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Somerset NHS Foundation Trust	
REPORT TO:	Trust Board
REPORT TITLE:	Maternity & Neonatal Quarter 1 26/27 Quality & Safety Report
SPONSORING EXEC:	Deirdre Fowler, Chief Nurse and Midwife
REPORT BY:	Sally Bryant, Director of Midwifery and Deputy to the Chief Nurse & Midwife
PRESENTED BY:	Sally Bryant, Director of Midwifery and Deputy to the Chief Nurse & Midwife
DATE:	8 September 2026

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

Executive Summary and Reason for Presentation to Committee/Board	To provide assurance on the safety and quality of maternity and neonatal services.

Recommendation	The Trust Board is asked to: • Review the Q1 Q&S report • Note the actions being taken to address the strategic risks.

Links to Strategic Aims (Please select all that are relevant to this paper)
☒ **Aim 1:** Contribute to improving population health and reduce health inequalities
☒ **Aim 2:** Provide the best care and support to people
☐ **Aim 3:** Strengthen care and support in people's homes and in local communities
☐ **Aim 4:** Respond well to complex needs
☒ **Aim 5:** Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture
☒ **Aim 6:** Live within our means and use our resources wisely
☐ **Aim 7:** Transform 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: Click or tap here to enter text.					

Equality

(Please indicate whether the report has any actual or potential impact on people with protected characteristics and whether an Equality and Quality Impact Assessment (EQIA) has been completed)
This report has been assessed against the Trust's Equality and Quality Impact Assessment (EQIA) Tool and: ☒ No actual or potential adverse impacts on people with protected characteristics have been identified. ☐ Actual or potential impacts on people with protected characteristics have been identified. The following actions are planned to mitigate any identified inequalities: **Details**: Click or tap here to enter text.

Public/Staff Involvement History (Please indicate if any consultation, service user, patient, public or staff involvement has informed any of the recommendations within the report)
MNVP provides service user feedback and works with SFT colleagues as quorate members of all quality and safety meetings within the governance workstream.

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 has been reviewed and discussed at the Safety Champions Board, and Perinatal Governance.

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

MATERNITY & NEONATAL QUARTER 1 QUALITY & SAFETY REPORT

1. BACKGROUND AND PURPOSE

1.1 To provide the Board with assurance on the current position of perinatal quality, safety and leadership, including key risks, mitigations and required Board actions, with a specific focus on YDH reopening, workforce sustainability and safety culture.

The report outlines the key achievements in the quarter:

- Strengthened governance and external assurance.
- Clear progress in national improvement programmes.
- Successful YDH reopening.
- Focused quality improvement in key safety areas.

However, these achievements sit alongside ongoing high-risk pressures, particularly in workforce, culture, and flow, requiring sustained Board oversight.

1.2 **Key Achievements – Q1 2026/27:**

1.2.1 **Strengthened Governance and Oversight**

Establishment of a Perinatal Quality and Safety Framework, aligning maternity and neonatal services with the wider Trust governance model.

Introduction of Board-level assurance through the MatNeo Improvement Programme (MNIP), supported by Non-Executive Director (NED) oversight, improving scrutiny, accountability and executive assurance.

Development of a maternity and neonatal oversight model to support safety, transparency and reliability across both sites.

Launch preparations completed for the Maternity Safety Oversight Framework at MPH to strengthen clinical governance, escalation and assurance processes.

Strengthened oversight of RADAR incident management, with renewed focus on timely allocation, review and closure of incidents.

1.2.2 **Progress in National Improvement and Compliance**

Active engagement with the MNIST intensive support programme, with 20 of 26 Quarter 1 actions completed and six progressing to plan.

Delivery milestones monitored through the MatNeo Improvement Board, chaired by the NED with Executive representation.

Publication of Maternity Incentive Scheme (MIS) Year 8 and establishment of stakeholder groups to support delivery.

Stakeholder meetings initiated to deliver MIS Year 8, the Postnatal Care Bundle, Maternal Care Bundle, VTE initiatives and MNIP priorities.

Continued compliance with Saving Babies' Lives Care Bundle (SBLCBv3) elements and ongoing work to strengthen guideline compliance across maternity and neonatal services.

1.2.3 Safe Reopening of Yeovil District Hospital (YDH)

Successful reopening of maternity and neonatal services at YDH in April 2026 following a planned, criteria-led approach.

Formal programme governance, stakeholder engagement and communications processes established to support safe reopening and ongoing stabilisation.

Increased senior leadership visibility and enhanced safety oversight arrangements implemented during the transition period.

Successful transfer and repatriation of women's care within Somerset, with YDH births increasing to 94 in June 2026 following service reopening.

