

Council of Governors
25 June 2026, TBC
John Meikle Room, The Deane House, Taunton,

AGENDA

	Action	Presenter	Time	Enclosure
1 WELCOME AND APOLOGIES	Receive	Chair	12:45	None
2 QUESTIONS FROM MEMBERS OF THE PUBLIC	Receive	Chair		None
3 DECLARATIONS OF CONFLICT OF INTERESTS RESPECT TO ITEMS ON THE AGENDA	Receive and Note	Chair		None
4 TO APPROVE THE DRAFT MINUTES OF THE PUBLIC MEETING HELD ON 18 MARCH 2026	Receive and Approve	Chair		Appendix 1
5 MATTERS ARISING AND REVIEW OF THE ACTION LOG	Receive and Review	Chair		Appendix 2
6 TO RECEIVE THE PUBLIC REGISTER OF COUNCIL OF GOVERNORS INTERESTS AND ANY DECLARATIONS OF CONFLICTS OF INTEREST	Receive and Note	Chair		Appendix 3
7 NOMINATION AND REMUNERATION GROUP UPDATE	Receive and Note	Stuart Goble		
<ul style="list-style-type: none"> • Chair Appraisal and Objectives • Feedback from Non-Executive Director appraisals • Supporting material: NED Objectives 				Appendix 4 Appendix 5 Annex 1
8 APPROVE AND WELCOME NEW LEAD AND DEPUTY LEAD AND WELCOME NEW GOVERNORS	Approve and Note	Chair		Appendix 6
9 CHAIR'S UPDATE	Receive	Chair	12:55	
<ul style="list-style-type: none"> • Council of Governors' attendance • Statutory Duties of Governors 2026/27 – update • Non-Executive Director Fit and Proper Persons check 				Appendix 7 Appendix 8 Verbal
10 CORPORATE STRATEGY UPDATE	Receive	David Shannon	13:10	Appendix 9

11 PERFORMANCE UPDATE FROM THE EXECUTIVE DIRECTORS	Receive	Pippa Moger	13:40	Appendix 10
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12 CHIEF EXECUTIVE AND EXECUTIVE DIRECTORS UPDATE	Receive	Peter Lewis	14:00	Appendix 11
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13 FEEDBACK FROM:	Receive		14:30	Verbal
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- a) The Nomination and Remuneration Committee meeting
- b) Staff Governors

JT

All

Please note the May working groups were stood down to allow for New Governor Inductions and discussions around the future of the working groups.

14 ANY OTHER BUSINESS AND CLOSE OF MEETING	To note	Chair	14:35	Verbal
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- Governor Engagement
- Future of Working Groups 12:45
- Any Future Agenda items for Council of Governors meetings

JT
THT

All

15 DATE OF NEXT MEETING Wednesday 23 September 2026

Council of Governors

Minutes of the meeting held on 18 March 2026
at
Canalside, Bridgwater

Present:	Rima Makarem	Chair
	Virginia Membrey	Public Governor – Mendip
	Alison James	Public Governor – Mendip
	Jack Torr	Public Governor – Sedgemoor
	Judith Goodchild	Public Governor – Sedgemoor
	Ian Hawkins	Public Governor – South Somerset
	Sue Steele	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
	Erica Adams	Public Governor – West Somerset and Taunton
	Stuart Goble	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
	Val Bishop	Appointed Governor - VCSFE
	Heather Shearer	Appointed Governor – Somerset Council
	Dirk Williamson	Appointed Governor - SSL
	Caroline Gamlin	Appointed Governor - ICB
	Graham Hughes	Non-Executive Director
	Alexander Priest	Non-Executive Director
	Paul Mapson	Non-Executive Director
	Olena Doran	Non-Executive Director
	Rosie Benneyworth	Non-Executive Director
In Attendance:	Peter Lewis	Chief Executive Officer
	Melanie Iles	Chief Medical Officer
	Jade Renville	Director of Corporate Services
	David Shannon	Director of Strategic Development
	Ben Edgar–Attwell	Deputy Director of Corporate Services
	Tina Hickinbottom-Tacey	Corporate Services Officer (minute taker)
	Julie Hutchings	Board Secretary and Corporate Services Manager



Apologies:	Eddie Nicolas	Public Governor - Sedgemoor
	Halley Kimber-Keirle	Staff Governor
	Phil Hodgson-Purves	Staff Governor
	Adekunle Akinola	Staff Governor
	Lydia Karamura	Staff Governor
	Emmanuel Audu	Staff Governor
	Sun Sander-Jackson	Staff Governor
	Jonathan Moore	Staff Governor
	Sarah Wakefield	Appointed Governor – Somerset Council
	Jane Knowles	Appointed Governor – VCSFE
	Jos Latour	Appointed Governor - Universities
	Andy Heron	Chief Operating Officer
	Isobel Clements	Chief of People and Organisational Development
	Pippa Moger	Chief Finance Officer
	Deirdre Fowler	Chief Nurse and Midwife
	Darshan Chandarana	Non-Executive Director
	Inga Kennedy	Non-Executive Director

1	Welcome and Apologies for Absence
1.1	The Chair, Rima Makarem, welcomed all attendees to the meeting and confirmed that apologies for absence had been received and were 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 17 December 2026
4.1	Governors reviewed the draft minutes of the meeting held on 17 December 2025.
4.2	Mick Beales noted an inconsistency in item 8.3 regarding the Diagnostic Centre, and requested that this be corrected. No other Governors raised any amendments or concerns.
4.3	Subject to this correction, the Council approved the minutes as a true and accurate record of the meeting.
5	Matters Arising and Review of the Action Log
5.1	The Council discussed ongoing work over the last few months, particularly around racism and discrimination, and the continuation of allyship development. It was noted that this area would need to remain under review as new Governors join.

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	Recruitment of Non-Executive Director
7.1	The Chair confirmed that recruitment had been ratified for head-hunters to lead the appointment process to replace Martyn Scrivens. An advert is open until the end of the month, seeking candidates with finance and commercial experience.
7.2	Long-listing and short-listing arrangements were set out, with stakeholder panels scheduled for 20th and formal interviews on 23rd, with a view to appointing at that point, subject to Council ratification. Governors discussed expressions of interest.
8	Chairs' Update
8.1	The Chair thanked Governors for their participation in the morning development session and emphasised continued focus on supporting the Council to become increasingly effective over time.
8.2	Key points included: <ul style="list-style-type: none"> • Ongoing commitment to reviewing how Governors exercise their roles, including statutory duties. • Recognition of the value of Governor contributions to recent workshops and system discussions.
8.3	The chair noted the papers: <ul style="list-style-type: none"> • Council of Governors' Attendance • Statutory Duties of Governors 2025/26
9	Redesign of Community Services
9.1	The Council received a comprehensive update from Kate Smith and Kathy Doran on the ongoing redesign of community services, covering intermediate care, community bed modelling, the second-phase proposals for Burnham-on-Sea and Crewkerne, and the long-term strategic shift from hospital-based care into community settings.
	Intermediate Care – Test and Learn Programme
9.2	Kate Smith explained that the Trust's priority is to reduce delays for individuals leaving hospital and to support their recovery in the most appropriate environment. Evidence shows that, for the majority of people, recovery at home provides the best outcomes; however, reablement capacity is currently uneven across the county. To address this, the Trust introduced a 12-week "test and learn"

programme across Frome, West Mendip and Bridgwater, which included a temporary reduction in community hospital beds so that the model could be monitored across a range of indicators.

- 9.3 During this period, delays in discharge began to fall, waiting lists for community support reduced, and more people were supported to return home efficiently. Feedback gathered from patients and carers was overwhelmingly positive, despite the challenges and responsibilities associated with home-based recovery. However, Kate noted that since Christmas the Trust has been unable to offer all planned reablement hours in the home, resulting in a backwards step. Work is ongoing with colleagues in health and social care to restore capacity in the home-based offer.
- 9.4 Given the complexity of achieving the right level of support in the right geographies, the Trust is proposing to extend the test period for a further 12 months, to run until September 2026, in order to understand seasonal pressures, refine capacity modelling, and ensure there is sufficient data before any permanent decision is made. Feedback during the initial phase was gathered through a combination of individual conversations and QR-code surveys. The overall response rate was approximately 5%, which was lower than historical paper-based methods. Supplementary telephone contact during the test period enhanced the response rate, and the Trust is working with the Patient Experience Team to ensure future feedback mechanisms are accessible to all service users, particularly older people.
- 9.5 Kate also addressed safeguarding considerations, emphasising that multi-disciplinary pathways are in place to ensure individuals returning home are appropriately supported. For every person accessing intermediate care, the reablement team, therapist, and support workers spend time with them in their home environment on return, carrying out functional assessments and determining the appropriate level of support. Hospital-based planning provides initial predictions, but the final care plan is refined at home, drawing on involvement from health and social care services, dementia and delirium teams, district nurses, and the voluntary sector.

Community Beds and Access to Care Homes

- 9.6 Kate explained that a small but important group of people are unlikely to return home following hospital admission and will require permanent residential care. Historically, these individuals moved between community hospital beds while awaiting long-term placements. The new pathway now allows direct access to care homes, reducing unnecessary transitions and enabling more person-centred planning.
- 9.7 The Trust is monitoring the test period for any risk of geographical disadvantage, as care-home bed availability varies across Somerset. Kate noted the ambition that individuals should be able to access suitable beds within **[ASK KATE: number of days]**, and that the extended 12-month evaluation will help identify any inequities or capacity constraints in different areas.

Second-Phase Proposals – Burnham-on-Sea and Crewkerne

- 9.8 Kathy Doran provided an update on the second phase of community service redesign, covering Burnham-on-Sea and Crewkerne. Since February, stakeholder reference groups have been established, and significant feedback has been received from local communities. Concerns raised include difficulties accessing GP appointments, lack of NHS dental provision, travel and transport challenges, parking issues, and anxiety about local service changes.
- 9.9 Kathy noted that both communities expressed strong support for retaining services in their respective localities. Following analysis of the first test phase, the option of temporarily closing beds entirely in these areas was not supported. Instead, the Trust is proposing a reduction from 16 beds to 8 beds from 1 April, with a gradual transition. Work is now underway with PCNs, Symphony, acute colleagues and third-sector partners to determine which services can be provided locally as part of an integrated neighbourhood model. Services under consideration include ambulatory care (with Crewkerne considered well-placed for this), outpatient activity, diagnostic services, echocardiograms, chemotherapy, routine blood tests and blood pressure monitoring. In Burnham, work is progressing to improve the robustness of the Minor Injuries Unit through closer partnership with Symphony.
- 9.10 Kathy also acknowledged the lessons learned from phase one, particularly regarding staff engagement. In the first phase, communication with colleagues was delayed, creating unnecessary anxiety; this learning has been built into the second-phase process, with earlier engagement and clearer communication now in place.
- 9.11 Heather Shearer asked why the model remained in “test and learn” rather than progressing to a permanent configuration. In response, Kate reiterated the complexity of the changes and the need to ensure confidence about capacity across all areas, while Kathy explained that permanent change also requires formal collaboration with the ICB.
- 9.12 Stuart Goble asked how the Trust was monitoring the impact on carers. Kate set out the feedback mechanisms used during the test period, which included a 50/50 mix of patient and carer surveys, randomised follow-up phone calls and real-time feedback processes. Overall feedback has been positive, particularly around the principle of recovering at home, though some constructive comments have been made regarding scheduling of reablement visits, especially for patients requiring four calls per day. This feedback has been shared with local authority partners.
- 9.13 Olena Doran queried the low feedback response rate. Kate reiterated that the move from paper to QR codes contributed to lower uptake, noting that the majority of service users are older adults. She confirmed the team is working with Patient Experience to improve accessibility.
- 9.14 Heather Sparks raised questions regarding safeguarding processes. Kate described the structured, multi-agency approach used during discharge and transition home.

- 9.15 Jessica Cross asked about capacity within care homes. Kate confirmed that the Trust can purchase places where required, although availability varies across Somerset, and the extended test period will help understand any inequalities across different areas.
- 9.16 Finally, Rima Makarem conveyed concerns from staff who felt they had not been engaged early enough and had learned of the 12-week evaluation period only through the intranet. Kathy acknowledged this and emphasised that learning from the first phase has resulted in earlier and more transparent staff engagement in the second phase.

10 Performance Update from the Executive Directors

- 10.1 Lee Cornell presented the Executive Directors' performance update, summarising the information contained within the performance pack and highlighting key areas of progress, challenge and operational pressure across the Trust.
- 10.2 He began by describing activity within Community Physical Health Services, noting that both Hospital at Home and the virtual frailty service had shown caseload growth earlier in the year. More recently, however, numbers had fallen due to significant vacancies and sickness within the frailty team. A full action plan is being prepared to address this, with targeted recruitment underway and focused engagement with GP practices where referral levels have been low.
- 10.3 Turning to Symphony Primary Care, Lee confirmed that dementia diagnosis rates had been the subject of discussion. Learning from higher-performing practices is now being shared more widely. He also highlighted increased vacancy levels in Symphony North and Crewkerne, with recruitment initiatives in progress to address turnover in those areas.
- 10.4 In relation to Urgent and Emergency Care, Lee reported that January's four-hour performance had been 67%, reflecting wider regional pressures as well as significant increases in attendances, particularly at Yeovil District Hospital. A funded "ED sprint" improvement programme had been implemented, resulting in early signs of improvement, with waiting times reducing from 26 minutes, to 23 minutes, and to around 20 minutes during March. Lee emphasised that while these gains were encouraging, performance remained below where the Trust aims to be.
- 10.5 He also described deterioration in NCTR (No Criteria to Reside) during January and February. This was largely caused by reduced availability of domiciliary care, linked to the local authority's transition to a new reablement provider. Mitigation actions are in progress, and the Council has committed to providing interim additional capacity.
- 10.6 He then updated the Council on Elective Care, reporting improvements through February and March. The number of 52-week waiters has reduced to approximately 1,200, representing 2.2% of the total waiting list. The number of patients waiting 65 weeks reduced to 11 at the end of January.

