

Council of Governors
18 March 2026, 13:15 – 15:15

The Canalside, Marsh Ln, Bridgwater TA6 6LQ

AGENDA

	Action	Presenter	Time	Enclosure
1 WELCOME AND APOLOGIES	Receive	Chairman	13:15	None
2 QUESTIONS FROM MEMBERS OF THE PUBLIC	Receive	Chairman		None
3 DECLARATIONS OF CONFLICT OF INTERESTS RESPECT TO ITEMS ON THE AGENDA	Receive and Note	Chairman		None
4 TO APPROVE THE DRAFT MINUTES OF THE PUBLIC MEETING HELD ON DECEMBER 2025	Receive and Approve	Chairman		Appendix 1
5 MATTERS ARISING AND REVIEW OF THE ACTION LOG	Receive and Review	Chairman		Appendix 2
6 TO RECEIVE THE PUBLIC REGISTER OF COUNCIL OF GOVERNORS INTERESTS AND ANY DECLARATIONS OF CONFLICTS OF INTEREST	Receive and Note	Chairman		Appendix 3
7 RECRUITMENT OF NON-EXECUTIVE DIRECTOR PROCESS (Approved Electronically Outside of Meeting)	To Note	Chairman		Verbal
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8 CHAIRMAN'S UPDATE	Receive	Chairman	13:25	Appendix 4 Appendix 5
<ul style="list-style-type: none"> • Council of Governors' attendance • Statutory Duties of Governors 2025/26 – update 				
9 REDESIGN OF COMMUNITY SERVICES		Kate Smith / Kathy Doran	13:35	Appendix 6
10 PERFORMANCE UPDATE FROM THE EXECUTIVE DIRECTORS	Receive	Mark Hocking / Lee Cornell	13:45	Appendix 7
11 Chief Executive and Executive Directors update		Peter Lewis	14:15	Verbal
<ul style="list-style-type: none"> • Overview of 2025/26 and looking forward into 2026/27 • Staff Survey 				

12 FEEDBACK FROM:

Receive

a) The Lead and Deputy Lead Governors Governors issues and any ensuing actions needed/taken)	KB / PR	14:45	Verbal
b) The Quality and Patient Experience Group meeting held on 23 February 2026	JG		Appendix 8
c) The Strategy and Planning Group meeting held on 20 February 2026	EN		Appendix 9
d) The Membership, Involvement and Communications Group held on 12 February 2026	LK		Appendix 10
e) The Nomination and Remuneration Committee meeting	JT		Verbal
f) Staff Governors	All		Verbal

13 ANY OTHER BUSINESS AND CLOSE OF MEETING

To note

Chair

15:00

Verbal

- Recognition of Governors Completing Their Terms
- Election Update
- Any Future Agenda items for Council of Governors meetings

14 DATE OF NEXT MEETING

Thursday 25 June 2026

Council of Governors

Minutes of the meeting held on 17 December 2025 2025, 14:30
at

Cheddon Fitzpaine Memorial Hall, Rowford, Cheddon Fitzpaine, Taunton, TA2 8JY

Present:	Rima Makarem	Chair
	Virginia Membrey	Public Governor – Mendip
	Alison James	Public Governor – Mendip
	Jude Glide	Public Governor – Mendip
	Eddie Nicolas	Public Governor – Sedgemoor
	Jack Torr	Public Governor – Sedgemoor
	Judith Goodchild	Public Governor – Sedgemoor
	Ian Hawkins	Public Governor – South Somerset
	Mick Beales	Public Governor – South Somerset
	Sarah Duncan	Public Governor – South Somerset
	Ray Tostevin	Public Governor – South Somerset
	Jessica Cross	Public Governor – South Somerset
	Kate Butler	Public Governor – West Somerset and Taunton
	Jeanette Keech	Public Governor – West Somerset and Taunton
	Erica Adams	Public Governor – West Somerset and Taunton
	Howard Millington	Public Governor – West Somerset and Taunton
	Peter Shorland	Public Governor – Dorset
	Alan Peak	Outside Somerset
	Julie Reeve	Staff Governor
	Joe Silsby	Staff Governor
	Heather Sparks	Staff Governor
	Emmanuel Audu	Staff Governor
	Sun Sander-Jackson	Staff Governor
	Jonathan Moore	Staff Governor
	Jane Knowles	Staff Governor
	Val Bishop	Appointed Governor - VCSFE
	Jos Latour	Appointed Governor - Universities
	Sarah Wakefield	Appointed Governor – Somerset Council
	Graham Hughes	Non-Executive Director
	Alexander Priest	Non-Executive Director
	Paul Mapson	Non-Executive Director
In Attendance:	Peter Lewis	Chief Executive Officer
	Melanie Iles	Chief Medical Officer
	Andy Heron	Chief Operating Officer
	Isobel Clements	Chief of People and Organisational Development
	Pippa Moger	Chief Finance Officer
	David Shannon	Director of Strategic Development
	Ben Edgar-Attwell	Deputy Director of Corporate Services
	Tom Clifford	Operational Service Manager for LD; ASD and ADHD
	Tina Hickinbottom-Tacey	Corporate Services Officer (minute taker)



	Julie Hutchings	Board Secretary and Corporate Services Manager
Apologies:	Sue Steele	Public Governor – South Somerset
	Stuart Goble	Public Governor – West Somerset and Taunton
	Neil Thomas	Staff Governor
	Halley Kimber-Keirle	Staff Governor
	Phil Hodgson-Purves	Staff Governor
	Adekunle Akinola	Staff Governor
	Lydia Karamura	Staff Governor
	Dirk Williamson	Governor – SSL
	Heather Shearer	Appointed Governor – Somerset Council
	Caroline Gamlin	Appointed Governor – ICB
	Jade Renville	Director of Corporate Services
	Martyn Scrivens	Non – Executive Director
	Darshan Chandarana	Non-Executive Director
	Olena Doran	Non-Executive Director
	Inga Kennedy	Non-Executive Director

1	Welcome and Apologies for Absence
1.1	The Chair welcomed all attendees to the meeting.
1.2	Apologies for absence were received and noted as above.
2	Questions from Members of the Public
2.1	No members of the public were present, and no questions had been submitted in advance of the meeting.
3	Declarations of Conflicts of Interest relating to Agenda Items
3.1	No declarations of conflicts of interest were raised in relation to any items on the agenda.
4	To Approve the Draft Minutes of the Public Meeting held on 19 September 2025
4.1	The minutes of the meeting held on 19 September 2025 were approved as a true and accurate reflection of the meeting.
5	Matters Arising and Review of the Action Log
5.1	The Council noted the completion of the Allyship Training session held earlier in the day, delivered by the VCFSE organisation Thrive (Jusna) and supported by the Trust (Harriet Jones). The purpose of the session was to encourage reflection on personal biases, privilege, and the role individuals can play in supporting others within their communities.

- 5.2 Kate Butler expressed her appreciation for the session, highlighting that it promoted reflective thinking and provided valuable opportunities for group discussion.
- 5.3 Judith Goodchild queried whether the session had been weighted towards one particular group and suggested that future discussions might also consider the experiences of Jewish communities, who may also face marginalisation. Val Bishop, the Appointed Governor who supported the arrangement of the training, clarified that the session had been intentionally designed to be broad and not faith-based. Its aim was to encourage participants to consider how they can act as allies to all individuals and communities. She noted that the trainer had shared some personal experiences to illustrate key points, which were intended to demonstrate real-world situations rather than emphasise any specific faith, culture, or identity. Val offered to continue the conversation with Judith outside the meeting to explore her perspective further.
- 5.4 Council of Governors development sessions in the future may contain more work around inclusion and allyship. Action will remain open, amend the action to confirm training session with Thrive was completed.
ACTION: Tina Hickinbottom-Tacey

6 To Receive the Public Register of Council of Governors Interests and any Declarations of Conflicts of Interest

- 6.1 The Council reviewed the Public Register of Interests and noted that there were no new declarations or updates to report.
- 6.2 Rima Makarem reminded all Governors that if any changes or updates are required, they should notify Tina Hickinbottom-Tacey promptly.

7 Nomination and Remuneration Committee Update

- 7.1 Jack Torr, Chair of the Nomination and Remuneration Committee, reported that the Governors appointed to the Committee had met to review the Chair's appraisal and objectives, the Non-Executive Director (NED) appraisals and objectives, and the proposed reappointment of three NEDs.
- Chair Appraisal and Objectives for 2026/27
- 7.2 The Committee expressed satisfaction with the Chair's performance and noted that the proposed objectives for 2026/27 were well considered and aligned with organisational priorities.
- 7.3 The Committee recommended that the Council approve the Chair's objectives for 2026/27.
- 7.4 The Council approved the Chair's objectives as presented.
- Feedback from Non-Executive Director Appraisals

7.5 The Committee confirmed that it had reviewed the appraisals and objectives for long-standing Non-Executive Directors for 2025/26, and had also reviewed the objectives for the newer NEDs for the same period. The Committee recommended approval of all objectives.

7.6 The Council approved the NED objectives for 2025/26.

- Reappointment of Non-Executive Directors'

7.7 The Committee discussed the reappointment of three Non-Executive Directors who had expressed their willingness to continue in post. In the context of the NHS 10-year plan, the Committee welcomed the continuity, expertise, and contribution these individuals provide. The Committee recommended that the Council approve all three reappointments as outlined in the supporting paper.

7.8 The Council approved the reappointment of all three Non-Executive Directors.

8 Chairs' Update

- Council of Governors' Attendance

8.1 The Council reviewed the attendance register, which records Governor attendance over the past year. It was noted that no Governor had missed three consecutive meetings; therefore, no further action or reporting was required.

- Statutory Duties of Governors 2025/26

8.2 The Council received an update on the statutory duties of Governors and noted the progress made to date in fulfilling these responsibilities. A summary of duties and the actions completed so far was provided for assurance.

8.3 Rima Makarem reported on recent developments since September, including:

- The Yeovil Diagnostic Centre remains on track to reopen at the end of April.
- Significant ambassadorial activity undertaken by herself and Peter Lewis, including leading a conference in London last week.
- A productive workshop held this week with the Integrated Care Board (ICB), Somerset Foundation Trust (SFT), and the Council, focusing on early years development.

8.4 She highlighted that, while meaningful progress has been made, there remains scope to strengthen collective efforts. She expressed optimism about continuing this positive trajectory in the year ahead.

9 Future Governance Arrangements, Transition Proposal and Constitution Amendments

- 9.1 Ben Edgar-Attwell expressed appreciation for the continued contribution of Governors and reiterated the importance of their role in fulfilling statutory duties. He outlined the background to the proposal to reduce the size of the Council and amend the Constitution, explaining that:
- The Trust had invited NHS Providers to review the Council's size and composition against comparable organisations.
 - NHS Providers conducted a benchmarking exercise and presented five transition options, which were discussed at the recent Board and Governor Development Day.
 - The recommended option (Option 5) proposes reducing the Council from 42 to 25 Governors, aligning with national guidance to improve effectiveness while maintaining compliance. This model would also prepare the Trust for anticipated legislative changes under the NHS 10-Year Plan, which is expected to remove the statutory requirement for a Council of Governors by April 2027.
- 9.2 Ben emphasised that the proposal supports strong governance and meaningful engagement through the transition period, ensuring the Trust remains legally compliant until further national guidance is issued.
- 9.3 He noted that the Council is currently one of the largest nationally, with 42 members, and that 21 terms are due to conclude in 2026. The proposal aims to reduce the Council to 25 members without ending any current terms early, ensuring alignment with NHS guidance. Option 5 was therefore recommended for approval.
- 9.4 Key points discussed included:
- The importance of maintaining strong accountability and engagement as the model evolves.
 - Avoiding unnecessary turnover, given the time required for new Governors to become effective.
 - Proposed changes to staff representation: instead of an open constituency, ensuring at least one representative from acute, community, and mental health services.
 - Concerns about patient and community engagement under a smaller model and the need to explore alternative mechanisms for representation.
 - Recognition that the Council's current size impacts effectiveness and generates significant cost.
 - The need for a clear delivery plan, noting its absence from the current 10-year strategy.

- Agreement that future governance arrangements should be considered strategically, with a working group established to explore options for engagement and accountability beyond the statutory model.

9.5 Governors expressed mixed views, acknowledging the inevitability of change while raising concerns regarding timing, representation, and constitutional requirements.

9.6 Jack Torr noted that while there was broad acceptance of the need for a smaller Council, there were questions about whether immediate action was appropriate given potential legislative changes.

9.7 Rima Makarem, Chair of the Council, emphasised that the current size is not effective and that early action would avoid requiring Governors to step down at a later stage. She underlined the need for smaller, more agile structures and the development of alternative community engagement forums.

9.8 Governors discussed the proposal in detail, expressing broad support for reducing the size of the Council while emphasising the need to maintain strong accountability and clear representation. Concerns were raised about how accountability would be preserved if statutory models change in future, and the importance of establishing effective alternative mechanisms. The group highlighted the need for timely decision-making to avoid delaying necessary changes, alongside considerations about the adequacy of staff representation within a smaller Council. Financial pressures and the need for greater efficiency were also acknowledged, with a call for clearer expectations and clarity around the role of Governors as the model evolves.

9.9 Following discussion, Rima Makarem proposed a vote to approve Option 5 (reduction from 42 to 25 Governors) and delegate authority to the Board Secretary to make the necessary constitutional amendments. It was agreed that a working group will be established in the coming year to review future governance arrangements and engagement mechanisms.

9.10 The Council voted on the proposal and 15 out of 29 Governors supported the recommendation. As the vote required a simple majority of those present, the motion was approved.

- Julie Hutchings will present the options to the Executive Board in January for approval. Subject to Board approval, Option 5 will then be implemented to reduce the Council size to 25 and amend the constitution accordingly.

ACTION: Julie Hutchings

- Establish a workshop/ working group in 2026 to review future governance arrangements and engagement strategies.