1.2.4 Targeted Quality Improvement Initiatives

- Gold Quality Improvement (QI) programmes continue to focus on high-priority safety areas:
- Maternity triage: flow, responsiveness and safety.
- Obstetric Anal Sphincter Injury (OASI) reduction.

Additional improvement work includes:

- Review of induction of labour delays.
- Neonatal readmissions audit.
- Escalation processes and clinical decision-making.
- Informed consent.
- Review of postnatal care pathways and capacity.
- Development of county-wide elective Caesarean section pathways to balance demand and capacity across the service.

1.2.5 Strengthening Clinical Safety and Practice

- Improved on-call staffing arrangements and escalation processes, enhancing responsiveness to emerging risks.
- Continued standardisation of equipment and clinical processes across services.
- Enhanced neonatal resuscitation competence, with improved compliance in completion of neonatal resuscitation documentation.

- Reduction in episodes of neonatal hypoglycaemia following policy review and staff education.
- Positive progress in APGAR outcomes and other clinical quality indicators.
- Implementation of EPMA contributing to a reduction in neonatal medication incidents.

1.2.6 Workforce and Training Improvements

- Continued delivery of mandatory training, PROMPT and Neonatal Life Support (NLS) programmes.
- Recruitment activity underway across midwifery, obstetric and neonatal services.
- Successful submission of a business case to strengthen workforce resilience within neonatal services at YDH.
- Increased focus on practice development, competency frameworks and leadership development.
- New management arrangements implemented within MPH inpatient services to strengthen accountability and appraisal compliance.
- Ongoing work with MNIST to support workforce modelling, Birthrate Plus review and sustainable workforce planning.

1.2.7 Improved Learning from Incidents and Patient Experience

- Enhanced PSIRF approach to incident review and organisational learning.
- Increased triangulation of intelligence from incidents, complaints, safeguarding reviews and patient feedback.
- Review of all complaints now supported through regular meetings with the complaints team and strengthened governance processes.
- Identification of recurring themes including communication, documentation and clinical care concerns, enabling targeted improvement actions.
- Development of staff shortage escalation frameworks and discharge guidance to address emerging safety themes.

1.2.8 Positive Patient Care Indicators

- Sustained breastfeeding rates at first feed remain above national averages.
- Continued delivery of kind, compassionate and individualised care reflected within patient feedback.
- Reduction in potentially avoidable neonatal admissions compared with Quarter 4.
- Improved safeguarding supervision compliance:
- Community midwifery safeguarding supervision: 99%.
- Inpatient midwifery safeguarding supervision increased from 25% to 50%.

- Establishment of the inaugural Safeguarding Operational Meeting and implementation of the Families First Partnership Programme across Somerset.

2. PLANNED FOCUS – Q2 2026/27

2.1 The focus for the next quarter will be on:

- Continued delivery and embedding of the MNIP improvement programme.
- MIS Year 8 implementation, competency mapping and stakeholder engagement.
- Stabilisation of services following YDH reopening.
- Launch and embedding of the Safety Oversight Framework at MPH.
- Preparation for any future CQC inspection activity, including readiness at YDH.
- Strengthening guideline compliance and clinical governance processes.
- Workforce sustainability, recruitment and retention.
- Development of neonatal improvement milestones and strengthened perinatal leadership arrangements.
- This represents a continued transition from mobilisation and service recovery towards sustainable improvement, stronger assurance and enhanced quality outcomes.

2.2 Areas of Concern

Key themes continue to represent the most significant risks across the service:

- Workforce Capacity and Resilience
- Ongoing neonatal nursing and medical staffing shortages.
- Workforce capability and resilience challenges across both sites.
- Practice development team capacity and training delivery risks.
- Safeguarding training compliance below target in some staff groups.
- Clinical Flow and Capacity
- High postnatal acuity and sickness absence affecting patient flow at MPH.
- Increasing demand for elective Caesarean sections.
- Limited obstetric theatre capacity at MPH.
- Ongoing induction and discharge flow pressures.
- Culture and Leadership
- Concerns regarding MDT working, leadership behaviours and culture at YDH.
- Continued silo working between maternity and neonatal services requiring focused cultural improvement work.
- Consultant workforce concerns affecting labour ward support and decision-making.
- Fetal Medicine Service Sustainability

- Ability to obtain meaningful Data and Intelligence
- Limited ability to analyse outcomes meaningfully by ethnicity and deprivation.
- Data reporting and dashboard development remain a key priority.

2.3 **Key Mitigations in Place**

- Stakeholder groups established to drive MIS Year 8, MNIP, postnatal, maternal and VTE workstreams.
- Launch of the Safety Oversight Framework at MPH.
- Active recruitment and workforce planning across maternity and neonatal services.
- Additional neonatal workforce business case approved for YDH.
- Commissioning discussions underway regarding fetal medicine and fetal monitoring provision.
- Strengthened RADAR incident management processes.
- Regular review of complaints and learning themes.
- Dedicated governance oversight via MNIP and the MatNeo Improvement Board.
- Enhanced leadership visibility and executive engagement to support cultural improvement.