- 10.7 On Community Mental Health, Lee explained that under-18-week waiting times remain above compliance standards, although Talking Therapies were operating at 75% compliance. He confirmed that performance across community mental health services remained generally strong.
- 10.8 For Diagnostics and Cancer, Lee noted that acute waiting lists had reduced by more than 600, with cancer services exceeding national standards both for 28-day diagnosis and for commencing treatment within 62 days.
- 10.9 He further confirmed that Community Dental Services had seen waiting lists fall by one-third in the last six months.
- 10.10 Finally, he highlighted several workforce measures, including an increase in mandatory training compliance and a rise in staff retention to 90%, the highest level since the Trust was established. Long-term follow-up uptake stood at 56.5%, which is approximately nine percentage points below the national average.
- 10.11 During questions, Heather Shearer asked about actions to improve Hospital at Home performance. Lee Cornell reiterated the work underway on staffing, practice engagement and wider service improvement. Governors also discussed A&E pressures, NCTR deterioration, social-care capacity constraints, data recording issues affecting children and young people's services, and the impact of pathways across the system.

11 Chief Executive and Executive Directors Update

- 11.1 Peter Lewis provided a comprehensive update to the Council covering operational performance, strategic developments, financial pressures, national policy changes and the Trust's priorities for 2026/27. He began by reflecting on the past year, noting that mental health and community services had performed strongly overall, while acute services, although performing relatively well compared to other providers in the South West, had not yet reached the standard the Trust wished to achieve. He highlighted particularly strong performance against cancer standards, including improvements through direct-access pilots for suspected lung cancer and for post-menopausal bleeding, which had resulted in quicker diagnosis and treatment pathways.
- 11.2 Turning to planned care, he reported a continuing reduction in the number of the Trust's longest waiters. The overall elective waiting list had reduced significantly during the year, falling from approximately 60,000 to 53,000 patients. He also described how new Advice and Guidance routes were enabling GPs to access specialist input without the need for onward referral, reducing pressure on outpatient services and helping expedite care for patients requiring secondary intervention.
- 11.3 In relation to urgent and emergency care, he stressed that NCTR (No Criteria to Reside) remained a major driver of poor flow within emergency departments. Demand had risen substantially since December, including a marked increase in ambulance arrivals. These pressures had directly affected the Trust's ability to

maintain consistent performance at its front doors, particularly at Yeovil District Hospital.

- 11.4 He then discussed the Trust's financial position. He confirmed that although the Trust would deliver its financial plan for the current year, this had been achieved through a combination of vacancy holds, non-recurrent savings and other temporary mitigations. Looking ahead, the Trust faces a requirement to deliver £80 million in savings in 2026/27 — equating to 6.5% of its annual spend — with a further two years of significant savings expected beyond that. The planned national move back to payment by results would add further complexity and would require a substantial staff education programme on accurate coding and data capture to ensure that activity is properly recorded and reimbursed.
- 11.5 On estates and infrastructure, he reported that the Rydon unit had been temporarily decanted to Wessex House to allow for significant building works funded through a capital allocation of over £1 million. These works would create additional capacity and enable improved separation of clinical areas, thereby helping to reduce the number of out-of-area placements. Rydon was expected to reopen within approximately two months. He also acknowledged the continuing challenges posed by the Trust's ageing estate, noting delays at the Yeovil Diagnostic Centre due to water leaks, progress on the development of the new Bridgwater Diagnostic Centre, and the major commitment involved in implementing the EPIC Electronic Health Record, which would replace the majority of the Trust's existing digital systems.
- 11.6 He then provided an update on the national context, explaining that NHS England had been abolished and absorbed into the Department of Health and Social Care, marking a fundamental shift in national health accountability and governance. Significant restructuring of Integrated Care Boards was also underway, including clustering arrangements across Somerset, Bath, Swindon and Wiltshire. The sector was now entering the first year of a three-year planning period, characterised by challenging performance, transformation and financial expectations.
- 11.7 He next spoke about the staff survey, highlighting that the Trust continued to perform above the national average across the People Promise themes, particularly in areas relating to staff engagement and morale. However, both locally and nationally, the overall results had deteriorated compared to the previous year. The Trust's survey response rate was approximately 46% [exact figure to be confirmed]. Peter emphasised the need for services and teams to examine their local results closely and work to address variations across the organisation.
- 11.8 During the question session, Heather Shearer asked about the conditions attached to the financial plan and how these linked to safeguarding obligations. Peter Lewis reiterated the importance of the transformation and performance frameworks that underpin the national planning requirements. Rima Makarem reminded Governors that the Board and QGAC regularly conduct deep-dives into areas of performance to provide assurance. Jack Torr queried the reopening timeline for Rydon, and David Shannon confirmed the expectation of a two-month timeframe. Judith Goodchild raised concerns about recurring themes in PALS and complaints,

asking how the Trust could evidence consistent learning across services. Peter Lewis agreed to follow this up with the relevant teams, acknowledging that communication remained the most common area of concern. Jessica Cross also highlighted the significant pressures currently affecting Musgrove Park Hospital.

12 Feedback from Working groups and Governors:

Strategy and Planning Group

12.1 The circulated paper was noted and no verbal update was provided.

Membership, Involvement and Communications Group

12.2 Jack Torr updated the Council on the group's recent meeting, which included a presentation from the Patient Engagement and Involvement Team. Governors expressed an interest in being more involved and emphasised the importance of communications with the public.

Quality and Patient Experience Group

12.3 Judith Goodchild provided feedback and reiterated concerns around repeated complaint themes and the need for clear evidence that actions are improving outcomes.

Nomination and Remuneration Committee

12.4 The Committee continues its work on NED appointments. No further update beyond item 7 above.

Staff Governors

12.5 Joe Silsby noted the staff governors continue to meet regularly with Peter Lewis and Isobel Clements where any concerns or comments can be raised.

13 Any Other Business and Close of Meeting

13.1 Although discussed at the start of the meeting, the following items are formally recorded under Any Other Business at the end of the minutes.

Election Update

13.2 The Chair provided an update on the upcoming elections and the associated timelines. Governors noted the update, and the Chair confirmed that further information will be circulated in due course.

Acknowledgement of Departing Governors

13.3 The Chair acknowledged and thanked all departing Governors for their service and contributions to the Council and the Trust. The Council noted these acknowledgements with appreciation.

13.4 No further items were raised.

14 Date of Next Meeting

14.1 25 June 2026.

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

No Outstanding Actions from December Meeting

18 March 2026

<p>Item 11 (11.8)</p>	<p>Provide further assurance on how learning from PALS and complaints is embedded across services</p>	<p>Peter Lewis</p>	<p>TBC</p>	<p>Update to be provided at a future Council of Governors meeting.</p>
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13 May 2026

No actions from the EO May Meeting



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:	25 June 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 June 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
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 Jack Torr	Public - Sedgemoor	<ol style="list-style-type: none"> 1. None to be declared
Mrs Sue Steele	Public – South Somerset	<ol style="list-style-type: none"> 1. Member – Conservative Party
Mr Michael (Mick) Beales	Public – South Somerset	<ol style="list-style-type: none"> 1. Chair for Preston Grove Patient Participation Group (PPG). 2. Member of the Conservative Party
Mr Ray Tostevin	Public – South Somerset	<ol style="list-style-type: none"> 1. My Wife is employed by Somerset NHS Foundation Trust as an Occupational Therapist 2. Chair of Quicksilver Community Group (Yeovil)

Governor	Constituency	Declaration of Interest (Financial and other interests)
		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
Mrs Alison Cooke	Public – Mendip	1.
Mr Alan Peak	Public - Outside Somerset	1. None to be declared
Joan Burgen	Public – Dorset	1.
Staff Governors		
Dr Joe Silsby	Staff	1. Private Practice at SNH
Julie Reeve	Staff	1. None to be declared
Emmanuel Audu	Staff	1. None to be declared
Mary Ugah	Staff	1.
Kate Greenwood	Staff	2.
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

Governor	Constituency	Declaration of Interest (Financial and other interests)
Cllr Sarah Wakefield	Somerset Council	1. Councilor – Somerset Council
Prof Chrissie Thirlwell	Universities	1.
Dirk Williamson	Simply Serve	1. None declared
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

Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Chairman Appraisal and 2026-27 objectives
SPONSORING NED:	Graham Hughes, Senior Independent Director
REPORT BY:	Tina Hickinbottom-Tacey, Corporate Services Officer
PRESENTED BY:	Stuart Goble, Lead Governor
DATE:	25 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>This paper provides the Council of Governors with a summary of the 2025/26 Chairman appraisal process and presents the proposed objectives for 2026/27 for approval.</p> <p>The appraisal was conducted in line with the NHS Code of Governance, led by the Senior Independent Director, and informed by multi-source feedback from Non-Executive and Executive Directors, alongside reflection against the NHS Leadership Competency Framework.</p> <p>Key findings highlight the Chair’s strong performance in strategic leadership, relationship building and external representation. The Chair has continued to raise the profile of the Trust nationally, strengthen system partnerships and support the Board to embrace innovation and transformation.</p> <p>Areas for further development include continuing to support Board cohesion following membership changes and strengthening alignment between Non-Executive and Executive Directors to ensure a consistently high-performing Board.</p> <p>The proposed objectives for 2026/27 build on these strengths and development areas, with a focus on maintaining Board effectiveness during transition, overseeing delivery of the Trust’s strategy, and continuing to strengthen external partnerships and national visibility.</p>
Recommendation	<p>The Council of Governors is asked to note the appraisal outcome and approve the objectives to support continued leadership effectiveness and delivery of the Trust’s vision.</p>

Links to Strategic Aims

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

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

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

- | | | | | | |
|------------------------------------|--------------------------------------|------------------------------------|----------------------------------|------------------------------|--|
| <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)

Feedback gathered from NEDs and Executive Directors informed the appraisal process.

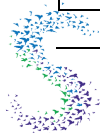
Previous Consideration

(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]

Reviewed by Nomination and Remuneration Group prior to submission.

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?

Yes

No



SOMERSET NHS FOUNDATION TRUST

**FEEDBACK FROM THE 2025/26 CHAIR APPRAISAL PROCESS AND
OBJECTIVES FOR 2026/27**

1. PURPOSE

- 1.1 To provide the Council of Governors with feedback on the 2025/26 Chairman's appraisal process.
- 1.2 To present the Chairman's draft objectives for 2026/27

2. APPRAISAL PROCESS

- 2.1 The NHS Code of Governance requires that the Chair's appraisal is led by the Senior Independent Director and that the outcome is shared with the Council of Governors.
- 2.2 The appraisal process for 2025/26 was conducted by Graham Hughes (Senior Independent Director).
- 2.3 The Chair completed a self-assessment against agreed objectives. Feedback was gathered from Non-Executive Directors and Executive Directors in line with NHS England Board member appraisal guidance.
- 2.4 The appraisal meeting was held on 14 May 2026, led by the Senior Independent Director.
- 2.5 The Nomination and Remuneration Group reviewed the appraisal outcome and agreed the objectives for 2026/27 prior to submission to the Council of Governors.

3. KEY FINDINGS

- 3.1 Overall, the Chair has delivered a strong performance during 2025/26, demonstrating effective and visible leadership across the organisation and wider system. She has played a key role in supporting the development of the Trust's strategic direction, strengthening relationships with system partners, and promoting the organisation at a regional and national level.



3.2 Feedback highlights her ability to foster a positive and inclusive culture, while providing constructive challenge and maintaining appropriate oversight of Board performance. She has continued to support the Board in adapting to change and embracing innovation as the Trust progresses towards its strategic ambitions.

- Key Strengths

- Approachable, caring, and strategic leadership style
- Creates a positive, inclusive culture and working environment
- Brings external learning into SFT, applying insights from beyond Somerset
- Actively promotes SFT's successes, raising its national profile
- Acts as a strong ambassador for the organisation
- Builds and sustains effective relationships with system partners and wider stakeholders
- Demonstrates strong leadership, encouraging the Board to explore new and innovative areas beyond its previous scope

- Development Areas

- Continue to develop the Board following changes in membership, supporting the integration of new members
- Strengthen collaboration and alignment between Non-Executive and Executive Directors to maintain a high-performing, cohesive Board

4. CHAIR'S OBJECTIVES FOR 2026/27

4.1 The Chair's proposed objectives for 2026/27 are:

- Ensure that there is good transition between outgoing and incoming NEDs and that the Board remains high-performing while these changes happen
- Oversee and gain assurance that the agreed corporate strategy has an implementation plan that is being followed
- Oversee and gain assurance on the implementation of EPIC
- Continue to develop and strengthen external partnerships and national visibility

5. RECOMMENDATION

5.1 The Nominations and Remuneration Group recommends that the Council of Governors:

- **Note and accept** the outcome of the appraisal process



- Receive assurance that objectives have been set for the coming year to support continue development and Board effectiveness as outlined above.

STUART GOBLE

CHAIR OF THE NOMINATION AND REMUNERATION GROUP



Kindness, Respect, Teamwork
Everyone, Every day

Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Feedback from the Non-Executive Directors Appraisal Process
SPONSORING EXEC:	Rima Makarem, Chair
REPORT BY:	Tina Hickinbottom-Tacey, Corporate Services Officer
PRESENTED BY:	Stuart Torr, Lead Governor
DATE:	25 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>This paper provides the Council of Governors with an overview of the 2025/26 Non-Executive Directors' (NEDs) appraisal process and its outcomes. In line with the NHS Code of Governance, the Chair led the appraisal process.</p> <p>Each NED sought feedback from colleagues and executives, informed by NHS England's Board member appraisal guidance. The Nomination and Remuneration Group reviewed the compiled feedback and confirmed that all NEDs have made strong contributions to Board effectiveness, with no performance concerns identified.</p> <p>The appraisal process identified a number of consistent strengths across the NED group, including effective governance and oversight, strong engagement in strategic development, and a commitment to fostering a positive and inclusive organisational culture. Opportunities for further development have also been recognised at a collective level, particularly in strengthening strategic focus, use of data, and continued Board cohesion.</p> <p>Objectives for 2026/27 have been agreed for all NEDs, as of May 2026, to support continued development and alignment with the Trust's strategic priorities. As Owen Woodley only joined the Trust in June 2026, his objectives will be confirmed at a later date. Full appraisal documents are retained by Corporate Services, and NED objectives for 2026/27 are provided in Annex 1 for Governor oversight.</p>
Recommendation	<p>The Council of Governors is asked to note the appraisal outcomes and receive assurance that objectives have</p>

been set to maintain high standards of governance and leadership.