ACTION: All (Tina Hickinbottom-Tacey)

10 Chief Executive and Executive Directors Report

10.1 Peter Lewis provided an update on current operational and strategic matters from the Trust's perspective.

- 10.2 He reported that the Trust is preparing for a further period of industrial action by resident doctors. Approximately 40% of resident doctors are expected to take part, although this may change in the coming days. The action coincides with significant seasonal pressures, with flu cases peaking earlier than in previous years and expected to continue through the Christmas period. While the Trust remains in a relatively stable position, covering staff absences is becoming increasingly challenging. Staff and Governors were encouraged to promote flu vaccination uptake as an effective measure to reduce the severity of illness.
- 10.3 During discussion, questions were raised regarding the financial impact of pay awards and industrial action. It was confirmed that government funding for pay increases remains uncertain. To date, industrial action has cost the Trust approximately £2 million, with no additional funding provided. Concerns were also raised regarding staff access to food on Christmas Day, and Peter Lewis agreed to review what support the Trust could offer.
- 10.4 Peter highlighted recent engagement activity in Crewkerne and Burnham-on-Sea, which had provided valuable community feedback. Two key themes emerged: the importance of retaining beds in community hospitals and the challenges posed by transport barriers when accessing secondary care. Alongside this, the Trust reviewed the health needs of these areas, reflecting wider demographic trends in Somerset, including an ageing population and multiple long-term conditions. In response, the Trust is proposing a balanced approach: from April, a trial will reduce bed numbers in some community hospitals from 16 to 8, using the remaining space to deliver additional local services and reduce travel to Taunton or Yeovil. These trials will be shaped with input from stakeholder reference groups, including Governors, and will commence after Christmas.
- 10.5 Governors queried their role in community hospital initiatives. The Executive team confirmed that Governors had not been excluded and welcomed further involvement, particularly in the forthcoming trials and stakeholder groups. Positive feedback was shared about recent engagement work, including events led by Emma Davey and visits to Wellington, which had been well received by local communities.
- 10.6 Peter confirmed that the procurement process for a new Electronic Health Record (EHR) system has been completed, with Epic identified as the preferred supplier. Contract negotiations are underway, and a business case will be presented for approval in January. Implementation is planned for 2028 and represents a significant programme of work to improve system integration and efficiency across the Trust.
- 10.7 The Council was informed that the latest NHS segmentation results, published for Quarter 2, show the Trust remains in Segment 2, performing well compared to peers while recognising areas for improvement. Future changes to performance indicators are expected under the NHS 10-Year Plan, including the introduction of a single league table for all trusts by 2026/27.

11 Performance Update from the Executive Directors

- 11.1 Pippa Moger provided an overview of performance against national priorities. She highlighted that a key focus has been on treating patients who have waited 65 weeks or more by the end of December. Andy Heron and operational colleagues have concentrated on this target over the past three months, holding daily review meetings and reporting progress to NHS England. The current projection is that approximately ten patients will remain on the waiting list at the end of December, primarily due to medical complexities and staff sickness. Pippa Moger provided an overview of performance against national priorities. A key focus continues to be treating patients who have waited 65 weeks or more by the end of December. Over the past three months, Current projections indicate that around ten patients will remain on the waiting list at year-end, largely due to medical complexities and staff sickness.
- 11.2 A small improvement was noted in the four-hour standard for urgent and emergency care. The recent opening of the Urgent Treatment Centre (UTC) at Yeovil District Hospital is expected to support further improvement by enhancing patient streaming. New national targets for neighbourhood services were also highlighted, particularly for physical health provision in the community. The Trust continues to perform strongly against the 18-week referral-to-treatment standard, achieving 94% compliance against a target of 785 patients in April, which was welcomed as a positive outcome.
- 11.3 Performance in urgent community response and hospital-at-home services remains strong, with rising caseloads. Mental health services are performing well overall, although talking therapies are temporarily below target and expected to recover in the coming months. A reporting discrepancy relating to mental health length of stay has been identified and is expected to be resolved next month.
- 11.4 Urgent and emergency care services continue to face pressure, with no clear criteria to reside, although early signs of improvement have been observed this month. Elective and diagnostic performance is improving; however, endoscopy capacity continues to affect cancer waiting times. Services for children and young people—particularly eating disorder pathways—are below standard, and the Trust is working with subcontracted providers to address breaches. Dental services continue to improve.
- 11.5 On workforce matters, retention initiatives such as career conversations and improvements in mandatory training compliance have had a positive impact. Patient experience remains strong, with positive feedback on Care Opinion, though further improvement is required in complaints handling.
- 11.6 The Trust is currently reporting an £8.4 million deficit but remains on plan and is forecasting a break-even position. Agency expenditure is below national limits and £6.8 million lower than at the same point last year, which was noted as a positive achievement. However, national requirements dictate a further 30% annual reduction in agency spend until it reaches zero, alongside reductions in bank usage. Recruitment challenges persist in hard-to-fill areas.

11.7 During discussion, concerns were raised regarding vacancies within the Symphony service and delays in orthopaedics linked to consultant availability. Governors highlighted the potential impact on patient care and staff retention if services were reduced. Peter Lewis clarified that assumptions about consultant departures were premature and confirmed that discussions are ongoing to maintain service provision. It was noted that some movement of staff may be beneficial, but the Trust is working closely with surgical teams and external partners to ensure continuity of care and minimise disruption. The importance of keeping patient care as close to home as possible was reiterated.

12 Learning Disabilities (LD), ADHD and Autism Spectrum Disorder (ASD)

12.1 The Council welcomed Tom Clifford, Service Manager, following a recent Learning Quality Walk. The walk had been well received, and Governors were invited to hear more about the service.

12.2 Tom outlined the significant pressures within ADHD services, highlighting ongoing supply-and-demand challenges. He confirmed that a business plan, developed with Peter Lewis, Andy Heron, Mel Iles and Pippa Moger, will be presented to the Integrated Care Board (ICB) on Monday. If approved, the model could be adapted for wider use. He also raised concerns about the cost implications of the current “Right to Choose” pathway, which involves private assessments.

12.3 He described work underway to enhance support for neurodiverse patients, including developing interim processes with the ICB to improve accessibility. He suggested adding information to the Somerset Integrated Digital e-Record (SIDeR) to make resources more widely available and noted that autism training has been uploaded to LEAP for Trust-wide access. Challenges remain around access to clinical space, but he expressed optimism about recent developments, including the move into Phoenix House in Wells and the refurbished St Andrew’s facilities, which will support physiotherapy for patients with learning disabilities across Somerset.

12.4 The Council received an update on the LeDeR programme, which reviews the deaths of individuals with learning disabilities. Tom emphasised the need to address delays in diagnosis, noting that many patients do not have autism passports or reasonable adjustments in place. He reported that many deaths occur in hospitals or care homes, underscoring the need for improved understanding and better use of health passports—feedback from experts by experience shows that these are not always read or acted upon. He advocated for joint pathways between community and inpatient teams and similar approaches for neurodiverse patients. Waiting times for ADHD and ASD assessments remain long at approximately 3–3.5 years. Work is underway to develop a “waiting well” programme. Tom also referenced the Be Heard project, previously delivered by Swan Advocacy, which had been valued by patients but ended due to funding constraints; however, Swan has recently been recommissioned by the ICB, and the Chief Executive agreed to review funding allocations.

12.5 Tom raised concerns about diagnostic overshadowing, where symptoms are wrongly attributed solely to a person’s learning disability or autism, leading to

missed diagnoses. He highlighted the importance of clinical curiosity and a better understanding of autistic individuals' somatic experiences. It was acknowledged that people with learning disabilities continue to experience poorer health outcomes nationally, and the Trust investigates all concerns raised. A suggestion to connect with Open Storytellers to strengthen advocacy and self-representation was welcomed.

- 12.6 Governors raised questions about operational challenges, including delays in sharing health passports for elective admissions. Tom acknowledged current gaps and committed to improving information flow and system access. The discussion concluded with recognition of the need for reasonable adjustments, strengthened collaborative working, and continued advocacy for neurodiverse patients.

13 Feedback from Working groups and Governors:

- 13.1 The People Group reported ongoing challenges in achieving quorum, and it was agreed that this issue will be explored further in the New Year.

- 13.2 An idea was raised regarding additional support for staff recruited from overseas. While recruitment processes are robust, some staff experience loneliness and limited social connection. The suggestion was made to explore opportunities for Governors to help staff integrate into local communities. The proposal was welcomed, and it was noted that initial discussions have already taken place regarding how this support could be developed.

Strategy and Planning Group

- 13.3 An update was provided on the Yeovil Diagnostic Centre, which remains closed for repairs, with reopening expected next month. Concerns were raised regarding the condition of older estate buildings. It was noted that long-term planning for these issues will form part of the wider estate strategy to 2030.

Membership, Involvement and Communications Group

- 13.4 The group discussed the need to strengthen communications with members and agreed to develop a forum to support future engagement.

Staff Governors

- 13.5 Concerns were reported regarding wheelchair availability and an incident involving a volunteer who was unsure of their responsibilities during an emergency. The Chief Executive agreed to review volunteer guidance and investigate the incident.
- 13.6 The reinstatement of the signage and wayfinding group was suggested, noting that clear signage—particularly for A&E at Musgrove Park Hospital—is needed. This will be reviewed, and it was noted that the group may still be in existence.
- 13.7 A “mystery shopper” approach to assess signage effectiveness was proposed and supported by the Chief Executive.
- 13.8 An update was requested on the commissioning of the King’s Building. It was confirmed that handover has been delayed due to ventilation issues, which must be resolved before commissioning can proceed.

13.9 A question was raised regarding the interactive care trial. The first phase has concluded, and a second phase will commence after Christmas in different areas to determine the most effective use. Early feedback from patients and carers has been positive, with the trial offering a sense of security and efficient use of resources.

13.10 **ACTION: Update Governors on the outcome of the interactive care trial.**

13.11 A concern was raised regarding physiotherapy provision for patients awaiting discharge. It was clarified that mobility support is not solely the responsibility of physiotherapy and that essential needs are assessed and addressed as part of discharge planning.

14 Any Other Business and Close of Meeting

14.1 The Chair advised the Council that, following the discussion on the Future Governance Arrangements, Transition Proposal and Constitution Amendments, a workshop will be arranged to discuss the future of Governor engagement, as previously agreed.

14.2 There was no other business raised.

SOMERSET NHS FOUNDATION TRUST
ACTION NOTES FROM THE PUBLIC COUNCIL OF GOVERNORS MEETING
HELD ON 19 SEPTEMBER 2025

AGENDA ITEM	ACTION	BY WHOM	DUE DATE	PROGRESS
17 December 2024				
<p>Item 12 (12.4)</p>	<p>A concern was raised by governors around staff experiencing racism and behavioural discrimination.</p> <p>It was agreed to provide an update on progress made at a Governor Development Day.</p>	<p>Tina Hickinbottom-Tacey</p>	<p>July 2025</p>	<p>March 2025</p> <ul style="list-style-type: none"> • The team are looking to hold a session on this at a governor development day following the completion of the governor elections and when the new governors are in place. <p>June 2025</p> <ul style="list-style-type: none"> • New Governors are now in post and communication with relevant teams is taking place to arrange a training session. <p>July 2025</p> <ul style="list-style-type: none"> • Governors completed the LEAP modules on Civility, Kindness and Inclusivity. <p>December 2025</p> <ul style="list-style-type: none"> • Inclusion team from Thrive are joining the Council for a session on allyship. <p>Completed</p>

19 March 2025

No Outstanding Actions from March meeting

19 June 2025

No actions from the June Meeting

19 September 2025

No actions from the June Meeting

17 December 2025

<p>Item 9 (9.10)</p>	<p>Julie Hutchings will present the options to the Executive Board in January for approval. Subject to Board approval, Option 5 will then be implemented to reduce the Council size to 25 and amend the constitution accordingly.</p>	<p>Julie Hutchings</p>	<p>January 2026</p>	<p>Board approved the decision. ACTION COMPLETE AND CLOSE</p>
<p>Item 9 (9.10)</p>	<p>Establish a workshop in 2026 to review future governance arrangements and engagement strategies.</p>	<p>Tina Hickinbottom-Tacey</p>	<p>March 2026</p>	<p>Arrange a meeting with Rima, Peter, Bel, Ben and Julie to discuss arrangements for the governor workshop on future governor arrangements. COMPLETED Added to programme for Council Development morning session. ACTION COMPLETE AND CLOSE</p>
<p>Item 13 (13.10)</p>	<p>Update Governors on the outcome of the Community Hospitals Test and Learn</p>	<p>Tina Hickinbottom-Tacey</p>	<p>March 2026</p>	<p>Update will be given at March 2026 Council. ACTION COMPLETE AND CLOSE</p>



Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Declarations of Interest
SPONSORING EXEC:	Rima Makarem, Chair
REPORT BY:	Tina Hickinbottom-Tacey, Corporate Services Officer
PRESENTED BY:	Rima Makarem, Chair
DATE:	18 March 2026

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

<input checked="" type="checkbox"/> For Assurance	<input type="checkbox"/> For Approval / Decision	<input type="checkbox"/> For Information
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Executive Summary and Reason for presentation to Committee/Board	<p>As required by the Regulatory Framework, Section 7 in the Council of Governors Standing Orders all governors are to declare any interests they may have outside of their role as a governor which may be relevant and material to the business of the Trust.</p> <p>The attached report outlines the current interests declared by governors as of March 2026</p>
Recommendation	The Council of Governors is asked to note the governors' declarations of interest.

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

<input type="checkbox"/> Aim 1 Contribute to improving the physical health and wellbeing of the population and reducing health inequalities <input type="checkbox"/> Aim 2 Provide the best care and support to people <input type="checkbox"/> Aim 3 Strengthen care and support in local communities <input type="checkbox"/> Aim 4 Respond well to complex needs <input type="checkbox"/> Aim 5 Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture <input type="checkbox"/> Aim 6 Live within our means and use our resources wisely <input type="checkbox"/> 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)



<input type="checkbox"/> Financial	<input checked="" type="checkbox"/> Legislation	<input type="checkbox"/> Workforce	<input type="checkbox"/> Estates	<input type="checkbox"/> ICT	<input type="checkbox"/> Patient Safety/ Quality
Details: N/A					

Equality

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)

Not applicable to this report.

Previous Consideration

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

The report is presented to every meeting.

