some minor changes to the surface of the virus have occurred to which the population has less immunity. • RSV cases have increased through November, the majority of which are children under 12 years old. Levels are in line with the usual seasonal trend.

	Thanks to charitable funding, point of care analysers have been installed for both Emergency Departments, AMU Barrington and 6B AMU. Respiratory testing in these departments is now in place, having started on the 18 December
Outbreaks	**Commentary on outbreaks**
COVID = 13 Musgrove Park Hospital = 9 Yeovil District Hospital = 4 **Influenza = 5** Musgrove Park Hospital = 4 Yeovil District Hospital = 1 **Norovirus = 0** **Carbapenemase Producing Organism (CPO)** • **YDH -** Since January 2022 there have been 104 cases of CPO identified on the YDH site.	Outbreaks are starting to increase but remain relatively low in November. During early December Portman ward on the MPH site was changed to a flu cohort ward. This evolved out of a significant outbreak. It is hoped this will not be needed for a prolonged time. **Carbapenemase Producing Organism (CPO) - YDH** This has been managed as a Trust-wide outbreak which has spanned two key time periods, January 2022 to August 2023 and December 2023 to the current time. There are two different resistance mechanisms involved. The genes that encode for these resistance mechanisms can move between different species of bacteria which makes the linking of cases in the outbreak more challenging. This is the reason that more specialist testing has been required from UKHSA. The work identifying whether this is an ongoing outbreak or endemic in our Yeovil community population continues but this is labour intensive and requires time. The screening strategy is also under review. There have been no new cases linked to the outbreak since September 2025.
Surgical Site Infections	**Commentary on Surgical Site Infections**
Surgical Site Infection Surveillance enables early recognition of infections to inform remedial and improvement actions. **Musgrove Park Hospital Site** Continuous surveillance for Total Hip Replacement (THR), Total Knee Replacement (TKR) and Spinal Surgery has been in place on the MPH site since 2009.	**<u>Musgrove Park Hospital Site</u>** • **Hip Replacement** Within the last year (November 2024 to October 2025) a total of 353 operations were undertaken with no infections identified. • **Knee Replacement** Within the last year (November 2024 to October 2025) a total of 239 operations were undertaken and 2 infections identified giving an infection rate of 0.84% which overall remains in line with the national benchmark of 0.4%.

Yeovil District Hospital Site Continuous surveillance on total hip replacement surgery has been in place on the YDH site since April 2022 and continuous surveillance was commenced on total knee replacement surgery from January 2024.	• **Spinal Surgery** Within the last year (November 2024 to October 2025) a total of 327 operations were undertaken and 3 infections identified giving an infection rate of 0.92%. The infection rate is in line the national benchmark of 1.1%. • **Caesarean Section** Surveillance started in June 2025 and was one of the assurance controls in place to support the use of the procedure room as a second theatre. During June a total of 135 operations were undertaken, and one patient was readmitted with an infection giving an infection rate of 0.7%. In addition, patients are asked to self-report infections, one patient reported an infection giving an infection rate of 0.7%. However, the response rate from patients was low, only 28 patients responded. This is likely to be due to the pressures of motherhood during the first month following birth. Since then although IPC have continued to collect the data, but the clinical teams have been unable to support surveillance. The IPC team will undertake some basic checks of readmissions and any specimens, but this cannot be classed as true surveillance. **<u>Yeovil District Hospital Site</u>** • **Hip Replacement** Within the last year (November 2024 to October 2025) a total of 350 operations were undertaken with no infections identified. • **Knee Replacement** Within the last year (November 2024 to October 2025) a total of 443 operations were undertaken with no infections identified. The national rate is calculated over the period April 2019 to March 2024 and therefore not directly comparable to trust infection rates. However, as a trust the national benchmark is always used as a guide.

SOMERSET NHS FOUNDATION TRUST

PATIENT AND CARER RACE EQUALITY FRAMEWORK

1. INTRODUCTION

1.1 The Patient and Carer Race Equality Framework (PCREF) was originally published by NHS England in October 2023 and updated in May 2024. The framework is designed to support providers of mental health services to improve access, experiences and outcomes for racialised and ethnically and culturally diverse communities.

(*The term 'racialised communities' refers to ethnic, racial and cultural communities who are minoritised populations in England, have been racialised, and who experience marginalisation. This includes white minorities such as Gypsy, Roma and Irish Traveller groups.*

The term 'ethnically and culturally diverse' refers to people with distinct cultural or ethnic identities, which can include diverse language groups and communities upholding specific cultural customs and spiritual beliefs).

1.2 The PCREF is a mandatory framework for all mental health providers, with an aim that they become actively anti-racist organisations by ensuring that they are responsible for co-producing and implementing concrete actions to reduce racial inequalities within their services. Assessment of progress against this will become part of future CQC inspections.

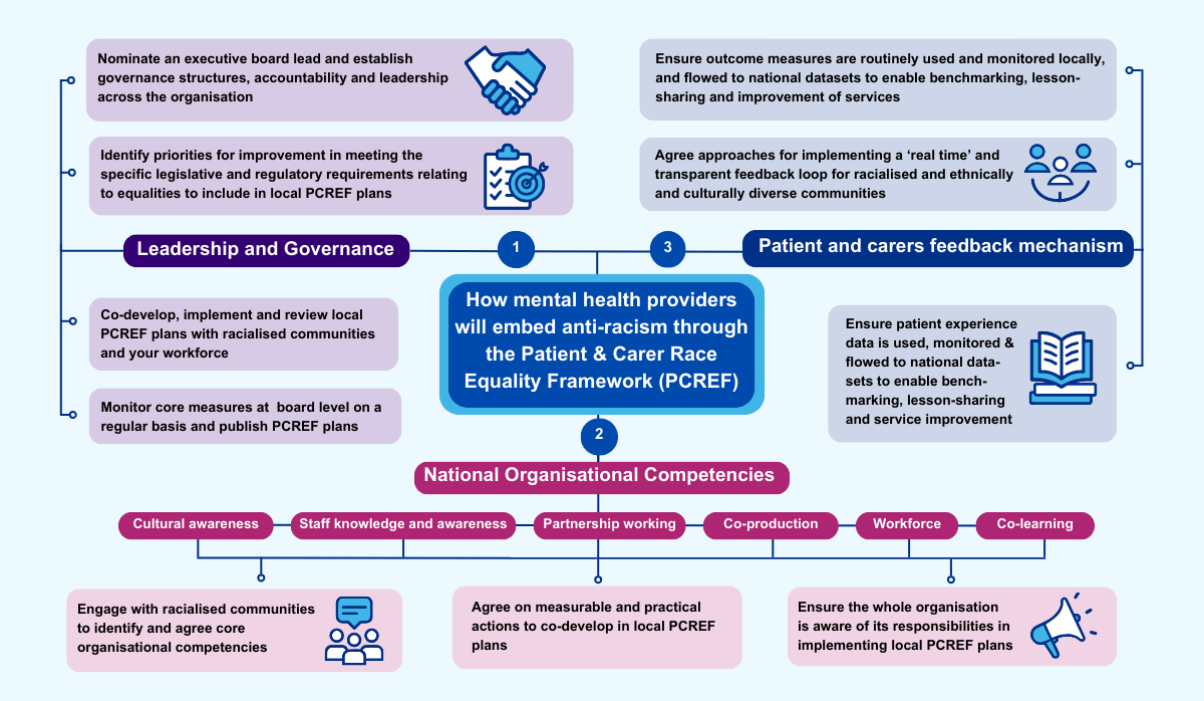
1.3 The PCREF will support improvement in three main domains:

- **Leadership and governance**: trusts' boards will be leading on establishing and monitoring concrete plans of action to reduce health inequalities, including the assurance that trusts are meeting their statutory and regulatory obligations. To evidence this, new data sets on improvements in reducing health inequalities will need to be published, as well as details on ethnicity in all existing core data sets for all mental health service.

- **Organisational competencies**: the framework includes a set of 6 organisational competencies against which trusts are required to assess themselves, working with service users, carers and communities and develop and action plan to improve them.

- **Feedback mechanisms**: visible and effective ways for patients and carers to feedback will be established, as well as clear processes to act and report on that feedback.

1.4 In summary, the expectations of PCREF are captured in the graphic below:



1.5 It is important to note that, although mental health trusts are responsible for delivery of the PCREF, it is very much envisaged as a collaborative and participatory approach between health service providers, local authorities, criminal justice services, social care provider, the voluntary sector, and service users and carers from racialised and ethnically and culturally diverse communities.

2. DATA COLLECTION AND MONITORING

2.1 To evidence how we are fulfilling our core legislative obligations, from a racialised and ethnically and culturally diverse lens, we need to collect and monitor data in relation to our mental health services, broken down by ethnicity and publish at the end of the financial year, including as a minimum:

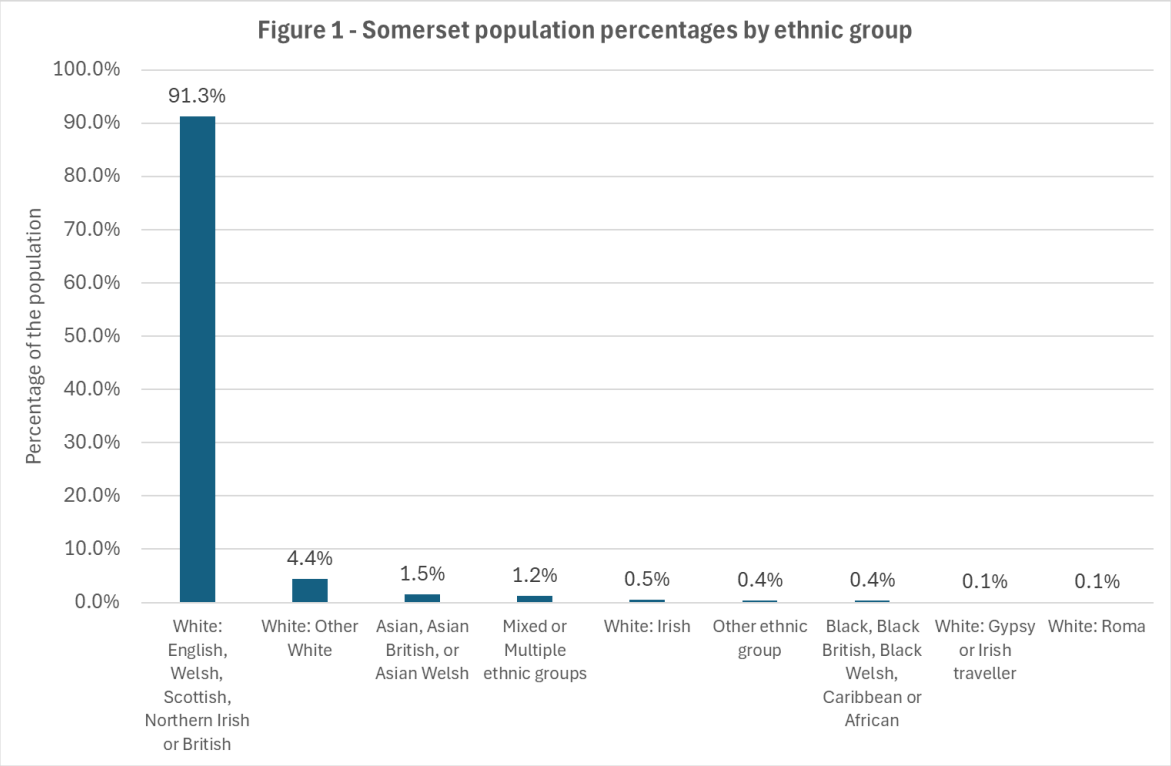
- The number of cases of detention under the MHA, and the cause and duration of these detentions
- Restraint including the type of restraint (physical, mechanical, chemical or use of isolation) and by ethnicity, age and gender as aligned with the MHA Code of Practice guiding principles
- As required by Core20Plus5:
  - physical health checks for those adults (18+) with Severe Mental Illness (SMI).
  - improve access rates to Children and Young People's mental health services for 0-17 year olds.
- A sample of locally agreed access, experience and outcomes metrics where inequalities are the most evident. This may include Mental Health Act detentions (i.e. the duration of community treatment orders, out of area placements, aftercare placements and suicidal rates by ethnicity).
- Reports on any deaths in mental health inpatient units, notified to CQC, by protected characteristics.