Links to Strategic Aims

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

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

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

- | | | | | | |
|------------------------------------|--------------------------------------|------------------------------------|----------------------------------|------------------------------|--|
| <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

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Public/Staff Involvement History

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

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

FEEDBACK FROM THE 2025/26 NON-EXECUTIVE DIRECTORS' APPRAISAL PROCESS

1. INTRODUCTION

- 1.1 The NHS Code of Governance requires that Non-Executive Director (NED) appraisals are led by the Chair and that the outcome is shared with the Council of Governors.
- 1.2 The appraisal process for 2025/26 was undertaken using a peer review approach.

2. NON-EXECUTIVE DIRECTORS' APPRAISAL

- 2.1 Each NED sought feedback from a selection of colleagues and executives. This was based upon the NHS England Board member appraisal guidance.
- 2.2 Feedback was compiled into individual summaries and reviewed by the Nomination and Remuneration Group, which includes public and staff governors, the Lead Governor, and Deputy Lead Governor.
- 2.3 The Group concluded that all NEDs had a successful year and continue to make strong contributions to the effectiveness of the Board, with no performance concerns identified.
- 2.4 Objectives for 2026/27 have been agreed for all NEDs, as of May 2026, to support continued development and alignment with the Trust's strategic priorities. As Owen Woodley only joined the Trust in June 2026, his objectives will be confirmed at a later date.

3. NON-EXECUTIVE DIRECTOR APPRAISAL – KEY THEMES

- 3.1 Overall, the appraisal process confirmed that Non-Executive Directors have continued to make a strong and effective contribution to the leadership and governance of the Trust during 2025/26.
- 3.2 Collectively, the Board demonstrates a wide range of experience and expertise, providing robust challenge and support to the Executive Team. NEDs are engaged, visible and committed to the Trust's values, with a strong focus on quality, patient safety, and strategic development.
- 3.3 Feedback highlights a number of consistent strengths across the NED group, including:
 - Effective oversight and governance, with constructive challenge and appropriate scrutiny
 - Strong engagement in strategic development and transformation programmes
 - Promotion of a positive, compassionate and inclusive organisational culture



- Active contribution to system partnerships and external relationships
 - A willingness to bring external insight and learning into Board discussions
- 3.4 Opportunities for further development have also been identified at a collective level, including:
- Continuing to strengthen the balance between strategic focus and operational oversight
 - Further enhancing use of data, insight and benchmarking to support decision-making
 - Increasing visibility and engagement across services to deepen understanding of frontline challenges
 - Supporting continued Board development and cohesion as roles and responsibilities evolve
- 3.5 These themes have informed the individual objectives set for Non-Executive Directors for 2026/27, which are provided in **Annex 1**.

4. **RECOMMENDATION**

The Council of Governors is asked to:

- 4.1 **Note and accept** the conclusion of the Nomination and Remuneration Committee that all Non-Executive Directors have performed effectively during 2025/26.
- 4.2 **Receive** assurance that objectives have been set for the coming year to support continued development and the ongoing effectiveness of the Board.

STUART GOBLE

CHAIR OF THE NOMINATIONS AND REMUNERATION GROUP



Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Ratification of the Appointment of Lead Governor and Deputy Lead Governor
SPONSORING EXEC:	Ben Edgar- Attwell, Director of Governance
REPORT BY:	Tina Hickinbottom-Tacey, Corporate Services Officer
PRESENTED BY:	Rima Makarem, Chair
DATE:	25 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>This report confirms the appointment of Stuart Goble as Lead Governor and Jessica Cross as Deputy Lead Governor, following a nomination and approval process. Ratification is now sought from the Council of Governors.</p> <p>Formal ratification is required to validate the appointments and ensure compliance with governance procedures.</p>
Recommendation	<p>That the Council of Governors ratifies the appointments of:</p> <ul style="list-style-type: none"> • Lead Governor: Stuart Goble • Deputy Lead Governor: Jessica Cross <p>Effective from 1 June 2026 for a term of three years.</p>

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)

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]

N/A

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

Ratification of the Appointment of Lead Governor and Deputy Lead Governor

1. Purpose

- 1.1 To seek formal ratification from the Council of Governors for the appointment of the new Lead Governor and Deputy Lead Governor following the recent nomination and approval process.
- 1.2 In accordance with the Trust's Constitution and the Council of Governors' agreed procedures, the roles of Lead Governor and Deputy Lead Governor are subject to periodic review and appointment.

2. Background

- 2.1 The "Code of Governance" issued by Monitor/NHS Improvement (now changed to NHS England) in 2009 requires the Trust to have a Lead Governor.
- 2.2 The statutory role of the Lead Governor is to act as a contact between NHS England (NHSE) and the Council of Governors. The need for a point of contact will apply to a limited number of circumstances and in particular where it may not be appropriate to communicate through the normal channels, e.g. via the Chair or the Secretary to the Trust.
- 2.3 The main circumstances where NHSE will contact a Lead Governor are where they have concerns as to Board leadership or where there is a risk that the Trust may be in significant breach of its terms of its licence.
- 2.4 The Lead Governor also acts as a point of contact between Governors and NHSE in the case of any constitutional concerns.
- 2.5 The Trust has widened this role and, in view of the size of the Council of Governors, previously agreed to have a Lead and Deputy Lead Governor role. The Chair and Chief Executive regularly meets with the Lead and Deputy Lead Governors to update them on any key issues and discuss any areas of concern expressed by Governors.

3. Appointment Process

- 3.1 Governors were invited to express interest in the roles via a formal nomination process.
- 3.2 Expressions of interest were received by:
 - Stuart Goble for Lead Governor
 - Jessica Cross for Deputy Lead Governor



3.3 All nominations received would then be put to ballot for the Council to vote, however the two nominations stood unopposed.

4. RECOMMENDATION

4.1 The Council of Governors is asked to formally ratify the appointments of Stuart Goble as Lead Governor and Jessica Cross as Deputy Lead Governor.

4.2 Upon ratification, the Corporate Services Team will update internal records and notify relevant stakeholders. A formal announcement will be made via the Trust's communication channels.



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:	25 June 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>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

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Public/Staff Involvement History

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

Not applicable 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	19 March 2025	19 June 2025	19 September 2025	17 December 2025	EO 13 May 2026	Meetings	
							Possible	Actual
Erica Adams	Public –Somerset West and Taunton	Y	N	Y	Y	Y	5	4
Kate Butler	Public – Somerset West and Taunton	Y	Y	Y	Y	Y	5	5
Stuart Goble	Public –Somerset West and Taunton		N	Y	N	Y	4	2
Judith Goodchild	Public – Sedgemoor	Y	Y	N	Y	Y	5	4
Jack Torr	Public - Sedgemoor	Y	Y	Y	Y	Y	5	5
Sue Steele	Public – South Somerset	Y	Y	Y	N	Y	5	4
Mick Beales	Public – South Somerset	Y	Y	Y	Y	Y	5	5
Ray Tostevin	Public – South Somerset		Y	Y	Y	Y	4	4
Jessica Cross	Public – South Somerset		Y	Y	Y	Y	4	4
Alan Peak	Public – Outside Somerset	Y	Y	Y	Y	N	5	4
Alison Cooke	Public - Mendip					Y	1	1
Joan Burgen	Public - Dorset					N	1	1

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

Governor	Constituency	19 March 2025	19 June 2025	19 September 2025	17 December 2026	EO 13 May 2026	Meetings	
							Possible	Actual
Joe Silsby	Staff	Y	Y	Y	Y	N	5	4
Julie Reeve	Staff	Y	Y	Y	Y	N	5	4
Emmanuel Audo	Staff		N	Y	Y	N	4	2
Mary Ugah	Staff					N	1	0
Kate Greenwood	Staff					N	1	0

Appointed Governors

Governor	Organisation	19 March 2025	19 June 2025	19 September 2025	17 December 2025	EO 13 May 2026	Meetings	
							Possible	Actual
Caroline Gamlin	Somerset Integrated Care Board	Y	Y	Y	N	Y	5	5
Cllr Heather Shearer	Somerset Council	Y	N	Y	N	Y	5	3
Dirk Williamson	Simply Serve	Y	Y	N	N	Y	5	3
Jane Knowles	Voluntary, Community and Social Enterprise (VCSE)	Y	Y	N	Y	N	5	3
Val Bishop	Voluntary, Community and Social Enterprise (VCSE)	N	Y	N	Y	N	5	2
Sarah Wakefield	Somerset Council				Y	Y	2	2
Chrissie Thirlwell	Universities						0	0

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:	25 June 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					

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Public/Staff Involvement History

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

Not applicable.

Previous Consideration

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

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?

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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 2026 / 27	A report on the Non-Executive Process was taken to the Extraordinary February 2026 Council of Governors and approved via email	Completed
		Stakeholder Governor Group session held during interview process. Lead Governor and other governors part of the interview.	Completed
		Nomination and Remuneration Group held meeting in May 2026 to recommend appointments of new NEDS	Completed
Decide the terms and conditions of the Chairman and Non-Executive Directors	Annual remuneration review	An annual remuneration review for the Chair was carried out in May 2026 and approved at the EO May 2026 Council of Governors. An annual remuneration	Ongoing

		review for the Non – Executives will be confirmed in the future.	
Consider the Annual Accounts and Annual Report		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.	Completed
Assist the Board of Directors in setting the strategic direction of the Trust and targets for the Trust's performance		The Quality Report for 2024/25 and the Quality Account priorities was presented to the September 2025 Council of Governors meeting. Input into the strategic direction of the Trust is provided through the Strategy and Planning Group.	Completed
To hold the Non-Executive Directors, individually and collectively to account for the performance of the Board of Directors, including: <ul style="list-style-type: none"> considering whether the interests of the public 'at 		Performance is discussed through a number of different ways: <ul style="list-style-type: none"> Governors Strategy and Planning Working Group Governors Quality and 	Ongoing

<p>large' have been factored into board decision-making</p> <ul style="list-style-type: none"> • be assured of the Board's performance in the context of the system as a whole, and as part of the wider provision of health and social care • compliance with the triple aim duty of better health and wellbeing for everyone, better quality of health services for all individuals, and sustainable use of NHS resources. • The role of the Trust in relation to reducing health inequalities in access, experience and outcomes. 		<p>Patient Experience Group</p> <ul style="list-style-type: none"> • Governors People Group • Governors' attendance to Public Board meetings • Weekly Governor briefings • Report of the Board of Directors to the Council of Governors meetings • invitations for Governors to attend Board Committee and Governance Group meetings • Feedback by Non-Executive Directors to the Council of Governors meetings • Non-Executive Director and Governor meetings • Governor Development Days 	
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		<ul style="list-style-type: none"> • Availability of detailed finance and performance reports on the Trust's website. 	
<p>Represent the interests of the members of the Trust as a whole and form a rounded view of the interests of the public 'at large', which includes the population of the Somerset system.</p> <p>To interact regularly with members of the trust and public to understand their views and to clearly communicate information on trust and system performance and planning in return.</p>		<p>The interests of members as a whole and the interests of the public are represented in a number of ways, including Governor attendance at non-Trust meetings, members' newsletter, Leadership Walkrounds.</p> <p>Actions will be 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</p>		<p>The appraisals for Chair and Non-Executive Directors</p>	<p>Ongoing</p>

Directors		was completed and will be noted at the Council in June.	
To decide whether the Trust's private patient work would significantly interfere with the Trust's principal purpose.		This will be raised with the Council of Governors as and when required.	Ongoing
To approve any proposed increases in non-NHS income of 5% or more in any financial year.		The Trust does not anticipate a proposed increase in non-NHS income of 5% or more for the 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.	Completed
To approve a significant transaction.		No significant transaction is envisaged for 2026/27.	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 out proposed changes to the Constitution and Standing Orders was approved at the December 2025 CoG meeting.	Completed

SOMERSET NHS FT STRATEGY - DRAFT

2026-31

David Shannon - Director of Strategy and Digital Development
Richard Baum - Head of Strategic Planning

WHY A NEW STRATEGY?

We have changed

After our mergers, SFT is the only Trust in England to combine acute, community, mental health and GP services.

We have a unique opportunity to transform our services, focus on population health, and help people stay well for longer.

The NHS has changed

Growing demand. Financial pressures. New treatments. New government.

10 Year Health Plan has three key shifts:

1. Treatment to prevention

2. Hospital to communities

3. Analogue to digital



OUR MISSION AND VISION

Our Vision

Thriving colleagues, integrated care, healthier people.

Our Mission

To improve the health and wellbeing of everyone in Somerset, and to deliver outstanding integrated care by supporting our colleagues and nurturing an inclusive culture of kindness, respect and teamwork

Our Aims

7 aims to achieve our Vision and Mission

Kindness, Respect, Teamwork -
Everyone, Every day

OUR APPROACH

Our approach is to work in partnership to transform services for our population, and create a compassionate, inclusive and learning culture for our colleagues. We will focus our efforts on the sections of our population which need it most e.g. children, frail people, those with serious mental illness, providing personalised care to level up across Somerset.



**Population
health**



**Partnership
working**



**Personalised
care and
reducing
inequalities**

IN FIVE YEARS...

We will transform the NHS in Somerset over the next five years. By 2031 we will...



Be **reducing health inequalities**, focusing transformation on those who experience the greatest barriers to good health.

Be **providing integrated care** between services and physical and mental health

Deliver care in a range of **new community hubs** in every neighbourhood in Somerset

Be **harnessing the power of technology** with new digital ways to stay healthy and get treatment when you need it.

Focusing our work where it's needed (examples include):

Continued investment in our Facilities and Estate

Better access for those needing autism and ADHD care

More personalised care for people with frailty and dementia

Enhanced care for people from less well off and under-served parts of our community

AIM 1: CONTRIBUTE TO IMPROVING POPULATION HEALTH AND REDUCING INEQUALITIES

We will focus on prevention so that everyone can live longer in good health. We will level-up across Somerset by focusing on parts of our community which need our help the most



Better outcomes for children and young people

Better access to the full range of developmental and health services for children and families, with a focus on Looked After Children and SEND



Targeted transformation of services for those with serious mental illness

People with SMI, and other marginalised groups like homeless people, will benefit from faster access to targeted support.



Our role as an anchor institution in Somerset

We will use our size, scope and buying power to support the local community, working in partnership to promote health and economic growth across the county.

