NHS Somerset NHS Foundation Trust

Annual General Meeting and Annual Members' Meeting

Minutes of the meeting held on Tuesday 30 September 2025
at Somerset County Cricket Club,

The meeting was attended by Governors, members, members of the public, colleagues, and members of the Board of Directors:

Present:	Rima Makarem	Chair
	Graham Hughes	Non-Executive Director
	Paul Mapson	Non-Executive Director
	Alexander Priest	Non-Executive Director
	Olena Doren	Non-Executive Director
	Rosie Benneyworth	Non-Executive Director
	Peter Lewis	Chief Executive Officer
	Andy Heron	Chief Operating Officer
	Mel Iles	Chief Medical Officer
	Deirdre Fowler	Chief Nurse and Midwife
	David Shannon	Director of Strategic Development
	Pippa Moger	Director of Finance
	Jade Renville	Director of Corporate Services
Apologies:	Martyn Scrivens	Non-Executive Director
	Inga Kennedy	Non-Executive Director
	Darshan Chandarana	Non-Executive Director
	Tom Frederick	Associate Non-Executive Director

Ref:	No:		Action
	1	**WELCOME AND APOLOGIES FOR ABSENCE**	
	1.1	Rima Makarem, Chair of Somerset NHS Foundation Trust, opened the Annual General Meeting with a warm welcome to members, staff, partners, and the public. She noted this was her first AGM as Chair, having taken up the role in January. Rima reflected on the significant transformation underway across the NHS, shaped by the government's ten-year plan.	
	1.2	She highlighted Somerset's alignment with national priorities, particularly around preventative and personalised care, and emphasised the Trust's proactive role in adapting to these changes. She acknowledged the progress made over the past year, including national recognition through awards and high-profile visits, while also recognising the challenges ahead.	
	1.3	The Trust remains committed to continuous improvement, innovation, and partnership working, with a strong focus on transparency and community engagement.	
	1.4	Rima introduced four new members of the Trust Board, appointed on 1 July 2025, each bringing valuable expertise:	

		• Dr Rosie Benneyworth, Interim Chief Executive of the Health Services Safety Investigations Body, with extensive experience in patient safety and healthcare regulation. • Professor Olena Doran, a biomedical research and medical education leader from the University of the West of England. • Darshan Chandarana, a digital transformation and AI specialist with over 30 years' experience across public and private sectors. • Tom Frederick, Associate Non-Executive Director and digital health leader, supporting improvements in joined-up care through technology.	
	1.5	She also acknowledged recent service challenges, including temporary closures at Yeovil, and confirmed the Trust remains on track to deliver safer, more sustainable care.	
	1.6	Rima outlined the meeting agenda, which included: • A review of the Trust's performance by Chief Executive Peter Lewis. • A governance update from Lead Governor Kate Butler. • An invitation for attendees to ask questions and share feedback.	
	1.7	She closed by reaffirming the Trust's strategic direction and commitment to delivering high-quality care across Somerset.	
	2	**Approval of the minutes of the Annual General Meeting and Annual Members Meeting held on 20 September 2024**	
	2.1	Rima Makarem invited attendees to approve the minutes from the previous meeting held on 20 September 2024.	
	2.2	Members of the meeting formally **approved** the minutes.	
	3	**Overview of the Year 2024/25**	
	3.1	Peter Lewis, Chief Executive, opened with reflections on the challenging national landscape, shaped by structural NHS reforms under the new Labour government, ongoing financial and workforce pressures, and the enduring impact of the COVID-19 pandemic. Rising demand across services and declining public satisfaction have required new approaches to care delivery.	
	3.2	Despite these pressures, the Trust made significant progress. Care Quality Commission inspections highlighted areas for improvement, particularly in maternity and paediatric services. At Yeovil District Hospital (YDH), maternity and paediatrics were rated Inadequate, while Musgrove Park Hospital (MPH) received a Good rating for paediatrics. The Trust responded swiftly, and to date had implemented 94% of recommended actions in maternity services.	

