

Extraordinary Public Board Meeting

Tue 09 June 2026, 15:45 - 16:10

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

Agenda

15:45 - 15:50 **1. Welcome and Apologies for Absence**
5 min

Note *Chair*

 090626 - Extraordinary Public Board Agenda v1.3.pdf (1 pages)

15:50 - 15:50 **2. Register of Interests and Declarations of Interests relating to items on the agenda**
0 min

Chair

 Enclosure 01 - Register of Interests.pdf (4 pages)

15:50 - 15:55 **3. Fit and Proper Person Annual Submission - 2026**
5 min

Melanie Iles

 Enclosure 02 - Fit and Proper Person Annual Submission - 2026.pdf (7 pages)

15:55 - 16:10 **4. Draft Trust Strategy 2026-31**
15 min

David Shannon/Richard Baum/Zoe Hamilton

 Enclosure 03 - Strategy narrative for Board June 2026.pdf (18 pages)

16:10 - 16:10 **5. Items to be discussed at the Extraordinary Confidential Board Meeting**
0 min

- Digital, Data and Technology (DDaT) Strategy Update

16:10 - 16:10 **6. Withdrawal of Press and Public**
0 min

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

16:10 - 16:10 **7. Close of Meeting**
0 min

**SOMERSET NHS FOUNDATION TRUST
PUBLIC BOARD MEETING**

An Extraordinary Public meeting of the Somerset NHS Foundation Trust Board will be held on **Tuesday 9 June 2026** at **3.45 pm** at Cheddon Fitzpaine Memorial Hall, Rowford, Cheddon Fitzpaine, Taunton, TA2 8JY.

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

Yours sincerely

Dr Rima Makarem
Chair

AGENDA

	Action	Presenter	Time	Enclosure
1. Welcome and Apologies for Absence	Note	Chair	15:45	Verbal
2. Register of Interests and Declarations of Interests relating to items on the agenda	Note and Receive	Chair		Enclosure 01
3. Fit and Proper Person Annual Submission - 2026	Approve	Mel Iles	15:50	Enclosure 02
4. Draft Trust Strategy 2026-31	Approve	David Shannon/ Richard Baum/ Zoe Hamilton	15:55	Enclosure 03

For Information

- 5. Items to be discussed at the Extraordinary Confidential Board Meeting**
 - Digital, Data and Technology (DDaT) Strategy Update
- 6. Withdrawal of Press and Public**
To move that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.
- 7. Close of Meeting** 16:10

Somerset NHS Foundation Trust	
REPORT TO:	Extraordinary Board of Directors
REPORT TITLE:	Registers of Interests
SPONSORING EXEC:	Melanie Iles, Chief Medical Officer
REPORT BY:	Julie Hutchings, Board Secretary and Corporate Services Manager
PRESENTED BY:	Rima Makarem, Chair
DATE:	9 June 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>Where a member of the Somerset NHS Foundation Trust Board has an Interest, or becomes aware of an Interest, which could lead to a conflict of interests in the event of the Board considering an action or decision in relation to that Interest, the Interest must be considered as a potential conflict and must be declared.</p> <p>The Register of Interests is part of the mechanism through which the Somerset NHS Foundation Trust Board will ensure the integrity of their decision-making processes.</p> <p>Board members are also required to orally declare at each meeting specific Interests in respect of items on the agenda</p> <p>Board members are reminded that any new or relinquished Interest should be advised to the Board and updated on the electronic database within 28 days of becoming known. Board members will be prompted at least annually to review declarations they have made and, as appropriate, update them or make a nil return.</p> <p>The Register as presented reflects the position as at 3 June 2026.</p>
Recommendation	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Note the Register of Interests and to make any further declarations where appropriate.

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 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)

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

Previous Consideration

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

The report is presented to every Board meeting.

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

- | | | | | |
|-------------------------------|------------------------------------|---------------------------------|-------------------------------------|--|
| <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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REGISTER OF INTERESTS