AIM 2: PROVIDE THE BEST CARE AND SUPPORT TO PEOPLE

Kindness, Respect, Teamwork -
Everyone, Every day

In five years:

- People will only go to hospital when it's necessary, with a greater focus on neighbourhood services.
- Conditions like cancer and dementia will be detected much earlier.
- Family hubs will be in place in neighbourhoods across Somerset, bringing services together.

AIM 3: STRENGTHEN CARE AND SUPPORT IN PEOPLE'S HOMES AND IN COMMUNITIES

There will be a fundamental shift of services into communities and people's homes. You will be able to access more, locally, and avoid the need for hospital.

We will design care in partnership, using technology to enhance services but making sure nobody is left behind by it.



Kindness, Respect, Teamwork -
Everyone, Every day

Neighbourhood Health Centres and
Integrated Neighbourhood Teams across
Somerset



Outpatient care will be delivered virtually and
in the community

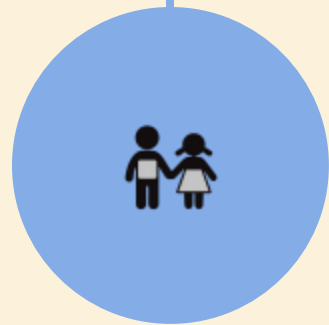
We will use more digital technology to help
clinicians and patients manage care



More partnership working - with the VCFSE
sector and patient groups, to design services

AIM 4: RESPOND WELL TO COMPLEX NEEDS

Children with complex needs



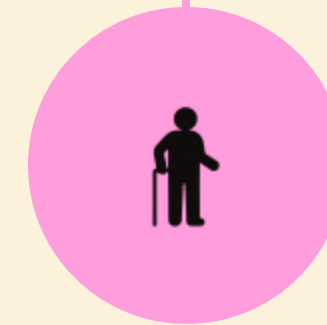
Enhanced support and improved outcomes,, working in partnership with others

Learning disabilities, Autism and ADHD



Improved diagnosis, and more personalised and tailored care.

People living with frailty



More opportunity to live independently, with dignity and safety paramount.

OUR ENABLING AIMS

AIM 5: PEOPLE

We will **support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture** by making sure that our workforce adapts for the future, improving our leadership capabilities, and working with local education providers to build skills.

**Kindness, Respect, Teamwork -
Everyone, Every day**

AIM 6: MONEY AND BUILDINGS

We will **live within our means and use our resources wisely**. This means balancing our budgets, investing in our buildings and in our communities, and making sure that we are a responsible organisation that reduces carbon emissions. We will take advantage of new ways to be efficient, like using Artificial Intelligence to transform our administration.

AIM 7: TECHNOLOGY AND RESEARCH

The next five years will involve **Transforming our services through innovation, research and digital transformation**. This will include our brand new Electronic Health Record system which will give patients and clinicians much more insight and control over keeping people well and providing the best care. We will use AI more to improve services, and develop our research offer,



WALK OUR PATH WITH US

We have chosen a different path to improve health for everyone in Somerset – integrated care, in neighbourhoods, keeping people well.



We will be engaging with partners and patient groups over the next few months to begin bringing the Strategy to life.

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.

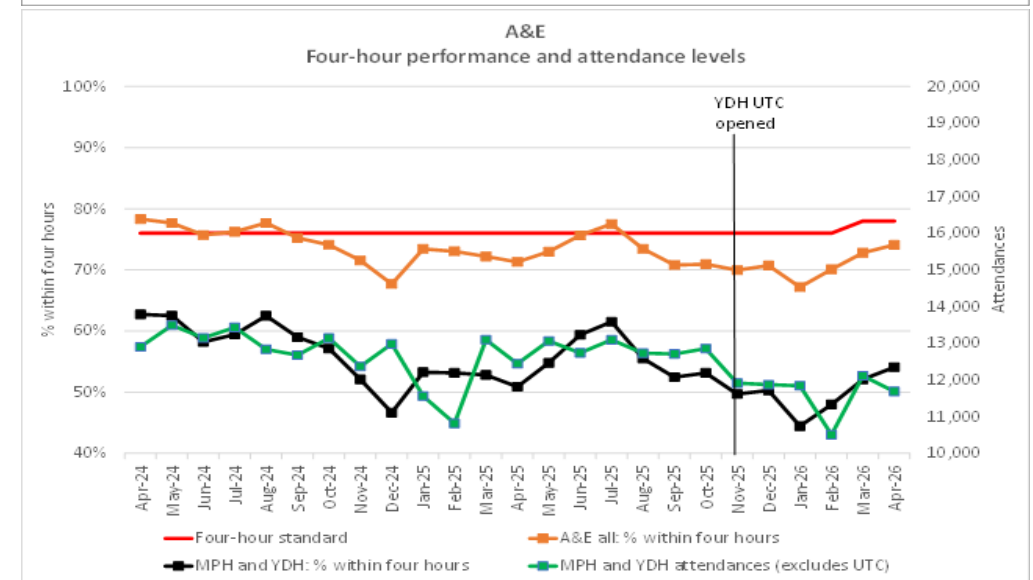
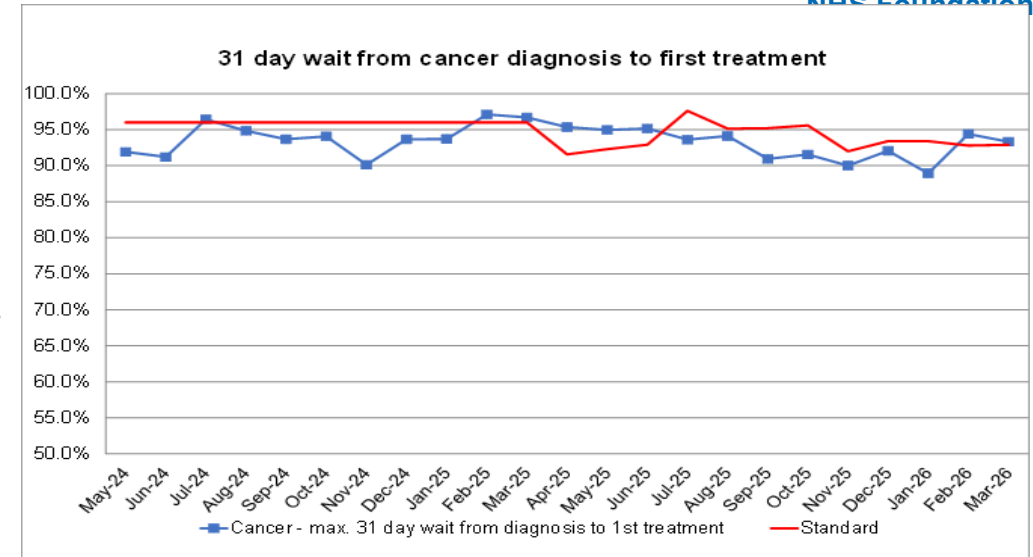
Finance and Performance: Report to the Council of Governors

Kindness, Respect, Teamwork
Everyone, Every day

Pippa Moger, Chief Finance Officer
25 June 2026

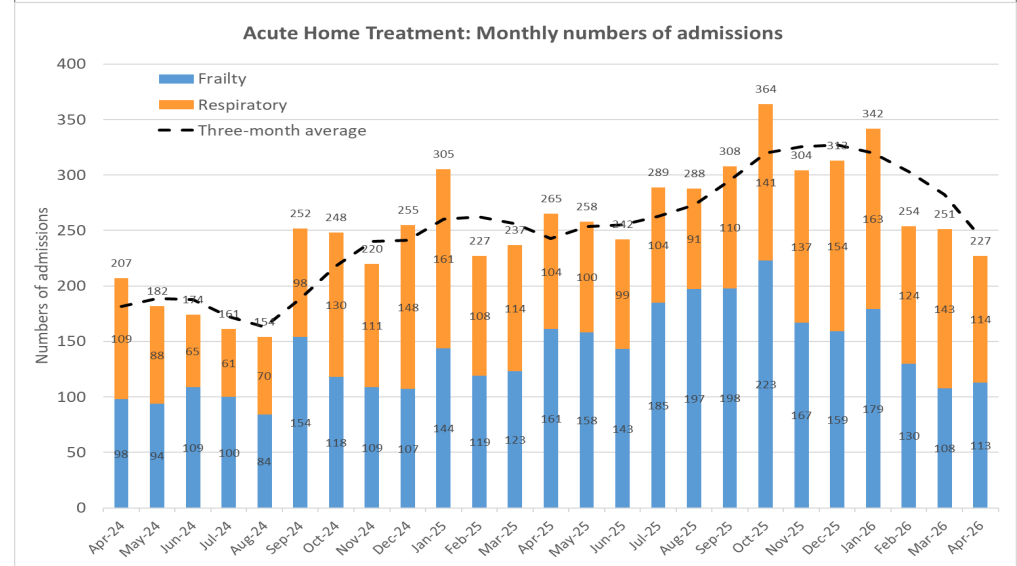
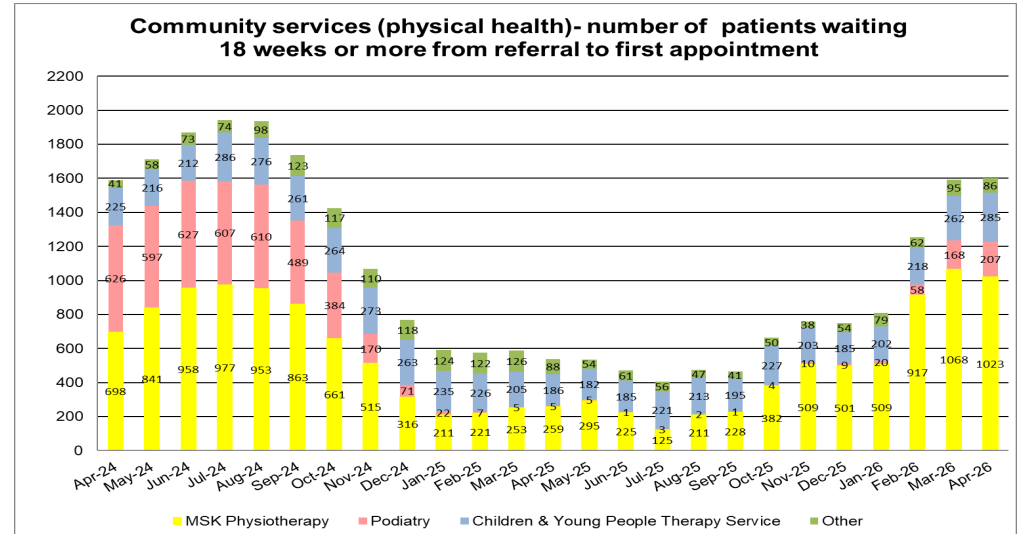
National Priorities

- As at 30 April 2026, we were 3.1% above (i.e. better than) our planning trajectory for the national priority measure to improve the percentage of patients waiting no longer than 18 weeks for treatment (actual 65.8%, plan 62.1%).
- Performance against the 31-day first combined cancer treatment standard was 93.3% in March 2026 – the latest data available - below the 96% national standard but above our planning trajectory of 92.9%. There has been an increase in breaches for skin patients due to an early surge in referrals in the last three months, which we usually only start to see in May. An insourcing provider is being used to provide additional capacity within the dermatology service.
- Trust-wide A&E 4-hour performance in April 2026 was 54.1%, up from 52.1% in March. Overall compliance, including Urgent Treatment Centres, was 74.1%, the highest level since July 2025, but below the 76% Operational Plan standard to be achieved in April 2026. The regional average performance for April was 69.7%; SFT was the third-best-performing Trust out of 13 in the region.



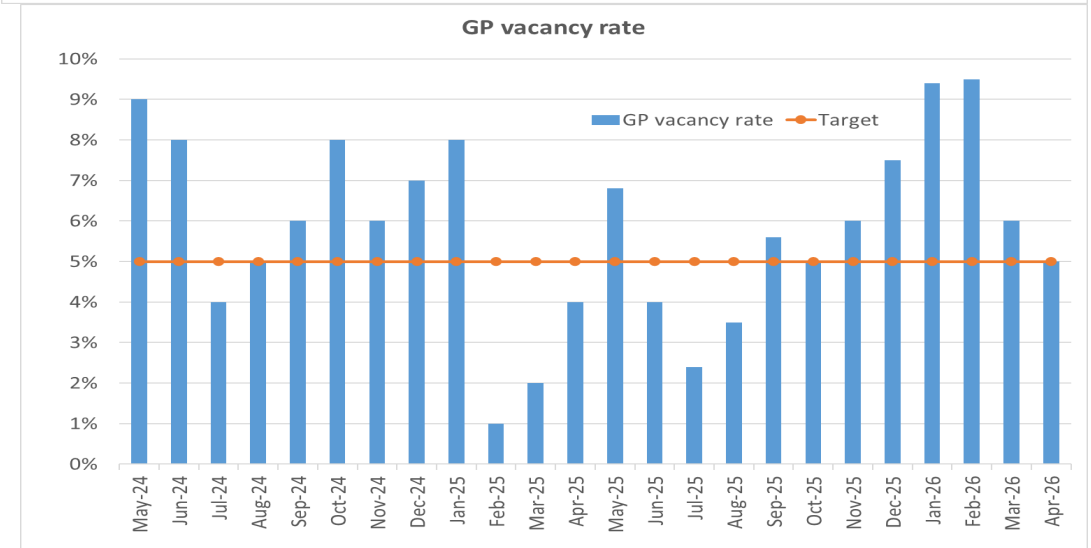
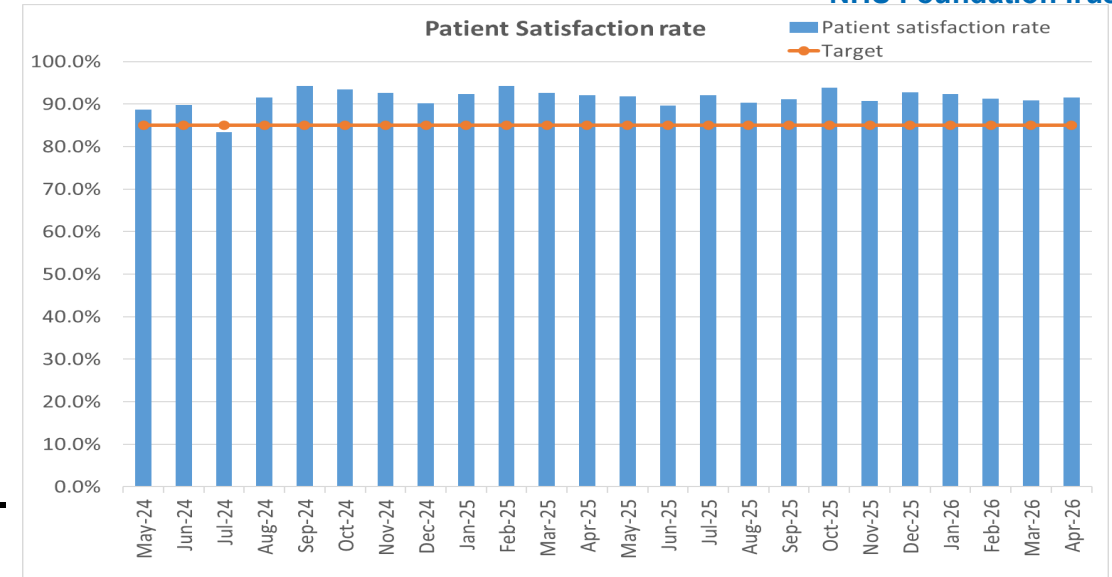
Neighbourhoods and Community services

- As at 30 April 2026, the number of patients waiting 18 weeks or more to be seen by our community physical health services (excluding Dentistry) was 1,601, up slightly from 1,593 in March. 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, sickness absence, and insufficient cover for maternity leave. The percentage of patients waiting under 18 weeks at the end of April was 88.2%, against a national standard of 78%. No patients were waiting 52 weeks or more.
- In April, the percentage of patients seen within two hours by our urgent community response service was 94.2%. Performance has consistently been maintained well above the 70% national standard.
- The average Hospital at Home caseload was 75 during April, down slightly from 77 in March. There were 227 admissions to the virtual beds in April, down from 251 in March. The drop-off in the size of the caseload and numbers of accepted referrals is mainly due to the Frailty team being down to about one-third of its full capacity. A workforce plan is in place to address this.