We will be expected to provide a narrative explanation of data trends and over time and aim to be able to demonstrate reduced inequalities, using national mental health statistical data published on the Mental Health Services Data Set (MHSDS) where NHS England have developed a mental health data quality dashboard on protected characteristics.

2.2 The information set out below represents a view of the data for each of the respective indicators. Our aim is to build upon this, producing regular updates to the data, introducing trend analyses, and broadening the range of information through the inclusion of further indicators.

Ethnicity profile of Somerset

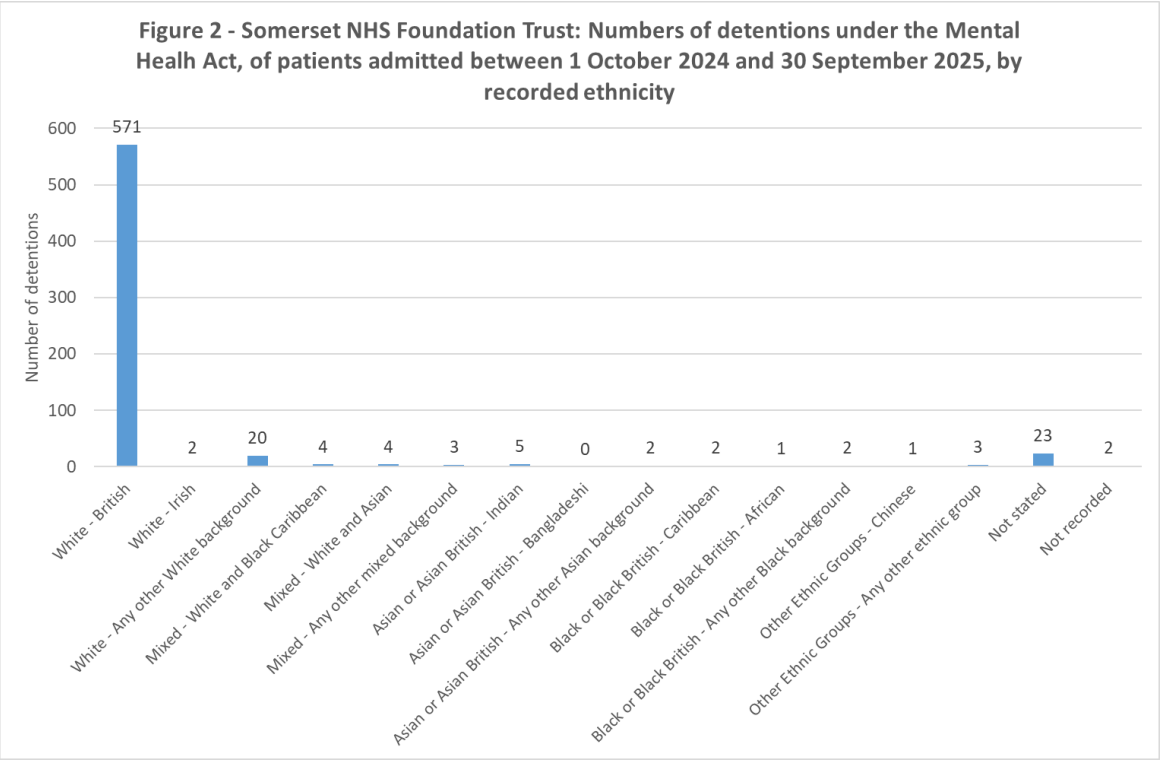
2.3 The ethnicity profile of Somerset is set out in Figure 1 below. This information is drawn from the 2021 Census data, as published on the 'Somerset Intelligence' website.



2.4 The chart shows that 97.2% of Somerset residents class themselves as being from a White ethnic group.

Detentions under the Mental Health Act

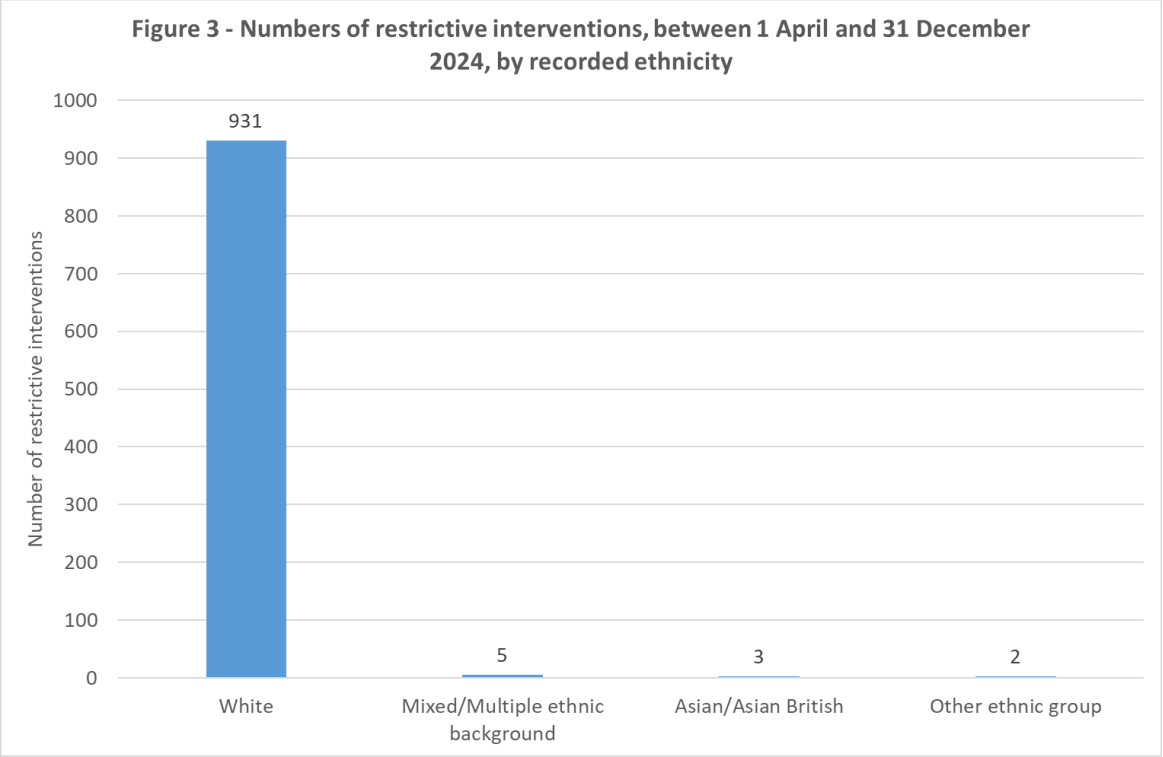
2.5 The numbers of detentions under the Mental Health Act during the period from 1 October 2024 to 30 September 2025, by recorded ethnicity, are set out in Figure 2 below.



2.6 The data shows that there was a total of 645 detentions during the period, relating to 409 patients. Of the 645 detentions, 593 (91.9%) were of patients from a White ethnic group, and 25 (3.9%) were of patients whose ethnicity was either not stated (3.6%) or not recorded (0.3%).

Restrictive Interventions

2.7 The numbers of restrictive interventions (i.e. restraints, seclusions, and segregations) during the period from 1 October 2024 to 30 September 2025, by recorded ethnicity, are set out in Figure 3 below.



2.8 The data shows that, of the total of 941 restrictive interventions during the period, 931 (98.9%) were of patients from a White ethnic group. There were no patients whose ethnicity was recorded as either Not Stated or Not Asked.

Physical health checks for adults with Severe Mental Illness (SMI)

2.9 Table 1 below shows the numbers of patients admitted as a mental health inpatient with severe mental illness (SMI) during the period from 1 October 2024 to 30 September 2025, by recorded ethnicity, for whom a physical health check was completed.

Table 1 - Physical health checks for adults with Severe Mental Illness (SMI), by recorded ethnicity

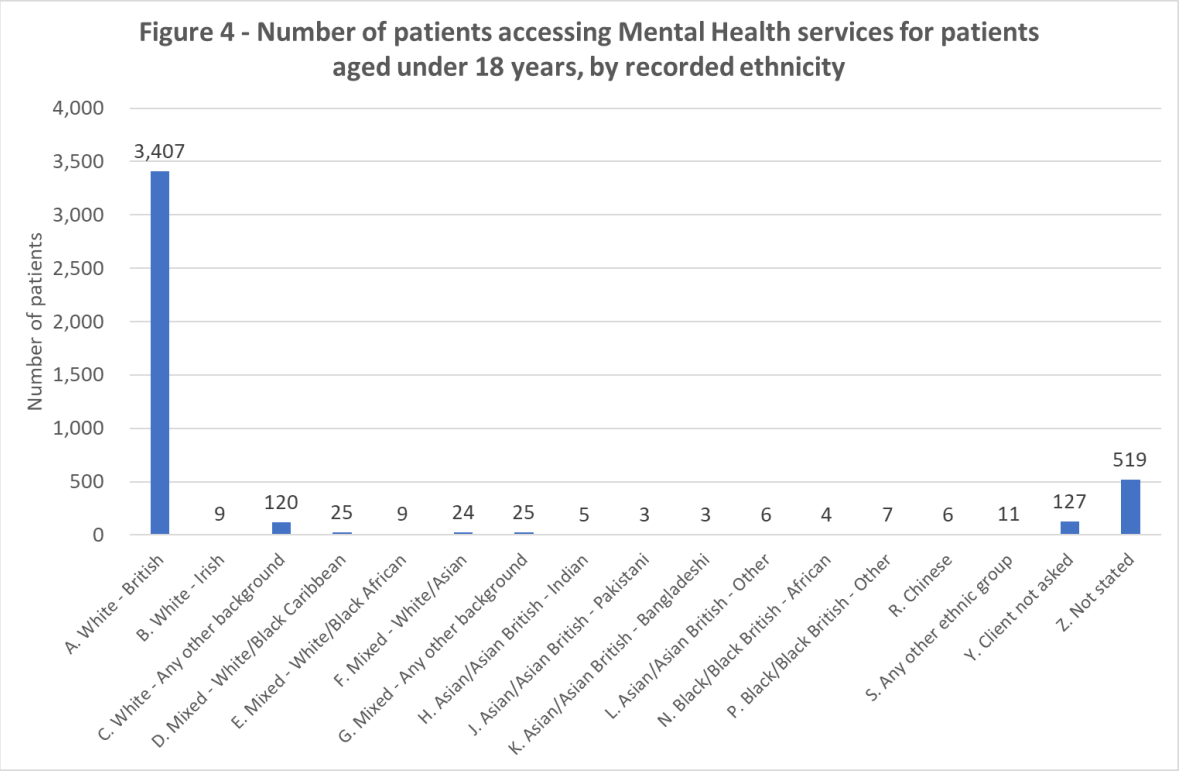
Recorded ethnicity	Physical health check completed	Physical health check not completed	Percentage with physical health check completed
A. White – British	56	1	98.2%
C. White - Any other background	5		100.0%
D. Mixed - White/Black Caribbean	1		100.0%
P. Black/Black British – Other	1		100.0%
R. Chinese	1		100.0%
S. Any other ethnic group	1	1	0.0%
Y. Client not asked	1		100.0%
Z. Not stated	2		100.0%
Total	**68**	**2**	**97.1%**

2.10 The data shows that overall compliance for the completion of a physical health check was 97.1%, with all recorded ethnicity groupings at or above that level, with the exception of 'S. Any other ethnic group' (0%; one health check not completed).