	3.3	The Trust now employs over 15,000 staff and was among the highest scoring nationally in the annual staff survey, reflecting a strong learning culture and responsiveness to staff feedback through initiatives such as "You said, we did." Financially, the Trust achieved a break-even position for 2024/25, maintaining a Single Oversight Framework rating of 2. Income totalled £1.4 billion, with significant investment in capital projects nearing £100 million.	
		Strategic Outlook **Introduction to the 10-Year Health Plan for England**	
	3.4	Peter introduced the Trust's strategic direction, shaped by the national 10-Year Health Plan for England, launched in July. The plan sets out a vision for the future of healthcare, with a strong emphasis on: • Shifting towards community-based care • Harnessing digital technology to improve access and efficiency • Focusing on prevention and population health	
	3.5	The development of the plan involved extensive public engagement, including conversations, surveys, and events.	
	3.6	Somerset's demographic profile presents unique challenges, including an ageing population and significant health inequalities. Residents in deprived areas experience up to 27 years in poor health, compared to a national average of 13 years. The Trust's strategic priorities include improving population health, tackling inequalities, enhancing local care, supporting complex needs, and investing in staff wellbeing.	
		Demonstrating Impact **Case Studies from Teams and Services Aligning with the 10-Year Strategic Ambitions**	
	3.7	Peter Lewis shared several examples of how the Trust is already delivering on the aims of the 10-Year Plan, highlighting innovative service models and improvements in patient care.	
		Metabolic Health – Symphony Programme	
	3.8	The Symphony Programme introduced a 28-day plan to improve metabolic health, with events held at Wincanton Health Centre. These sessions helped patients address common symptoms and improve overall wellbeing, with a strong focus on prevention and supporting people to stay healthier for longer.	
		Dermatology Transformation	
	3.9	A new intermediary care service was launched in dermatology, training 18 GPs in specialist skills. This initiative has significantly reduced waiting times and improved access to care, eliminating the need for patients to travel to Bristol for treatment. The service is now accredited to operate differently, supporting patients more locally and equitably.	

Postmenopausal Bleeding Service

3.10 A self-referral model was introduced for patients experiencing postmenopausal bleeding, dramatically reducing wait times from months to days. Patients are now seen within six days, with diagnosis and treatment completed within 11 days. To date, 800 patients have been seen, and 35 cancer diagnoses have been made that may not have been identified as quickly under previous patient pathways.

Nationally Recognised Services and Innovations

3.11 Peter also highlighted several services and innovations that have received national recognition:

- The SPLASH Weight Management Service, supporting families with preschool children affected by severe obesity.
- A portable laser device for bladder treatment, funded by the South Petherton League of Friends, improving care for neuro patients.
- Surface-guided radiotherapy at the Beacon Centre in Taunton, offering more precise and less invasive treatment.
- Improved access to rheumatology services in Minehead, supporting residents in West Somerset.
- A targeted bowel cancer self-referral service launched in Bridgwater, enabling earlier diagnosis.
- Chemotherapy services now delivered at Woolavington, bringing treatment closer to home.

Staff Achievements

3.12 Peter Lewis paid tribute to the outstanding contributions of staff across the Trust. He highlighted pioneering work in bariatric surgery, which has significantly improved outcomes for patients with complex needs. The Carers Assessment Service was commended for its education programme, earning national recognition through an NHS England award. Zahari Brimacombe's advocacy for disabled people was acknowledged as an important step towards inclusive care. Peter also celebrated the Ubuntu partnership with Somerset Council, which has been instrumental in supporting patients with complex needs and reducing hospital admissions, earning a place as a finalist in the HSJ Awards.

Infrastructure Developments

3.13 Peter reported notable progress in infrastructure projects. The Yeovil Diagnostic Centre, delayed by flooding, is now scheduled to open in January 2026. At Yeovil District Hospital, new wards, a fifth operating theatre, and a community-funded Breast Care Unit have been completed. Musgrove Park Hospital has expanded its Surgical Centre, including ophthalmology services, and planning is underway for a new Diagnostic