Symphony Healthcare Services

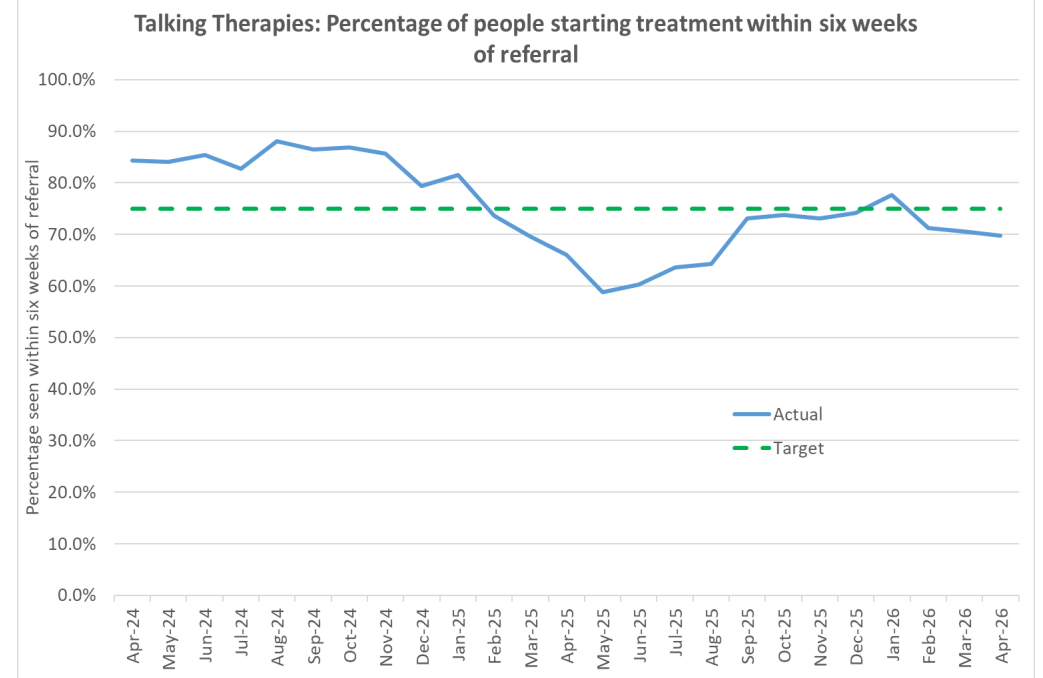
- Practices are expected to ensure that the number of patients diagnosed with dementia is at least 66.7% of the estimated prevalence level. As at 30 April 2026, the dementia diagnosis rate across Symphony Healthcare practices was 53.5%, up from 53.2% in March. Symphony is undertaking work with practices to achieve improved outcomes.
- The patient satisfaction rate for Symphony practices in April was 91.5% and has been maintained consistently above the 85% target level.
- The net GP vacancy rate across Symphony reduced to 5% in April, following some focused recruitment work and improvements to recruitment processes.



Mental Health and Learning Disabilities

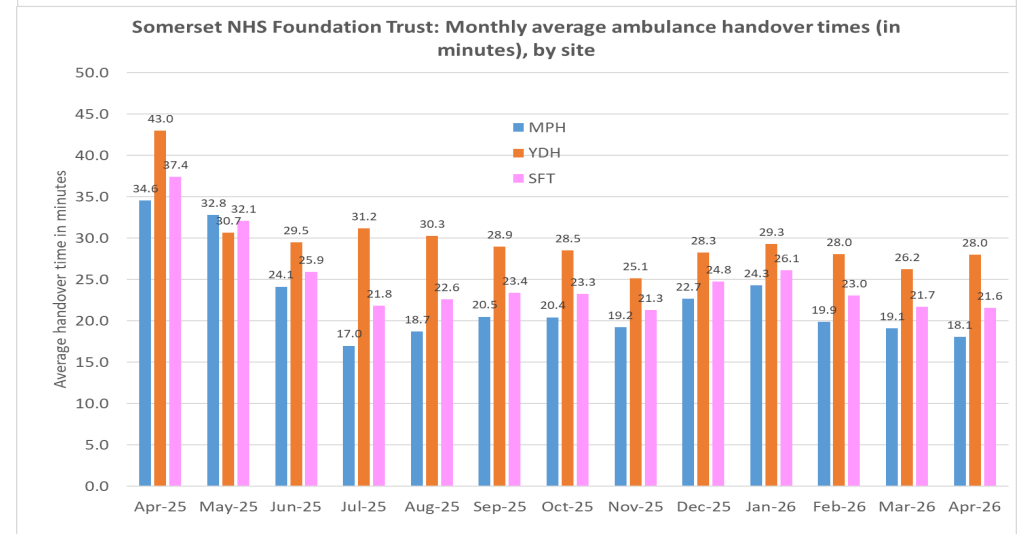
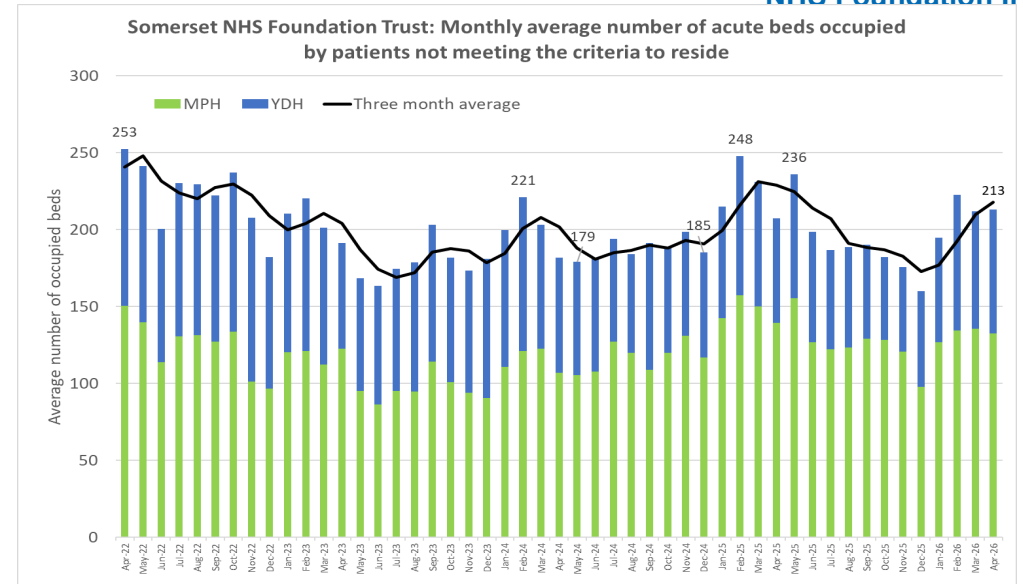
- The percentage of people waiting six weeks or less to be seen by our adult community mental health services was 94.4% in April, and 92.6% of older people on the waiting list for a first appointment had waited under six weeks; 90.1% of children and young people referred to Child and Adolescent Mental 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 30 April 2026 was 100%, against the national standard of 60%.
- The percentage of Talking Therapies patients beginning treatment within six weeks of referral was below the 75% standard in April at 69.7%. The dip in performance is due to the knock-on effect of a fall in activity over the Christmas and New Year period, and is expected to return to compliance in May 2026.
- As at 30 April, we had three out of Area Placements for non-specialist mental health inpatient care. This was mainly due to the lack of availability of suitable beds, and safety considerations. One patient was repatriated on 1 May 2026. Out of Area usage has been affected by estates improvement works at Rydon ward, resulting in a temporary reduction of three acute beds. The work is due for completion, with these additional beds becoming operational again, at the end of May 2026.

	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26
Adult mental health services	93.8%	92.0%	90.7%	97.4%	94.6%	94.4%
Older Persons mental health services	95.8%	97.1%	95.7%	94.5%	90.7%	92.6%
Learning disabilities service	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Children and young people's mental health	94.9%	100.0%	90.0%	97.0%	90.9%	90.1%



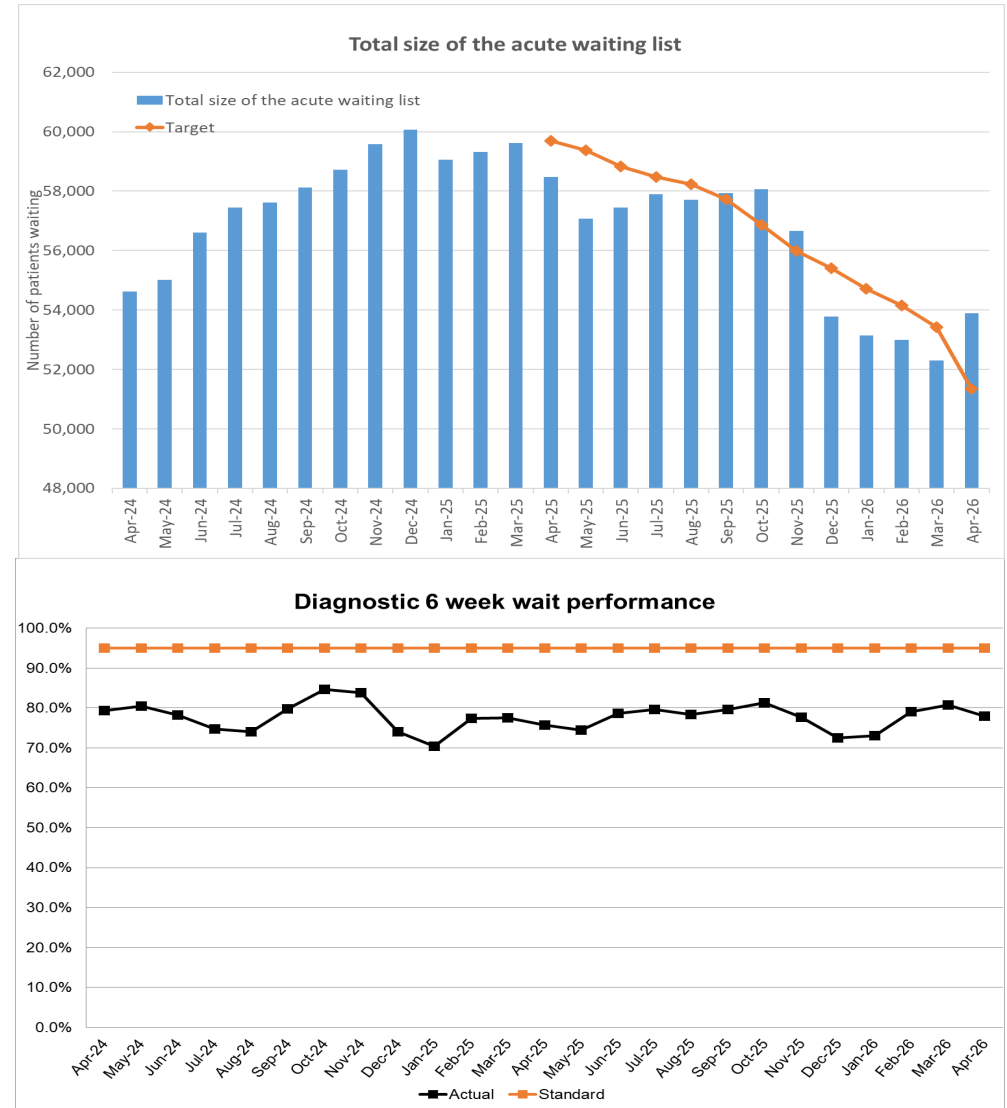
Urgent and Emergency Care

- During April 2026 the Trust-wide average number of beds across the two acute sites occupied by patients not meeting the criteria to reside was 213, almost unchanged from March (212).
- As at 30 April, national best-quartile performance was that 10.8% of Adult General & Acute and critical care beds were occupied by patients who did not meet the criteria to reside. Our performance was 28.3% of beds. We were ranked 111th 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 April, the Trust-wide average ambulance handover time was 21.6 minutes (18.1 minutes at MPH and 28.0 minutes at YDH), down slightly from 21.7 minutes in March 2026, and better than our plan for the year of 25 minutes or less.