Trust Board as at 3 June 2026

Somerset
NHS Foundation Trust

Firstname	Lastname	Role	Interest Category	Interest Description (Abbreviated)	Provider	Date Arose	Date Ended	Date Updated
Rosie	Benneyworth	Trust Board Member	Loyalty Interests	Member	Royal College of GPs	01/07/2025		03/12/2025
Rosie	Benneyworth	Trust Board Member	Outside Employment	Interim CEO	Health Services Safety Investigations Body	01/08/2022		03/12/2025
Rosie	Benneyworth	Trust Board Member	Loyalty Interests	Chair	Symphony Healthcare Services Ltd	01/03/2026		
Darshan	Chandarana	Trust Board Member	Outside Employment	Managing Director	Neopath Ltd	01/02/2025		
Darshan	Chandarana	Trust Board Member	Outside Employment	Senior Vice President of AI	ThoughtWorks	12/01/2026		
Isobel	Clements	Director of People	Outside Employment	Governor, Board member	Weston College	22/01/2025		18/03/2026
Isobel	Clements	Director of People	Loyalty Interests	Sister-in-Law employed as Technician, Pharmacy	Somerset NHS Foundation Trust	10/09/2004		
Isobel	Clements	Director of People	Loyalty Interests	Nephew employed as Physiotherapist Apprentice	Somerset NHS Foundation Trust	03/05/2023		
Olena	Doran	Trust Board Member	Outside Employment	Professor in Biomedical Research, and Dean for Research and Enterprise	University of the West of England (UWE), Bristol	01/04/2024		30/11/2025
Deidre	Fowler	Chief Nurse	Nil Declaration			23/10/2025		
Tom	Frederick	Trust Board Member	Outside Employment	Director	Oliver Wyman	01/01/2025		
Andrew	Heron	Chief Operating Officer/Deputy Chief Executive	Loyalty Interests	Wife works for Avon and Wiltshire Mental Health Partnership NHS Trust	Avon and West Wiltshire MH Partnership NHS Trust	17/03/2022		02/01/2026
Andrew	Heron	Chief Operating Officer/Deputy Chief Executive	Loyalty Interests	Member of the Board of Directors and line manager to the Managing Director as a wholly owned subsidiary of Somerset NHS Foundation Trust.	Symphony Healthcare Services	01/04/2024		02/01/2026
Graham	Hughes	Non Exec. Members	Outside Employment	Chairman SSL	Simply Serve Ltd	01/01/2022		04/04/2025
Melanie	Iles	Chief Medical Officer	Nil Declaration			04/11/2024		
Inga	Kennedy	Non Exec. Members	Outside Employment	Director-Trustee	The White Ensign Association	01/04/2024		12/02/2026
Peter	Lewis	Chief Executive	Loyalty Interests	Director and Management Board Member, representing Somerset NHSFT	Somerset Strategic Estates Partnership Project Company Limited	01/04/2022		02/04/2025
Peter	Lewis	Chief Executive	Loyalty Interests	Management Board Member of the Somerset Estates Partnership (SEP) Board	Somerset Estates Partnership	01/04/2023		
Peter	Lewis	Chief Executive	Loyalty Interests	Director, Somerset Estates Partnership Project Co Limited	Somerset Estates Partnership Project Co Limited	01/04/2023		
Rima	Makarem	Trust Chairman Trust Board	Outside Employment	Lay member (remunerated) since 2019	General Pharmaceutical Council	01/01/2025	31/03/2026	12/06/2025
Rima	Makarem	Trust Chairman Trust Board	Outside Employment	Chair (remunerated) since 2020	Queen Square Enterprises	01/01/2025		12/06/2025
Rima	Makarem	Trust Chairman Trust Board	Loyalty Interests	Chair (unremunerated) since 2021	Sue Ryder	01/01/2025		12/06/2025
Rima	Makarem	Trust Chairman Trust Board	Loyalty Interests	Visiting Professor	University of the West of England (UWE), Bristol	01/09/2025		
Rima	Makarem	Trust Chairman Trust Board	Loyalty Interests	Trustee	NHS Providers	01/06/2025		
Paul	Mapson	Non Exec. Members	Nil Declaration			31/03/2026		

REGISTER OF INTERESTS



Trust Board as at 3 June 2026

Somerset
NHS Foundation Trust

Firstname	Lastname	Role	Interest Category	Interest Description (Abbreviated)	Provider	Date Arose	Date Ended	Date Updated
Pippa	Moger	Chief Financial Officer	Outside Employment	NED SSL	Non Executive for Simply Serve Limited	04/04/2025		
Pippa	Moger	Chief Financial Officer	Outside Employment	SPS Board member	Member of Southwest Pathology Services (SPS) Board	04/04/2025		
Pippa	Moger	Chief Financial Officer	Outside Employment	Director on JV	Shepton Mallet Health Partnership	04/04/2025		
Pippa	Moger	Chief Financial Officer	Loyalty Interests	Step daughter employed as Ward Manager	Somerset NHS Foundation Trust	04/04/2025		
Pippa	Moger	Chief Financial Officer	Loyalty Interests	Son employed as Payroll lead and technical support	Somerset NHS Foundation Trust	04/04/2025		
Pippa	Moger	Chief Financial Officer	Outside Employment	Director of JV - SEP	Director of SEP Project Co Ltd	04/04/2025		
Alexander	Priest	Trust Board Member	Outside Employment	Chief Executive	Mind in Somerset	01/04/2018		24/11/2025
Jade	Renville	Director of Corporate Services	Loyalty Interests	I am Joint Director of Corporate Affairs/Services across Somerset ICB as well as Somerset NHS Foundation Trust.	NHS Somerset ICB	06/07/2024		13/03/2026
Jade	Renville	Director of Corporate Services	Loyalty Interests	Richard Huish Multi Academy Trust Director (Chair of Trust from January 2023)	Richard Huish Multi Academy Trust	01/09/2019		13/03/2026
Jade	Renville	Director of Corporate Services	Loyalty Interests	Father is Director and Owner of Renvilles Costs Lawyers	Renvilles Costs Lawyers	01/08/2003		13/03/2026
David	Shannon	Director of Strategy and Digital Development	Loyalty Interests	Company Director of PHI Ltd (Predictive Health Informatics). The company was established to deliver an i4i grant through the National Institute for Clinical Research. The Trust is a shareholder in the Company and this directorship represents the Trust in its shareholding.	Predictive Health Intelligence LTD	14/03/2022		04/04/2025
David	Shannon	Director of Strategy and Digital Development	Loyalty Interests	Wife is employed as a PA within the Neighbourhoods and Primary Care Directorate	Somerset NHS Foundation Trust	01/12/2022		04/04/2025
David	Shannon	Director of Strategy and Digital Development	Loyalty Interests	Director of SHS - a subsidiary of YDH providing primary care services	Symphony Healthcare Services	01/03/2021		04/04/2025
David	Shannon	Director of Strategy and Digital Development	Loyalty Interests	Board member of the Joint venture between Synlab uk, Somerset FT and YDH for the provision of pathology services	Somerset Pathology Services	10/01/2022		04/04/2025
David	Shannon	Director of Strategy and Digital Development	Loyalty Interests	Board member of the Somerset Estates Partnership with Prime Plc	Somerset Estates Partnership	01/04/2023		04/04/2025
David	Shannon	Director of Strategy and Digital Development	Loyalty Interests	Daughter is employed as a Healthcare assistant	Somerset NHS Foundation Trust	23/12/2020		04/04/2025
David	Shannon	Director of Strategy and Digital Development	Loyalty Interests	Shareholder Director	Simply Serve Limited	01/07/2024		
Owen	Woodley	Non Exec. Members	Outside Employment	Member of the Governing Council	University of Leicester	06/03/2026		