2.11 Of the 68 patients admitted with SMI, 61 (89.7%) were patients from a White ethnic group, with one patient (1.5%) recorded as 'Not Asked', and two (2.9%) recorded as 'Not Stated'.

Access to Children and Young People's mental health services for 0-17 year olds

2.12 The numbers of patients accessing mental health services during the period from 1 October 2024 to 30 September 2025, for patients aged under 18 years, by recorded ethnicity, are set out in Figure 4 below.



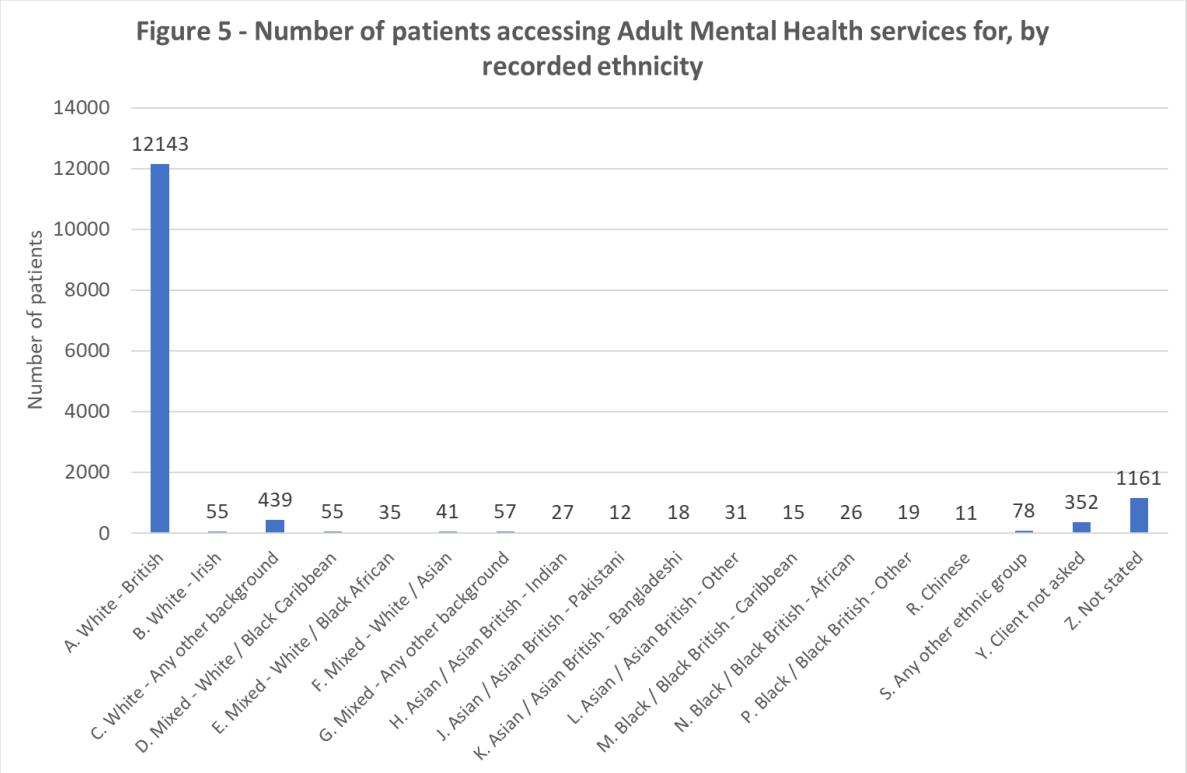
2.13 The data shows that, of the total of 3,476 patients accessing mental health services during the period, 2,913 (83.8%) were patients from a White ethnic group, and 435 (12.5%, down from 15.5% on the previous report) were patients whose ethnicity was either not stated (9.8%, down from 12.5% on the previous report) or was not asked (2.7%, down from 3.0% on the previous report).

2.14 Patients of mixed ethnicity comprised 2.4% of the total, compared to 1.2% for the wider population of Somerset (all ages), and patients recorded as Black / Black British made up 0.4% of patients, the same percentage as the wider population of Somerset (all ages).

2.15 It is notable that patients whose ethnicity was Asian or Asian British comprised only 0.4% of the total – the same as on the last report - compared to 1.5% for the wider population of Somerset (all ages).

Access to mental health services for adults

2.16 The numbers of adult patients (aged 18 to under 65 years) accessing mental health services during the period from 1 October 2024 to 30 September 2025, by recorded ethnicity, are set out in Figure 5 below.



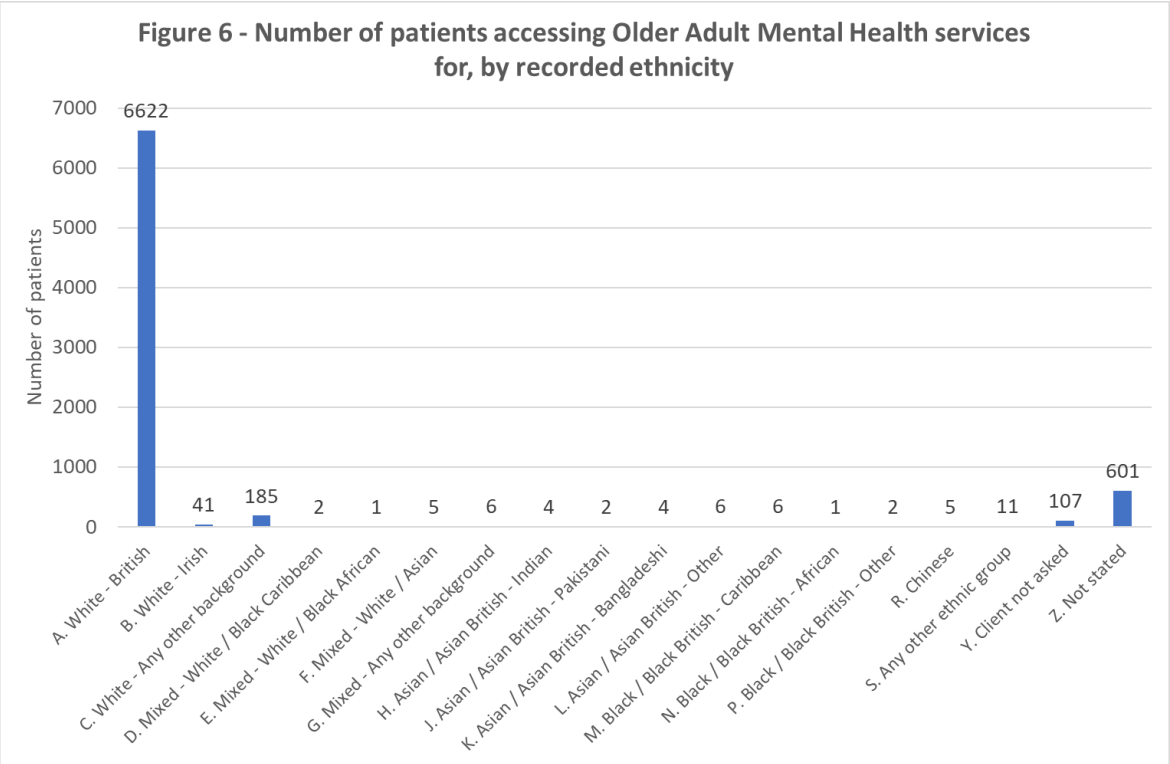
2.17 The data shows that, of the total of 14,575 patients accessing adult mental health services during the period, 12,637 (86.7%) were patients from a White ethnic group, and 1,513 (10.4%, down from 11.9% on the previous report, which reported a total for adults and older adults) were patients whose ethnicity was either not stated (8.0%, down from 9.2%) or was not asked (2.4%, down from 2.7%).

2.18 Patients of mixed ethnicity comprised 0.9% of the total, compared to 1.2% for the wider population of Somerset (all ages), and patients recorded as Black / Black British made up 0.4% of the total, exactly equal to the percentage for the wider population of Somerset (all ages).

2.19 As is the case with access to mental health services for children and young people, it is notable that patients aged 18 years or over whose ethnicity was Asian or Asian British made up a smaller proportion of activity than their percentage of the population, comprising only 0.6% of the total, compared to 1.5% for the wider population of Somerset (all ages).

Access to mental health services for older adults

2.20 The numbers of patients accessing mental health services for older adults (aged 65 years or more) during the period from 1 October 2024 to 30 September 2025, by recorded ethnicity, are set out in Figure 6 below.



2.21 The data shows that, of the total of 7,611 patients accessing adult mental health services during the period, 6,848 (90.0%) were patients from a White ethnic group, and 708 (9.3%, down from 11.9% on the previous report, which reported a total for adults and older adults) were patients whose ethnicity was either not stated (7.9%, down from 9.2%) or was not asked (1.4%, down from 2.7%).

2.22 Patients of mixed ethnicity comprised 0.1% of the total, compared to 1.2% for the wider population of Somerset (all ages), and patients recorded as Black / Black British also made up 0.1% of the total, compared to 0.4% for the wider population of Somerset (all ages).

2.23 As is the case with access to mental health services for children and young people, it is notable that patients aged 18 years or over whose ethnicity was Asian or Asian British also made up a smaller proportion of activity than their percentage of the population, comprising only 0.2% of the total, compared to 1.5% for the wider population of Somerset (all ages).

Community treatment orders

2.24 Table 2 below shows the numbers of community treatment orders (CTOs) which were in place as at 30 September 2025, by recorded ethnicity, and by year of commencement of the CTO.

Table 2 - CTOs in place as at 30 September 2025, by recorded ethnicity, and by year of commencement

Year	White – British	White - Any other White background	Black or Black British – Caribbean	Mixed - White/Black Caribbean	Any other ethnic group	Total
2012			1			1
2016	2					2
2017					1	1
2018	4					4
2019	1					1
2020	3					3
2021	1					1
2022	4					4
2023	1					1
2024	7			1		8
2025	9	2				11
Total	**32**	**2**	**1**	**1**	**1**	**37**

2.25 The data shows that, of the total of 37 CTOs which were open as at 30 September 2025, 34 (91.9%) related to patients from a White ethnic group.