Elective Care

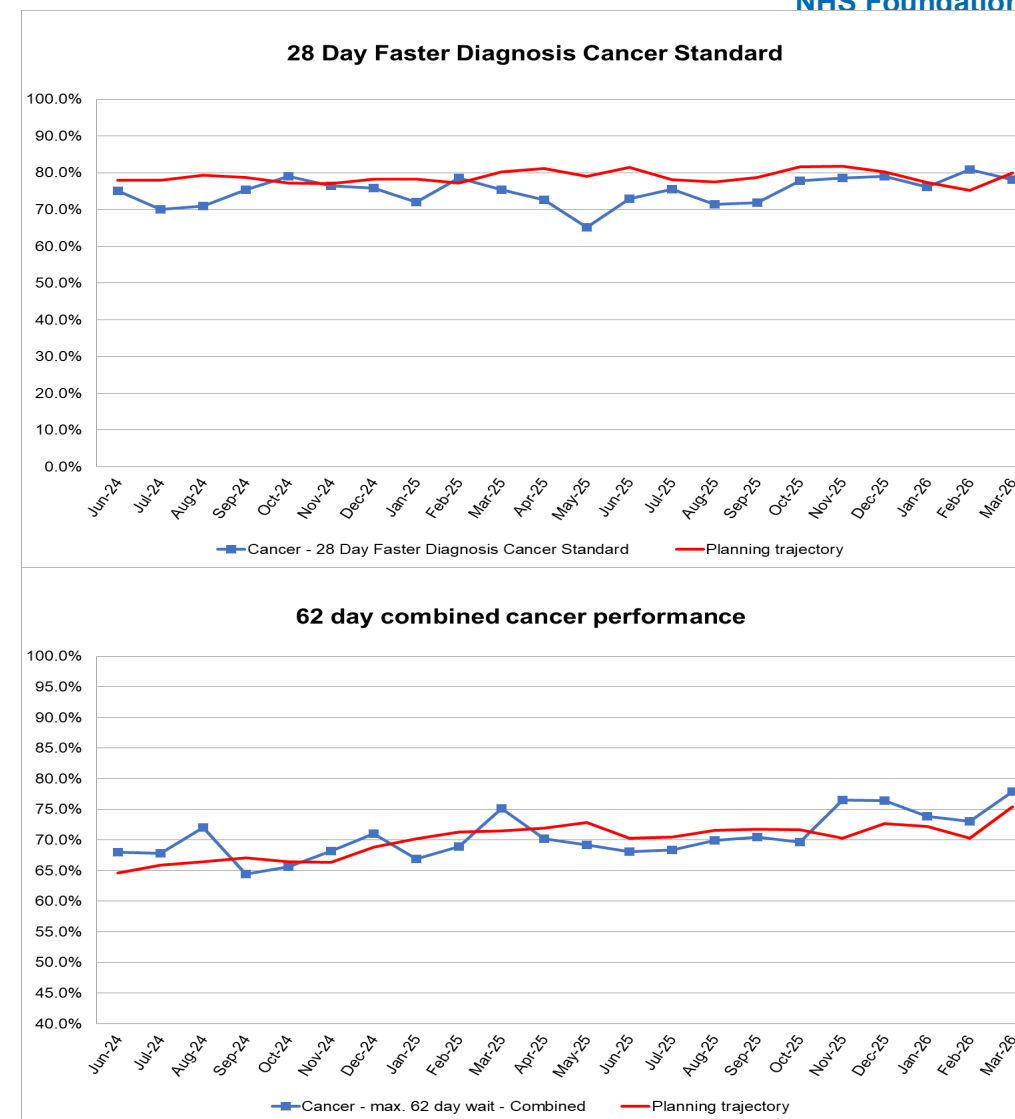
- The total size of the acute waiting list as at 30 April rose by 1,589 from the previous month, to 53,891, following five months in a row that the list had reduced. The waiting list size was 2,545 higher (i.e. worse) than the target of 51,346 or fewer. There has been a seasonal rise in referrals, especially for suspected skin and urological cancer, a small reduction in treatment capacity due to bank holidays and annual leave, and several consultant vacancies in high volume specialties including neurology (now filled) and urology.
- Performance against the six-week diagnostic waiting time standard was 78.0% in April 2026, down from 80.7% in March, and below the Operational Plan level for April of 79.4%. The highest numbers of patients waiting over six weeks were waiting for endoscopy, echo, ultrasound and MRI. Long waiter numbers have increased due to a combination of vacancies, sickness absence, insufficient cover for maternity leave, and annual leave. Echo insourcing capacity has been increased and is now meeting contract volumes; vacancies are being appointed to. Two additional high specification MRI and CT scanners at Bridgwater Community Hospital will open in late August 2026, which will help increase capacity for more complex scans.



Cancer Services

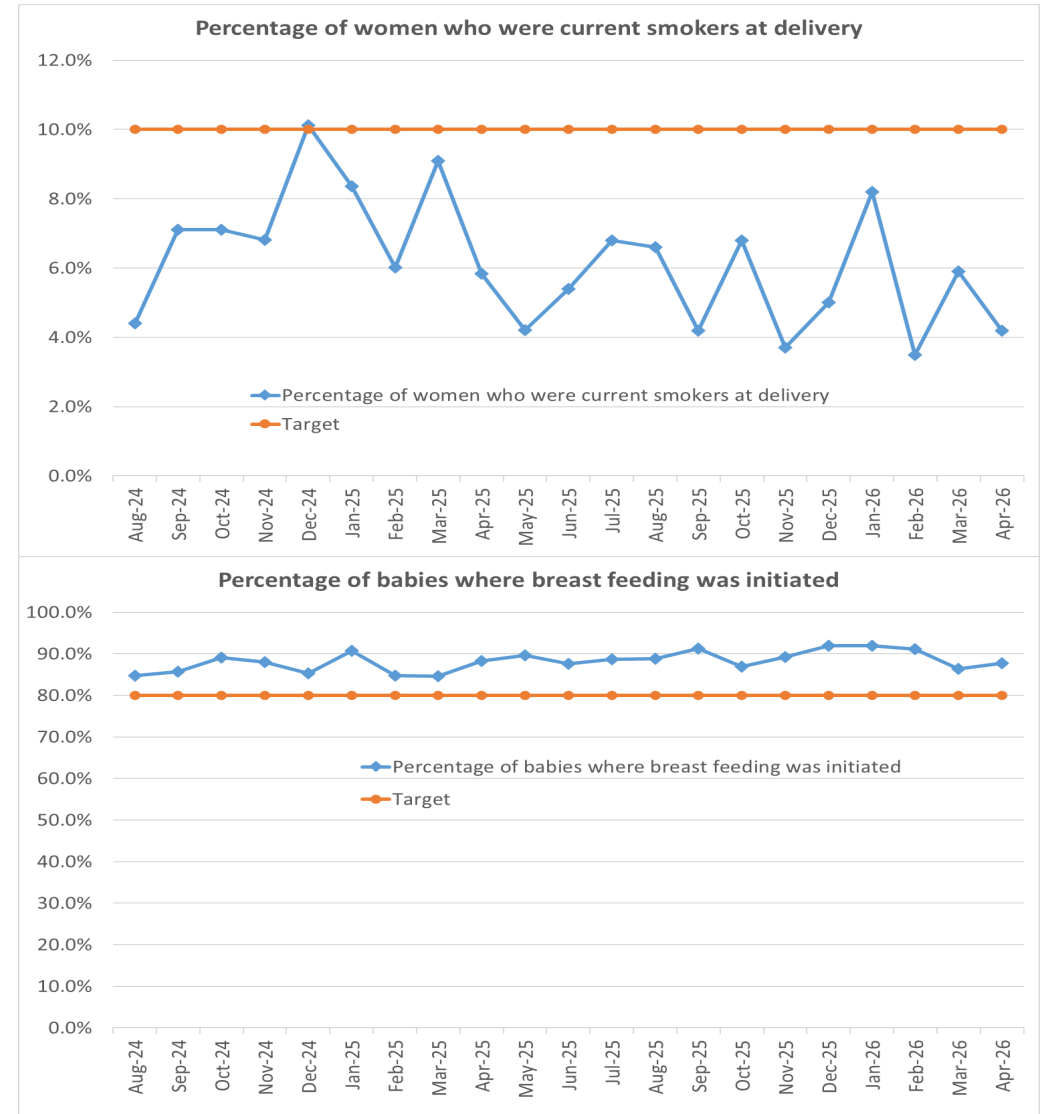
- During March 2026, the latest validated data available, 28-day Faster Diagnosis Standard (FDS) performance was 78.1%, below the 80% national standard and below our planning trajectory of 80.6%. Three tumour sites, colorectal, urology and gynaecology were the main contributors to the breaches of the standard in March 2026. Colorectal performance has been affected by waiting times for colonoscopies and CT colon scans. The Gynaecology service is currently short of a consultant, following an inability to recruit to a post to cover maternity leave. The Urology service has seen a significant growth in suspected cancer referrals across quarter 4 of 2025/26. The colorectal and urology teams took part in the national 100 Days Matter challenge; urology FDS performance has improved by over 30% since May 2025. Gynaecology is piloting the WID-Easy high vaginal swab, which should reduce the time to diagnose endometrial cancer to 72 hours.
- Performance against the 62-day standard was 77.9% in March, above the current national standard of 75%, above the national average performance of 72.8%, and above our planning trajectory target of 75.2%.
- The percentage of cancers diagnosed at stage 1 or 2 remained above the 60.1% standard, at 69.5%.

Kindness, Respect, Teamwork
Everyone, Every day



Maternity Services

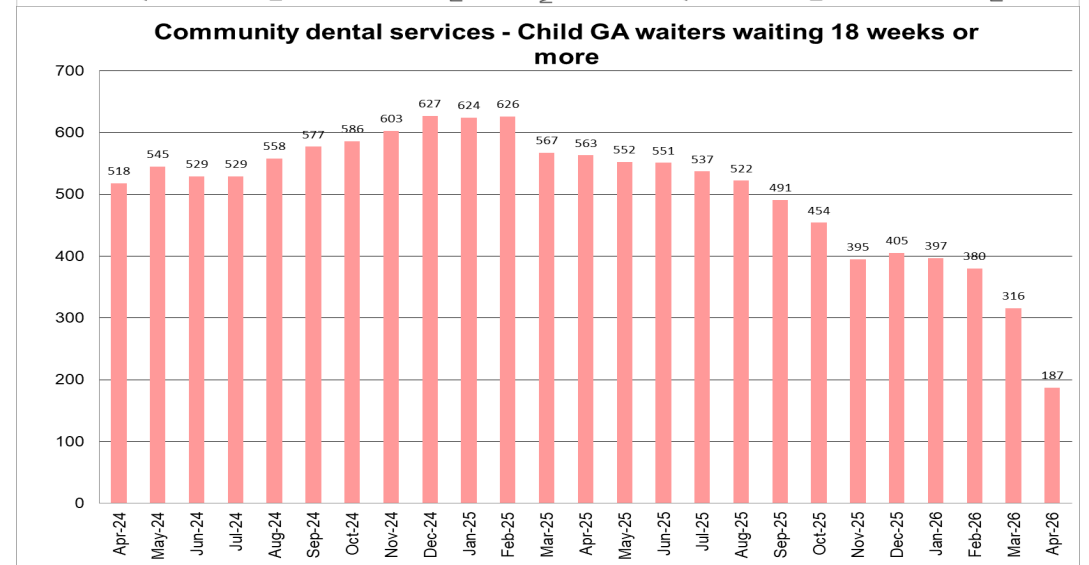
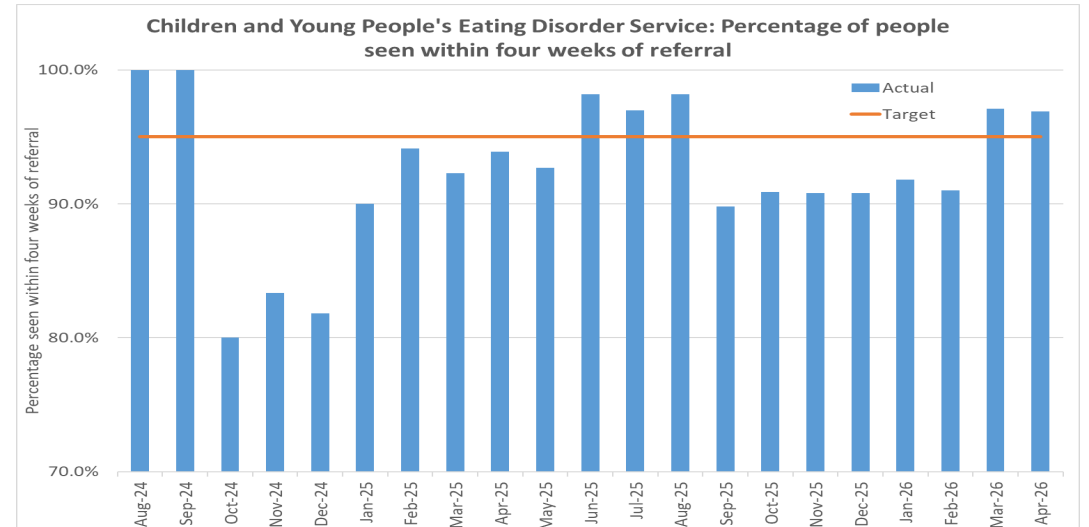
- The service successfully re-launched the YDH inpatient maternity and neonatal services at midday on Tuesday 21 April 2026.
- The residual impact of the temporary service closure was initially managed through daily tactical calls with system and SFT partners and is now being reviewed on a weekly basis. Activity and staffing levels across both YDH and MPH sites continue to be closely monitored.
- Acuity and activity remain high at the MPH site. However, the continuation of the elective caesarean section list and wider service provision at YDH is supporting a more balanced distribution of activity across sites.
- The percentage of women who were smokers at delivery in April was 4.2%, 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 April, at 87.8%.



Children and Young People's Services

- The number of Children and Young People accessing NHS-funded mental health services in the 12 months to 30 April 2026 was 5,998, significantly above the target of 5,400.
- In the three months ending 30 April 2026, the combined compliance of the SFT CEDS and SWEDA service for seeing routine CYP eating disorders referrals within four weeks was 96.9%, above the national standard of 95%.
- As at 30 April 1,866 patients had waited over 18 weeks to be seen by our community dental service, up from 1,815 at the end of March; the numbers waiting over 18 weeks and over 52 weeks have risen in recent months due to theatre staffing pressures, industrial action and high levels of sickness absence.
- The GA waiting list for young people reduced from 316 at the end of March to 187 at the end of April and has reduced by around 60% 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.