Somerset NHS Foundation Trust	
REPORT TO:	Extraordinary Board of Directors
REPORT TITLE:	Fit and Proper Person Annual Submission - 2026
SPONSORING EXEC:	Melanie Iles, Chief Medical Officer
REPORT BY:	Julie Hutchings, Board Secretary and Corporate Services Manager
PRESENTED BY:	Melanie Iles, Chief Medical Officer
DATE:	9 June 2026

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

Executive Summary and Reason for presentation to Committee/Board	<p>The Fit and Proper Person Test (FPPT) Framework was published by NHS England on 2 August 2023 in response to the recommendations made by Tom Kark KC in his 2019 Review of the FPPT.</p> <p>This report sets out the actions taken to ensure that Board members continue to meet the requirements of the Fit and Proper Person Framework.</p>
Recommendation	<p>The Board is asked to accept the assurance that all Board members and deputy directors meet the Fit and Proper Person requirements and approve the signing and submission of the Fit and Proper Person Annual Submission to NHS England.</p>

Links to Joint 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 checked="" 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 checked="" 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
<input checked="" type="checkbox"/> 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
<input type="checkbox"/> This report has been assessed against the Trust's People Impact Assessment Tool and there are proposals or matters which affect any persons with protected characteristics and the following is planned to mitigate any identified inequalities

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

Previous Consideration
(Indicate if the report has been reviewed by another Board, Committee or Governance Group before submission to the Board or is a follow up report to one previously considered by the Board – e.g. in Part B]
This report has not previously been considered.

Reference to CQC domains (Please select any which are relevant to this paper)					
<input type="checkbox"/> Safe	<input type="checkbox"/> Effective	<input type="checkbox"/> Caring	<input type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well Led	
Is this paper clear for release under the Freedom of Information Act 2000?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

SOMERSET NHS FOUNDATION TRUST

FIT AND PROPER PERSON ANNUAL SUBMISSION - 2026

1. BACKGROUND AND PURPOSE

- 1.1 The updated Fit and Proper Person Test (FPPT) Framework was published by NHS England in August 2023. The Framework takes account of the guidance produced by the Care Quality Commission "Regulation 5: Fit and Proper Persons: Directors Information for NHS Bodies" published in March 2015. The Trust has a local policy setting out its approach to these requirements.
- 1.2. The purpose of the Framework is to strengthen/reinforce individual accountability and transparency for board members, thereby enhancing the quality of leadership within the NHS.
- 1.3. The Framework applies to the board members of NHS organisations, irrespective of voting rights or contractual terms. The Trust has also chosen to include a number of deputies within the scope of the FPPT Framework.
- 1.4. The annual check refers to people in post at 1 June 2026.

2. ANNUAL CHECKS AND SELF-ATTESTATIONS

- 2.1. The FPPT process was undertaken between April-June 2026; the following checks were carried out:
 - Social Media (except for Deputies – in line with local Trust policy)
 - Employment Tribunal Judgements
 - Disqualified Charity Trustee Register
 - Insolvency Register
 - Disqualified Director Register
- 2.2. Where applicable, professional registration checks have been completed. Everyone in the process has a current Disclosure and Barring check.
- 2.3. Evidence of all checks is placed on file and the dates and status of completed checks will be uploaded to the electronic staff record (ESR) system.
- 2.4. Everyone in the process was required to sign a self-attestation declaring their continuing compliance with the Fit and Proper Person requirements.
- 2.5. No concerns about Directors' continuing fitness or ability to carry out their duties, or information about a director not being of good character have been identified as part of the checks, or brought to the attention of the Chair.
- 2.6. The Chair therefore provides the Board with assurance that Board Directors meet the requirements of the Fit and Proper Person Test Framework.

3. **RECOMMENDATIONS**

- 3.1. The Board is asked to accept the assurance that all Board members and Directors, as specified in the Fit and Proper Person Policy, continue to meet the Fit and Proper Persons requirements and **approve** the signing and submission of the Fit and Proper Person Annual Submission to NHS England.

BOARD SECRETARY AND CORPORATE SERVICES MANAGER

Appendix 5: NHS FPPT submission reporting template

This is a submission form. If anything changes during the year, submit a new form and notify an RD immediately. Do not alter the form.