		Centre in Bridgwater to improve access for residents in the west of the county.	
		Looking Ahead to 2025/26	
	3.14	Looking forward, Peter outlined key priorities for the coming year. These include adapting to ongoing structural changes within the NHS, maintaining financial stability, and reopening the Special Care Baby Unit and inpatient maternity services at Yeovil District Hospital, subject to successful recruitment and any key safety criteria. He confirmed that new consultants are expected to join shortly, enabling the first steps toward reopening. The Trust will also participate in the national maternity and neonatal investigation led by Baroness Amos, aimed at improving family experiences and identifying areas for service enhancement. Further investment will be directed toward community services and hospital-at-home models, developed in partnership with the local council, to support recovery at home and reduce reliance on inpatient beds.	
	3.15	Peter concluded by expressing sincere thanks to the community for its continued support, including generous donations and the dedication of groups such as the League of Friends, whose contributions remain vital in enhancing patient care across Somerset.	
	4	**To receive the Somerset Foundation Trust Annual Report, Annual Accounts for 2024/25 and the Auditor's opinion**	
	4.1	Attendees were informed that the **Somerset NHS Foundation Trust Annual Report**, **Annual Accounts for 2024/25**, and the **Auditor's Opinion** are publicly available via the Trust's **Publication Scheme** on its website.	
	4.2	These documents provide a comprehensive overview of the Trust's financial performance, governance arrangements, and operational achievements over the past year. Members of the public and stakeholders are encouraged to review them for further detail on the Trust's activities and accountability.	
	5	**Lead Governor reports and Items for information**	
	5.1	To note: • An update on the Membership Strategy, outlining efforts to strengthen engagement and representation across the Trust's constituencies. • A summary of changes in Governor composition during the year, reflecting new appointments and departures. • A report on the proceedings of the Council of Governors, also included in the written Lead Governor's Report, detailing the work and discussions held throughout the year.	
	5.2	Kate Butler, Lead Governor, reflected on nine years of service, including eight as Lead or Deputy Lead Governor. She noted significant	

		organisational changes during this time, including multiple mergers, and expressed pride in helping guide the Trust through these transitions. Kate thanked Governors for their commitment since the first merger and emphasised the importance of being visible and accessible as the voice of the community and a key mechanism for holding Non-Executive Directors to account.	
	5.3	She expressed appreciation to the Executive Team for their openness and support, with particular thanks to Rima Makarem, Peter Lewis, and both new and outgoing Non-Executive Directors. As this was her final meeting as Lead Governor, Kate introduced Jack Torr as her successor and confirmed she will continue as a Governor.	
	5.4	Kate concluded by reaffirming the Governor role in ensuring accountability, transparency, and community representation within Somerset NHS Foundation Trust, and wished the Trust continued success.	
	6	**Question and Answer Session with Peter Lewis, SFT Chief Executive and the Executive Team**	
	6.1	Peter Lewis welcomed attendees to the Q&A session, introduced new members of the Executive Team, including Deirdre Fowler as Chief Nurse and Midwife, three new Non-Executive Directors and invited questions.	
		Wheelchair Accessibility in Outpatient Areas	
	6.2	Question raised via email from Lawrence Rayment regarding wheelchair availability and return in outpatient departments. Key concerns included: • Difficulty locating wheelchairs for outpatient use at Musgrove Park Hospital. • Impact of wheelchairs not being returned by members of the public. • Suggestion to implement a deposit system (similar to supermarket trolleys) to improve return rates. *Full wording of the question is available on request.*	
	6.3	David Shannon acknowledged the challenges, particularly at Musgrove Park Hospital, where wheelchairs are often taken and not returned. He outlined two initiatives: • Ensuring sufficient wheelchair availability across all Trust sites. • Trialling a digital tracking system to tag and locate wheelchairs, enabling efficient return. If successful, this will be rolled out Trust-wide.	
	6.4	Additional suggestions included colour-coded wheelchairs to identify departmental ownership and improve return rates.	