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

- | | | | | |
|-------------------------------|------------------------------------|---------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Safe | <input type="checkbox"/> Effective | <input type="checkbox"/> Caring | <input type="checkbox"/> Responsive | <input checked="" type="checkbox"/> Well Led |
|-------------------------------|------------------------------------|---------------------------------|-------------------------------------|--|

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

DECLARATION OF COUNCIL OF GOVERNORS' INTERESTS

Governor	Constituency	Declaration of Interest (Financial and other interests)
Public Governors		
Mrs Erica Adams	Public - Somerset West and Taunton	<ol style="list-style-type: none"> 1. Secretary - Wellington Medical Centre Patient Participation Group 2. Chairman - Patient Transport Service – The Welly Hopper 3. Associate Member - Somerset Building Preservation Trust (previously Company Secretary, Administrator, Fund Raiser and Education Programme planner) 4. Visitor - Abbeyfield Taunton Society, Pollards Way, Taunton (previously Company Secretary and Administrator) 5. Digital Champion through Somerset CCG
Mrs Kate Butler	Public – Somerset West and Taunton	<ol style="list-style-type: none"> 1. Member - Patient Participation Group at Williton Surgery 2. Volunteer with Healthwatch
Stuart Goble	Public – Somerset West and Taunton	<ol style="list-style-type: none"> 1. None to be declared
Virginia Membrey	Public – Mendip	<ol style="list-style-type: none"> 1. Trustee at Winterfell Wood 2. Mental Health Act panel member
Alison James	Public – Mendip	<ol style="list-style-type: none"> 1. None to be declared
Mrs Judith Goodchild	Public –Sedgemoor	<ol style="list-style-type: none"> 1. Chair - Healthwatch Somerset and on their behalf sits on: <ul style="list-style-type: none"> - Health and Wellbeing Board - Primary Care Commissioning Group - Observer - Integrated Care Board 2. Trustee Bridge Multi-Academy Trust.
Mr Eddie Nicolas	Public – Sedgemoor	<ol style="list-style-type: none"> 1. Member – East Quay Medical Centre PPG 2. Member – Somerset Mental Health Stakeholders Engagement Forum 3. Member - Somerset NHS Citizens Panel
Mr Jack Torr	Public - Sedgemoor	<ol style="list-style-type: none"> 1. None to be declared
Mr Ian Hawkins	Public – South Somerset	<ol style="list-style-type: none"> 1. Trustee - South Petherton League of Friends

Governor	Constituency	Declaration of Interest (Financial and other interests)
Mrs Sue Steele	Public – South Somerset	1. Member – Conservative Party
Mr Michael (Mick) Beales	Public – South Somerset	1. Chair for Preston Grove Patient Participation Group (PPG). 2. Member of the Conservative Party
Sarah Duncan	Public – South Somerset	1. None to be declared
Mr Ray Tostevin	Public – South Somerset	1. My Wife is employed by Somerset NHS Foundation Trust as an Occupational Therapist 2. Chair of Quicksilver Community Group (Yeovil) 3. Chair of National Union of Journalists (South West England branch) 4. Delegate member of Yeovil & District Trades Union Council
Mrs Jessica Cross	Public – South Somerset	1. None to be declared
Mr Alan Peak	Public - Outside Somerset	1. None to be declared
Peter Shorland	Public – Dorset	1. President and Trustee - Sherborne West End Community Association 2. Member – Conservative Party
Staff Governors		
Dr Joe Silsby	Staff	1. Private Practice at SNH
Julie Reeve	Staff	1. None to be declared
Lydia Karamura	Staff	1. None to be declared
Phil Hodgson-Purves	Staff	1. Husband is an employee of Somerset NHS Foundation Trust, as an Assistant Clinical Skills Trainer within the Learning & Development Dept.
Halley Kimber-Keirle	Staff	1. None to be declared
Heather Sparks	Staff	1. None to be declared
Jonathan Moore	Staff	1. None to be declared

Governor	Constituency	Declaration of Interest (Financial and other interests)
Adekunle Akinola	Staff	1. None to be declared
Sun Sander-Jackson	Staff	1. Southwest Regional Lead for the Chief Nursing Officer & Chief Midwifery Officer's Black and Minority Ethnic Strategic Advisory Group, NHS England 2. WRES (Workforce Race Equality Standard) Expert for NHS England
Emmanuel Audu	Staff	1. None to be declared
Robert Williams	Staff	1. None to be declared
Appointed Members		
Caroline Gamlin	Somerset Integrated Care Board	1. Non executive Director of NHS Somerset (ICB) with lead for quality 2. Member of ICB audit and remuneration committees 3. Husband is a retired GP and director of Pier Health 4. Volunteer mentor for PromiseWorks Somerset 5. Member Deafinate CIC
Cllr Heather Shearer	Somerset Council	1. Company Director - Quick Space Ltd 2. Company Director – Structures & Covers Ltd 3. Member - Street Parish Council 4. Chair - Police and Crime Panel (Avon and Somerset). 5. Chair – Safer Somerset Partnership 6. Chair – Mendip Health and Wellbeing Board 7. Councillor – Somerset Council 8. Member – Walton Parish Council
Professor Jos Latour	Universities	1. Professor in Clinical Nursing - University of Plymouth 2. Director of the professorial-led South West Clinical School located at Somerset Foundation NHS Trust
Dirk Williamson	Simply Serve	1. None declared

Governor	Constituency	Declaration of Interest (Financial and other interests)
Jane Knowles	Voluntary, Community, Faith and Social Enterprise (VCFSE)	1. Chief Executive Officer - SASP
Val Bishop	Voluntary, Community, Faith and Social Enterprise (VCFSE)	1. Chief Executive Officer - CCS
Sarah Wakefield	Somerset Council	1. Councilor – Somerset Council

Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Council of Governors – meeting attendance
SPONSORING EXEC:	Rima Makarem, Chair
REPORT BY:	Tina Hickinbottom-Tacey, Corporate Services Officer
PRESENTED BY:	Rima Makarem, Chair
DATE:	18 March 2026

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

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

Links to Joint Strategic Objectives (Please select any which are impacted on / relevant to this paper)	
<input checked="" type="checkbox"/>	Aim 1 Contribute to improving the physical health and wellbeing of the population and reducing health inequalities
<input checked="" type="checkbox"/>	Aim 2 Provide the best care and support to people
<input checked="" type="checkbox"/>	Aim 3 Strengthen care and support in local communities
<input checked="" type="checkbox"/>	Aim 4 Respond well to complex needs
<input type="checkbox"/>	Aim 5 Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture
<input type="checkbox"/>	Aim 6 Live within our means and use our resources wisely
<input type="checkbox"/>	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).

Not applicable to this report.

Previous Consideration

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

The report is presented to 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 - GOVERNOR ATTENDANCE RECORD
AT COUNCIL OF GOVERNORS' MEETINGS**

Governor	Constituency	December 2024	19 March 2025	19 June 2025	19 September 2025	17 December 2025	Meetings	
							Possible	Actual
Erica Adams	Public –Somerset West and Taunton	√	√	X	√	√	5	4
Kate Butler	Public – Somerset West and Taunton	√	√	√	√	√	5	5
Jeanette Keech	Public –Somerset West and Taunton	√	√	√	√	√	5	5
Stuart Goble	Public –Somerset West and Taunton			X	√	X	3	1
Howard Millington	Public –Somerset West and Taunton			X	X	√	3	1
Virginia Membrey	Public – Mendip	√	√	√	√	√	5	5
Alison James	Public – Mendip	√	√	√	X	√	5	4
Jude Glide	Public - Mendip			X	√	√	3	2
Judith Goodchild	Public – Sedgemoor	√	√	√	X	√	5	4
Jack Torr	Public - Sedgemoor	√	√	√	√	√	5	5
Eddie Nicolas	Public - Sedgemoor	√	X	√	√	√	5	4
Ian Hawkins	Public – South Somerset	√	√	√	√	√	5	5
Sue Steele	Public – South Somerset	√	√	√	√	X	5	4
Mick Beales	Public – South Somerset	√	√	√	√	√	5	5
Sarah Duncan	Public – South Somerset	√	X	√	√	√	5	4
Ray Tostevin	Public – South Somerset			√	√	√	3	3
Jessica Cross	Public – South Somerset			√	√	√	3	3
Peter Shorland	Public – Dorset	X	√	√	X	√	5	3
Alan Peak	Public – Outside Somerset	X	√	√	√	√	5	4

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

Governor	Constituency	December 2024	19 March 2025	19 June 2025	19 September 2025	17 December 2026	Meetings	
							Possible	Actual
Shabnum Ali	Staff							
Joe Silsby	Staff	√	√	√	√	√	5	5
Julie Reeve	Staff	√	√	√	√	√	5	5
Lydia Karamura	Staff	X	X	X	√	X	5	1
Phil Hodgson-Purves	Staff	√	X	X	√	X	5	2
Halley Kimber-Keirle	Staff	X	√	X	√	X	5	2
Heather Sparks	Staff	√	X	√	√	√	5	4
Jonathan Moore	Staff	√	√	√	X	√	5	4
Adekunle Akinola	Staff	√	√	√	√	X	5	5
Sun Sander-Jackson	Staff	√	√	X	X	√	5	3
Neil Thomas	Staff			X	X	X	3	0
Robert Williams	Staff			√	X	X	3	1
Emmanuel Audo	Staff			X	√	√	3	2

Appointed Governors

Governor	Organisation	December 2024	19 March 2025	19 June 2025	19 September 2025	17 December 2025	Meetings	
							Possible	Actual
Caroline Gamlin	Somerset Integrated Care Board	√	√	√	√	X	5	4
Jos Latour	Universities	√	√	√	√	X	5	4
Cllr Heather Shearer	Somerset Council	√	√	X	√	X	5	3

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

Governor	Organisation	December 2024	19 March 2025	19 June 2025	19 September 2025	17 December 2025	Meetings	
Dirk Williamson	Simply Serve	√	√	√	X	X	5	3
Jane Knowles	Voluntary, Community and Social Enterprise (VCSE)	X	√	√	X	√	5	3
Val Bishop	Voluntary, Community and Social Enterprise (VCSE)	√	X	√	X	√	5	3
Val Kietch	Somerset Council	√	√	X	X	X	4	2
Sarah Wakefield	Somerset Council					√	1	1

Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Statutory Duties of Governors 2025/26
SPONSORING EXEC:	Rima Makarem, Chair
REPORT BY:	Tina Hickinbottom-Tacey, Corporate Services Officer
PRESENTED BY:	Rima Makarem, Chair
DATE:	18 March 2026

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

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

Links to Strategic Aims (Please select any which are impacted on / relevant to this paper)
<input type="checkbox"/> Aim 1 Contribute to improving the physical health and wellbeing of the population and reducing health inequalities <input type="checkbox"/> Aim 2 Provide the best care and support to people <input type="checkbox"/> Aim 3 Strengthen care and support in local communities <input type="checkbox"/> Aim 4 Respond well to complex needs <input type="checkbox"/> Aim 5 Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture <input type="checkbox"/> Aim 6 Live within our means and use our resources wisely <input type="checkbox"/> 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)					
<input type="checkbox"/> Financial	<input type="checkbox"/> Legislation	<input type="checkbox"/> Workforce	<input type="checkbox"/> Estates	<input type="checkbox"/> ICT	<input type="checkbox"/> Patient Safety/ Quality
Details: N/A					
Equality					

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)

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]

This report is considered on a regular basis at every Council of Governor meeting.

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

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

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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STATUTORY DUTIES OF GOVERNORS FOR 2025/26
(Progress on actions taken all relate to 2025/26 unless indicated otherwise)

Completed in year or currently underway		Action Taken	Action Completed?
Recruitment/appointment of Non-Executive Director	Review of the Non-Executive Director end of term dates for 2025/26	A report on the recruitment process for new NEDs has been included on the agenda.	Completed
		A report on the Non-Executive Process was taken to the March 2025 Council of Governors	Completed
		A report on the Non-Executive Process was taken to the Extraordinary February 2026 Council of Governors and approved via email	Completed
Decide the terms and conditions of the Chairman and Non-Executive Directors	Annual remuneration review	An annual remuneration review for Non-Executive Directors and the Chairman will be carried out in 2025 and the proposals will be presented to a future Council of Governors meeting.	Ongoing

<p>Consider the Annual Accounts and Annual Report</p>		<p>The 2024/25 Annual Accounts and Annual Report and external audit opinion was included on the agenda of the September 2025 Council of Governors meeting and the September 2025 Annual Members meeting.</p>	<p>Completed</p>
<p>Assist the Board of Directors in setting the strategic direction of the Trust and targets for the Trust's performance</p>		<p>The Quality Report for 2024/25 and the Quality Account priorities was presented to the September 2025 Council of Governors meeting.</p> <p>Input into the strategic direction of the Trust is provided through the Strategy and Planning Group.</p>	<p>Completed</p>
<p>To hold the Non-Executive Directors, individually and collectively to account for the performance of the Board of Directors, including:</p> <ul style="list-style-type: none"> • considering whether the interests of the public 'at large' have been factored into board decision-making 		<p>Performance is discussed through a number of different ways:</p> <ul style="list-style-type: none"> • Governors Strategy and Planning Working Group • Governors Quality and Patient Experience Group • Governors People 	<p>Ongoing</p>

<ul style="list-style-type: none"> • be assured of the Board’s performance in the context of the system as a whole, and as part of the wider provision of health and social care • compliance with the triple aim duty of better health and wellbeing for everyone, better quality of health services for all individuals, and sustainable use of NHS resources. • The role of the Trust in relation to reducing health inequalities in access, experience and outcomes. 		<p>Group</p> <ul style="list-style-type: none"> • Governors’ attendance to Public Board meetings • weekly Governor briefings • report of the Board of Directors to the Council of Governors meetings • invitations for Governors to attend Board Committee and Governance Group meetings • feedback by Non-Executive Directors to the Council of Governors meetings • Non-Executive Director and Governor meetings • Governor Development Days • availability of detailed finance and performance reports on the Trust’s website. 	
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<p>Represent the interests of the members of the Trust as a whole and form a rounded view of the interests of the public 'at large', which includes the population of the Somerset system.</p> <p>To interact regularly with members of the trust and public to understand their views and to clearly communicate information on trust and system performance and planning in return.</p>		<p>The interests of members as a whole and the interests of the public are represented in a number of ways, including Governor attendance at non-Trust meetings, members' newsletter, Leadership Walkrounds.</p> <p>Actions will be taken forward through the Membership, Involvement and Communication Group.</p>	<p>Ongoing</p> <p>Ongoing</p>
<p>Agree with the Audit Committee the criteria for appointing, reappointing and removing external auditors following a written recommendation from the Audit Committee</p>		<p>A report on an external audit tendering process and the findings of the tendering exercise was presented to the September 2024 Council of Governors meeting.</p>	<p>Completed</p>
<p>Appraisal process for Chairman and Non-Executive Directors</p>		<p>The appraisals for Chair and Non-Executive Directors was completed.</p>	<p>Completed</p>
<p>To decide whether the Trust's private patient work would significantly interfere</p>		<p>This will be raised with the Council of Governors as and when required.</p>	<p>Ongoing</p>

with the Trust's principal purpose.			
To approve any proposed increases in non-NHS income of 5% or more in any financial year.		The Trust does not anticipate a proposed increase in non-NHS income of 5% or more for the 2025/26 financial year.	Completed
To approve an application by the Trust to enter into a merger, acquisition, separation or dissolution (obtain assurance that the board of directors has been thorough and comprehensive in reaching its decision to undertake a transaction and has undertaken due diligence and that it considered the interests of members and the public as part of the decision-making process).		No further merger, acquisition, separation or dissolution is envisaged for 2025/26.	Completed
To approve a significant transaction.		No significant transaction is envisaged for 2025/26.	Completed
To approve proposed changes to the Constitution.		The Constitution will be kept under review and changes proposed as and when required. A report setting	Completed

		out proposed changes to the Constitution and Standing Orders was approved at the December 2025 CoG meeting.	
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Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Redesigning Community Services
SPONSORING EXEC:	Peter Lewis, CEO
REPORT BY:	Kate Smith
PRESENTED BY:	Kate Smith and Katherine Doran
DATE:	18 th March 2026

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

Executive Summary and Reason for presentation to Committee/Board	<p>This paper describes the early steps that NHS Somerset and Somerset NHS Foundation Trust (SFT) are taking to deliver the ambitions of the 10 Year Health Plan. The plans described in this paper set out how the shift from hospital to community will be realised through the development of Neighbourhood Health Services that will bring care into local communities.</p> <p>This paper links to two important tests of change. Firstly, the paper presents the initial 12-week findings from the 2025 Intermediate Care test and learn, and secondly the paper provides details about the development of a 2026 test and learn at Crewkerne and Burnham-on-Sea community hospitals.</p> <p>This paper reinforces the importance of involvement, partnership and meaningful engagement with local communities as a core commitment to working collaboratively in the transformation and redesign of services. It emphasises a strong intention to continue engaging with local people, ensuring their voices actively shape the development and evolution of community neighbourhood health models in Somerset</p>
Recommendation	<ol style="list-style-type: none"> a. Extend the Intermediate Care test and learn from a 12-week to a 12-month test period. b. Implement tests of change at Burnham-on-Sea and Crewkerne Community Hospitals.