NAME OF ORGANISATION	TYPE OF ORGANISATION <i>Select organisation</i>		NAME OF CHAIR	FIT AND PROPER PERSON TEST PERIOD / DATE OF AD HOC TEST:
Somerset NHS Foundation Trust	<input type="checkbox"/>	Trust	Dr Rima Makarem	June 2026
	<input checked="" type="checkbox"/>	Foundation Trust		
	<input type="checkbox"/>	ICB		

Part 1: FPPT outcome for board members including starters and leavers in period

Role**	Total Number Count	Confirmed as fit and proper?			Leavers only	
		Yes	No	How many Boad Members in the 'Yes' column have mitigations in place relating to identified breaches? *	Number of leavers	Number of Board Member References completed and retained
Chair/NED board members	10	10		N/A	1	1
Executive board members	8	8		N/A	1	1
Partner members (ICBs)	0	0		N/A	N/A	N/A
Total	18	18		N/A	2	2

* See 3.8 'Breaches to core elements of the FPPT (Regulation 5)' in the Framework.

** Do not enter names of board members.

Have you used the Leadership Competency Framework as part of your FPPT assessments for individual board members?	Yes	No
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Part 2: FPPT reviews / inspections

Use this section to record any reviews or inspections of the FPPT process, including CQC, internal audit, board effectiveness reviews, etc.

Reviewer / inspector	Date	Outcome	Outline of key actions required	Date actions completed
N/A				

Add additional lines as needed

Part 3: Declarations

DECLARATION FOR [name of organisation] [year]				
For the SID/deputy chair to complete:				
FPPT for the chair (as board member)	Completed by (role)	Name	Date	Fit and proper? Yes/No
	Senior Independent Director	Graham Hughes	01/06/2026	Yes
For the chair to complete:				
Have all board members been tested and concluded as being fit and proper?	Yes/No	If 'no', provide detail:		
	Yes			
Are any issues arising from the FPPT being managed for any board member who is considered fit and proper?	Yes/No	If 'yes', provide detail:		
	No			
<i>As Chair of [organisation], I declare that the FPPT submission is complete, and the conclusion drawn is based on testing as detailed in the FPPT framework.</i>				
Chair signature:				
Date signed:				
For the regional director to complete:				
Name:				
Signature:				
Date:				

Somerset NHS Foundation Trust	
REPORT TO:	Extraordinary Trust Board of Directors
REPORT TITLE:	Draft Trust Strategy 2026-31
SPONSORING EXEC:	David Shannon
REPORT BY:	Richard Baum (Head of Strategic Planning) Zoe Hamilton (Clinical Transformation Advisor)
PRESENTED BY:	Richard Baum and Zoe Hamilton
DATE:	9 June 2026

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

Executive Summary and Reason for presentation to Committee/Board	<p>Our new Trust Strategy sets out how we will deliver our Mission and Vision, achieve our seven strategic Aims, and progress the objectives set out in the government’s 10 Year NHS Health Plan.</p> <p>The Strategy sets out the Objectives that we will deliver by 2031 against our Aims, how we will transform our services, and how we will work to prevent illness, deliver more care in neighbourhoods rather than in acute hospitals, and take advantage of the opportunities afforded to us by technology.</p> <p>A key theme in the Strategy is a focus on how we will contribute to the health of the whole Somerset population, aiming to increase healthy life expectancy, and reduce inequalities in health outcomes for local people. We have identified cohorts of our Somerset population who need our services more – such as people with frailty, those with Serious Mental Illness, children – and have developed objectives aimed at improving health outcomes and providing a better experience of care for service users and the people who matter to them.</p> <p>Whilst our aim is to keep people healthier for longer, we know that people do sometimes need our services for emergency or planned care, and many live with long term conditions. The Strategy sets out how we will improve services for everyone, working in partnership with colleagues from the public, voluntary, community, faith and social enterprise sectors to provide a whole population approach that puts personalised care at its heart.</p>
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	<p>The Strategy would not be deliverable without the crucial input of our 15,000-strong team of colleagues. Our Strategy sets out how we will support them, create opportunities for developing new skills, and help local people access opportunities to develop careers with us.</p> <p>Our services will radically change over the next five years, in large part due to technological developments. Our Healthset programme will introduce a new electronic care record for Somerset, meaning that service users and clinicians will have instant access to personalised care information, helping when people need care, and allowing people to care better for themselves.</p> <p>We will work in partnership as an anchor institution in Somerset to take advantage of our unique scope – the only Trust in England to deliver Acute, Community and Mental Health services at scale, as well as over 20% of GP services. Our Strategy sets out what we will achieve. It will be accompanied by a set of measurable performance indicators showing how we will achieve it, making sure that we can track progress against our Objectives, and achieve the benefits that they will bring about.</p>
Recommendation	The Board is asked to approve the text of the Strategy.

Links to Joint 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
<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 checked="" 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)

The Strategy has been developed in consultation with colleagues from across Service Groups and corporate services. We have engaged with this range of colleagues to agree the Objectives, including at Senior Leadership Forum.

A wider colleague / partner / public engagement plan is being developed, and we will be enacting it in the coming months.

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 Board has discussed the Strategy at its meetings in November 2025, January 2026, April 2026 and May 2026. A sub-group of the Board has also been formed (including the Chair, Chief Executive, one further NED and two further Executive Directors) to provide further input and guidance. This has met on three occasions.

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

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

Yes No

SOMERSET NHS FOUNDATION TRUST

SOMERSET NHS FOUNDATION TRUST STRATEGY – 2026-31

Welcome

Most of us do not think about healthcare until we need it.