3. CONCLUSION

3.1 The data shows that the ethnicity profile for the majority of the measures is broadly in line with the wider ethnicity profile of the county of Somerset.

3.2 For the measures ‘Access to Children and Young People’s mental health services for 0–17 year olds’, ‘Access to mental health services for adults’ and ‘Access to mental health services for older adults’, the percentages of patients whose ethnicity was Asian or Asian British were all lower than the percentage for the wider ethnicity profile of the county of Somerset. For older adults, this was also true of patients of mixed ethnicity and patients recorded as Black / Black British.

3.3 The percentages of patients whose ethnicity was either not stated or not asked for those three measures were 12.5%, 10.4% and 9.3% respectively. These percentages all reduced, compared to previous report, but we need to undertake work to improve the recording of ethnicity further for all of those measures.

3.4 Our aim is to build upon the data set out above, producing regular updates to the data, introducing trend analyses, and broadening the range of information through the inclusion of further indicators.

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Somerset NHS Foundation Trust	
REPORT TO:	Board of Directors
REPORT TITLE:	Assurance Report from the Quality and Governance Assurance Committee meeting held on 26 November 2025
SPONSORING EXEC:	Mel Iles, Chief Medical Officer
REPORT BY:	Julie Hutchings, Board Secretary and Corporate Services Manager
PRESENTED BY:	Graham Hughes, Acting Chair of the Quality and Governance Assurance Committee
DATE:	13 January 2026

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

Executive Summary and Reason for presentation to Committee/Board	The Committee met on 26 November 2025 and reviewed the Quarter 3 Board Assurance Framework, Corporate Risk Register and key quality and safety reports. Assurance was received on paediatric CQC actions, elective recovery, patient safety priorities and improvements in mortality reviews and health and safety compliance. Concerns remain around transition pathways, digital resilience, RTT and ED performance, and risks linked to maternity, paediatrics, winter pressures, and data strategy.
Recommendation	The Board is asked to note the assurance provided and the key risks identified, including performance against RTT and ED targets, transition pathways, digital resilience, and risks linked to maternity, paediatrics, winter pressures and data strategy.

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

- ☐ Aim 1 Contribute to improving the physical health and wellbeing of the population and reducing health inequalities
- ☒ Aim 2 Provide the best care and support to people
- ☐ Aim 3 Strengthen care and support in local communities
- ☒ Aim 4 Respond well to complex needs
- ☒ Aim 5 Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture
- ☐ Aim 6 Live within our means and use our resources wisely
- ☐ Aim 7 Deliver the vision of the Trust by transforming our services through, innovation, research and digital transformation

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

Equality The Trust wants its services to be as accessible as possible, to as many people as possible. Please indicate whether the report has an impact on the protected characteristics
☒ This report has been assessed against the Trust's People Impact Assessment Tool and there are no proposals or matters which affect any persons with protected characteristics
☐ This report has been assessed against the Trust's People Impact Assessment Tool and there are proposals or matters which affect any persons with protected characteristics and the following is planned to mitigate any identified inequalities

Public/Staff Involvement History (Please indicate if any consultation/service user/patient and public/staff involvement has informed any of the recommendations within the report)
Staff involvement takes place through the regular service group and topic updates.

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 – e.g. in Part B]
The report is presented to the Board after every meeting.

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

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

SOMERSET NHS FOUNDATION TRUST

ASSURANCE REPORT FROM THE MEETING OF THE QUALITY AND GOVERNANCE ASSURANCE COMMITTEE HELD ON 26 NOVEMBER 2025

1. PURPOSE

1.1. The report provides a summary of the key items discussed at the Quality and Governance Assurance Committee (QGAC) meeting held on 26 November 2025, including assurance received, areas of concern, and risks/issues to be escalated to the Board. It is presented to provide assurance on the effectiveness of governance arrangements and oversight of quality, safety, and risk management across the Trust.

2. ASSURANCE RECEIVED

2.1. The Committee reviewed the Quarter 3 Board Assurance Framework and noted mixed progress against strategic aims, with several objectives remaining above risk appetite. Assurance was received on elective recovery, including strong progress toward the 65-week and 52-week targets and positive feedback from national teams on innovative approaches to reduce waiting lists.

2.2. The Committee received updates on paediatric CQC actions, confirming successful recruitment of consultants, strengthened leadership, and cultural improvement initiatives. Oversight arrangements with the ICB were noted as robust, and progress toward readiness for future inspection was endorsed.

2.3. Patient safety priorities were discussed, with assurance provided on improvements in mortality review processes, embedding of structured judgement reviews, and alignment of governance frameworks. Health and safety compliance was confirmed as above threshold, reflecting positive progress, although violence and aggression incidents remain under close monitoring.

2.4. The Governance Support Summary highlighted improvements in policy alignment and thematic reviews, including learning from recent inquests and complaints. The Committee noted positive developments in patient experience and engagement, including reductions in second letters following improvements in complaint response quality, and endorsed plans to strengthen organisational learning and data analytics.

2.5. Updates on winter planning were received, with assurance that mitigation measures are in place to manage flow and maintain patient safety despite financial and operational pressures. The Committee supported continued focus on discharge initiatives and escalation planning.

3. AREAS OF CONCERN OR FOLLOW UP

3.1. The Committee identified several areas requiring continued focus. Transition pathways for young people with complex needs remain stalled following the end of the Transition Lead role, and a trust-wide strategy is needed to ensure consistent and safe processes.

3.2. Performance against RTT and ED targets continues to fall short of national standards, despite improvement initiatives. Risks associated with winter pressures and patient flow were noted, particularly given the absence of additional funding for escalation capacity.

3.3. Digital resilience remains a concern, with interoperability and readiness for the Electronic Health Record requiring urgent attention. The Committee emphasised the need to progress the data strategy and ensure alignment with system integration plans.

3.4. Complaints and patient experience data highlight recurring issues around communication and personalised care, and the Committee agreed that organisational learning must become more systematic to deliver sustained improvements.

3.5. Finally, cultural challenges within paediatric services, while improving, require ongoing oversight to ensure progress is maintained and embedded.

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

4.1. The Committee agreed that Strategic Aim 2 remains above the Trust's risk appetite, driven by challenges in maternity, paediatrics, and patient flow. Compound risks across workforce, estates, digital infrastructure, and demand versus capacity were highlighted as areas that could significantly amplify operational pressures if not managed effectively. The Committee noted the addition of new risks relating to the Trust's data strategy and readiness for the Electronic Health Record programme, alongside persistent concerns about interoperability and governance of digital systems.

4.2. Financial pressures continue to impact workforce sustainability and service delivery, particularly in relation to discharge flow and community capacity. The Committee emphasised the need for alignment between clinical and quality strategies and greater clarity on governance arrangements for clinical effectiveness. Cultural transformation within paediatric services remains a priority, with progress acknowledged but further work required to embed behaviours and sustain improvement.

4.3. The Committee also identified the need for improved organisational learning from complaints and patient experience data, as well as enhanced data analytics capability to support quality and safety oversight. Risks associated with physical health support for mental health service users were noted, and the Committee agreed to seek further assurance on the effectiveness of current initiatives. These issues will be escalated to the Board for consideration and oversight.

Graham Hughes
ACTING CHAIR OF THE QUALITY AND GOVERNANCE ASSURANCE COMMITTEE

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Somerset NHS Foundation Trust	
REPORT TO:	Board of Directors
REPORT TITLE:	Assurance Report from the Quality and Governance Assurance Committee meeting held on 17 December 2025
SPONSORING EXEC:	Mel Iles, Chief Medical Officer
REPORT BY:	Julie Hutchings, Board Secretary and Corporate Services Manager
PRESENTED BY:	Rosie Benneyworth, Acting Chair of the Quality and Governance Assurance Committee
DATE:	13 January 2026

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

Executive Summary and Reason for presentation to Committee/Board	The Committee met on 17 December 2025 and reviewed urgent concerns, Aim 2 priorities, medicines management, leadership walkaround findings, deteriorating patient audit, and the Premises Assurance Model. Assurance was noted on pharmacy improvements, progress in reducing discharge delays, and estates compliance. Key risks remain around nurse staffing shortages, paediatric pathway compliance, delayed cancer diagnoses, and digital readiness during the transition to the Electronic Health Record.
Recommendation	That the Board notes the assurance provided and the key risks highlighted, particularly those relating to nurse staffing, paediatric pathway compliance, delayed cancer diagnoses, and digital readiness during the Electronic Health Record transition.

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

- ☐ Aim 1 Contribute to improving the physical health and wellbeing of the population and reducing health inequalities
- ☒ Aim 2 Provide the best care and support to people
- ☐ Aim 3 Strengthen care and support in local communities
- ☒ Aim 4 Respond well to complex needs
- ☒ Aim 5 Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture
- ☐ Aim 6 Live within our means and use our resources wisely
- ☐ Aim 7 Deliver the vision of the Trust by transforming our services through, innovation, research and digital transformation

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

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Public/Staff Involvement History (Please indicate if any consultation/service user/patient and public/staff involvement has informed any of the recommendations within the report)
Staff involvement takes place through the regular service group and topic updates.

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 – e.g. in Part B]
The report is presented to the Board after every meeting.

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

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

SOMERSET NHS FOUNDATION TRUST

ASSURANCE REPORT FROM THE MEETING OF THE QUALITY AND GOVERNANCE ASSURANCE COMMITTEE HELD ON 17 DECEMBER 2025

1. PURPOSE

1.1. The report provides a summary of the key items discussed at the Quality and Governance Assurance Committee (QGAC) focus meeting held on 17 December 2025, including assurance received, areas of concern, and risks/issues to be escalated to the Board. It is presented to provide assurance on governance arrangements and oversight of quality, safety, and risk management across the Trust.

2. ASSURANCE RECEIVED

2.1. The Committee received assurance on several areas of progress. Medicines management has strengthened significantly through investment in staffing, infrastructure, and digital developments, including the rollout of EPMA and plans for electronic outpatient prescribing. The Premises Assurance Model submission was approved, confirming compliance in most domains and targeted actions for improvement in document management and digital maturity.

2.2. Positive progress was noted in reducing “no criteria to reside” delays, with recent figures showing the lowest levels in 18 months due to improved discharge pathways and capacity alignment. Leadership walkarounds provided valuable insight into workforce and cultural issues, with actions taken to address estates concerns and improve staff engagement.

2.3. The Committee also received assurance on the implementation of Martha’s Rule across acute sites, with plans to extend to maternity, mental health, and community settings. Improvements were reported in deteriorating patient care processes, including policy integration and training, although digital interoperability challenges remain.

3. AREAS OF CONCERN OR FOLLOW UP

3.1. The Committee noted several areas requiring continued focus. Nurse staffing remains a significant challenge, particularly in front-door services, respiratory units, and the Special Care Baby Unit at Musgrove Park Hospital, with pressures compounded by high RSV rates and the closure of the Yeovil unit. Paediatric pathway compliance at Yeovil is low, influenced by environmental and capacity constraints, and requires urgent improvement.

3.2. Early findings of delayed cancer diagnoses across multiple specialties were highlighted as a serious concern, with systemic issues in pathway management and communication under review. Digital interoperability challenges continue to impact the implementation of Paediatric Early Warning Scores and deteriorating patient metrics, raising wider concerns about assurance during the transition to the Electronic Health Record programme.