		Uniforms Worn in Public	
	6.5	Question raised via email from Shirley Jordan regarding staff uniforms outside the hospital. Themes included: • Concerns about infection control when staff wear uniforms in public. • Comparison with historic practice of changing and laundering uniforms on-site. • Questioning whether cost considerations outweigh patient safety benefits. *Full wording of the question is available on request.*	
	6.6	Deirdre Fowler reassured attendees that there is no scientific evidence linking wearing uniforms in public to increased infection risk. The Trust complies fully with national infection prevention guidance and monitors this closely. She noted: • Staff are encouraged to cover uniforms in public to maintain confidence, not due to infection risk. • Washing uniforms at 30°C with detergent removes most microbes; washing at 60°C eliminates all concerns. • Protective clothing is provided and changed as needed. • Community-based staff may wear uniforms as part of their role.	
		Stroke Service Reorganisation	
	6.7	Questions were raised via email from Ray Tostevin, Graeme Pidgeon, and Gerald Smith regarding the proposed reconfiguration of stroke services. Themes included: • Closure of the Hyper Acute Stroke Unit (HASU) at Yeovil District Hospital. • Impact on patient transfers and continuity of care. • Ambulance response times and implications for treatment targets. • Increase in self-presenting stroke patients and associated risks. *Full wording of questions is available on request.*	
	6.8	Mel Iles explained that the new stroke model is clinically led and evidence-based, designed to improve outcomes. Key developments include: • Collaboration with the Integrated Care Board (ICB) and SWAST to improve ambulance response times. • Introduction of “Call Before You Convey” and video consultations to ensure patients are directed to the most appropriate care setting. • Emphasis on specialist care in the first 72 hours, with multidisciplinary input continuing at acute sites.	

	6.9	Peter Lewis clarified that the decision to close the HASU was made by the ICB as part of a broader reconfiguration aimed at delivering consistent, high-quality stroke care. He acknowledged the need to improve ambulance response times and ensure patients receive timely and appropriate care. He also noted that league table rankings should be viewed in context, as they do not always reflect the full scope of stroke care metrics.	
	6.10	Mel Iles added that stroke care is becoming increasingly specialised, and the new model aims to ensure patients receive the right care early on. She highlighted the importance of thrombectomy and other advanced treatments and noted that SNAP data (Stroke National Audit Programme) for both MPH and YDH continues to improve, particularly in early scanning and diagnostics.	
	6.11	**Gambling Harm and Mental Health Services** Question raised in person by member of the public Nikki during the meeting. Themes included: • Personal experience of gambling-related harm and its link to suicide. • Concerns about the lack of support for individuals affected by gambling addiction. • Need for greater awareness and integration of gambling harm within mental health services.	
	6.12	Full details of the question are not available in writing but were shared verbally during the meeting.	
	6.13	Peter Lewis expressed sympathy and thanked Nikki for sharing her story. He acknowledged the seriousness of gambling harm and committed to exploring how the Trust, as a provider of mental health services, can work with voluntary sector partners to focus on prevention and support. He welcomed further discussion outside the meeting.	
	6.14	**Digital Accessibility and Communication Needs** Question raised in person by member of the public about accessibility for individuals with hearing impairments, emphasizing: • The need for effective communication support. • Ensuring inclusivity as digital service delivery expands.	
	6.15	Peter Lewis agreed that while digital services offer many benefits, they must be inclusive. The Trust is committed to personalised care and ensuring communication needs are met, including the provision of interpreters and lip-reading support where required. He emphasised the importance of treating the whole person, not just the condition.	
	6.16	**Concerns About Nursing and Midwifery Training Pathways** Question raised in person by member of the public with concerns about:	

		• The validity of apprenticeship hours for nursing and midwifery training at Musgrove Park Hospital. • The potential need for trainees to transfer to another academic provider.	
	6.17	Peter Lewis acknowledged the concern and stated that the Trust has been working closely with local colleges to support training pathways. While he did not have an immediate answer, he committed to following up on the issue to ensure that training remains accessible and valid for all students.	
	7 7.1	**Closing Remarks** Rima Makarem closed the Annual General Meeting by thanking all attendees for their participation and thoughtful questions. She highlighted the importance of continued engagement to help the Trust identify issues and drive improvements.	
	7.2	She reiterated the Trust's commitment to expanding community-based care and expressed optimism that further developments will enhance patient experience and outcomes by next year. Attendees were invited to visit the marketplace area to: • Continue conversations with Trust representatives. • Explore service innovations. • Learn more about ongoing initiatives.	
	8 8.1	**DATE OF NEXT MEETING** DATE	