We get on with our lives. We work, raise families, worry about different things entirely. And somewhere in the background, we assume that if something goes wrong the NHS will be there.

Often, that assumption is right. The NHS will be there, and is particularly good at responding when you have a crisis. But for too long it has been organised around the moment of illness rather than the years before it. Built to treat, not to keep well. Both are important. And for too long now, people have become ill when they shouldn't, have waited too long for treatment when they've needed it, and haven't always received the best possible care.

Somerset has chosen a different path.

We have chosen differently because the evidence is unambiguous: the best way to keep people healthy and to make them better when they are ill is not just making hospitals better, but keeping people out of them. It is preventing illness or catching it earlier. It is addressing the things like loneliness, poverty, and unmanaged long-term conditions, that make people sick in the first place.

This is not a new idea. It is, in fact, the oldest idea in medicine. What is new is having the structure to actually do it.

Somerset, uniquely, has that structure.

Over the last six years, through a series of deliberate mergers, we have built something that exists nowhere else in the English NHS. One organisation, acute hospitals, community services, mental health and learning disability services and a quarter of the county's GP practices, directly operated, integrated in partnership with others. One system, one population of 600,000 people, focused on keeping people well, and delivering the best care in all our neighbourhoods, using cutting edge technology to do so.

Our aim is not complex. We want the people of Somerset to live more years in good health. We want those years to be shared more equally, because right now they are not. For example, a woman living with severe mental illness in Somerset dies, on average, seventeen and a half years earlier than her neighbour without it. That gap is not inevitable. It is a failure of system design, and it is one of the things this strategy exists to change.

The people of Somerset should experience care that sees them as a whole person, that reaches them before the crisis, that treats their mind and body as connected, that remembers who they are.

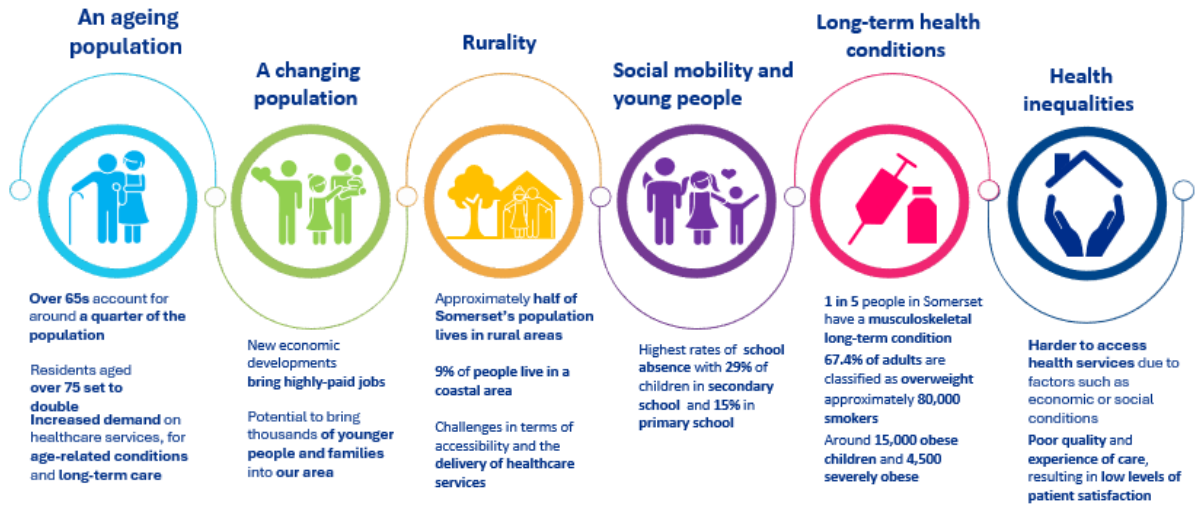
That is what we are building. That is what this strategy is for. For the people of Somerset, and those who care for them.

Dr Rima Makarem (Chair) and Peter Lewis (CEO) - May 2026

Our local context in Somerset

(note – graphic to be redesigned during graphic design process, including removal of reference to patient satisfaction under health inequalities)

The profile of our population, and the geography of Somerset, create unique challenges for health services, but we want to meet the specific needs of our population. Locally, some of our health challenges include:



The Framework for our Strategy

Our trust **vision** is “Thriving colleagues, integrated care, healthier people.”

Our **mission** is “To improve the health and wellbeing of everyone in Somerset, and to deliver outstanding integrated care by supporting our colleagues and nurturing an inclusive culture of kindness, respect and teamwork”.

Creating and nurturing a positive culture for our colleagues will enable them to deliver improved, safer services to those who use them. We will develop a compassionate, inclusive and learning environment for colleagues built on our values of kindness, respect and teamwork.

At SFT, we believe inclusion is essential. For our patients, for our colleagues, and for better care. We listen to every voice, and we work to remove every barrier. That’s why we promise to listen to every voice and do our best to remove any obstacles that might prevent people from receiving or delivering the best possible care. Successful implementation of our strategy will help us to deliver our vision and mission.

We have **seven strategic aims**: four of these improve clinical services directly, and the other three build a stronger organisation by developing our workforce, optimising our resources, and harnessing technology. Every colleague contributes to delivering these aims every day.

Our Aims
Aim 1: Contribute to improving population health and reduce health inequalities
Aim 2: Provide the best care and support to people
Aim 3: Strengthen care and support in people’s homes and 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: Transforming our services through innovation, research and digital transformation

We have established priority objectives and corresponding measures under each aim to support the delivery of this strategy, ensuring we can track our progress effectively over one, three, and five years.