3.3. Workforce pressures and estate limitations identified during leadership walkarounds remain unresolved, affecting staff wellbeing and patient safety. The Committee emphasised the need for improved reporting on nurse staffing

and a strategic approach to mitigate predicted reductions in nursing graduates nationally by 2027.

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

4.1. The Committee agreed that Strategic Aim 2 remains above the Trust's risk appetite, driven by challenges in nurse staffing, paediatric pathway compliance, and performance against national standards. Compound risks across workforce, estates, and digital infrastructure were highlighted, particularly in relation to the Electronic Health Record transition and interoperability issues affecting patient safety systems.

4.2. Emerging concerns around delayed cancer diagnoses require escalation, given the potential impact on patient outcomes and reputational risk. Assurance gaps in deteriorating patient care metrics and the implementation of Paediatric Early Warning Scores were noted, alongside the need for improved governance and reporting arrangements for safer staffing.

4.3. Financial and operational pressures linked to winter planning and community hospital reconfiguration may affect resilience and service delivery. The Committee emphasised the importance of strategic workforce planning to address predicted reductions in nursing graduates nationally and mitigate future supply risks.

Rosie Benneyworth
ACTING CHAIR OF THE QUALITY AND GOVERNANCE ASSURANCE COMMITTEE

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Somerset NHS Foundation Trust	
REPORT TO:	Board of Directors
REPORT TITLE:	Assurance Report from the Mental Health Legislation Committee meeting held on 16 December 2025
SPONSORING EXEC:	Melanie Iles, Chief Medical Officer
REPORT BY:	Julie Hutchings, Board Secretary and Corporate Services Manager
PRESENTED BY:	Alex Priest, Chair of the Mental Health Legislation Committee
DATE:	13 January 2026

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

Executive Summary and Reason for presentation to Committee/Board	The Committee met on 16 December 2025 and reviewed Mental Health Act coordination, restrictive interventions, MCA/DoLS compliance, AMHP services, commissioning updates, out-of-area placements, and complaints. Assurance was noted on the positive CQC report for Rowan Ward 2, improvements in restrictive interventions, and progress on Section 117 aftercare. Key risks remain around AMHP delays, smoke-free ward challenges, MCA/DoLS training compliance, and pressures from out-of-area placements.
Recommendation	That the Board notes the assurance provided and the key risks highlighted, particularly those relating to AMHP delays, smoke-free ward challenges, MCA/DoLS training compliance, and pressures from out-of-area placements.

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

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- ☐ Aim 6 Live within our means and use our resources wisely

☐ Aim 7 Deliver the vision of the Trust by transforming our services through, innovation, research and digital transformation					
Implications/Requirements (Please select any which are relevant to this paper)					
☐ Financial	☐ Legislation	☐ Workforce	☐ Estates	☐ ICT	☒ Patient Safety/ Quality
Details: N/A					

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Public/Staff Involvement History (Please indicate if any consultation/service user/patient and public/staff involvement has informed any of the recommendations within the report)
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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 – e.g. in Part B]
The report is presented to the Board after every meeting.

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

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

SOMERSET NHS FOUNDATION TRUST

ASSURANCE REPORT FROM THE MEETING OF THE MENTAL HEALTH LEGISLATION COMMITTEE HELD ON 16 DECEMBER 2025

1. PURPOSE

The report provides a summary of the key items discussed at the Mental Health Legislation Committee meeting held on 16 December 2025, including assurance received, areas of concern, and risks/issues to be escalated to the Board. It is presented to provide assurance on compliance with mental health legislation and oversight of associated governance, quality, and patient safety matters.

2. ASSURANCE RECEIVED

2.1. The Committee received positive assurance on several areas. The Care Quality Commission's unannounced visit to Rowan Ward 2 reported strong standards of care and patient experience, with only minor issues identified and actions underway. Improvements in restrictive interventions were noted, including a significant reduction in prone restraint, introduction of pod chairs, and enhanced training for staff. The Committee welcomed the approval of the DoLS prioritisation tool and progress on Mental Capacity Act compliance, alongside successful redeployment of staff following the closure of Wessex House, ensuring continuity of services.

2.2. Further assurance was provided on forensic services, with increased discharges and effective community support, and on ongoing work to reduce out-of-area placements through focused reviews and discharge planning. The Committee also noted that complaints remain within expected levels, with actions taken to address concerns raised by the Care Quality Commission.

3. AREAS OF CONCERN OR FOLLOW UP

3.1. The Committee noted several areas requiring continued attention. Compliance with Mental Capacity Act and Deprivation of Liberty Safeguards training has declined, particularly for Level 2, and requires renewed focus and engagement. Operational challenges linked to smoke-free ward policies remain unresolved, with the inability to supply vapes creating risks and difficulties for staff and patients.

3.2. Delays in Approved Mental Health Professional assessments were highlighted, driven by administrative processes and friction between AMHPs and clinicians, which require streamlining. Out-of-area placements continue to present pressures, with a rise in referrals and extended lengths of stay, despite ongoing efforts to reduce numbers through discharge reviews and collaborative planning.

3.3. The Committee also noted increased workload for MCA/DoLS teams due to rising advice requests and applications, and emphasised the need for robust governance and monitoring of restrictive interventions, including ethnicity data and reporting consistency across services.

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

4.1. The Committee agreed that several risks require escalation to the Board. These include delays in Approved Mental Health Professional assessments due to administrative processes, which impact timely patient care. Operational challenges linked to smoke-free ward policies remain unresolved, creating safety and compliance risks. Declining compliance with Mental Capacity Act and Deprivation of Liberty Safeguards training poses a risk to legal and regulatory standards.

4.2. Out-of-area placements continue to exert pressure on bed capacity and patient flow, despite mitigation efforts, and require ongoing monitoring. The Committee also highlighted the need for robust governance of restrictive interventions, including ethnicity data and reporting consistency, to ensure equitable and safe practice. Positive mitigations were noted following the closure of Wessex House, alongside progress on Section 117 aftercare implementation and the positive Care Quality Commission report for Rowan Ward 2.

Alex Priest
CHAIR OF THE MENTAL HEALTH LEGISLATION COMMITTEE

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Somerset NHS Foundation Trust	
REPORT TO:	Trust Board
REPORT TITLE:	Intensive Assertive Outreach Update
SPONSORING EXEC:	Andy Heron
REPORT BY:	Neil Jackson
PRESENTED BY:	Neil Jackson
DATE:	13 January 2026

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

Executive Summary and Reason for presentation to Committee/Board	Update following Board Presentation in July 2025
Recommendation	

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

- ☒ Aim 1 Contribute to improving the physical health and wellbeing of the population and reducing health inequalities
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Implications/Requirements (Please select any which are relevant to this paper)					
☐ Financial	☐ Legislation	☒ Workforce	☐ Estates	☐ ICT	☒ Patient Safety/ Quality
Details: N/A					

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Public/Staff Involvement History (Please indicate if any consultation/service user/patient and public/staff involvement has informed any of the recommendations within the report)
SMI action plan has been developed and reviewed through co-production and the SMI Steering Group.

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 – e.g. in Part B]
Presented to Trust Board in July 2025.

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

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

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Intensive Assertive Outreach (IAO) Services for People with Serious Mental Illness (SMI)

Update

Kindness, Respect, Teamwork
Everyone, Every day

Neil Jackson

13 January 2026

Background

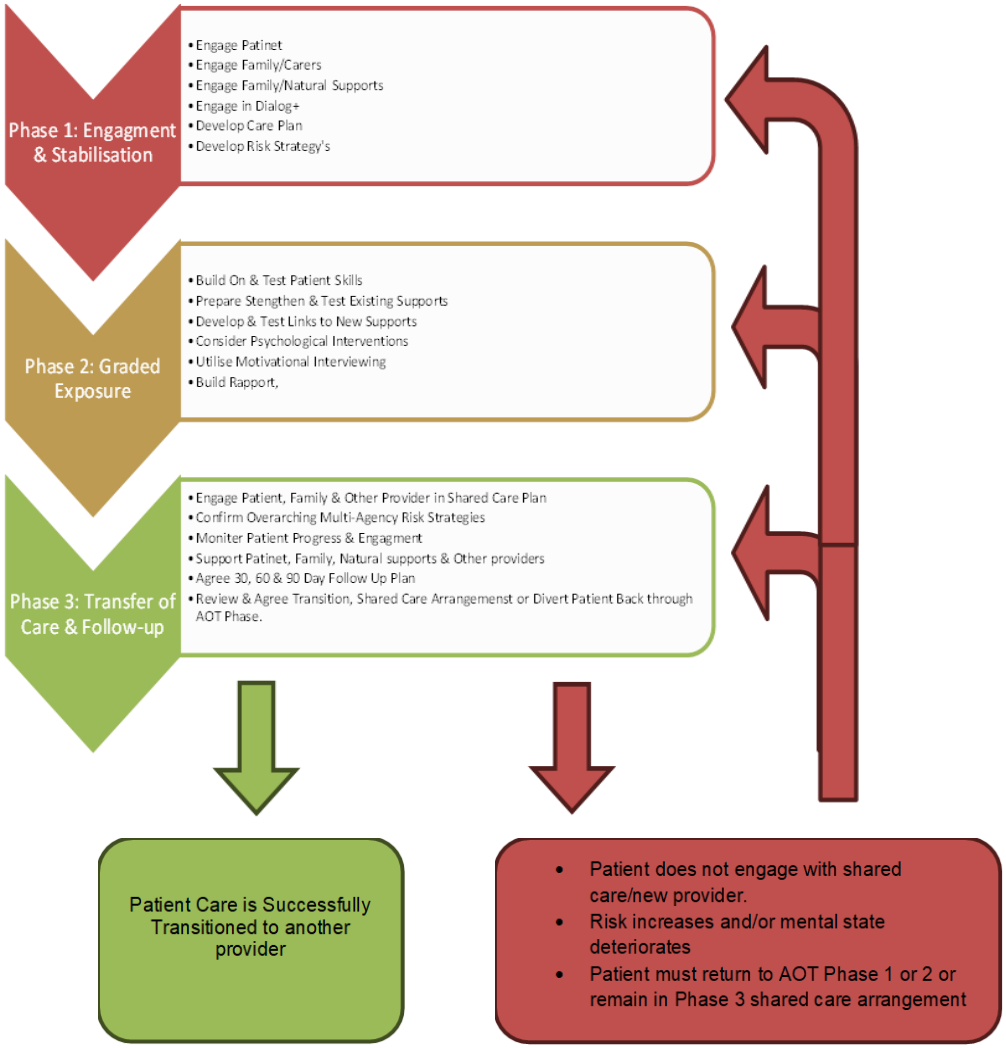
- In 2023 three members of the public (Ian Coates, Grace O'Malley-Kumar and Barnaby Webber) were tragically killed by Valdo Calocane. Valdo Calocane had been a patient of Nottinghamshire HealthCare Foundation Trust (NHFT).
- The Care Quality Commission (CQC) completed a final review of Nottinghamshire HealthCare Foundation Trust mental health services and asked all other systems to undertake a review of local services considering the CQC recommendations.
- Subsequently, NHS England asked all systems to review their Intensive and Assertive Community Treatment for people with severe mental illness who require treatment but where engagement is a challenge.