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)

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

Details: N/A

Equality

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

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- 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)

Engagement to date

We engaged with people in Somerset by:

- Reaching out to local people to understand how they access healthcare services in their local areas. The Somerset NHS Foundation Trust patient engagement and involvement team has dropped into local venues and groups to hear from all voices, including those who are often less heard, about what's working, what's missing, and what would make the biggest difference to local people. In total, 663 responses were gathered through this face-to-face engagement.
- Inviting people to fill in an online survey which focuses on their experiences and ideas for improving healthcare services in their area.



Beginning in February 2026, the trust is establishing Neighbourhood Stakeholder Reference Groups in Burnham-on-Sea and Crewkerne and in the other areas where we are running a test and learn process, namely Frome, West Mendip and Bridgwater. These will be advisory groups that bring together a diverse range of voices to help shape community health and care services, ensuring decisions are informed by real experiences and local priorities.

What we heard

In September and October 2025, we engaged with local communities in Somerset, and in the Burnham-on-Sea and Crewkerne areas in particular, to understand how they use NHS services and the barriers to accessing services. We wanted to understand this, alongside a detailed review of the population health data and needs for those areas, and feedback from our hospital Leagues of Friends, colleagues and local councils.

Across Somerset we heard that:

- Most people access NHS services in their local areas but that it can be difficult to access the care you need locally.
- Some concerns about access to GP appointments and NHS dental care, and concerns about the closure or reduction of local services, leading to increased travel and stress.
- Many found online booking and telephone systems unhelpful and difficult to navigate.
- Transport to appointments, especially for those without cars, was a significant barrier. Public transport was often described as inadequate, expensive, or unavailable at needed times.
- Parking at health centres and hospitals was also a recurring issue.

We heard the same messages in Burnham-on-Sea and Crewkerne, alongside:

- Very strong support and appreciation for Burnham-on-Sea War Memorial Hospital and Crewkerne Community Hospital.
- The majority of respondents said they faced challenges getting care locally.
- Respondents reported having to travel significant distances (sometimes 20+ miles) for care, especially for dental, specialist, or urgent services and that lack of public transport and parking issues were barriers, particularly for those without cars or with mobility issues.
- They told us there was limited availability of certain services locally for example, mental health, physiotherapy, audiology, paediatrics and SEND support.
- That it was difficult to book GP appointments and that waiting times were long.

In Burnham-on-Sea local people were also concerned about unscheduled closure of the Minor Injuries Unit at Burnham-on-Sea War Memorial Hospital. In Burnham-on-Sea local people wanted reopened or extended hours at the Minor Injuries Unit and in Crewkerne local people asked for minor injuries and diagnostic services.

We engaged with staff by:



- Pre-engagement with colleagues was conducted ahead of any Intermediate Care changes
- A formal 30-day staff consultation was completed with staff identified as affected by Intermediate Care changes
- Effective collaboration with Staff Side colleagues meant colleagues were supported throughout this change period.
- Learning from the process used has been collated and will inform the proposed test of change at Crewkerne and Burnham-on-Sea community hospitals.
- The next stage will be to seek feedback from affected colleagues to help inform and develop our future approach.
- Staff are encouraged to join and participate stakeholder reference groups.

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 recommendations have been supported by the following Boards:

- **ICB Quality Board August 2025** – Intermediate Care test and learn proposal and QEIA shared pre-implementation
- **Somerset Council Scrutiny Committee for Health & Adults August 2025**- supportive of a 12-week Intermediate Care test and learn
- **ICB Management Board January 2026** – supported of an extension to the Intermediate Care test and learn to a 12-month period
- **Somerset ICS Board February 2026** – supported of an extension to the Intermediate Care test and learn to a 12-month period
- **Somerset Council Scrutiny Committee for Health & Adults February 2026** – supportive of the intermediate Care test and learn extension and in addition, the proposal to begin a test and learn at Crewkerne and Burnham-on-Sea community hospitals.

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

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

INTRODUCTION

The 10 Year Health Plan for England was published in July 2025 and sets out how it will reinvent the NHS through three radical shifts. One of those shifts is a shift of services from hospital to community.

The 10 Year Health Plan sets out how the shift from hospital to community will be realised through the Neighbourhood Health Service that will bring care into local communities, convene professionals into patient-centred teams and end fragmentation. At its core, the Neighbourhood Health Service will embody our new preventative principle that care should happen:

- as locally as it can
- digitally by default
- in a patient's home if possible
- in a neighbourhood health centre (NHC) when needed
- in a hospital only if necessary.

Somerset NHS Foundation Trust, NHS Somerset and Somerset Council worked together to develop two test and learn initiatives both designed to deliver this shift.

1. **Intermediate Care test and learn** – a proposal Scrutiny members supported when initially presented in August 2025. This programme involved a series of temporary changes to how intermediate care services are delivered in Somerset. (Changes are described section 2)
2. **Crewkerne and Burnham-on-Sea test and learn** – a planned development in 2026 to enrich the health service offering at these two sites.

Alongside the test and learns, NHS Somerset and Somerset NHS Foundation Trust have been inviting local people to shape how the NHS in Somerset shifts care to neighbourhoods to achieve better health outcomes and less pressure on acute hospitals.

This purpose of this paper is twofold, firstly to provide an evaluation of the 2025 Intermediate Care test and learn findings at week 12 of the change programme. Secondly, to provide an update of the development for Crewkerne and Burnham-on-Sea Community Hospitals.

2025 INTERMEDIATE CARE TEST AND LEARN CHANGES

Temporary changes to the way in which Intermediate Care Services in Somerset are delivered were made in the form of a 'test and learn' in 2025. These changes are listed below. There was a phased introduction of the changes from June. By September 2025 all changes had been introduced. The 12-week period ended on 22nd December 2025.

The changes made were as follows:

Title of Report

[Insert date/name of meeting where report is being considered, ie. Month YYYY Public Board]

Enc:

- Expanding our Pathway 1 service to help people recover at home, extending this service to support 83 (from 67) new people per week.
- Spot purchasing beds in care homes in Somerset so that people who need long-term 24-hour care can move directly from an acute hospital into a care home and will no longer need to move twice. Previously these patients would have gone to a community bed first. In addition, some changes were made to the commissioning of care home beds, moving to a spot purchase model, which the Council is leading on.
- Temporarily reducing the number of community hospital beds in three community hospitals.
 - Bridgwater Community Hospital – 30 beds to 24 beds
 - West Mendip Hospital in Glastonbury – 30 beds to 16 beds
 - Frome Community Hospital – 24 beds to 16 beds.

It was envisaged that real improvements could be made by these changes and the outcome of the test and learn aimed to indicate if that was so.

2025 INTERMEDIATE CARE TEST AND LEARN FINDINGS

At the end of the 12-week evaluation period:

- The number of patients who are medically fit to be discharged from an acute hospital in Somerset, but who's discharge is delayed, had reduced.
- The number of bed days lost because of delayed discharges had reduced.
- Somerset NHS Foundation Trust's national No Criteria To Reside (NCTR) ranking had improved.
- Average wait times for both home-based and community bed-based intermediate care services had reduced.
- More people were being discharged home with reablement in their own home environment.
- Readmission rates didn't significantly increase as a result of more support for people at home. The percentage of people who stayed at home after their reablement period ended increased from 84% in September 2025 to 86% in December 2025.
- Satisfaction levels were high amongst those who received reablement at home.

Feedback received via questionnaire indicated:

- 100% of people reported that the service helped them to feel more confident at home.
- 100% of carers felt the service left them feeling able to continue to care for their loved ones.
- 96% felt they had achieved their reablement goals.

Feedback received via telephone indicated:

- Reablement teams were described as compassionate, professional, reliable, and supportive of confidence building.

Title of Report

[Insert date/name of meeting where report is being considered, ie. Month YYYY Public Board]

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- The home environment was overwhelmingly viewed as the preferred and most effective place to recover.
- Users reported improvements in mobility, strength, and wellbeing after returning home.
- Negative experiences were isolated. Where these occurred, they related to care visit scheduling issues with inconsistent and/or long-time windows and occasional perceived limited therapy access.

Since the initial 12-week test and learn period ended:

Demand for pathway 1 services has continued to be above target. Most weeks exceeding 100 referrals per week. In addition to high demand, the service has temporarily been unable to deliver the expanded number of weekly discharges due to re-contracting transition complications. As a result, the number of people waiting, and time in which people wait for pathway 1 (reablement at home) has increased. Somerset Council are working with pathway 1 and other care providers to resolve the current issues at pace. Until these temporary issues are resolved, there is a risk that this may have an impact on pathway 2 demand and capacity.

2026 DEVELOPMENT OF A TEST AND LEARN AT CREWKERNE AND BURNHAM-ON-SEA COMMUNITY HOSPITALS

Based on the learning from the Intermediate Care changes, what we heard as part of our engagement with people in Somerset, and an analysis of the population health and needs of people in those areas, we want to test whether we can improve local people's access to services and provide inpatient care by temporarily reducing the number of beds in both hospitals from 16 to 8 and using the vacated space to provide more services.

Through our engagement with the local communities in Burnham-on-Sea and Crewkerne we have heard how people would value these new additional local services but are also concerned not to lose their local community hospital beds. The model described above retains beds in both community hospitals and provides additional services in both locations. Any changes will be temporary, and no decisions have been made to permanently close community hospital beds.

As part of our engagement with local communities we heard strong support for community hospital beds in Burnham-on-Sea and Crewkerne. We also heard that people have to travel significant distances to access some services, that travel is a barrier to access, and that there is limited availability of services locally. In both areas we heard concern about access to GP services and in Burnham-on-Sea we received additional feedback about the reliability of the Minor Injuries Unit at the hospital.

An analysis of the population and health needs in both areas shows ageing populations in both areas and high prevalence of long-term conditions.

Therefore, we have begun to develop a test and learn process that retains beds in both areas and provides additional services such as a day unit, ambulatory care, specialist outpatient appointments, and diagnostics for echocardiogram in

Crewkerne and chemotherapy, specialist outpatient clinics, weekly maternity services, and support for frailty in Burnham-on-Sea.

In Burnham-on-Sea we will also look at how we can work with Symphony Healthcare Services to address the fragility of the Minor Injuries Service run from the community hospital, and we will work with them to understand and address concerns about access to GP services in both areas. We will also look at the availability of parking at both hospitals.

We are establishing Neighbourhood Stakeholder Reference Groups in Crewkerne and Burnham-on-Sea which are local advisory groups focusing on their own Community Hospital area or neighbourhood, bringing together residents, carers, voluntary sector organisations and professionals to ensure local voices directly inform service planning. Their insights will directly influence how community services develop.

RECOMMENDATION

The following recommendations are supported by the Boards and Committees outlined earlier in this paper.

Aligned with the ambitions set out in the 10 Year NHS Plan, Somerset is committed to delivering services closer to home and more locally through a neighbourhood health model. Test and learn approaches enable new models of care to be explored in real time and with appropriate engagement opportunities, these test and learn changes can be shaped by local people.

To extend the intermediate Care test and learn from a 12-week to 12-month duration

This paper described the outcomes of a 2025 Intermediate Care test and learn. In the 12-months leading up to Christmas 2025, these changes showed early improvements to wait times for reablement services, reductions in community length of stay and high levels of satisfaction from people using the services. Delivery of reablement services at home was widely regarded as the preferred setting, over bed-based care. In the weeks since Christmas, health and care urgent and emergency services have been under considerable pressure. The intermediate care changes are therefore being stress-tested, and more time is required before concluding if the changes have been successful. The recommendation is therefore to extend the test and learn to a 12-month period.

To implement a test and learn at Crewkerne and Burnham-on Sea Community Hospitals

This paper has described a 2026 test and learn planned in Burnham-on-Sea and Crewkerne community hospitals. The design has been shaped by feedback received from local people and staff. There is clear support from people for more services available locally, but we also heard strong support for inpatient beds and concerns around bed reductions. The test and learn model will therefore test a smaller scale reduction of beds at these sites, alongside a wider range of outpatient services. We heard requests for more NHS dentists, GPs and specialist clinics and outpatient appointments, a request to maintain and strengthen inpatient provision at the

Title of Report

[Insert date/name of meeting where report is being considered, ie. Month YYYY Public Board]

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community hospitals, and more face-to-face appointments and continuity with the same GP. This 2026 test and learn is intended to explore the feasibility of many of these ideas provided by local people.

KATE SMITH
ASSOCIATE DIRECTOR OF STRATEGIC PROGRAMMES

A large, stylized graphic of many birds in flight, arranged in a shape that resembles the number '7'. The birds are in various colors including blue, green, purple, and white, and are scattered across the left side of the slide.