We will work with service users and partners to design and deliver better services. This will include:

- continuing to engage with service users, carers and the Somerset population to fully understand and meet their needs; and

- working in partnership with the Integrated Care Board, Somerset Council and Voluntary, Community, Faith and Social Enterprises (VCFSE), and with Primary Care to improve the health and wellbeing of everyone in Somerset.

What will Somerset FT look like in five years time?

In five years, Somerset FT will:

- Contribute to improved population health and reduced health inequalities by providing **inclusive, preventative and personalised services, focused on those who experience the greatest barriers to good health.**
- Provide more **integrated care** and support for people, with **seamless pathways** across primary care, community services and acute care, for both **physical and mental health.**
- Provide enhanced care and support in people's homes and in local communities, and operate **community hubs in every neighbourhood** in Somerset, where people can access specialist care and advice, and complementary services to help them manage their health and broader wellbeing needs.
- Continue to transform our services by **harnessing the power of digital technology** to prevent sickness, and utilising it to keep people well.

Holistic care at home and in neighbourhoods

We will provide assessment, treatment and follow-up care at home or in community settings as the default for many conditions. Acute hospitals will provide specialist care. There will be **community hubs in every neighbourhood**, where people can access integrated support such as clinical advice, diagnostics and specialist input, alongside Council services and voluntary, community, faith and social enterprise support for day-to-day wellbeing.

Our network of **Community hospitals will offer an expanded range of services**, including clinics, rapid advice and rehabilitation, and spaces that support people to proactively manage their health and recovery.

More joined-up, personalised care

We will use our unique range of primary care, community, acute and mental health and learning disability services, to create **seamless pathways**. People won't need to retell their story as they move between services, and co-ordinated care plans will follow individuals as they move between services and as their needs change.

We will develop more **personalised support for those who need us most**. Services will be shaped around groups with the highest need—children and families, people living with frailty, and people with serious mental illness—so support is timely, consistent and tailored.

Improved care for children and families

We will develop **family hubs** within our community hubs, bringing together health services, Council services and educational provision in a single location. Offering this collaborative family support can make a real difference to the lives of young people and parents, prevent problems from escalating, and help us to achieve our aim of providing the best care and support to people.

We will invest in **new maternity services and facilities**. In the long term, this will include a new maternity unit including maternity theatres at Musgrove Park Hospital. In the short term, we will make maternity services safer and provide a better experience of care for service users and families by implementing the recommendations of recent national reviews of maternity services. We will also increase opportunities to access maternity services in local communities.

We will also make sure that there are **smooth pathways for when children grow up and transition to adult services**, to develop new ways to support our young people as they become adults and to make sure nobody “falls through the gaps” of care.

Improvements for people with mental illness, autism, ADHD and learning disabilities

Mental health services have not developed as quickly as needed to meet increasing demand, nor have they improved at the same rate as physical health services.

As the only integrated provider of mental health and acute and community-based physical health services in England, we have a unique opportunity to put this right.

We will make big improvements to our mental health and learning disability services. We will **treat more service users who need inpatient care in Somerset**, reducing the harm and cost of caring for them outside Somerset.

We will also **respond to the growing need for autism and ADHD care**, developing services in partnership, and changing some of our pathways to redirect resources where they are needed.

Our inpatient services will become safer in response to new national directives, and we will do **more for those in our population with serious mental illness**, who we know suffer more physical illness, and die younger, than others. We will strengthen care for those with serious mental illness by implementing new pathways, interventions and risk protocols, and by improving the way we work with primary care and VCFSE partners.

Better outcomes and fairer access

We are committed to being an organisation that prevents ill health and helps people to stay well. We will deliver care which recognises the unique needs of the Somerset population, and those who experience the greatest barriers to good health. There are parts of Somerset where people live shorter, less healthy lives than other areas. **People in underserved communities will see more targeted services**, more flexible access and fewer barriers—leading to measurable reductions in inequalities, and improvements to experience of care and health outcomes.

Using technology to deliver better care

People will have simple options to manage appointments, get advice and access parts of their record, with non-digital routes always available – **technology will support choice**, not create exclusion.

We will use AI and technology to detect illnesses quicker, provide clinicians and service users with more information, and advise on recovery and prevention.

Caring more for our colleagues

Teams will work closer together across Somerset, with shared goals and fewer organisational boundaries between primary, community, acute, mental health and social care partners.

There will be **more time for care**, streamlined pathways, clearer roles and better use of technology and automation will reduce duplication and administration—releasing time for direct patient care and proactive support.

We will create new roles for our colleagues that better **focus on service users and pathways rather than episodes of care**, and enable neighbourhood-based teams to offer true continuity of care for local people.

Our Aims

Aim 1: Contribute to improving population health and reduce health inequalities

In five years:

- All residents, regardless of where they live in the county, will enjoy **longer periods of good health**, with a greater focus on specific communities leading to a levelling up outcomes across Somerset.
- **Children and young people will experience improved physical and mental health outcomes** through more equal the full range of services which recognise the links between early development, education and health. There will be a particular focus on those with greater needs, including Looked After Children and those with Special Education Needs and Disabilities (SEND).
- Individuals living with **Serious Mental Illness, learning disabilities or experiencing problems related to substance misuse** or marginalisation - including homelessness - will benefit from faster **access to early interventions and targeted support**, helping to reduce premature deaths.
- **Fewer people will develop preventable long-term conditions**, such as Cardiovascular disease and Type 2 Diabetes, and those affected will experience less severe health impacts.
- Somerset FT will take on an active role as an anchor institution within Somerset, meaning that **we will positively impact the social, economic and environmental determinants of health**.