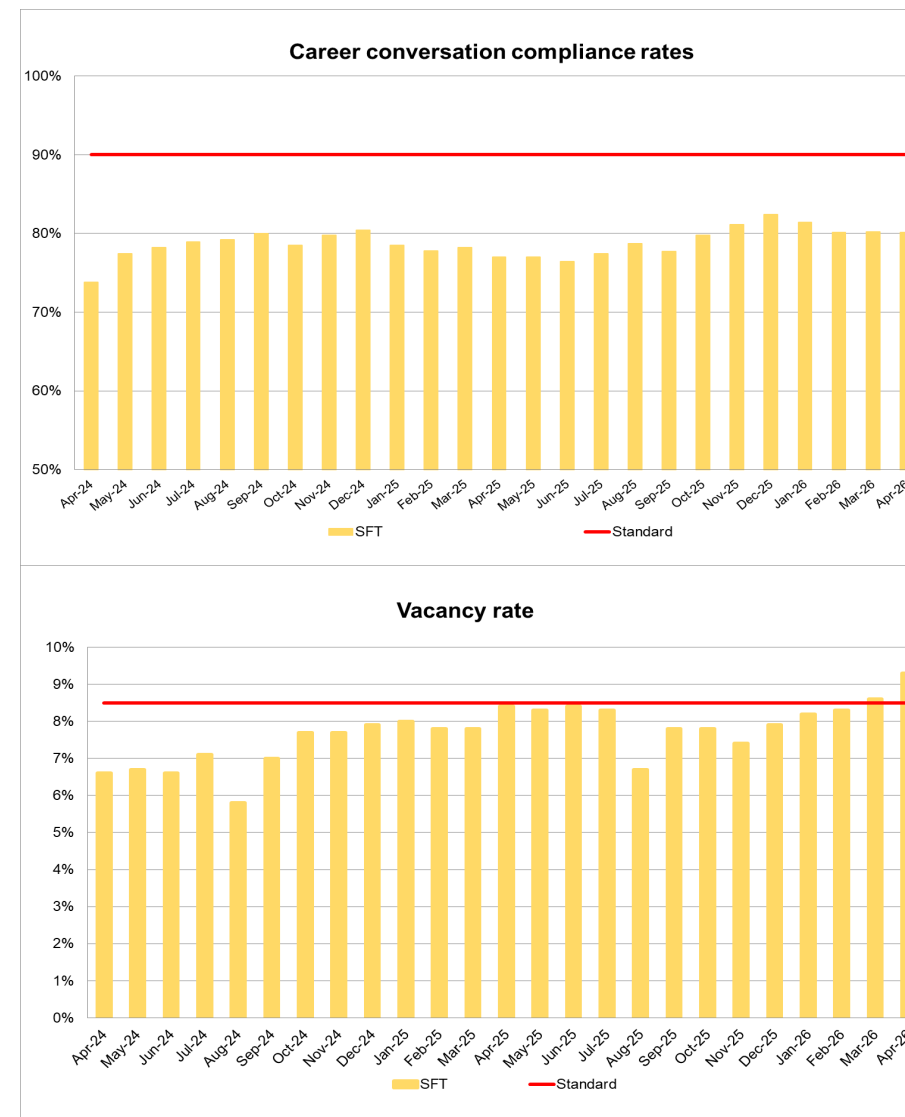
Kindness, Respect, Teamwork
Everyone, Every day



Pippa Moger

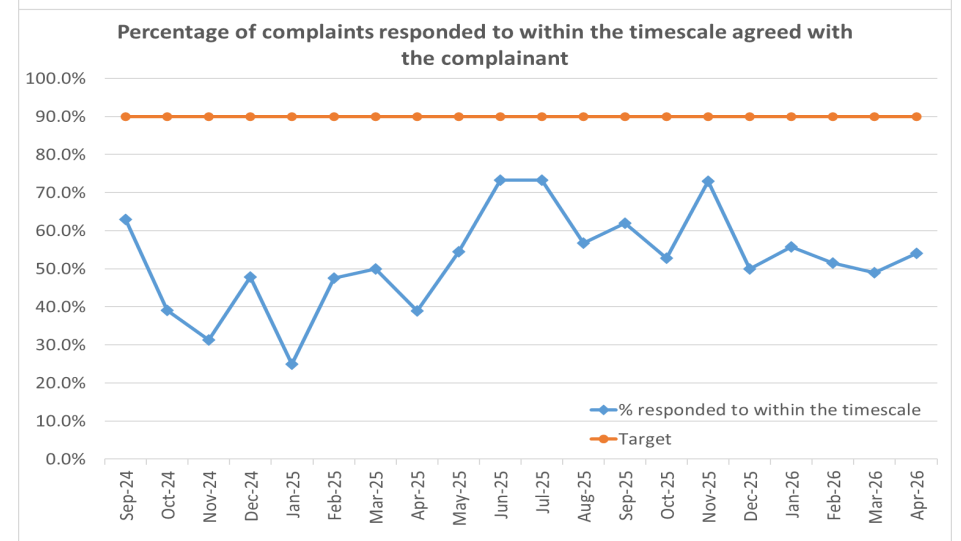
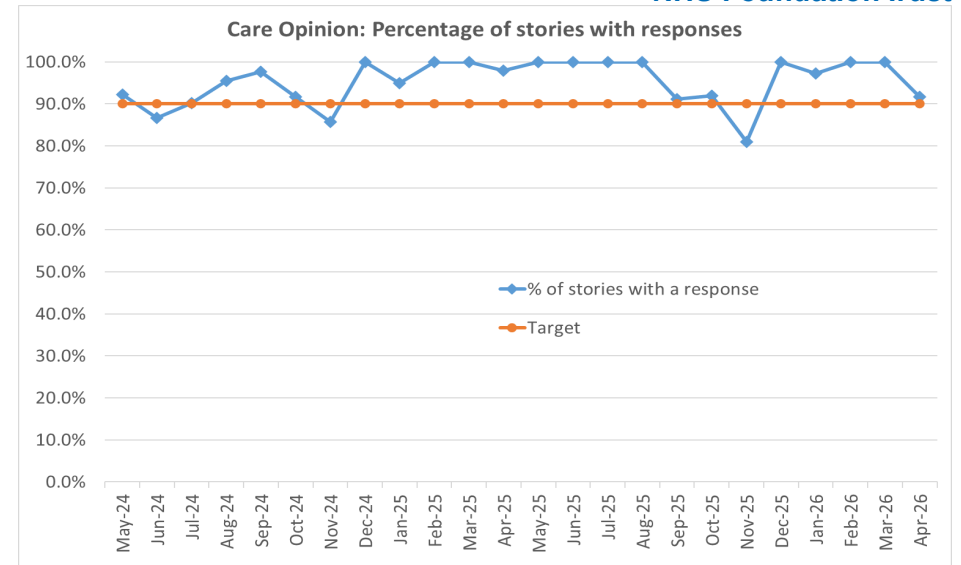
People

- In respect of retention, 90.1% of colleagues who were in post as at 30 April 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 30 April, the percentage of colleagues who had had a career conversation review within the last 12 months was 80.1%, down by 0.1% on the previous month. People Business Partners are linking with key stakeholders to provide targeted support.
- As at 30 April, our mandatory training rate increased to 93.3%, from 92.6% in March.
- Our vacancy rate as at 30 April increased to 9.3%, above the new temporary Green level of 8.5%, instituted to reflect the current restriction on external recruitment. The increase was due in part to colleagues leaving under the Mutually Agreed Resignation Scheme (MARS). Recruitment capacity has also been temporarily affected by insufficient cover for maternity leave, and by and sickness absence in the recruitment team. Actions are under way to improve recruitment throughput and stabilise vacancies
- Our sickness absence rate for the 12 months to 30 April 2026 was 5.2%, unchanged from the previous month. The in-month sickness absence rate fell from 5.1% in March 2026 to 4.9% in April 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 April 2026, 91.7% of stories had a response, above the 90% standard.
- In April, the percentage of complaints responded to within the agreed timescale was 54.1%, up from 49.0% in March. 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.



In April, the Trust recorded a deficit of £5.680m, this was breakeven to plan for the month.

The main headlines in April are:

- April agency expenditure was £1.290, £0.313m higher than March but £0.537m lower than for the same period in 2025/26. This was primarily driven by medical agency which was £0.417m higher than in March due to vacancy cover.
- CIP of £2.398m was delivered in April, £0.122m above plan and of this, £0.613m was recurrent. Further analysis of CIP is included in the relevant report section.
- Industrial action backfill costs of c£0.7m were recorded for the April round of resident doctor strikes. There is no central funding to offset these so the Trust has needed to use non-recurrent resource to cover these costs. No provision has been made to account for the impact of activity/income but this will be assessed once April activity information is available.

Statement of comprehensive income	Month 1 (April) 2026/27		
	Plan Year to date £'000	Actual Year to date £'000	Variance Year to date £'000
Operating income from patient care activities	88,205	87,002	-1,203
Other operating income	4,223	7,556	3,333
Employee expenses	-65,345	-68,506	-3,161
Operating expenses excl employee expenses	-31,785	-30,790	995
Operating Surplus/(Deficit)	-4,702	-4,738	-36
Net Finance Costs/Corporation tax	-1,166	-876	290
Surplus/(Deficit) for the period	-5,868	-5,614	254
Adjustments to Financial Performance	188	-66	-254
Adjusted Financial Performance Surplus/Deficit	-5,680	-5,680	0

Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Chief Executive and Executive Director Update
SPONSORING EXEC:	Peter Lewis, Chief Executive
REPORT BY:	Tina Hickinbottom-Tacey, Corporate Services Officer
PRESENTED BY:	Peter Lewis, Chief Executive
DATE:	25 June 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 checked="" type="checkbox"/> For Information

Executive Summary and Reason for presentation to Committee/Board	<p>This report provides an overview of key national, regional and local developments affecting the Trust during the period since the last Council meeting, together with updates on significant organisational activity not covered in routine performance reporting.</p> <p>It highlights the external context, including national policy developments and system pressures, alongside regional performance, and key corporate updates, including service developments, partnership working and areas of learning.</p> <p>The report is presented to ensure Governors are informed and assured of the Trust's strategic context, ongoing pressures, and the actions being taken to respond to national priorities and local system challenges.</p>
Recommendation	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> • Note the contents of the report for assurance.

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



- 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
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)
The report includes a number of references to work involving colleagues, patients and system partners.

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

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

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

CHIEF EXECUTIVE / EXECUTIVE DIRECTOR REPORT

1 BACKGROUND AND PURPOSE

- 1.1 This report provides an overview of national, regional and local issues affecting the Trust, together with updates on executive activity and other key areas not covered in standard performance reports.

2 NATIONAL AND REGIONAL DEVELOPMENTS / POLICY UPDATES

NATIONAL DEVELOPMENTS

National Planning, Performance and Financial Framework for 2026/27

- 2.1 NHS England issued a national letter setting out planning priorities for 2026/27, marking the transition into the financial year and reinforcing expectations aligned to the NHS 10 Year Health Plan. The letter confirms continued national focus on elective recovery, urgent and emergency care performance, productivity and financial balance, alongside increased emphasis on neighbourhood health models, strategic commissioning and multi year planning. NHS England also confirmed that regional teams would intensify support through the Intensive Recovery Programme for systems with the most persistent operational and financial challenges.

Primary Care, Neighbourhood Health and Workforce Flexibilities

- 2.2 NHS England published variations to the Primary Care Network (PCN) Network Contract Directed Enhanced Service (DES), effective from 1 May 2026. These introduced new local variation arrangements, enabling Integrated Care Boards to make limited local amendments to support the development of neighbourhood-based services where existing contractual routes are insufficient. Additional flexibilities were also introduced within the Additional Roles Reimbursement Scheme (ARRS), allowing certain GP and practice nurse roles previously funded through other national schemes to transition into ARRS, subject to funding availability. Collectively, these changes supported the shift toward neighbourhood health models and greater local flexibility in workforce deployment.

Digital Transformation and Patient Access

- 2.3 Digital transformation remained a national priority, with NHS England confirming that patients at all NHS trusts will be able to view hospital referrals and appointments through the NHS App. This development supports national ambitions to improve patient access, reduce administrative burden and modernise outpatient pathways. NHS England also continued to progress

plans for the proposed NHS Online hospital, promoting virtual access to specialist care and contributing to wider elective recovery through digital and remote consultation models.

Public Health, Prevention and Patient Safety

- 2.4 The NHS Public Health Functions Agreement for 2026/27 was published, confirming NHS England's delegated responsibility for the commissioning of key public health services, including national immunisation and screening programmes. The agreement aligns with the three strategic shifts set out in the NHS 10 Year Health Plan: moving care closer to home, increasing digital enablement and strengthening prevention.
- 2.5 In parallel, national data published by NHS England highlighted continued uptake and use of Martha's Rule escalation pathways, reinforcing the ongoing focus on patient safety, early recognition of deterioration and learning from concerns raised by patients, families and staff.

Southport Inquiry – Phase 1 Report

- 2.6 The Southport Inquiry was commissioned following the fatal knife attack at a children's dance class in Southport on 29 July 2024, in which three children were murdered and others seriously injured. Phase 1 of the Inquiry, published on 13 April 2026, examined how the attack occurred, whether it was foreseeable, and how public agencies managed risk in the years leading up to the incident. The Inquiry Chair concluded that the attack was foreseeable and avoidable, and that it resulted from systemic failures across multiple public agencies, rather than being an isolated or unpredictable act.
- 2.7 Of all the findings in the Phase 1 report, the Chair described the absence of clear risk ownership across multiple agencies as the most important conclusion. The report describes how no single organisation accepted responsibility for the escalating risk posed by the perpetrator, with risk repeatedly passed between agencies and no one body holding overall accountability. It also highlights that multiple agencies held fragments of highly significant information, but this was poorly recorded, not shared, diluted or not acted upon, resulting in critical warning signs being missed over a period of years despite repeated agency contact.
- 2.8 The Inquiry found that the perpetrator's dangerous and violent behaviours were repeatedly excused or minimised on the basis of a diagnosis, or perceived diagnosis, of autism. The report describes how this was linked to harmful inaction rather than appropriate safeguarding responses, and is explicit that autism is not associated with an inherent risk of violence.
- 2.9 The Chair also describes a lack of oversight of the perpetrator's online activity, which could have provided some of the clearest indicators of violent intent, including obsession with weapons and extremist material. Despite this, there was no effective oversight, analysis or intervention by relevant agencies.