Finance and Performance: Report to the Council of Governors

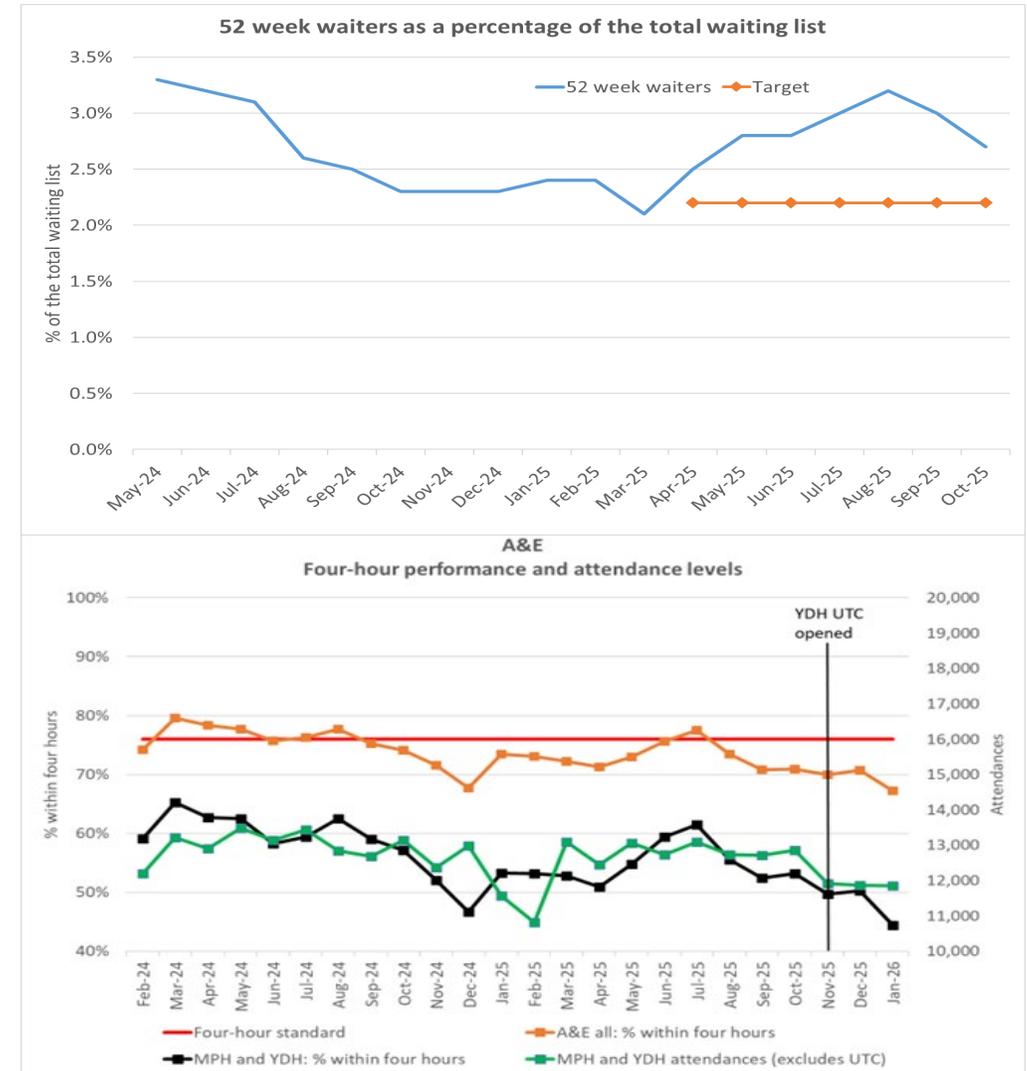
Kindness, Respect, Teamwork
Everyone, Every day

Pippa Moger, Chief Finance Officer
18 March 2026

National Priorities

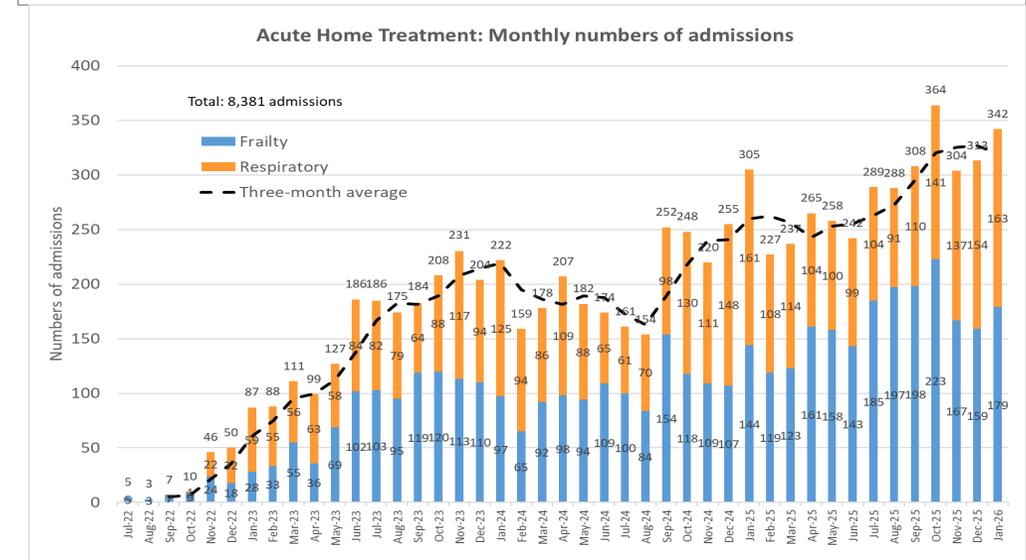
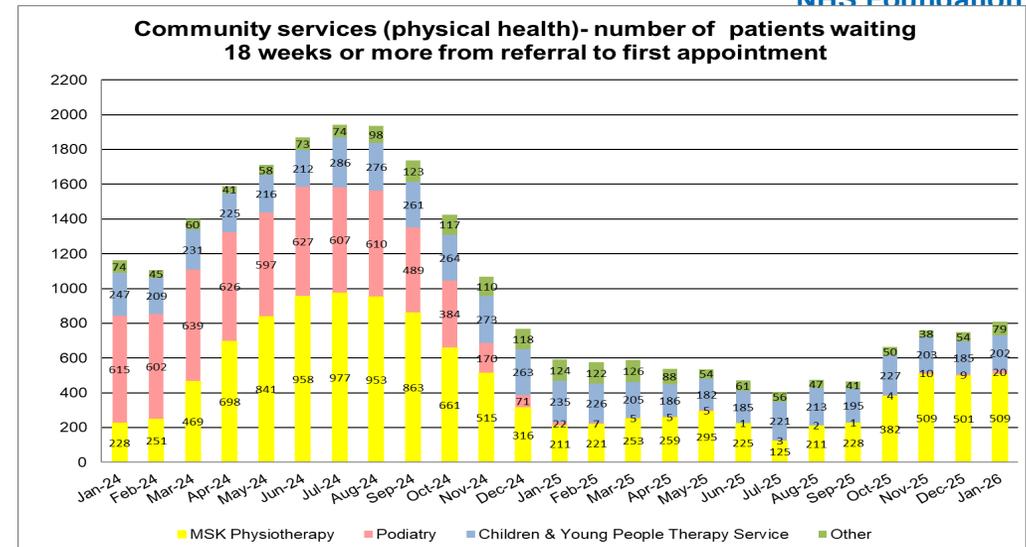
- As at 31 January 2026, we were 3.8% below our planning trajectory for the national priority measure to improve the percentage of patients waiting no longer than 18 weeks for treatment (actual 61.8%, plan 65.6%) and were also below our target for the percentage of patients waiting no longer than 18 weeks for a first appointment (actual 70.2%, plan 77.7%).
- The percentage of patients waiting over 52 weeks at the end of January was 2.2% of the waiting list, worse than the plan of 1.8% or less. The number of patients waiting over 65 weeks reduced to 11 at the end of January, against a national expectation of zero.
- Trust-wide A&E 4-hour performance in January 2026 was 44.5%, down from 50.3% in December. Overall compliance, including Urgent Treatment Centres, was 67.2%, below the national standard of 76%. The regional average performance for January was 66%, the lowest it has been for more than two years, and SFT was the fifth-best-performing Trust out of 13 in the region.
- A range of actions and developments are in progress to improve the position, including the recruitment of consultants.

Kindness, Respect, Teamwork
Everyone, Every day



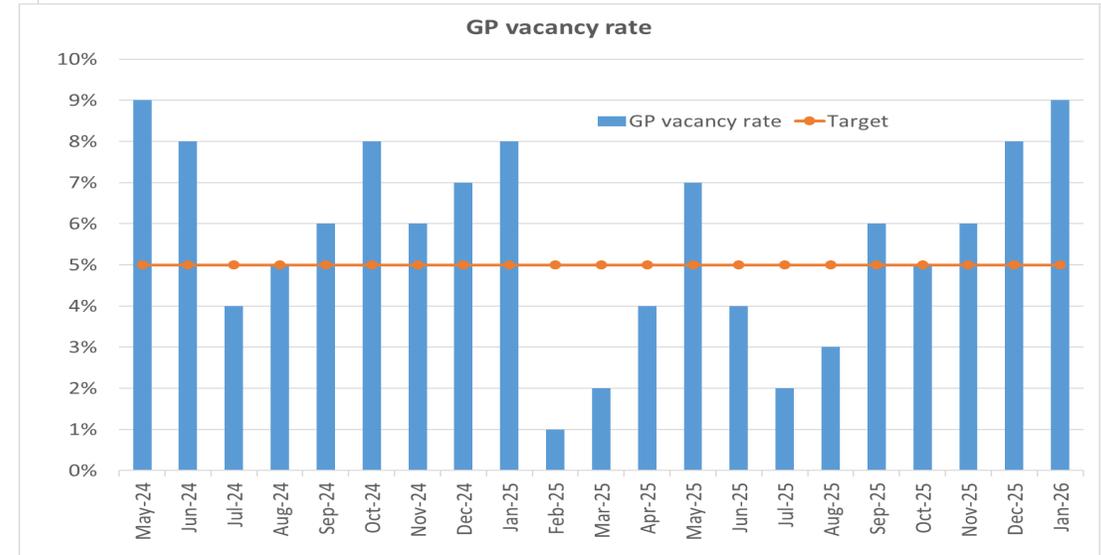
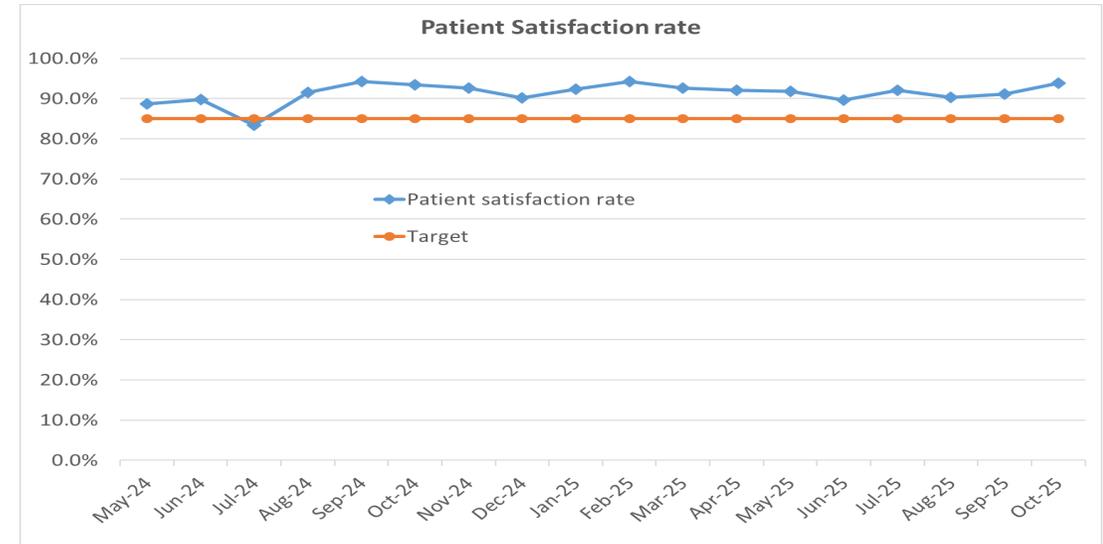
Neighbourhoods and Community services

- As at 31 January 2026, the percentage of patients waiting 18 weeks or more to be seen by our community physical health services (excluding Dentistry) was 810, up from 749 in December. The recent increase has been mainly due to MSK Physiotherapy, which has made significant progress with reducing its numbers of long waiters, but which has also experienced rising demand and a reduction in capacity due to vacancies, planned and unplanned sickness absence, and insufficient cover for maternity leave. The percentage of patients waiting under 18 weeks was 95.8%, against a national standard of 78% to be achieved from April 2026. No patients were waiting 52 weeks or more.
- In January, the percentage of patients seen within two hours by our urgent community response service was 91.7%. Performance has consistently been maintained well above the 70% national standard.
- The average Hospital at Home caseload was 99 during January, down slightly from 101 in December. There were 342 admissions to the virtual beds in January, up from 313 in December.



Symphony Healthcare Services

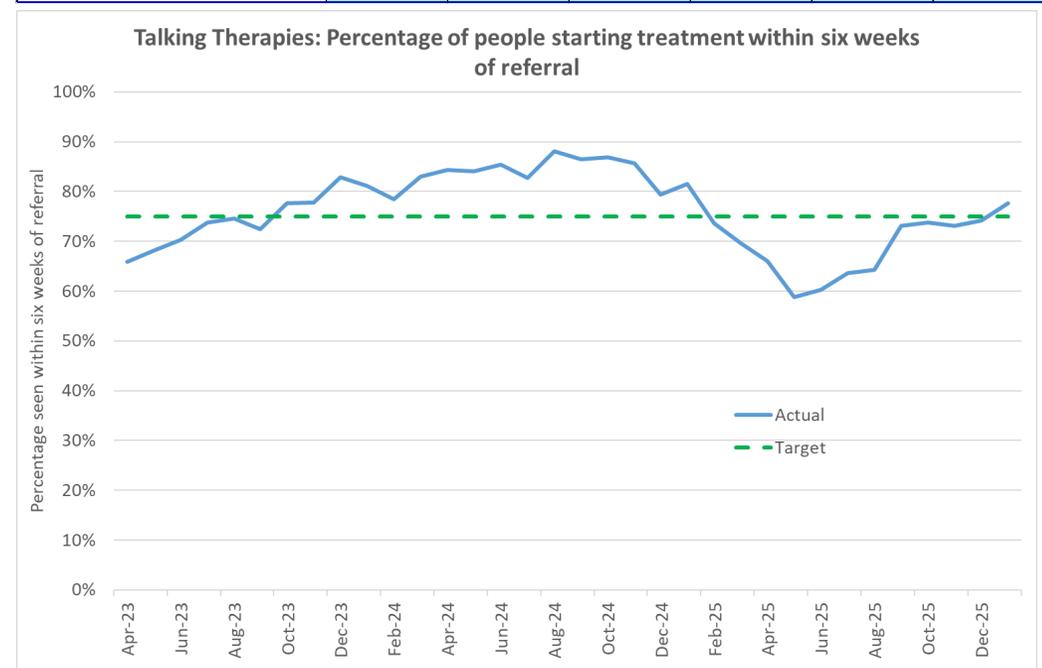
- Practices are expected to ensure that the number of patients actually diagnosed dementia is at least 66.7% of the estimated prevalence level. As at 31 January, the dementia diagnosis rate across Symphony Healthcare practices was 53.8%, down from 54.1% in December. Symphony is undertaking work with practices to achieve improved outcomes.
- The patient satisfaction rate for Symphony practices in January was 92.4% and has been maintained consistently above the 85% target level.
- The net GP vacancy rate across Symphony remains higher than the target level of 5% or less, rising from 8% in December to 9% in January. Symphony North has been affected by resignations, where the merger has brought changes to working expectations. Crewkerne has also seen turnover, due to an individual relocating abroad and another GP seeking a partnership opportunity.