Today, healthy life expectancy in Somerset is 18.8 years lower than total life expectancy for females, and 14.8 years lower for males. In some areas of the county the gap is 8 years wider still, and it is increasing.

For some groups, the situation is even worse. For example, the life expectancy of women in Somerset with a serious mental illness is 17.5 years lower than for women without serious mental illness. For men in Somerset the difference is 19.7 years. People in marginalised groups also experience health inequalities. Across England, people affected by homelessness die on average around 30 years younger than the general population, and Somerset is estimated to have the third highest number of rough sleepers of any local authority in England.

We will start to address these inequalities by acting to prevent avoidable illness and disability in all parts of the services we deliver.

We will strive to ensure that everyone in Somerset has the opportunity to live a healthier, more fulfilling life, regardless of background or circumstance. We will promote wellbeing, prevent avoidable illness, and work to improve services so that all residents can live independently for longer.

To achieve this, we will take a proactive approach to address the health inequalities that persist in our communities. We will deliver services that value every individual, support early intervention, and deliver targeted support where it is needed. We will give equal priority to both physical and mental health.

We will enhance services for both younger children and older adults. We know that for the youngest in our community, improving children's health, including addressing issues like

childhood obesity, can reduce lifelong health problems and early mortality. We will provide more care closer to home for frail older people, prevent frailty escalating and reduce admissions to hospital so that people can stay independent, at home, for longer.

We will do more to prevent long term conditions like Diabetes and Cardiovascular disease from occurring. Where people do develop these conditions, we will make sure that services are tailored to meet their needs, and that they stay healthier for longer.

We will also improve services for those with serious mental illness, whose lives are often shortened by poor care. We will also work to address growing mental health needs including ADHD and autism, working in partnership to increase our capacity to help, and to develop new services.

We will proactively take on our role as an anchor institution within our community, using our size and buying power to have a positive influence on local employment and businesses, building wealth in the local community and influencing the wider determinants of health.

Aim 2: Provide the best care and support to people

In Five Years:

- People will get the help they need, when and where they need it. **People will only go to hospital if it's really necessary**, and there will be more, improved services in communities and closer to where people live
- **Access to our General Practice services will be easier and more consistent**, helping to prevent illness, providing early intervention, and reducing pressure on urgent and acute services. We will work with wider General Practice and Primary Care services to make improvements for everyone across Somerset.
- Families will have **more support available in their neighbourhood**, with new Family Hubs offering a range of services working together and tailored to local needs.
- More **cancers will be detected earlier**, leading to improved survival rates and more positive outcomes.
- **Dementia will be identified sooner**, and we will work in partnership with other services to make sure that every person who is diagnosed receives better care.

Over the next five years we will work in partnership with other organisations to develop family hubs in every community, so that there is local access to children and young people's services alongside other health services. This will help to give everyone a good start in life, and help to tackle wider issues such as education, housing and finances as well as health.

We know that there are some health conditions which need more focus, to prevent serious illness. Our cancer services will diagnose more people earlier, to stop cancers becoming worse and doing more harm. Our dementia diagnostic services will intervene quicker, and work with partners to provide more care closer to people's homes so that dementia need not rob people of their independence. These initiatives will contribute to the wider objective of making sure that people only come into hospital when they need to, and that they get home as quickly as possible.

We will also make improvements to primary care. We deliver over 20% of the county's General Practices services through Symphony Healthcare Services. We will give people better access to GP services in the practices we operate, and work in partnership with other GP practices, meaning that we can improve diagnosis, reduce hospital admissions, and keep people healthier for longer.

Aim 3: Strengthen care and support in people's homes and in local communities

In Five Years:

- There will be **Neighbourhood Health Centres and Integrated Neighbourhood Teams** across Somerset, in partnership with VCSFE organisations and local communities, offering accessible and community-driven health services.
- Most **outpatient care will be delivered virtually or in the community**.
- We will use **more digital technology**, giving clinicians accurate information quicker, and making it easier for people to manage their own conditions and stay healthy at home.

Over the next five years we will transform to provide care as close to people's homes as we can. Care will be digital by default, in a patient's home if possible, and in a Neighbourhood Health Centre when needed. This will help to make sure that people only go to hospital when necessary. We know that hospital care is expensive, and that being in hospital unnecessarily can actually be damaging to health and independence. Our plans reflect the goals set out in the government's 10 Year Health Plan for the NHS, and its 2026 Neighbourhood Health Framework, with its focus on integration, prevention, and on the provision of alternatives to hospital care.

Working in partnership to create new Neighbourhood Health Centres will help people stay healthy in their communities, and get into or return to work, bringing economic and social benefits to our whole population. It will also help in reducing travel time for service users. Our more integrated Neighbourhood Teams will help keep people healthy and out of hospital, by delivering care in better ways closer to people's homes.

Outpatient care will also be transformed. More Outpatient appointments will take place closer to people's homes rather than in acute hospitals. People will have more chance to use technology, and book their own follow up appointments. We will also strengthen partnerships with local care providers, and strengthen rehabilitation pathways, to increase alternatives to hospital care.