The report also highlights significant parental failures, including lack of boundaries and access to weapons, as well as failure to share critical information with authorities in the period immediately before the attack.

- 2.10 The Inquiry remains ongoing, with Phase 2 expected to examine policy, potential system-wide reform and future prevention. Ahead of this and any national policy response, the Trust has begun asking its young people's and adult mental health services to study and reflect on the Phase 1 findings. As part of this, the Trust is reviewing its own approach to risk assessment and management within the context of partnership working across multiple agencies.

REGIONAL DEVELOPMENTS – SOUTH WEST

Elective Recovery and Operational Performance

- 2.11 Across the South West, systems continued to report sustained operational pressure following winter, particularly within urgent and emergency care. Despite this, elective productivity across the region remained strong, with continued emphasis on increasing day case activity, improving theatre utilisation and maximising capacity through pathway redesign. Regional teams also continued to support delivery through targeted performance oversight and collaborative improvement arrangements.

Public Health, Screening and Prevention

- 2.12 Regional data indicated continued improvements in screening uptake across the South West, with breast screening participation increasing year on year and HPV vaccination coverage remaining above the national average. However, gaps in uptake persisted within some population groups, and targeted work continued across the region to address inequalities in access to screening and vaccination services. Winter respiratory illness, including flu and norovirus, continued to place pressure on acute services, reinforcing the importance of prevention and vaccination programmes.

Digital Innovation and Workforce Modernisation

- 2.13 The South West continues to advance its digital transformation agenda, including further deployment of digital and data enabled workforce tools to improve rota management, reduce reliance on temporary staffing and enhance staff experience. Health Innovation South West has continued to support regional improvement through collaborative programmes, training events and shared learning networks, covering areas such as perinatal quality improvement, respiratory pathway redesign and integration between health and social care partners.

3 CORPORATE UPDATES

Inpatient Maternity Services at YDH

- 3.1 In April, inpatient maternity services and the Special Care Baby Unit (SCBU) safely reopened at Yeovil District Hospital following a period of temporary closure. The reopening followed significant work to strengthen staffing, leadership, training, governance and safety oversight, supported by comprehensive engagement with service users, partners and local stakeholders. The reopening attracted extensive regional media coverage and marked an important milestone for local families, colleagues and the Trust, demonstrating sustained focus on quality improvement, patient safety and service resilience.

NHS Excellence Awards – Regional Recognition

- 3.2 The Trust was recognised as a South West regional champion in the inaugural NHS Excellence Awards, achieving two regional wins and one runner up position. The Trust was named regional champion in the Digital Innovation category for the NHS 111 Online Self Referral for Breast Cancer Diagnostics, and in the Sustainable Healthcare category for the Pee in Pot initiative. In addition, the Digital Medicines team was awarded second place in the Digital Innovation category.
- 3.3 Regional champions progressed to the national shortlist, with final winners announced at NHS ConfedExpo in June 2026. The Trust's self-referral for breast cancer diagnosis pathway was subsequently announced as the national winner of the Digital Innovation Award. The service, the first of its kind in England, enables patients with concerning symptoms to self-refer directly into breast diagnostic clinics via NHS 111 online, improving access to care, supporting earlier diagnosis and reducing demand on GP appointments.
- 3.4 This recognition reflects the Trust's leadership in innovation, sustainability and patient centred digital transformation.

Publication of Local Child Safeguarding Practice Review – Child C

- 3.5 In March, the Somerset Safeguarding Children Partnership published the independent Local Child Safeguarding Practice Review into the death of a baby (referred to as Child C) at Yeovil District Hospital in March 2024. The review concluded that, while there were areas for learning across agencies, the tragic events could not have been foreseen in a hospital setting.
- 3.6 The Trust welcomed the findings and remained fully engaged with system partners to take forward the recommendations, alongside actions already implemented following the immediate post incident reviews. The Trust also commissioned a separate independent review of its own safeguarding practice to provide further assurance and identify any additional learning. The

Trust remained committed to strengthening safeguarding practice and multi agency working.

Modern Slavery and Human Trafficking Act 2015 Policy Statement 2026-27

- 3.7 The Section 54 of the Modern Slavery Act 2015 requires all organisations to set out the steps taken to ensure slavery and human trafficking are not taking place in any part of their supply chains or business.
- 3.8 The attached statement (Appendix B) set out the actions Somerset NHS Foundation Trust has taken, and continues to take, to understand potential modern slavery and human trafficking risks and to implement effective systems and controls.
- 3.9 The Trust continued to fully support the government's objective to eradicate modern slavery and human trafficking, and acknowledged its role in both combating it and supporting victims. The Trust remained committed to ensuring its supply chains and business activities are free from ethical and labour standards abuse.

Appendix B

Modern Slavery and Human Trafficking Act 2015 Policy Statement 2026-27

Section 54 of the Modern Slavery Act 2015 requires all organisations to set out the steps taken to ensure modern slavery and human trafficking is not taking place in any of its supply chains and in any part of its business.

This statement sets out actions taken by Somerset NHS Foundation Trust, and continue to take, to understand all potential modern slavery and human trafficking risks and to implement effective systems and controls.

The Trust continues to fully support the government's objective to eradicate modern slavery and human trafficking and we acknowledge our role in both combating it and supporting victims. The Trust is committed to ensuring our supply chains and our business activities are free from ethical and labour standards abuse.

Modern slavery encompasses slavery, servitude, human trafficking and forced labour. Somerset NHS Foundation Trust has a zero-tolerance approach to any form of modern slavery. We are committed to acting ethically and with integrity and transparency in all business dealings, and to putting effective systems and controls in place to safeguard against any form of modern slavery taking place within the Trust or our supply chain.

We are committed to improving our practices to combat slavery and human trafficking. We are fully aware of our responsibilities towards patients, employees and the local community. We have robust ethical values which we use as guidance for our commercial activities. We also expect all suppliers to the Trust to follow the same ethical principles.

Policy on Slavery and Human Trafficking

We are committed to ensuring there is no modern slavery or human trafficking in any part of our business and in addition, we require that our suppliers hold the same ethos.

Currently, all suppliers awarded a contract under the NHS Terms and Conditions for either supply of goods or provision of services are contracted under the relevant clause for modern slavery and human trafficking. Similar terms and conditions are also included by the national framework providers. For high-risk contracts, additional specific clauses can be included to strengthen contractual protection. Good Industry Practice including tackling modern slavery in supply chains ensures both Trust and suppliers commitment to anti-slavery and human trafficking, and that they conduct their businesses in a manner that is consistent with the Trust's stance on anti-slavery.

In addition, an increasing number of suppliers are implementing the Labour Standards Assurance System (LSAS) as a condition of contract for tenders within high-risk sectors and product categories and indeed this has been referenced in the Government's Modern Slavery Strategy. Many aspects of the LSAS align to the seven reporting areas that the Government has outlined and should appear within any slavery and human trafficking statement.

We operate a number of internal policies which ensure we are conducting business in an ethical and transparent manner. These include:

Recruitment - we operate a robust recruitment policy for all directly employed colleagues and volunteers. This includes comprehensive employment checks and standards such as verifying identity, confirming the right to work in the United Kingdom and obtaining appropriate references. We have rigorous vetting procedures in place to ensure compliance and all colleagues are paid above the National Living Wage, directly into their personal bank accounts.

Agencies on approved frameworks are audited to provide assurance that pre-employment clearance has been obtained for agency colleagues, to safeguard against human trafficking or individuals being forced to work against their will.

Equal Opportunities - we have a range of controls to protect colleagues from poor treatment and/or exploitation, which complies with all respective laws and regulations. These include provision of fair pay rates, fair terms and conditions of employment, and fair access to training and development opportunities.

Safeguarding - we adhere to the principles inherent within both our safeguarding and protection of unborn babies and children policy and safeguarding adults policy. These are compliant with the relevant legislation, the Somerset Safeguarding Adult Board and Somerset Children's Safety Partnership multiagency agreements and provide clear guidance so that our colleagues are clear on how to raise safeguarding concerns.

Freedom to Speak Up - we operate a Freedom to Speak Up policy so that everyone in our employment knows they can raise concerns about how colleagues or people receiving our services are being treated, or about practices within our business or supply chain, without fear of reprisals, and the various ways in which they can raise their concerns. This includes any circumstances that may give rise to an enhanced risk of slavery or human trafficking.

Standards of business conduct – the Trust's Code of Conduct and Managing Conflicts of Interest and Personal Conduct Policy clarifies the manner in which we behave as an organisation and how we expect our employees and suppliers to act.

We are committed to social and environmental responsibility and have zero tolerance of modern slavery and human trafficking. Any identified concerns regarding modern slavery and human trafficking would be escalated as part of the organisational safeguarding processes in conjunction with partner agencies.

We will:

- comply with legislation and regulatory requirements.
- ensure suppliers and service providers are aware we promote the requirements of the legislation.
- develop awareness of modern slavery issues.
- include modern slavery conditions or criteria in specifications and tender documents within the supplementary terms and conditions.
- encourage suppliers and contractors to take their own action and understand their obligations about these new requirements.
- expect supply chain/framework providers to demonstrate compliance with their obligations in their processes.

Our approach to procurement and our supply chains

Trust colleagues must contact and work with the procurement departments when looking to work with new suppliers to ensure appropriate checks can be undertaken. Procurement colleagues will ensure due diligence by:

- checking draft specifications include a commitment from suppliers to support the requirements of the Act.
- not awarding contracts where suppliers do not demonstrate their commitment to ensuring slavery and human trafficking are not taking place in their own business or supply chains.
- communicating clear expectations to our suppliers through a supplier code of conduct.
- monitoring compliance by suppliers with the requirements of the Act.

Training

Advice and training about modern slavery and human trafficking is available to colleagues through our mandatory safeguarding children and adults training programmes, our safeguarding policies and procedures, and our safeguarding leads. It is also discussed at our corporate induction training which is mandatory for all our new starters. We are looking at ways to continuously increase awareness within our organisation, and to ensure a high level of understanding of the risks involved with modern slavery and human trafficking in our supply chains and in our business.

Our Performance Indicators

We will know the effectiveness of the steps that we are taking to ensure that slavery and/or human trafficking is not taking place within our business or supply chain if there are no reports from our staff, the public, or law enforcement agencies to indicate that modern slavery practices have been identified.

This statement is made pursuant to section 54(1) of the Modern Slavery Act 2015 and constitutes our slavery and human trafficking statement for the financial year ending 31 March 2025.

To the best of my knowledge, the information in this document is accurate.

Signed

Chief Executive

01.04.2026

Annex 1
Non- Executive Directors' Objectives for 2026/27

Graham Hughes

- Commercial development of SSL and integration of SSL with Estates and Facilities at SFT
- Develop strategic element of People Committee beyond pure assurance
- Ensure good handovers to NEDs taking over roles in the New Year

Alexander Priest

- Provide strategic leadership to the Mental Health Legislation Committee (MHLC), ensuring the Trust remains aligned with evolving national priorities and legal frameworks—including the Mental Health Act reforms, Liberty Protection Safeguards (LPS), and Section 117 Aftercare—while maintaining a strong focus on patient rights, safety, and ethical governance
- Within many committee and NED responsibilities, keep abreast of key issues and developments in Maternity Safety and Safeguarding, including supporting alongside the team tasked with reopening YDH's maternity services and transforming their culture
- Offer thoughtful, values-led support and constructive challenge to the Executive Team, helping them navigate a complex and pressured strategic environment with clarity, resilience, and alignment to the Trust's long-term vision and our new strategy
- Assist the Chair in recruiting a suitable replacement for my role, locating candidates with mental health experience

Paul Mapson

- Focus on handing over the Audit Committee arrangements to successor and working with Owen Woodley on managing the high risk 2026/27 Financial Plan
- Continue to contribute to the Board corporately, helping the organisation to plan for effective delivery of the strategy and implementation of the Epic system

Inga Kennedy

- Work with the Director of Governance, CNO and CMO to baseline the current governance framework, make recommendations to improve it and present it to Board as an agreed way forward
- Support the Director of Governance to review the make-up of the IPR to meet the needs of reporting NHSE performance targets, with the needs of SFT and the Board
- Continue to ensure that QGAC assures performance across all SFT settings and steer the agendas away from being too acute (and maternity)-focused
- Work with the senior leadership team for Maternity Services, to improve the experience of care for families and staff
- Support the execs in the development and delivery of the corporate strategy



- Provide any required support to the Chair, in the capacity of Deputy Chair

Rosie Benneyworth

- In light of the publication of the NHS 10 year plan, support the review and development of strategies accompanied by clear delivery plans, to enable the shift from acute to community and sickness to prevention
- Support the ongoing development of a learning organisation to enable excellent quality of care in all parts of the organisation, ensuring that there is sufficient focus particularly on community, mental health and primary care
- To support a inclusive culture across the organisation that celebrates diversity and promotes equality through all of its work
- To ensure health inequalities are considered through all of the board's work, and positive action is taken to address inequalities
- To ensure there is a speaking up culture, and that there are robust FTSU processes throughout the organisation through the board FTSU champion role
- Symphony – to support executive team through the next year that will bring significant financial and strategic challenges for them

Olena Doran

- To effectively chair and provide strategic oversight of the newly established Trust Research and Innovation Committee and to capitalise on existing and emerging research and innovation opportunities and Trust's strengths in integrated care
- To develop further understanding and confidence across all aspects of the Trust's activities, challenges and opportunities by: (i) visiting community hospitals and other NHS services (including participation in the planned 2026 Leadership Quality Visits), (ii) involvement in complaints analysis; (iii) attending at least one meeting of each Trust Committee
- To continue personal development via relevant courses and self-directed learning
- To take on additional responsibilities within the Trust as required

Tom Frederick

- Move the Trust Strategy into implementation
- Embed the Trust's digital governance and provide assurance on EPR programme delivery
- Build organisational presence through structured site visits across all Somerset services
- Progress from Associate Non-Executive Director to full Non-Executive Director

Darshan Chandarana

(Verbal update to be provided)