Mental Health and Learning Disabilities

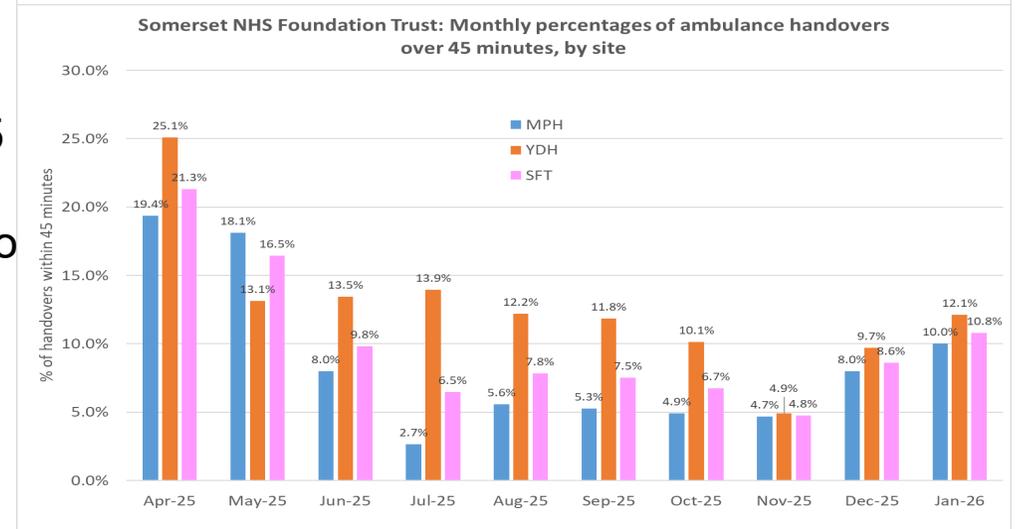
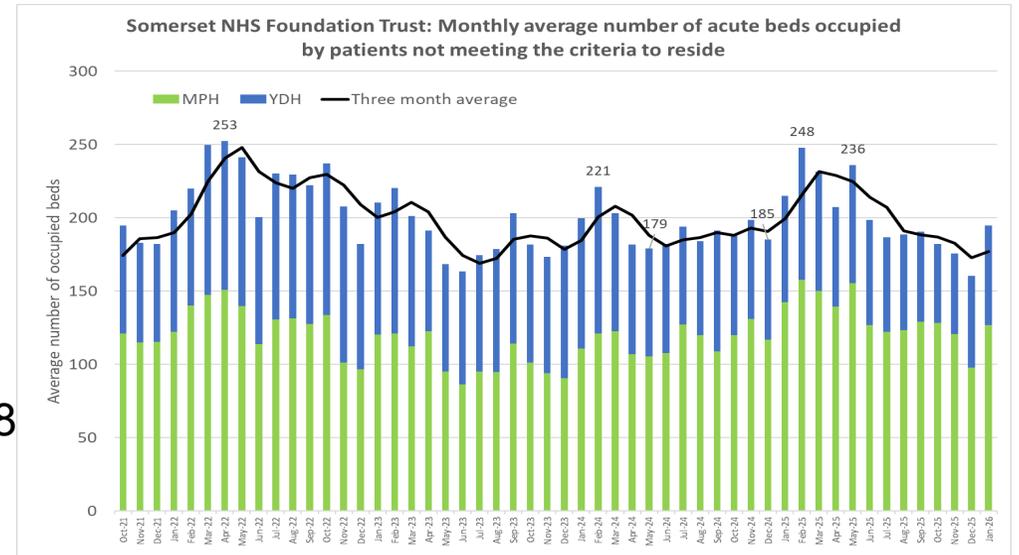
- The percentage of people waiting six weeks or less to be seen by our adult community mental health services was 90.7% in January, and 95.7% of older people on the waiting list for a first appointment had waited under six weeks; 90% of children and young people referred to Child and Adolescent Mental Health Services (CAMHS), and all people referred to our learning disabilities service had waited under six weeks.
- The percentage of people referred with a first episode of psychosis began treatment with a NICE-recommended care package within two weeks of referral in the three months to 31 January was 88.9%, against the national standard of 60%.
- The percentage of Talking Therapies patients beginning treatment within six weeks of referral rose above the 75% standard in January, at 77.7%, up from 74.1% in December.
- During January the rolling three-month average length of stay within our adult mental health wards was 67.1 days, lower than the planning trajectory of 67.3 days.
- As at 31 January, we had three out of Area Placements for non-specialist mental health inpatient care. Bed demand and flow have become more challenged recently, with high numbers of patients awaiting social care input, which has been escalated within the Local Authority. An additional factor has been the temporary reduction in acute beds whilst the Rydon environmental improvement works are being completed.

	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
Adult mental health services	98.2%	91.9%	92.2%	93.8%	92.0%	90.7%
Older Persons mental health services	97.2%	99.0%	97.9%	95.8%	97.1%	95.7%
Learning disabilities service	100.0%	-	100.0%	100.0%	100.0%	100.0%
Children and young people's mental health services	96.7%	97.1%	96.6%	94.9%	100.0%	90.0%



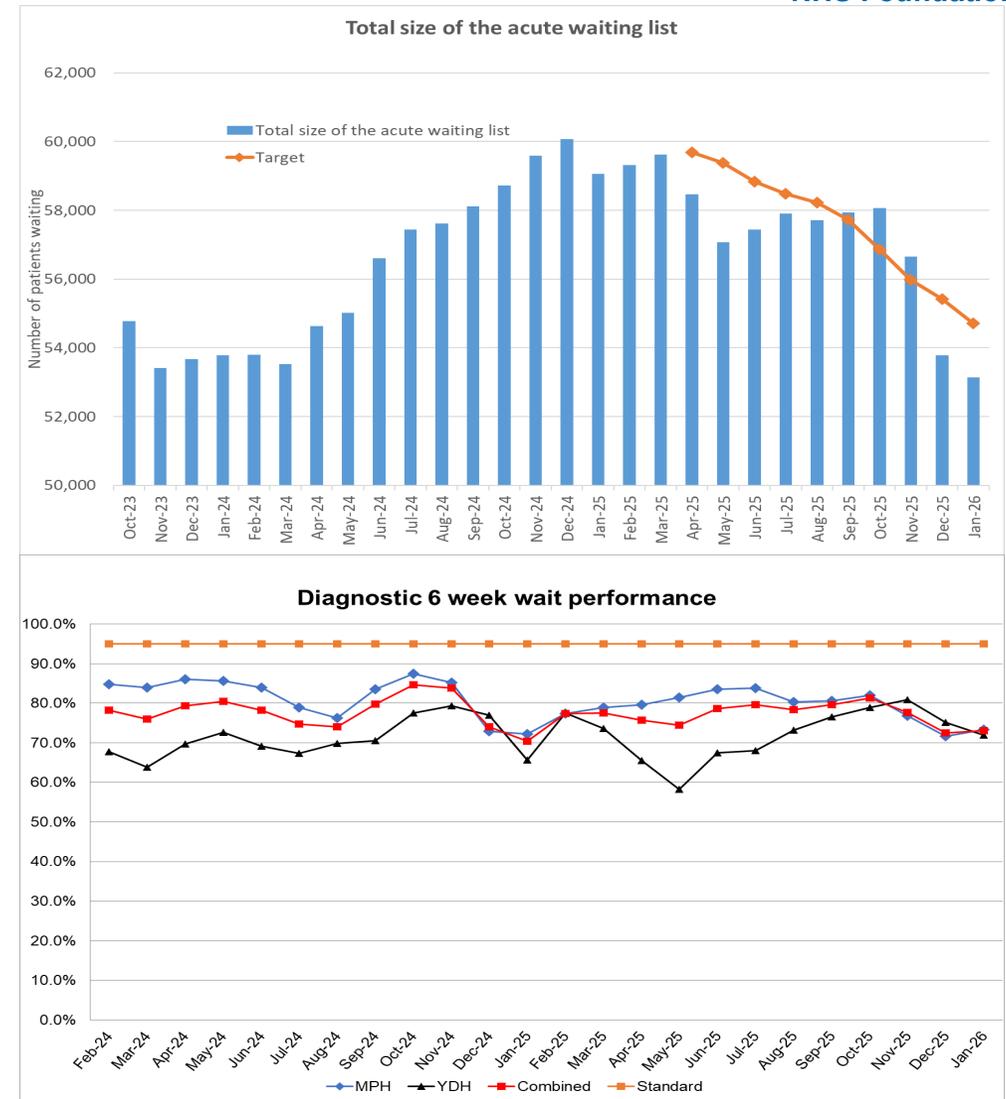
Urgent and Emergency Care

- During January the Trust-wide average number of beds across the two acute sites occupied by patients not meeting the criteria to reside was 195, up from 160 in December, and the highest monthly average number since June 2025 (199).
- As at 31 January, national best-quartile performance was that 11.2% of Adult General & Acute and critical care beds were occupied by patients who did not meet the criteria to reside. Our performance was 21.1% of beds. We were ranked 98th out of 118 Trusts nationally.
- Actions continue across both acute sites to improve hospital-related delays as well as continued focused work on board rounds and criteria-led discharge.
- During January, the percentage of ambulance handovers over 45 minutes across the Trust was 10.8% (10.0% at MPH, 12.1% at YDH), up from 8.6% minutes in December. Somerset continues to see higher than the south west regional average of ambulance handover conveyances, by around 4%. Provisional data for February shows that the percentage dropped to 5.9% (3.8% at MPH, 9.2% at YDH).



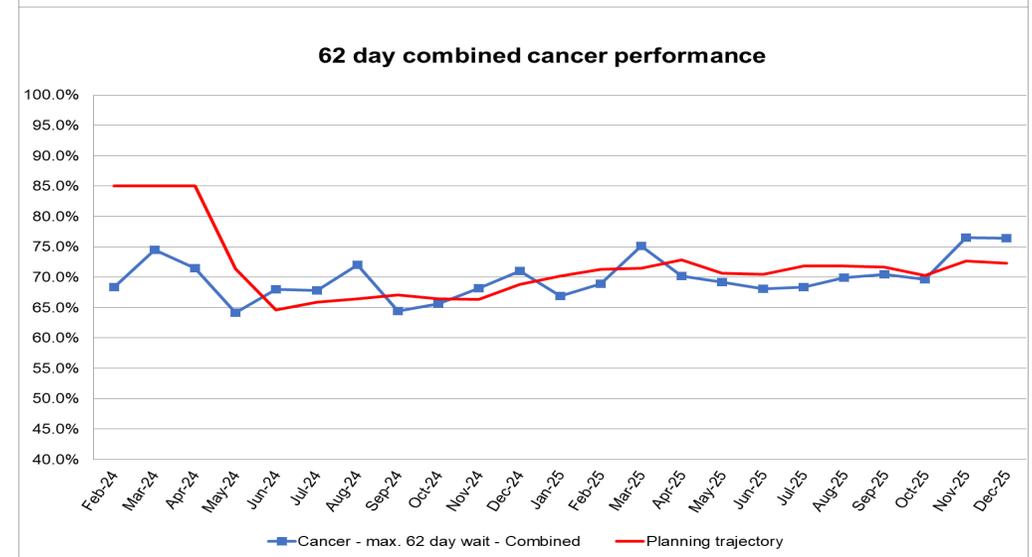
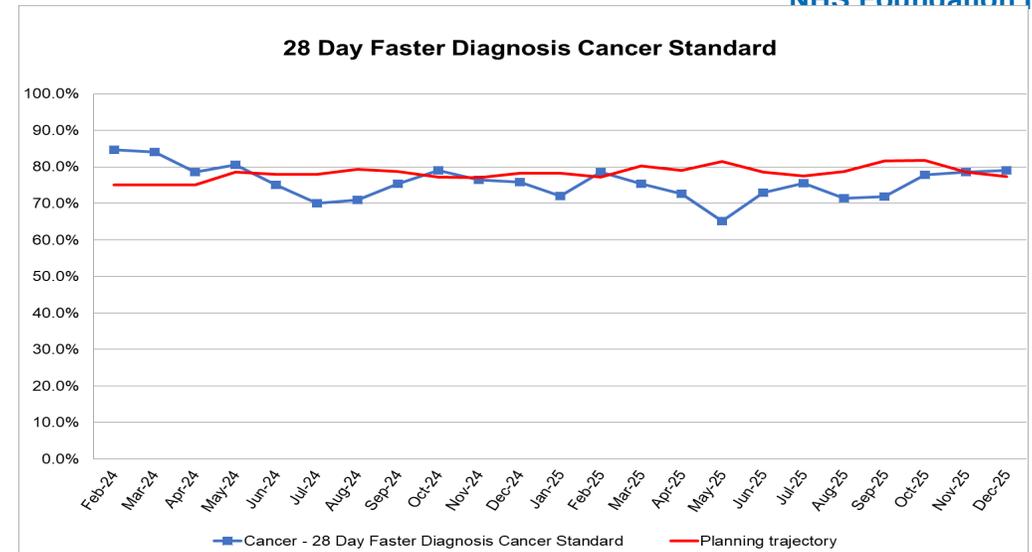
Elective Care

- The total size of the acute waiting list as at 31 January was 53,143, 1,568 lower (i.e. better) than the target of 54,712 or fewer.
- The Trust-wide percentage of patients waiting under six weeks for their diagnostic test was 73.0% in January, up slightly from 72.5% in December.
- In the last year the number of over six-week waiters has been higher than plan due to a range of factors, including radiographer, echo physiologist and endoscopy nursing vacancies, sickness within radiology, and an increase in patient complexity.
- Actions taken to increase capacity include the opening of the Yeovil Community Diagnostic Centre, recruitment to endoscopy nursing vacancy gaps, and a locum commencing in post to support the DEXA service.
- A significant programme of improvement work to support elective care recovery in the medium and long-term remains in place. A programme of waiting list validation continues, which includes contacting patients to check they still need to be seen.