Clinical Lead

- Providing County wide Clinical Leadership
- Development of Standard Operating Procedure (SOP) for Assertive Outreach
- Dedicated AOT training / reset days
- Improving data quality and collection
- High risk of harm to others “list”
- SMI steering group

The ACT-TM Flow Chart

NHS Somerset NHS Foundation Trust



CMHS and Inpatient

- Forensic Link Workers
- Risk to others training
- Caseload Management within the CMHS MDT's
- Support of clinics (Wellbeing, Medication and Physical Health monitoring)
- DNA, discharge and disengagement protocols
- MHA Section 117 aftercare policy.

Challenges

- Demand & capacity of the Teams
- Providing a consistent and accessible model
- Data and digital recording
- Sharing the model and stolen years philosophy across the wider organization
- Too many acronyms!!

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Thank you

Neil.Jackson@somersetft.nhs.uk

Abbreviations

SMI	Serious Mental Illness
AOT	Assertive Outreach team
ACT	Assertive Community Treatment
DACT	Dartmouth Assertive Community Treatment
DNA	Did Not Attend
MDT	Multidisciplinary Team (meeting)
AO	Assertive Outreach
ACT-TM	ACT Transitional Model
CMHS	Community Mental Health Service

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Somerset NHS Foundation Trust	
REPORT TO:	Board of Directors Meeting
REPORT TITLE:	The Implications of the New Mental Health Bill for Patients and Services
SPONSORING EXEC:	Dr Melanie Iles
REPORT BY:	Dr Andreas Papadopoulos
PRESENTED BY:	Dr Andreas Papadopoulos
DATE:	13 January 2026

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

Executive Summary and Reason for presentation to Committee/Board	The UK Government's Mental Health Bill, which received Royal Assent on 18 December 2025, represents the most significant reform of mental health law in more than four decades, replacing provisions of the 1983 Mental Health Act that had been widely criticised as outdated, insufficiently patient-centred, and inconsistent with modern principles of rights and clinical practice. The legislation aims to modernise mental health care by strengthening patient autonomy, updating detention rules, formalising care planning, addressing historic inequalities, and enhancing service delivery and safety standards. This paper examines the implications of these reforms for both patients and mental health services.
Recommendation	Setting up a task and finish group to consider the implications of the new MHA for service delivery in Somerset with participation from SWPC and Trust's legal team and develop an appropriate action plan to meet the new requirements.

Links to Joint Strategic Aims (Please select any which are impacted on / relevant to this paper)
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Implications/Requirements (Please select any which are relevant to this paper)					
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Details: N/A					

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Public/Staff Involvement History (Please indicate if any consultation/service user/patient and public/staff involvement has informed any of the recommendations within the report)
N/A

Previous Consideration (Indicate if the report has been reviewed by another Board, Committee or Governance Group before submission to the Board or is a follow up report to one previously considered by the Board – e.g. in Part B]
This is a new legislation that has just gained Royal Ascent. The Mental Health Act 1983 was last substantially revised in 2007 and lacked safeguards and principles reflecting changes in clinical practice, human rights law, and patient expectations. Independent reviews—including the landmark 2018 review chaired by Professor Sir Simon Wessely—identified persistent issues such as high rates of involuntary detention, racial disparities, and poor experiences for autistic people and those with learning disabilities. The new Bill was developed to address these longstanding criticisms and implement many recommendations from that independent review, aligning legal frameworks with 21st-century standards of dignity, choice, and proportionality.

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

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

SOMERSET NHS FOUNDATION TRUST

IMPLICATIONS OF THE NEW MENTAL HEALTH BILL FOR PATIENTS AND SERVICES

1. Implications for Patients

1.1 Strengthened Rights and Autonomy

A cornerstone of the reform is a greater emphasis on patient choice and involvement in treatment decisions. Key changes include:

- Statutory care and treatment plans tailored to individual needs rather than generic protocols, ensuring therapeutic benefit is central to compulsory treatment.
- Advance Choice Documents (ACDs), allowing patients to record preferences for care during crises.
- Nominated Person: The right for patients to nominate a representative of their choosing (not just a nearest relative), giving more control over advocacy and support during detention and treatment.

These rights mark a shift from a paternalistic framework toward one that foregrounds patient dignity, voice, and engagement, with likely positive implications for treatment adherence and patient satisfaction.

1.2 Reduced Restrictive Practices and Detention Safeguards

Detention under mental health law is inherently coercive and can be traumatic for patients. The new Bill seeks to limit such use by:

- Reforms to detention criteria: Tightening criteria for detention to ensure detention and treatment are strictly necessary and therapeutic in intent. Detentions under sections 2 and 3 will now be lawful only where there is a demonstrable risk of serious harm to the individual or others. The initial detention period under section 3 has also been reduced from six months to three months, with subsequent renewal periods also shortened.
- Patients with autism and learning disabilities: individuals with autism or learning disabilities cannot be detained under section 3 or placed on a Community Treatment Order unless they have a co-occurring psychiatric disorder that meets the criteria for detention.
- Requiring more frequent clinical reviews, reducing unnecessary prolonged hospitalisation.
- Removing police stations and prisons as “places of safety”, which has been criticised as inappropriate and degrading.
- Patients with autism and learning disabilities - individuals with autism or learning disabilities cannot be detained under section 3 or placed on a Community Treatment Order unless they have a co-occurring psychiatric disorder that meets the criteria for detention.

By emphasising therapeutic benefit, the reforms may lessen the trauma associated with compulsory care and help prevent the escalation of distress that often follows restrictive admissions.

1.3 Addressing Disparities and Specific Patient Groups

The legislation attempts to address historical inequities in treatment:

- The Bill includes measures to reduce racial disparities, recognising that Black people are disproportionately detained under existing law.
- There are limits on the detention of autistic people and those with learning disabilities (unless there is a co-occurring mental health condition requiring hospital care).
- Advocacy for all: All inpatients (detained or voluntary) have access to independent advocates, including where appropriate culturally appropriate advocacy.
- Tribunal Access: More frequent access to tribunals and earlier second opinions to challenge treatment decisions.

However, these changes have generated concern among clinicians and carers that detentions may instead occur under frameworks with weaker safeguards, such as Deprivation of Liberty Safeguards, potentially increasing risk rather than reducing it.

1.4 Human Rights Protections Across Care Settings

Amendments supported by human rights organisations extend statutory protections to people in outsourced or private care settings, ensuring that rights remain enforceable regardless of the institutional provider.

This closes a potential gap where some individuals receiving publicly funded mental health care in private or contracted facilities could previously have had unequal protections.

2. Implications for Mental Health Services

2.1 Workforce and Training

The Bill implicitly requires services to adapt practices and strengthen competencies in legal, ethical, and rights-based care. This includes training clinicians on new detention criteria, advance choice planning, and collaborative decision-making.

Moreover, parliamentary debates highlighted proposals for a national strategy on safe staffing and training standards, making high-quality care delivery a statutory priority rather than a variable local practice.

2.2 Service Delivery and Capacity Pressures

Reforms that increase advocacy involvement, statutory care planning, and review processes may initially increase administrative and clinical workloads within services. There will be greater demand for advocacy, tribunals, and legal oversight, requiring more resources and coordination.

The expansion of community-based care ambitions—aiming to provide alternatives to hospital admissions—will also necessitate investment in crisis teams, community mental health hubs, and early intervention services.

2.3 Legal and Administrative Infrastructure

The Act creates new responsibilities for health bodies and clinicians:

- Services must maintain and implement statutory care plans linked to outcomes.
- There will be increased engagement with tribunals and legal processes, challenging services to integrate legal and clinical workflows more seamlessly.

Although intended to protect patients, this integration may strain already stretched administrative systems unless accompanied by commensurate resourcing.

3. Broader Systemic Impacts

3.1 Promoting Therapeutic Cultures

A central policy objective is to shift mental health care toward an ethos of least restrictive and most therapeutic intervention, reducing reliance on detention and enhancing voluntary engagement with services.

By codifying the need for care plans and therapeutic benefit, the legislation reinforces evidence-based, person-centred practice across settings but emphasises the need for a shift of care in community and improved outcomes through neighbourhood models.

3.2 Accountability and Public Trust

The Bill's focus on transparency, review, and participation—especially for previously under-served populations—could strengthen public confidence in mental health services. This is especially critical after years of scrutiny over safety incidents and workforce pressures.

However, delivery success will hinge on sustained investment and monitoring to ensure legal reforms translate into actual improvements in care quality and outcomes.

4. Phased implementation

Although the Mental Health Bill is now officially law, its implementation will be staggered over a period of up to ten years to allow for workforce training and service development. The below timeline has been produced with the help of AI as sources and information vary with the government having only provided indicative timings for major reforms as follows.

- January 2026: Drafting and consulting on a revised Code of Practice has become the primary focus; this process is expected to take approximately one year.
- February 2026: Specific sections regarding the removal of certain detained persons to hospital and deprivation of liberty conditions for conditionally discharged patients will come into force.

- 2026 – 2027: Intensive workforce training on the new Act, regulations, and Code of Practice is expected to take place.
- Mid-2027: Implementation of first major reforms, including new detention criteria and the transition from the "nearest relative" to the "nominated person" model.
- 2027 – 2029: Rollout of Advance Choice Documents, extended advocacy rights, and changes to second-opinion safeguards.
- 2028 – 2031: Reforms increasing the frequency of Mental Health Tribunals.
- By 2030/31: Introduction of compulsory Care and Treatment Plans.

Further implementation dates for remaining provisions will be set through future government regulations. Progress on these reforms will be reported through an annual written statement to Parliament.

Conclusion

The 2025 Mental Health Bill constitutes a landmark shift in UK mental health law, with substantial implications for both patients and services. Patients stand to gain enhanced rights, greater autonomy, and stronger protections against inappropriate detention, while services must adapt to uphold these rights through changes in clinical practice, workforce training, and organisational processes.

The reforms' success will depend on how effectively legal changes are resourced, operationalised, and evaluated. If implemented with adequate investment and oversight, the Bill has the potential to improve patient experience, reduce discrimination, and strengthen mental health care delivery across England and Wales.

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Somerset NHS Foundation Trust	
REPORT TO:	Board of Directors
REPORT TITLE:	Group Finance report
SPONSORING EXEC:	Chief Finance Officer
REPORT BY:	Deputy Chief Finance Officer
PRESENTED BY:	Chief Finance Officer
DATE:	13 January 2026

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

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

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

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

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Public/Staff Involvement History (Please indicate if any consultation/service user/patient and public/staff involvement has informed any of the recommendations within the report)
Not applicable

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

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

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

SOMERSET NHS FOUNDATION TRUST

FINANCE REPORT

1. SUMMARY

1.1 In November, the Trust recorded a surplus of £0.857m, this was on plan for the month and cumulatively, the Trust remains on plan with a deficit of £7.546m.

1.2 The main November headlines are:-

- November agency expenditure was £1.301m, £0.098m above the plan for the month but within the national target to reduce agency by spend by 30%. In month spend was £0.007m lower than in October. On a comparable basis, the Trust spent £1.127m less than it did in November 2024 and year to date expenditure is £7.949m lower than in 2024/25.
- CIP of £4.397m was delivered in month, this was £0.612m below plan. The unexpected benefit of retrospective VAT recovery on agency expenditure has closed the gap in plans and means we are forecasting full achievement of the efficiency plan. However, £34.905m or 70% is non-recurrent in nature.
- Resident doctor industrial action took place over 5 days in November. Trusts were required to maintain at least 95% of their planned activity during this period. Claims are still being processed but we expect the overall cost to be in the region of £0.700m. A further round of action took place from 17 December for 5 days. Costs remain unfunded.