2.4 **Key Risks ≥20**

The following risks remain at a score of 20 and require continued Board oversight:

- Unable to provide safe fetal medicine services due to workforce and commissioning challenges.
- Significantly limited theatre capacity (MPH) with requirement for a second obstetric theatre.
- High demand for elective Caesarean section services affecting capacity and scheduling.
- Maternity and neonatal culture (YDH) relating to MDT working, leadership and emergency response concerns.

Positive progress has been noted in several previously high-scoring risks, including:

- Estates risk reduced from 20 to 15.
- O&G workforce risk reduced from 20 to 16.
- Blood product tracking system risk reduced to 15 with implementation imminent.

3. MATERNITY INCENTIVE SCHEME YEAR 8

3.1 MIS Safety Action B update: Training Compliance

Safety Action B requires Trusts to ensure that all relevant maternity, neonatal and anaesthetic staff complete the mandated annual training. MIS compliance rate of 90% or above must be achieved for each required staff group for the reporting period April to November 2026.

At the agreed mid-point checkpoint on 24 July 2026, the Trust is expected to demonstrate its current level of compliance and provide evidence of a trajectory towards achieving the required compliance of 90% by 30 November 2026. Progress monitoring includes this mandatory checkpoint and one additional Trust-selected checkpoint which was agreed the 24th July 2026.

Ongoing assurance activity will focus on whether all reportable staff groups remain on track to achieve the required compliance threshold and whether appropriate recovery plans are in place where gaps are identified.

3.2 Current position

- **Overall compliance:** 76.6%
- **Projected compliance by 31 July 2026:** 91.4%

Compliance is improving and moving in the right direction. However, assurance cannot yet be provided that all reportable staff groups will consistently maintain compliance of 90% or above. Fetal Monitoring and Surveillance training demonstrates the strongest improvement trajectory. PROMPT training compliance continues to improve, although performance remains variable across staff groups. Neonatal Basic Life Support, especially at YDH and for maternity support workers, is the main area requiring immediate additional booking, attendance follow-up and governance oversight.

3.3 MIS Safety Action C report Update:

Safety Action C provides an effective framework for ensuring that learning from PMRT reviews, MNSI investigations, PSIRF learning responses, NHS Resolution Early Notification cases, MOSS critical safety checks, claims scorecards, family feedback and relevant national reports is triangulated, acted upon and monitored through established maternity governance arrangements. The recommendations set out in this report support the continued strengthening of organisational learning, particularly in relation to externally reviewed events, by ensuring that actions are clearly owned, timebound, measurable and subject to audit and review. Based on the evidence presented for Q1, there is assurance that eligible cases are being identified and reported, reviews are progressing within required timescales, parental engagement is being sought, learning is being shared through appropriate forums, and quarterly reporting to QGAC is in place. Overall, delivery of MIS Safety Action C remains on track, with ongoing oversight

through Perinatal Governance, Safety Champions and Board-level reporting to support sustained improvement in maternity and neonatal safety.

4. INDUCTION OF LABOUR THEMATIC REVIEW

A retrospective review of the induction of labour pathway provides overall assurance that the pathway is functioning safely, with most women progressing without documented delay. Where delays were identified, these were limited and have informed targeted improvement actions to strengthen flow, escalation and pathway oversight.

The most significant delays occurred:

- The review provides assurance that the majority of women progressed through the induction of labour pathway without documented delay.
- Where delays were identified, they were not indicative of widespread systemic failure across the pathway.
- The findings highlight recognised flow and capacity pressures, with targeted improvement actions in place to strengthen pathway coordination, escalation and documentation.

5. NEXT STEPS

- Review labour ward flow and capacity management processes to reduce delays between admission, assessment and initiation of induction.
- Strengthen escalation processes for delayed ARM and labour ward transfers.
- Review communication and shared decision-making processes to ensure maternal choice is documented clearly and incorporated into pathway planning.
- Improve documentation of delay causes to support more effective monitoring and learning.
- Repeat audit activity following implementation of improvement actions to assess impact and provide ongoing assurance regarding the safety and effectiveness of the IOL pathway.

The review provides assurance that most women progressed through the IOL pathway without documented delay. Identified delays were concentrated within specific stages of the pathway and have informed targeted quality improvement actions focused on flow, capacity and clinical pathway management.