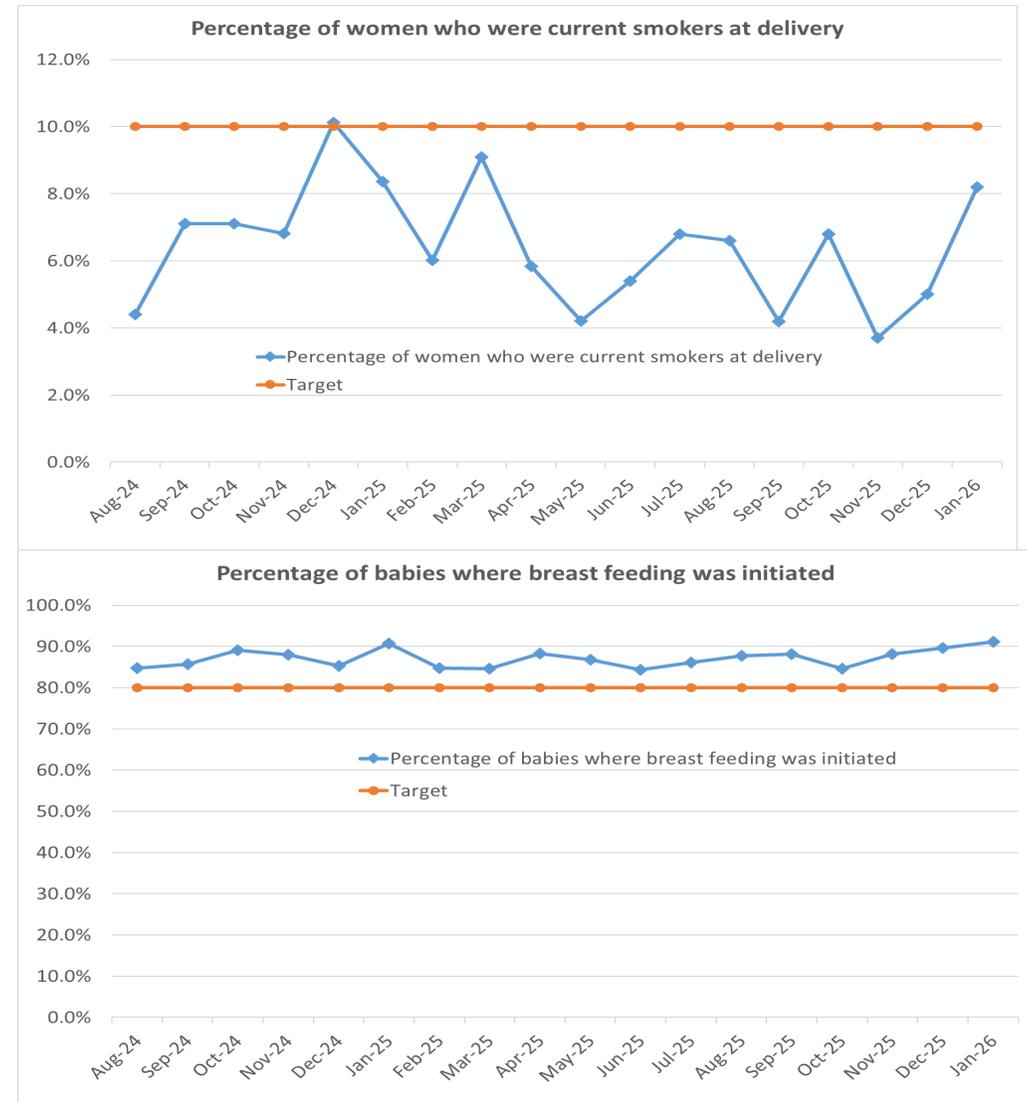
Cancer Services

- As at 31 December 2025 – the latest data available - the percentage of patients diagnosed with a cancer or given a benign diagnosis within 28 days of referral was 79.0%, up from 78.5% in November. This was above the national average performance of 77.4%, and also above our planning target trajectory of 77.3%.
- Performance against the 62-day standard was 76.4% in December 2025, down slightly from 76.5% in November. This was above the national average performance of 71.9%, and also above our planning trajectory target of 72.3%.
- The percentage of cancers diagnosed at stage 1 or 2 remained significantly above the 60.1% standard, at 72.1%.



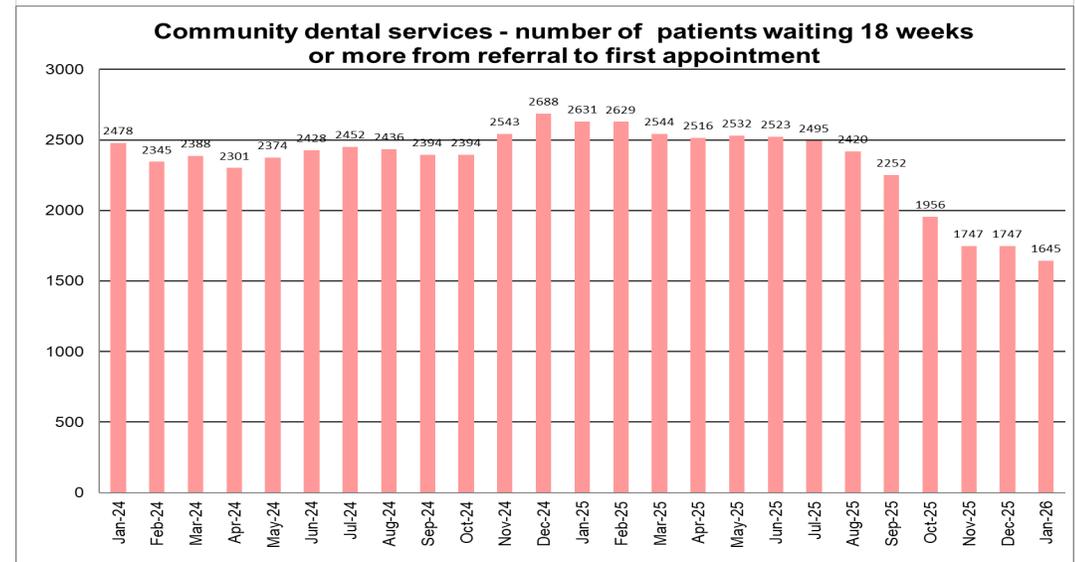
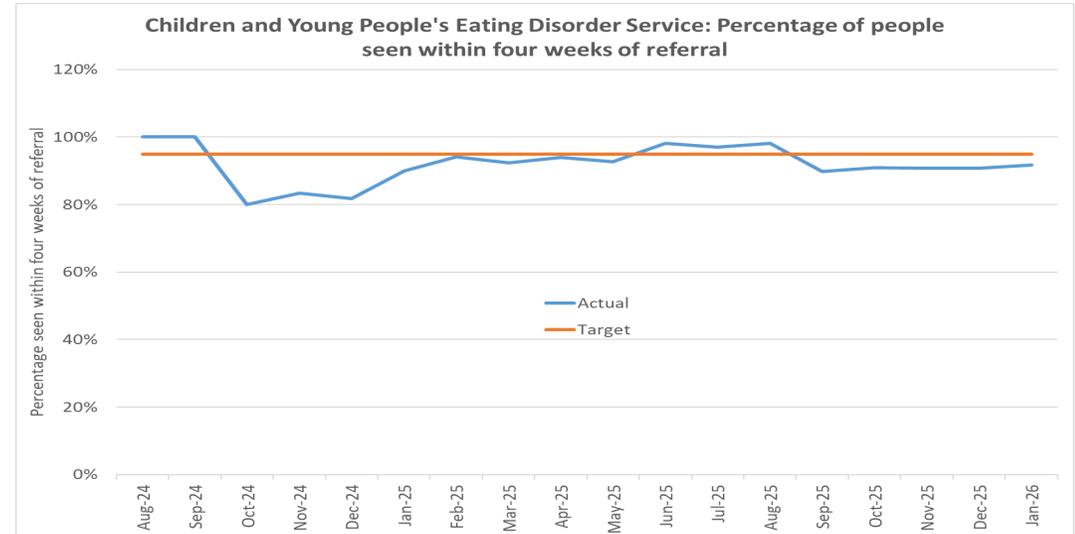
Maternity Services

- The service continues to monitor the impact of the temporary closure of YDH services on both activity and safety of services.
- The service has continued to monitor reported incidents occurring due to the increase in activity on the MPH site in both maternity and neonates. Whilst there has been a reduction overall in reporting of incidents in relation to staffing, workload and capacity, incidents have shifted to community settings.
- As long as specific safety criteria are met, the Trust will re-open YDH Maternity and Neonatal services on 21 April 2026.
- The percentage of women who were smokers at delivery in January was 8.2%, better than the target of 10% or less.
- The percentage of babies where breast feeding was initiated remained better than the 80% target level in January, at 91.2%.



Children and Young People's Services

- The number of Children and Young People accessing NHS-funded mental health services in the 12 months to 31 January 2026 was 5,822, significantly above the target of 5,400.
- In the three months ending 31 January, the combined compliance of the SFT CEDS and SWEDA service for seeing routine CYP eating disorders referrals within four weeks was 91.8%, below the national standard of 95%. The Deputy Head of Service is in close contact with SWEDA, working collaboratively to plan service improvements.
- As at 31 January 1,645 community dental patients had waited over 18 weeks; the numbers have fallen by 34% in the last six months. The GA waiting list for young people fell slightly to 397 and has fallen by 26% in the last six months.
- Good progress has been made with recruitment, and the service is now operating close to full establishment with a strong skill mix and good opportunities for professional development.



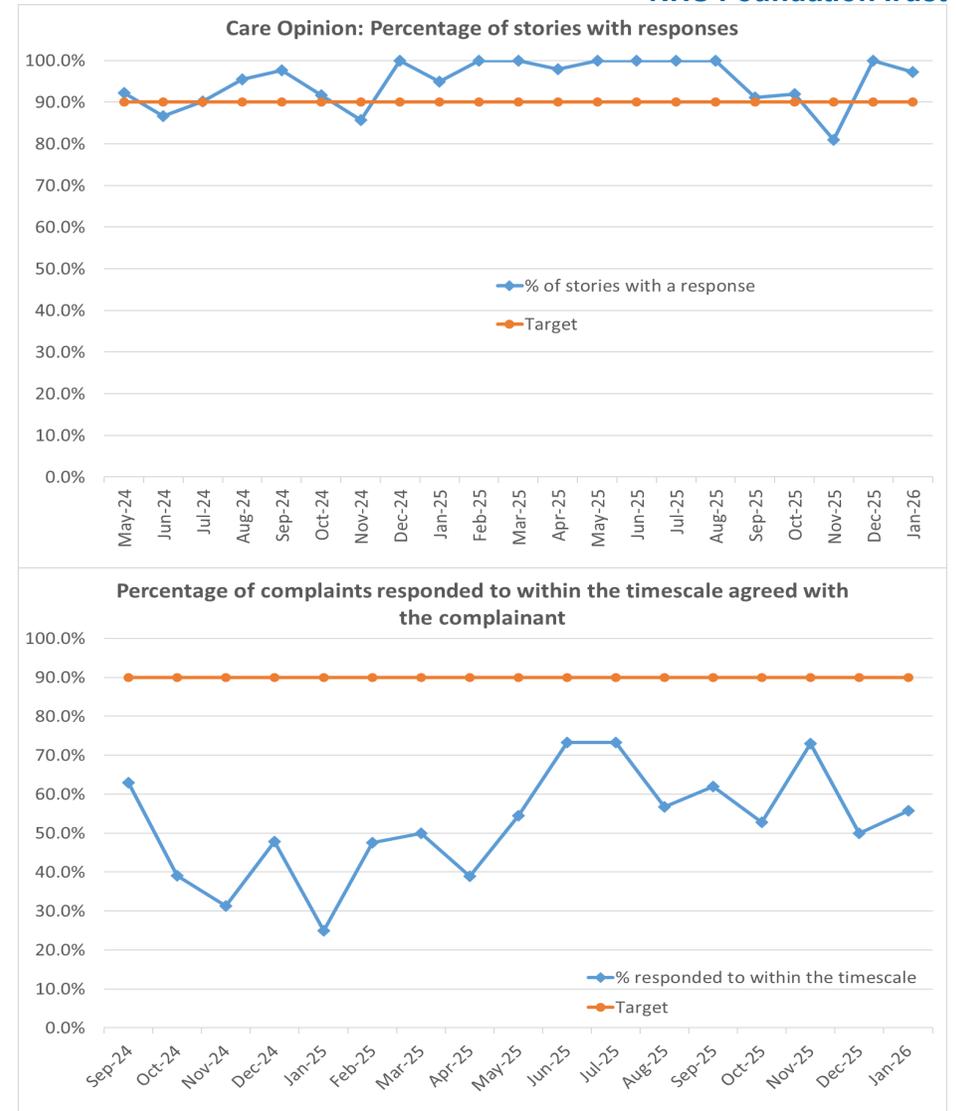
People

- In respect of retention, 90% of colleagues who were in post as at 31 January 2025 were still with the Trust one year later. Our aim is to achieve a rate of at least 88.3%. The retention rate is at its highest level since the new Somerset FT was established.
- As at 31 January, the percentage of colleagues who had had a career conversation review within the last 12 months was 81.4%, down by 1% on the previous month. People Business Partners are linking with key stakeholders to provide targeted support.
- As at 31 January, our mandatory training rate increased to 94.2%, the highest compliance level since the new Somerset FT was established.
- Our vacancy rate as at 31 January 2026 was 8.2%, up from 7.9% in December 2025, but below the new temporary Green level of 8.5%, instituted to reflect the current restriction on external recruitment.
- Our sickness absence rate for the 12 months to 31 January 2026 was 5.2%, unchanged from the previous month. The in-month sickness absence rate fell from 5.7% in December 2025 to 5.6% in January 2026.



Patient Experience and Involvement

- Care Opinion is a facility which enables people to share their experiences of health or care services online and help make them better. We aim to ensure that at least 90% of stories on Care Opinion about Somerset NHS Foundation Trust have a response. In January, 97.2% of stories had a response, above the 90% standard.
- In January, the percentage of complaints responded to within the agreed timescale was 55.8%. Delays continue to occur due to a combination of reasons including:
 - ongoing operational and workforce challenges
 - continued complexity, with a large proportion of complaints overlapping teams and service groups; and
 - the timely availability of paper medical notes when multiple teams are involved across service groups.
- A wide range of actions is being taken to support teams across the Trust and improve compliance.



Finance

In January, the Trust delivered a £1.7m surplus, bringing our year-to-date deficit to £5m. Overall, our financial performance remains in line with plan.

The key financial headlines are:-

- Good progress continues to be made to contain our agency expenditure which at the end of January was £15.2m, this is £9.5m below the comparable period in 2024/25.
- Savings of £37m have been delivered to date, a further £13m of efficiencies are forecast to be achieved.
- Escalation pressures continue to have a material impact on many of our services with increased pressure through higher patient numbers and increased colleague absence due to winter bugs and sickness.

We are continuing to forecast breakeven and will monitor the impact of escalation pressures on our financial performance. We may need to identify further actions to offset any unplanned increased in expenditure beyond those already included within our forecast.

Statement of comprehensive income	Month 10 (January) 2025/26		
	Plan	Actual	Variance
	Year to date £'000	Year to date £'000	Year to date £'000
Operating income from patient care activities	867,845	871,815	3,970
Other operating income	64,841	77,146	12,304
Employee expenses	(645,436)	(656,122)	(10,0686)
Operating expenses excl employee expenses	(285,576)	(290,621)	(5,045)
Operating Surplus/(Deficit)	1,675	2,217	542
Net Finance Costs/Corporation tax	(8,828)	(8,455)	372
Surplus/(Deficit) for the period	(7,152)	(6,238)	914
Adjustments to Financial Performance	2,104	1,190	914
Adjusted Financial Performance Surplus/Deficit	(5,048)	(5,048)	0

2026/27 – 2028/29 Planning

In October 2025, NHS England & the Department of Health & Social Care released a three-year Medium-Term Planning Framework for 2026/27 to 2028/29. Its aim is to restore performance—particularly achieving the 18-week elective care standard—while strengthening financial sustainability. The framework marks a shift from annual planning to a longer-term approach, reducing bureaucracy, promoting local collaboration, & driving productivity improvements.

The Board approved the final operational plans at its February meeting & it was subsequently submitted to NHS England on 12 February 2026. Plans cover:-

Finance detailed, profiled plans for income & expenditure, capital, cash, & efficiency requirements, together with high-level projections for 2027/28 and 2028/29.

Workforce outlining anticipated workforce demand, supply, efficiency assumptions, & skill-mix requirements.

Activity setting out trajectories for key operational & performance metrics

A thorough internal business planning process underpinned the development of our plans, ensuring that services are allocated the resources necessary to deliver safe, high-quality and effective care, while supporting the achievement of key organisational priorities.