2. INCOME AND EXPENDITURE

2.1 Table 1 below sets out the summary income and expenditure account to 30 November 2025:

Table 1: Income and Expenditure Summary November

Statement of Comprehensive Income	Annual Budget	Current Month 8			Year to date		
	£000	Budget £000	Actual £000	Fav./ (Adv.) Variance £000	Budget £000	Actual £000	Fav./ (Adv.) Variance £000
Income							
Patient Care Income	1,036,117	86,866	87,424	557	692,836	693,719	883
Other Operating Income	80,180	7,010	7,986	977	51,546	53,567	2,021
Total operating income	1,116,297	93,876	95,410	1,534	744,381	747,286	2,904
Operating expenses							
Employee Operating Expenses	(771,748)	(64,172)	(65,014)	(842)	(518,556)	(525,666)	(7,110)
Drugs Cost: Consumed/Purchased	(78,044)	(6,791)	(6,876)	(85)	(55,442)	(57,176)	(1,734)
Clinical Supp & Serv Exc-Drugs	(74,013)	(6,379)	(7,428)	(1,049)	(51,117)	(53,719)	(2,602)
Supplies & Services - General	(32,134)	(2,607)	(3,358)	(751)	(21,137)	(24,694)	(3,557)
Other Operating Expenses	(152,081)	(12,501)	(11,138)	1,363	(100,527)	(88,713)	11,815
Total operating expenses	(1,108,020)	(92,450)	(93,814)	(1,364)	(746,779)	(749,967)	(3,188)
Operating Surplus/Deficit	8,277	1,426	1,596	170	(2,398)	(2,682)	(284)
Finance Expense	(14,177)	(1,170)	(884)	286	(9,348)	(7,695)	1,654
Finance Income	3,518	285	152	(133)	2,376	1,601	(775)
Other	0	0	0	(0)	0	(13)	(13)
Overall Surplus/(Deficit)	(2,383)	541	864	323	(9,370)	(8,788)	582
Depr On Donated Assets	1,216	101	94	(7)	810	1,006	196
Donated Assets Income	(1,412)	0	0	0	(706)	(156)	550
Amortisation	0	0	3	3	0	24	24
PFI UK GAAP Adjustments	2,579	215	(104)	(319)	1,720	368	(1,352)
Impairments	0	0	0	0	0	0	0
Adjustments to control total	2,383	316	(7)	(323)	1,824	1,242	(582)
Adjusted Financial Performance	(0)	857	857	0	(7,546)	(7,546)	0

2.2 The tables below set out pay expenditure and whole time equivalent (wte) information by month.

- In November, total staffing was 12,943 WTE, 132 WTE under the planned establishment for the month of 13,076 WTE with the following variances: -
  - Substantive staffing was 92 WTE under the establishment plan.
  - Bank 16 WTE over plan.
  - Agency 21 WTE under &
  - Locums 34 WTE under the plan

2.3 Further information is set out in Tables 2 and 3 below:-

Table 2: Pay expenditure information

2025/26 Monthly Pay Expenditure analysis	Apr-25 £000	May-25 £000	Jun-25 £000	Jul-25 £000	Aug-25 £000	Sep-25 £000	Oct-25 £000	Nov-25 £000	Month Budget £000	F/(A) Variance £000	2025/26 Total £000	2025/26 YTD Budget	F/(A) Variance £000
Temporary staff													
Bank Staff	2,083	2,224	2,055	2,127	2,253	2,072	2,061	2,108	1,808	(299)	16,984	14,449	(2,535)
Medical Agency	1,251	1,178	1,175	1,167	1,082	1,107	1,128	922	819	(103)	9,010	7,896	(1,114)
Medical Locums	846	800	816	808	963	755	797	849	904	55	6,635	7,698	1,062
Nursing Agency	406	317	315	364	321	285	79	307	249	(58)	2,393	1,959	(434)
Other Agency	170	168	118	119	97	92	102	72	135	62	937	1,364	427
Total Temporary Staff	**4,756**	**4,687**	**4,480**	**4,585**	**4,716**	**4,311**	**4,167**	**4,258**	**3,916**	**(343)**	**35,960**	**33,366**	**(2,594)**
Nursing	16,525	16,473	16,437	16,715	15,964	16,569	16,310	16,776	17,350	575	131,768	138,386	6,618
Support to Nursing	6,368	6,342	6,372	6,020	6,482	6,150	5,935	5,887	5,530	(356)	49,556	45,690	(3,865)
Medical	13,858	13,752	13,742	14,734	14,699	14,710	14,444	14,640	13,429	(1,210)	114,578	105,610	(8,968)
AHP's	9,834	9,833	9,807	9,985	10,198	10,034	9,946	10,020	10,213	193	79,657	80,398	741
Infrastructure Support	10,548	10,483	10,698	10,604	10,749	10,484	10,934	10,912	10,389	(524)	85,411	84,671	(741)
Other	3,703	3,873	3,840	4,341	3,952	3,072	3,428	2,520	3,344	824	28,731	30,435	1,704
Substantive Staff	**60,835**	**60,756**	**60,896**	**62,398**	**62,044**	**61,019**	**60,997**	**60,755**	**60,256**	**(499)**	**489,700**	**485,190**	**(4,511)**
Total All Staff	**65,592**	**65,443**	**65,376**	**66,983**	**66,760**	**65,331**	**65,164**	**65,013**	**64,172**	**(841)**	**525,660**	**518,556**	**(7,104)**
% Temporary	7.25%	7.16%	6.85%	6.84%	7.06%	6.60%	6.39%	6.55%	6.10%		6.84%	6.43%	

Table 3: WTE information

2025/26 Monthly Workforce analysis	Apr-25 WTE	May-25 WTE	Jun-25 WTE	Jul-25 WTE	Aug-25 WTE	Sep-25 WTE	Oct-25 WTE	Nov-25 WTE	In Month WTE	In Month Budget WTE	F/(A) Variance WTE
Temporary staff											
Bank Staff	572.82	503.68	461.20	534.77	515.78	495.96	489.04	489.45	489.45	473.66	(15.79)
Medical Agency	57.89	55.77	55.19	56.24	50.27	50.74	48.00	48.69	48.69	42.78	(5.91)
Medical Locums	48.91	45.94	47.85	47.33	45.45	43.49	49.88	44.29	44.29	79.13	34.84
Nursing Agency	58.76	56.94	41.37	54.17	47.42	41.23	49.60	41.04	41.04	47.12	6.08
Other Agency	42.53	35.57	29.31	23.27	19.17	21.36	15.98	9.83	9.83	31.28	21.45
Total Temporary Staff	**780.91**	**697.90**	**634.92**	**715.78**	**678.09**	**652.78**	**652.50**	**633.30**	**633.30**	**673.97**	**40.67**
Nursing	3,515.03	3,505.84	3,502.40	3,475.99	3,486.50	3,519.73	3,528.99	3,538.51	3,538.51	3,435.91	(102.60)
Support to Nursing	2,008.96	1,990.93	1,995.47	1,989.30	1,983.46	1,909.43	1,880.38	1,866.88	1,866.88	1,791.05	(75.82)
Medical	1,215.27	1,218.17	1,210.91	1,215.12	1,268.22	1,274.89	1,274.20	1,276.42	1,276.42	1,281.22	4.80
AHP's	1,719.46	1,712.61	1,707.89	1,697.42	1,717.09	1,724.99	1,725.42	1,721.72	1,721.72	1,805.14	83.42
Infrastructure Support	2,743.25	2,766.59	2,767.95	2,771.36	2,758.36	2,760.38	2,764.96	2,768.71	2,768.71	2,842.78	74.07
Other	1,135.12	1,139.25	1,144.31	1,150.09	1,139.91	1,132.23	1,139.23	1,138.31	1,138.31	1,246.14	107.83
Substantive Staff	**12,337.09**	**12,333.38**	**12,328.93**	**12,299.28**	**12,353.55**	**12,321.65**	**12,313.18**	**12,310.54**	**12,310.54**	**12,402.24**	**91.70**
Total All Staff	**13,118.00**	**13,031.28**	**12,963.85**	**13,015.06**	**13,031.64**	**12,974.43**	**12,965.68**	**12,943.84**	**12,943.84**	**13,076.21**	**132.37**
% Temporary	5.95%	5.36%	4.90%	5.50%	5.20%	5.03%	5.03%	4.89%	4.89%	5.15%	

2.4 Total agency and locum costs in month were £2.150m, this is an increase of £0.044m compared with October. Agency costs were £0.007m lower than in October at £1.301m. There was an increase of £0.207m in medical agency, a £0.228m decrease in nursing agency which was primarily the result of an ongoing data cleansing exercise and release of prior periods accruals for shifts confirmed as not worked.

2.5 The continued positive trend in reducing agency usage is encouraging. However, it will be important to maintain strong oversight throughout the winter period, which will bring additional operational pressures on services and increased levels of staff sickness, particularly due to the impact of flu this winter. The Board will be aware that there are additional targets to reduce bank and agency spend further in 2026/27.

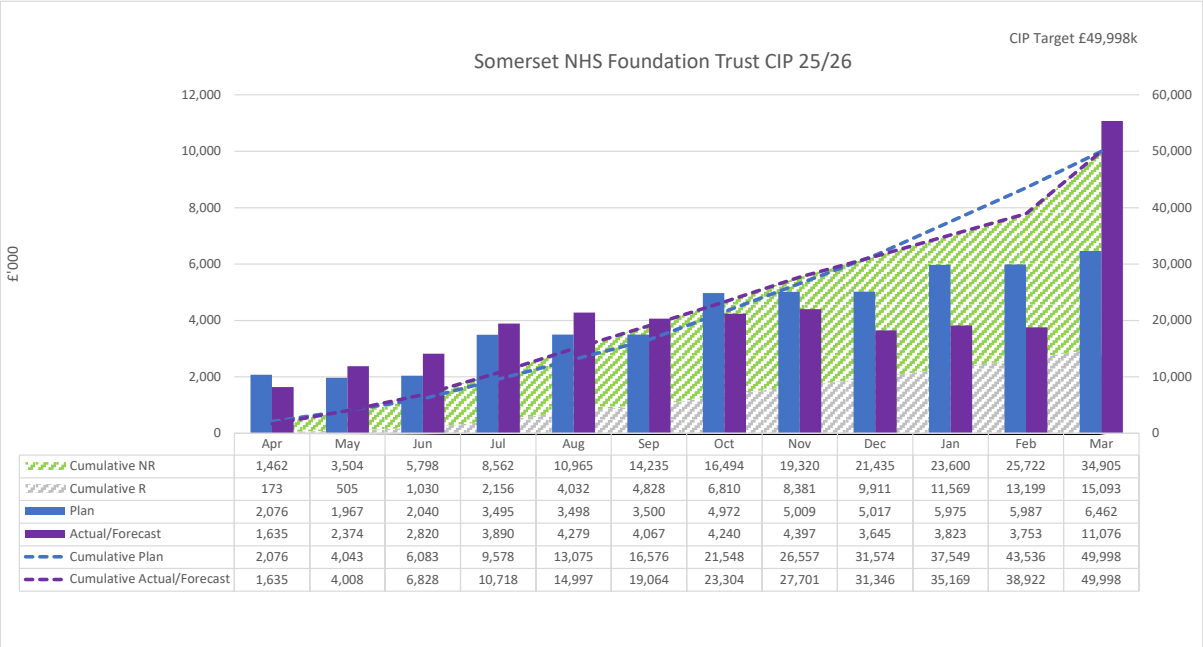
3. COST IMPROVEMENT PROGRAMME

3.1 The Trust has set a CIP plan of £49.998m for the year, this represents c4.6% of planned turnover. The target has been fully allocated to clinical service groups, SSL, SHS and corporate areas. There were no planned central schemes at the start of the year.