We will work with local communities to shape services so that care is culturally appropriate and aligned with community priorities. We will strengthen collaboration with local forums, VCFSE networks and parish councils to design services around what matters to people. This will include partnering with schools and other key agencies to improve facilities and services for young people and families. We will also use neighbourhood-level data to identify and address health needs, particularly in areas affected by rural isolation or poverty.

Aim 4: Respond well to complex needs

In Five Years:

- **Services for children with complex and special educational needs will provide** enhanced support and improved outcomes.
- **There will be more availability of help and support to people with learning disabilities, autism, and ADHD**, and those services will be more tailored to their specific needs. This will include working more closely with colleagues in Primary Care to improve ADHD diagnosis services and to improve care for those diagnosed.
- **People living with frailty will have greater opportunity to live independently, safely and with dignity**, supported by targeted services and resources.

We will deliver high-quality care to make sure that people with complex health needs, those who are at high risk of harm, and those who frequently use our services have a positive experience. We will use new digital innovations to coordinate our services better, to provide seamless care that meets the specific personal needs of individual people, agree care plans and work in ways that focus on what matters to the individual. We will deliver this approach to people at all stages of life, from birth to end-of-life care.

Our ageing population means that there is a high risk of more frail people needing more complex care. We will invest in new ways of preventing frailty, identifying it early, and providing care to frail people closer to home with services working together in a more joined up way to meet individual needs.

Many of our most complex service users are children, some of whom have significant needs which go beyond healthcare and encompass educational and social needs. We will work in partnership with Somerset Council and other service providers to identify these young people, tailor packages to meet their needs, and ensure that they have the best start possible in life.

Individuals with learning disabilities often encounter obstacles when seeking care. As the population of people diagnosed with autism and ADHD steadily grows, there is a pressing need for more timely and effective services for these groups. In the coming five years, we are committed to enhancing the quality of care they receive.

Our enabling Aims

We will not be able to make changes to our clinical services unless we have the right support services in place. Our three enabling aims focus on our people, our resources (money and buildings), and technology and research.

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

In Five years:

- Our **workforce will have adapted** to reflect our transformed services, making sure that it is the right size, has the right skills, and is sustainable.
- The management and **leadership capabilities of our colleagues will be higher**, boosting colleague wellbeing, resilience, experience, and talent development and retention.
- We will be **working in partnership with education providers** to give our colleagues and the community more opportunities to work in a range of roles within our organisation.

Somerset FT's role as an anchor institution in the county means it can offer careers, development and learning to people from across Somerset, particularly those who may typically struggle to access these opportunities.

We will attract, develop, retain and inspire our colleagues by creating an environment where people thrive. Kindness, respect and teamwork will be part of everyone's experience, every day. We will continue to deliver a compassionate, inclusive and learning culture, with professionalism, candour and accountability at its heart. Every one of our colleagues will continue to deliver our values and leadership behaviours every day.

We will use our size and scope to work with others to develop the potential of the Somerset population, helping young people build lives and careers locally by offering employment and training opportunities. This will include increasing the numbers of medical undergraduates, nursing and therapy students, apprentices and others training with us.

We will invest in training to equip our colleagues with the digital skills necessary to adapt to technological changes. We will also continue to offer extensive training and development, to support and develop colleagues to change the way we work and deliver clinical services, especially in local communities.

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

In five years:

- We will deliver our services in a **financially sustainable** way.
- More of our services will be delivered from buildings **that are fit for purpose**, including some **new healthcare buildings on hospital sites and in neighbourhoods** across Somerset.
- Our **carbon emissions will be reduced**, and our buildings will be made more sustainable and environmentally friendly.
- Corporate services will be transformed through **greater use of Artificial Intelligence** to enhance efficiency.

The challenge of our population's increasing health need is significant, and our budgets do not keep pace with rising demand. However, we have plans in place to deliver significant savings by transforming our care pathways and reducing demand for more expensive, hospital-based care.

We will maximise the productive use of our resources, obtaining best value for every pound we spend and optimise our use of workforce, infrastructure, and community assets. We will use new technology like AI and robotics to make sure that we are as productive as possible.

We will also direct our resources where they are most needed. Where there are communities that need our help more, we will provide them with appropriate levels of support. This could include areas of economic and social poverty, or population groups with poor health outcomes.

Aim 7: Transforming our services through innovation, research and digital transformation

In five years:

- Our **new Electronic Health Record system will be in place**, giving service users and clinicians easy access information and more opportunities to take control of their own care.
- We will be using **new technologies, including Artificial Intelligence**, to better prevent, diagnose and treat illnesses.
- Our trust will develop our **clinical research** capability, broadening the skills of our population and giving access to new and innovative methods of care.

Using technology, our clinical services can do more, and provide people with a better experience of care. This is why we have invested significantly in planning for the introduction of a new single Electronic Health Record, due to go live in 2028. When in place, we will be able to provide seamless, integrated care using only one system. Clinical records will be instantly available to both service users and their clinicians, and service users won't have to give their details multiple times.

This is part of a broader transformation of services with technology over the next five years. Through the use of data, AI and technology, we will provide access to modern treatments, seamless care via digital solutions, and enable people to manage more of their care themselves, at home, with apps and wearable devices.

At the same time, we will continue to develop our expertise in innovation and research, becoming a centre of excellence and helping our services maximise the potential of advances in technology and research outcomes.