The Trust has submitted financial breakeven plans in each year. These will be extremely challenging to deliver and require significant improvements in productivity and efficiency.

Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Report from the Quality and Patient Experience Working Group February 2026
SPONSORING EXEC:	Dierdre Fowler, Chief Nurse and Midwife
REPORT BY:	Tina Hickinbottom-Tacey, Corporate Services Officer
PRESENTED BY:	Judith Goodchild
DATE:	18 March 2026

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

Executive Summary and Reason for presentation to Committee/Board	<p>This report provides a high-level summary of the key discussions and presentations from the February 2026 meeting of the Quality and Patient Experience Working Group.</p> <p>The meeting focused on:</p> <ul style="list-style-type: none"> • The <i>Every Minute Matters</i> improvement programme, aimed at strengthening fundamentals of care and enhancing patient flow; • Current performance across urgent, elective, community and mental health services. • Themes and trends from PALS and complaints, including communication, discharge, delays and patient experience in temporary care areas; • Wider issues raised by governors relating to discharge processes, transport access, patient stories, and the accessibility of new diagnostic facilities. <p>This summary is provided to the Council of Governors to support oversight of quality, patient experience, and improvement activity across the Trust.</p>
Recommendation	The Council of Governors is asked to note the items discussed at the working group.

Links to Strategic Aims (Please select any which are impacted on / relevant to this paper)	
<input checked="" type="checkbox"/> Aim 1 Contribute to improving the physical health and wellbeing of the population and reducing health inequalities	
<input checked="" type="checkbox"/> Aim 2 Provide the best care and support to people	
<input type="checkbox"/> 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)

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

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]

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

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

Summary of key points for the Quality and Patient Experience Group
February 2026

Every Minute Matters (EMM) Improvement Programme

Jo Poole, Interim Deputy Chief Nurse, presented an overview of the *Every Minute Matters* programme, designed to strengthen fundamental standards of care and improve patient flow across acute sites.

Key elements include:

- Structured board rounds led by consultants and ward managers, supported by therapy teams, discharge teams, and social care partners.
- Use of SAFER principles to prioritise patients requiring urgent review and those ready for discharge.
- Enhancement of discharge processes, targeting greater use of discharge lounges and more timely weekend discharges.
- Criteria to Reside work aligned with NHS England, focusing on reducing avoidable long stays.
- Collaboration across system partners, with links to frailty programmes, personalised care approaches (“What Matters to You”), community transformation, and the urgent and emergency care plan.

The group discussed transport barriers, support for weekend decision-making, pharmacy involvement in TTOs, and the need for improved patient experience within discharge lounges.

Quality and Performance Overview

Lee Cornell provided a performance update highlighting both ongoing pressures and areas of improved delivery.

Key issues included:

- A&E performance continues below expectations, with high demand across the region and long ambulance handover times.
- Patients without Criteria to Reside (NCTR): average of 160 beds occupied in December by patients who no longer require acute care. Although improved on previous months, performance remains behind national benchmarks.
- Elective Care:
 - 52-week waits have reduced but still above target proportions;
 - 65-week waits have significantly fallen, resulting in removal from national tier-1 oversight.
- Cancer services: Improvement in several cancer pathways, though 28-day diagnosis remains behind trajectory.
- Community & Mental Health Services: Steady strong performance with waiting times generally better than national standards, and continued improvement in out-of-area placements, talking therapies outcomes, and early intervention pathways.



Governors raised concerns regarding national shortages of surgical cement affecting orthopaedic operations.

Patient Experience, PALS and Complaints

Caroline Walker provided an update on trends in PALS and formal complaints.

Themes and key points included:

- Rising PALS contacts, with October showing the highest volume in two years. Capacity constraints have resulted in delays to first responses, though recovery work is underway.
- Communication issues remain the most common theme, including challenges in accessing timely updates, appointment changes, and clarity of care plans.
- Increase in formal complaints (around 30 per month), with a spike to 47 in November.
- Quality concerns include nutrition, hydration, delays, discharge issues, lost property, and experience in escalation or temporary care areas.
- Second-letter complaints have risen, prompting efforts to strengthen quality assurance and adopt realistic and tailored response times (40 or 60 working days).
- Work underway to promote earlier local resolution at ward level and improve staff confidence in handling concerns.
- Staffing in PALS has been challenging due to vacancies and sickness, with recovery now stabilising though maternity leave will add pressure in coming months.

Governors raised wider patient experience concerns including:

- Transport challenges for patients attending hospital or returning home, particularly where ambulances convey patients' long distances or where local urgent care access is limited (e.g., Weston).
- Accessibility of new facilities, including concerns about the Yeovil Diagnostic Centre's layout (pick-up/drop-off, wheelchair access, seating suitability). A working group is already addressing these issues.
- Discharge lounge environment and processes, with patient stories highlighting issues around warmth, comfort, and clarity regarding medication at the point of discharge. Governors noted that patients should leave the ward with their prescribed medication already appropriately prepared, and therefore it should not be necessary for discharge lounge staff to unpack or recheck medications.
- Importance of including patients and disabled people in future design and planning of facilities



Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Report from the Strategy and Planning working group on 20 February 2026
SPONSORING EXEC:	David Shannon
REPORT BY:	Tina Hickinbottom-Tacey, Corporate Services Officer
PRESENTED BY:	Eddie Nicholas
DATE:	18 March 2026

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

Executive Summary and Reason for presentation to Committee/Board	<p>This report summarises key updates from the Strategy and Planning Working Group held on 20 February 2026, including progress on acute estate development, capital planning constraints, digital transformation, operational challenges, and financial pressures.</p> <p>The summary is provided to inform Governors of current strategic issues, risks and priorities.</p>
Recommendation	The Council of Governors is asked to note the items discussed at the meeting.

Links to Strategic Aims (Please select any which are impacted on / relevant to this paper)	
<input type="checkbox"/> Aim 1 Contribute to improving the physical health and wellbeing of the population and reducing health inequalities	
<input checked="" type="checkbox"/> Aim 2 Provide the best care and support to people	
<input checked="" type="checkbox"/> Aim 3 Strengthen care and support in local communities	
<input type="checkbox"/> Aim 4 Respond well to complex needs	
<input checked="" type="checkbox"/> Aim 5 Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture	
<input checked="" type="checkbox"/> Aim 6 Live within our means and use our resources wisely	
<input checked="" type="checkbox"/> 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)					
<input checked="" type="checkbox"/> Financial	<input type="checkbox"/> Legislation	<input type="checkbox"/> Workforce	<input checked="" type="checkbox"/> Estates	<input checked="" type="checkbox"/> ICT	<input checked="" type="checkbox"/> Patient Safety/ Quality
Details: N/A					
Equality					

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

- 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)

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]

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

- | | | | | |
|-------------------------------|------------------------------------|---------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Safe | <input type="checkbox"/> Effective | <input type="checkbox"/> Caring | <input type="checkbox"/> Responsive | <input type="checkbox"/> Well Led |
|-------------------------------|------------------------------------|---------------------------------|-------------------------------------|-----------------------------------|

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

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|



SOMERSET NHS FOUNDATION TRUST

Summary of key points for the Strategy and Planning Working Group – 20 February 2026

The Working Group received a comprehensive update on acute site development plans across Musgrove Park Hospital (MPH) and Yeovil District Hospital (YDH). The Trust is focusing on a set of phased, sequenced and tightly interdependent schemes required to maintain safety, deliver service resilience and prepare for the longer-term New Hospital Programme.

At Musgrove Park Hospital, the Surgical Centre is nearing completion and will act as a key enabler for multiple moves. Projects currently underway include: a new outpatient pharmacy; the relocation of several clinical services from ageing estate; and the complex reconfiguration required to establish hyper-acute stroke beds. This work relies on careful decanting and use of temporary ward space, with full completion expected in August, though the hyper-acute beds themselves should be in place by May.

The Group also heard updates on capital schemes driven by maternity service safety requirements and CQC findings, including the creation of an interim triage and antenatal space. Another significant programme will create an Urgent Treatment Centre at MPH, requiring a complex two-year sequence of ward moves, refurbishment to meet fire compliance standards and major reconfiguration of the ground floor of the Queen's Building. Subject to national funding approval, the target date for completion is March 2028.

Longer-term risks were highlighted around the Beacon Centre's radiotherapy service, where three linear accelerator bunkers require sequential replacement. To maintain service continuity and long-term viability, the Trust will require a fourth bunker by 2029, but this currently falls outside nationally allocated capital funding.

At Yeovil District Hospital, the Group received an update on the implications of the Building Safety Act 2022, which now applies to hospital towers and has caused delays to the modular ward and fifth theatre projects due to stringent compliance requirements and challenges securing contractors willing to certify the work. Fire compartmentation surveys have highlighted several areas requiring remediation, and a major bid has been submitted to refurbish the tower to address safety and wider infrastructure risks. The recently opened Yeovil Diagnostic Centre provides added flexibility on site, and a small urgent treatment centre is already operational.

Contract negotiations for the multi-organisation EHR are nearing completion, with national approvals expected imminently. The system will be procured jointly with Dorset partners, with Somerset FT acting as the contracting authority.

Financial pressures were discussed, with the Trust facing an especially challenging environment into 2026/27. Achieving a balanced plan will require £80m of savings and cost improvements, significantly above historical delivery.

Winter operational pressures continue to impact flow and discharge performance. The Board Assurance Framework for Q3 confirms that several strategic risks remain above appetite, although progress continues in areas such as Hospital at Home expansion, recruitment improvements, cancer self-referral pathways and digital innovation.



Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Report from the Membership, Involvement and Communications Working Group on 12 February 2026
SPONSORING EXEC:	Jade Renville
REPORT BY:	Tina Hickinbottom-Tacey, Corporate Services Officer
PRESENTED BY:	Jack Torr
DATE:	

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

Executive Summary and Reason for presentation to Committee/Board	<p>This report provides a summary of the key discussions held at the Membership, Involvement and Communications (MIC) Working Group on 12 February 2026, following the agenda items circulated to members.</p> <p>The meeting focused heavily on an extensive update from the Patient Engagement and Involvement Team, covering all workstreams including carers, long-term conditions, accessible information standards and translation services.</p> <p>Further discussion covered Patient Participation Groups (PPGs), membership statistics, communication performance, and the need for strengthened governor engagement across the Trust.</p> <p>The purpose of this report is to update the Council on the current landscape of engagement activity across Somerset NHS Foundation Trust and highlight areas requiring future focus, including community-based participation, improved governor involvement and enhanced communication pathways.</p>
Recommendation	<p>The Council of Governors is asked to note the items discussed and the ongoing workstreams outlined within this report.</p>

Links to Strategic Aims (Please select any which are impacted on / relevant to this paper)	
<input checked="" type="checkbox"/>	Aim 1 Contribute to improving the physical health and wellbeing of the population and reducing health inequalities
<input checked="" type="checkbox"/>	Aim 2 Provide the best care and support to people
<input checked="" type="checkbox"/>	Aim 3 Strengthen care and support in local communities
<input checked="" type="checkbox"/>	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)

<input type="checkbox"/> Financial	<input type="checkbox"/> Legislation	<input type="checkbox"/> Workforce	<input type="checkbox"/> Estates	<input type="checkbox"/> ICT	<input type="checkbox"/> Patient Safety/ Quality
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Details: N/A

Equality
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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)

The meeting content draws directly on frontline staff and patient engagement activity, including community groups, volunteers, carers, patients using interpreting services, and meet-and-greet volunteers.

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 standalone update following the MIC meeting of 12 February 2026.

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

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

Summary of the Membership, Involvement and Communications Group 12 February 2026

1. Patient Engagement Across All Workstreams

The Patient Engagement & Involvement Team (Krystle Pardon, Isobel Boobyer-Jones and Lauren Hunter) presented a comprehensive overview of current workstreams.

Health & Wellbeing Hub

- Based at Yeovil Hospital; supports patients with long-term conditions including cancer.
- Staff visit inpatients who have been in hospital for more than four weeks, offering wellbeing support and signposting.
- Monthly pop-up hubs at community hospitals, plus two 10-week programmes (gym & swim).

Carers Support

- New carers' hub at YDH offering rest space and refreshments.
- Free parking and food vouchers at both hospital sites (different criteria pathways).
- Carer Champions now active on six Musgrove wards; roll-out to Yeovil ongoing.
- New carers' survey launched.

Translation & Interpretation

- 26 real-time iPad interpreter devices across both sites (5-minute connection; heavily used in ED).
- CardMedic translation scripts being trialled with an 18-month contract.
- Expansion planned into YDC and Maple Unit.

Accessible Information Standard (AIS)

- Trust-wide project targeting 100% training compliance by November 2026.
- ED trial underway to ensure communication needs are captured at first point of contact.
- Workstreams include digital integration, recording/flagging needs and patient/carer engagement.

Patient & Public Involvement (PPI) Framework

- New Trust-wide framework in development aligned to statutory duties and "Every Minute Matters".
- Aim: ensure patients/carers are included at the *start* of all projects.

Feedback Systems

- Relaunch of FFT planned, including co-produced questions.
- Increasing use of Care Opinion as a real-time narrative platform.
- Compliments now recorded in RADAR with expanded KO41 tagging across feedback systems.

Communications & First Impressions

- MIC social media content has strong engagement; moving towards more human-centred storytelling.



- Issues identified with wayfinding and reception cover, particularly at Musgrove.
- Work ongoing with volunteers, signage, and information mapping.

Neighbourhood Stakeholder Reference Groups

- First session held in Crewkerne; strong organisational attendance but lacking direct patient voices.
- Early themes: communication gaps, transport difficulties, unclear access to local clinics/hubs.
- Next steps: targeted engagement, varied participation formats and topic-focused sessions.

2. Patient Participation Groups (PPGs)

Presented by Kate Butler

- 46 Somerset practices currently have PPGs, though a number lack chairs or active engagement.
- Declining involvement noted post-COVID, with some PPGs reduced to very small numbers.
- Discussion highlighted the need for stronger links between Trust governors and local PPGs.
- Suggestion to work through Primary Care Networks to reach broader patient groups.

3. Membership Statistics & Communications Update

Presented by Tina Hickinbottom-Tacey

- Membership numbers remain broadly stable, with fluctuations caused by staff turnover.
- Email newsletters currently reach **4,500–5,000** people with around **50% open rates**.
- Bounce rates have improved following email cleansing.
- Additional election communications have been issued and website updates arranged.

4. Governance, Participation & Future Direction

- Challenges highlighted around governor attendance at meetings; emphasis placed on notifying apologies.
- Agreement that presentations from the Patient Engagement Team should be shared with the full Council.
- Planning underway for a Council-wide workshop on the future of engagement.

Conclusion

The meeting provided a detailed insight into the Trust's ongoing patient engagement activity, carer support, communication developments and the evolving expectations for governors as part of the wider NHS 10-Year Plan. Continued focus will be placed on strengthening community links, improving visibility of feedback pathways and ensuring governors remain engaged in shaping these developments.