3.2 In November, total savings of £4.397m were delivered, this was £0.612m adverse to plan for the month. Recurrent savings were £1.571m (36% of total). Cumulatively, total savings of £27.701m have been delivered, this is £1.142m favourable to the planned position. However, of the total delivery to date, only £8.381m (30%) is recurrent.

3.3 Further analysis is shown in the chart below: -

Chart 1: CIP Plan 2025/26



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cumulative NR	1,462	3,504	5,798	8,562	10,965	14,235	16,494	19,320	21,435	23,600	25,722	34,905
Cumulative R	173	505	1,030	2,156	4,032	4,828	6,810	8,381	9,911	11,569	13,199	15,093
Plan	2,076	1,967	2,040	3,495	3,498	3,500	4,972	5,009	5,017	5,975	5,987	6,462
Actual/Forecast	1,635	2,374	2,820	3,890	4,279	4,067	4,240	4,397	3,645	3,823	3,753	11,076
Cumulative Plan	2,076	4,043	6,083	9,578	13,075	16,576	21,548	26,557	31,574	37,549	43,536	49,998
Cumulative Actual/Forecast	1,635	4,008	6,828	10,718	14,997	19,064	23,304	27,701	31,346	35,169	38,922	49,998

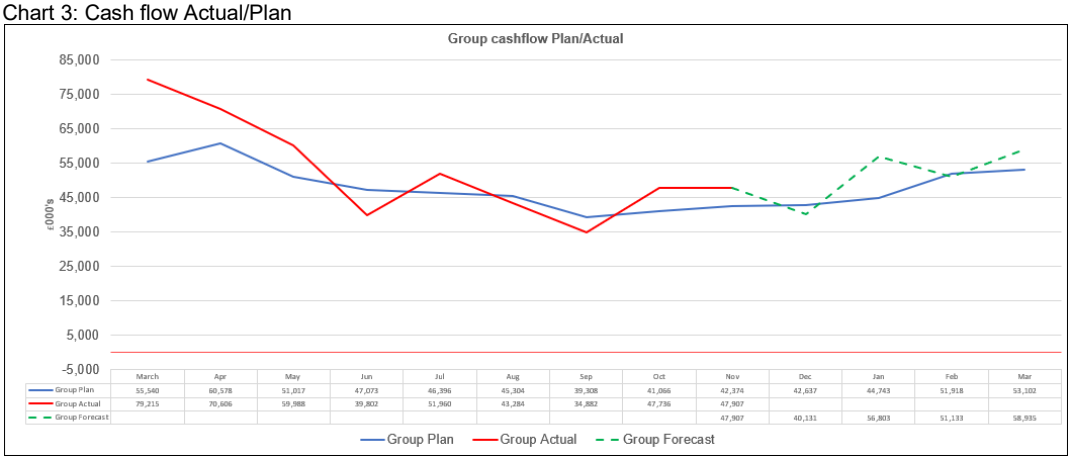
3.4 The Trust has received an unexpected benefit which has arisen from the recent successful challenge to HMRC by a number of NHS Trusts on the treatment of VAT for the supply of agency staff. We have scoped the impact of being able to reclaim the VAT previously charged for agency staff who as a result of the recent ruling at the First Tier Tribunal are now deemed as exempt from VAT. This reclaim can be applied retrospectively up to a period of 4 years. The net benefit after commission charged for recovery and a provision for failed recovery (for example agency suppliers no longer trading or who do not engage in this process) is c£6.8m. We have included this value as an additional non-recurrent CIP scheme achievable this year.

3.5 Although, this is a welcome and unexpected benefit, we have been clear that services must focus on continuing to deliver their plans as forecast. The increased operational pressures increase the risk that planned schemes may slip and we do not have the headroom in our position to mitigate this.

4. CASH

4.1 Cash balances at 30 November were £47.9m; £5.5m higher than plan, largely due to capital underspends in the internal envelope. The group cashflow position including the updated forecast is shown below:-

Chart 3: Cash flow Actual/Plan



4.2 The Trust continues to monitor its level of cash closely to ensure it retains a level of cash sufficient to support day to day operational expenditure and the requirements of the capital programme.

5. STATEMENT OF FINANCIAL POSITION

Oct-25	Nov-25	Movement		Mar-25	Nov-25	Movement in Year
£000	£000	£'000		£000	£000	£000
43,669	44,054	385	Intangible Assets	35,549	44,054	8,505
411,749	415,361	3,612	Property, plant and equipment, other	409,854	415,361	5,507
27,631	27,441	(190)	On SoFP PFI assets	29,141	27,441	(1,700)
87,623	87,026	(597)	Right of use assets	89,834	87,026	(2,808)
14	14	(0)	Investments	14	14	0
14	14	0	Other investments/financial assets	14	14	0
3,184	3,181	(3)	Trade & other receivables >1yr	3,063	3,181	118
573,884	**577,090**	**3,207**	**Non-current assets**	**567,469**	**577,090**	**9,621**
12,816	13,252	436	Inventories	11,281	13,252	1,971
21,405	18,427	(2,977)	Trade and other receivables: NHS receivables	5,338	18,427	13,089
32,927	29,279	(3,648)	Trade and other receivables: non-NHS receivables	18,796	29,279	10,483
0	0	0	Non current assets held for sale	496	0	(496)
47,736	47,907	171	Cash	79,215	47,907	(31,307)
114,883	**108,866**	**(6,018)**	**Total current assets**	**115,126**	**108,866**	**(6,260)**
(106,347)	(109,112)	(2,765)	Trade and other payables: non-capital	(103,068)	(109,112)	(6,044)
(6,759)	(6,827)	(68)	Trade and other payables: capital	(18,183)	(6,827)	11,355
(41,809)	(37,447)	4,361	Other liabilities	(18,455)	(37,447)	(18,992)
(14,437)	(14,427)	10	Borrowings	(16,046)	(14,427)	1,619
(5,059)	(3,820)	1,238	Provisions <1yr	(9,440)	(3,820)	5,620
(174,410)	**(171,634)**	**2,776**	**Current liabilities**	**(165,193)**	**(171,634)**	**(6,441)**
(59,527)	**(62,768)**	**(3,242)**	**Net current assets**	**(50,067)**	**(62,768)**	**(12,702)**
(111,039)	(110,123)	916	Borrowings >1yr	(112,989)	(110,123)	2,865
(2,731)	(2,731)	0	Provisions >1yr	(2,871)	(2,731)	140
(1,272)	(1,251)	22	Other liabilities > 1Yr	(1,423)	(1,251)	173
(115,042)	**(114,105)**	**938**	**Total long-term liabilities**	**(117,282)**	**(114,105)**	**3,178**
399,315	**400,217**	**902**	**Net assets employed**	**400,120**	**400,217**	**97**
			Financed by:			
407,822.91	407,822.91	0	Public dividend capital	399,414	407,823	8,409
73,581	73,581	0	Revaluation reserve	73,581	73,581	0
(1,155)	(1,155)	0	Other reserves	(354)	(1,155)	(801)
(2,471)	(2,471)	0	Financial assets at FV through OCI reserve	(2,471)	(2,471)	0
(78,958)	(78,094)	864	I&E reserve	(70,733)	(78,094)	(7,362)
			Other's equity			
496	534	38	Non-controlling Interest	683	534	(149)
399,315	**400,217**	**902**	**Total financed**	**400,120**	**400,217**	**97**

6. CAPITAL

6.1 Year to date, capital expenditure is £35.8m compared with the plan of £44.9m, resulting in an underspend of £9.0m. There are several timing differences within the internal programme around major enabling works; surgical scheme and 5th theatre slippage, which continue to be reviewed ensuring spend is considered later in the programme. Information at main scheme level is set out in Table 4 below.

6.2 The Trust has strengthened the monthly review process to scrutinise and drive through capital expenditure where underspends are identified. We will continue to monitor the effectiveness of this approach and make adjustments as necessary to support delivery of its capital programme. We are expecting to fully spend the programme by 31 March.

Table 4: Capital Programme Summary

Capital Programme 2025-2026	Plan £000	Revised Budget £000	YTD Plan £000	YTD Actual £000	Variance Act v plan YTD £000
Backlog Maintenance	6,647	6,711	3,695	2,948	(747)
Essential Facilities Improvement Works	1,885	1,585	1,035	1,174	139
Service Redesign Enabling Works	4,243	6,434	3,084	4,314	1,229
Service Redesign Enabling Works - Major	13,400	9,800	12,532	8,201	(4,331)
Infrastructure	350	433	192	60	(132)
Rolling IT & Digital Development	7,230	9,000	4,198	3,491	(708)
Equipment Replacement	5,126	5,126	2,968	1,490	(1,478)
Subsidiary Companies	260	260	130	149	19
Transfers	1,844	0	0	0	0
Leases	5,668	5,668	3,426	2,318	(1,108)
Total Internal Capital Envelope	46,653	45,017	31,261	24,143	(7,117)
Externally Funded Capital Schemes	**Plan £000**	**Revised Budget £000**	**YTD Plan £000**	**YTD Actual £000**	**Variance Act v plan YTD £000**
Total Additional Schemes	58,381	55,167	13,607	11,730	(1,877)
TOTAL TRUST PROGRAMME	105,034	100,184	44,868	35,874	(8,994)
Overplan Reduction	(2,134)	(2,134)			
TOTAL TRUST PROGRAMME	102,900	98,050	44,868	35,874	(8,994)

7. CONCLUSION & RECOMMENDATION

7.1 The financial position continues to be extremely challenging, particularly within the Children, Young People & Families, Surgery and Medical service groups. Operational pressures in these areas are ongoing and are combined with shortfalls in cip delivery. These are being offset by the release of non-recurrent sums held for year-end provisions and underspends in other clinical and non-clinical areas.

7.2 The pressure of winter is now in full flow and many services are experiencing increased pressure and there is additional bed capacity in place to cope with demand. This is combined with higher than expected levels of sickness, in part due to the particularly virulent strain of flu this year, which is also increasing admissions, particularly in paediatrics. This will incur additional and unfunded costs which will need to be managed.

7.3 The two rounds of resident doctor industrial action have incurred direct costs of c£1.3m. The further round that took place from 17 December for 5 days is expected to also incur costs of c£0.7m. There is no central funding for this and it will need to offset by additional savings elsewhere in the Trust to balance the plan.

7.4 More positively the recent unexpected gain from the additional vat recovery on retrospective agency expenditure is most welcome and goes a long way to mitigate the run rate pressures we have been forecasting. That said, we do still need to manage the risks and pressures of winter and industrial action and deliver the savings as set out in our forecast to ensure we can achieve breakeven.

CHIEF FINANCE OFFICER