DIRECTOR OF MIDWIFERY AND DEPUTY TO THE CHIEF NURSE AND MIDWIFE

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Perinatal Quality & Safety Report Q1 2026-27

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Everyone, Every day

Executive Summary

NHS Somerset

Key achievements/overview:

- Maternity (Perinatal) Incentive Scheme Year 8 is now published
- YDH successfully reopened services
- Women transferred care from DCH/MPH (births 102 June 2024 v 94 June 2026)
- County wide elective Cesarean section pathway, balancing demand & capacity across the service
- Stakeholder meetings initiated to deliver MIS Yr 8, postnatal care bundle, maternal care bundle, VTE and MNIP

Planned Focus:

- MNIP official launch week & continued focus
- MIS Yr 8 launch and mapping of key competencies & established stakeholder groups
- Preparation for CQC inspection YDH site
- Stabilisation of services following YDH re-opening
- Launching safety oversight framework at MPH
- Guideline compliance

Area of concern/slippage:

- High postnatal acuity due to staff shortages and sickness affecting flow within MPH
- Increased demand for elective c/s
- Safeguarding training compliance rates
- Continued challenges with the ability to access usable data and unable to report meaningfully by ethnicity or deprivation .
- Fetal medicine service provision
- Practice development training plan/team risk

Mitigations:

- Stakeholder meetings initiated to deliver MIS Yr 8, postnatal care bundle, maternal care bundle, VTE and MNIP
- Launching safety oversight framework at MPH
- Guideline compliance
- Support for practice development and training, including recruitment and external support for 26/27 training programme
- Commissioning discussions regarding fetal monitoring
- Reinforcing processing around allocating and closing down RADAR
- Review of all complaints, regular meetings with complaints team & review of processes

Trust name:	Somerset Foundation Trust
MIA(s):	Amy Stubbs (Midwifery) Suzanne Cunningham (Midwifery)Susie Crowe Obstetrics) Avideah Nejad (Obstetrics) Liz Langham(Neonatal) Liz Pilling (NIA)
Site visits in past month:	6 days Midwifery 2 Day Obstetric Neonatal- virtual support (weekly)

Report date:	June 2026		
Level of support:	Intensive		
Support start date:	January 2026	**Support end date:**	December 2026

26 MNIST actions to be completed in first Quarter- 20 complete , 6 in progress documented within the MNIP related to escalations below. Six month actions- 16 milestones for this quarter, 4 are complete. There are a total of 22 outstanding actions for completion by end of July 2026. Progress is monitored through the MatNeo Improvement board which is chaired by the Non Executive Director and has Executive representation.
Estates- Bid for site for second elective theatre has been submitted and accepted by the trust estates committee. There is need to support business case for additional workforce required to staff the service and provide viable planned facility for the maternity service.
Neonatal improvement- There is a meeting planned in July to agree key Neonatal milestones for the service, there are continued concerns regarding culture within the YDH team and safe staffing levels at MPH. The service successfully submitted a business case for additional workforce at the YDH site which will increase resilience in the service at this site. There remains concerns regarding silo working between maternity and neonatal services across both sites that needs to be picked up within the planned cultural improvement work and as a key action for the strengthened perinatal leadership team.

Escalations

Obstetric Consultants – Significant Safety concerns raised by YDH obstetric middle grades regarding level of support and presence on labour ward from the consultant body. This has impacted clinical decision making and potentially clinical outcomes for women. There is a need for immediate action to be taken to address the safety concern and to provide on going assurance of appropriate oversight and management. The oversight framework has mitigated some of this concern however the QUAD are now supporting the PLT with leading the cultural improvement work and continued engagement of the executives within this space is essential to continued improvement.
Development of Dedicated Second Obstetric Theatre MPH- support for safe staffing of this space will be essential to provide robust second theatre provision within the service
Midwifery workforce- key areas identified for inclusion in Birthrate plus and effective resource to stabilise the workforce; Review of the TNA and agreement of required uplift for the service, Development of the MSW workforce including ongoing recruitment and retention plan, review of admin and operational support requirements for maternity services

Monthly Executive Meeting Action Tracker

Meeting date and time:	22/6/2026
Attendees:	Peter lewis (CEO)Mel Illes (CMO) Amy Stubbs (MIA Midwifery) Sally Bryant (DOM) Avideah Nejad (Obstetric MIA)) Sally Brittain (Chief Midwife South West) Leanne Ashmead (Service Group Director) Inga Kennedy (Mat Neo Safety Champion NED) Susie Crowe (Obstetric MIA) Suzanne Cunningham (MIA) Liz Pilling (NIA) Robyn Smart (Associate Director of Nursing) James Coulston (AMD) Donna Butland (MNVP)

Area of focus / summary	Action	Action owner	Target date	Update
Culture and Leadership	• Further population of the OD Culture plan with triangulation with existing plans and clear operational KPIs in place • Implementation of oversight framework aligned with reopening of YDH services to enable responsive monitoring of safety culture across the service and the MDT- **complete** • Implementation ot safety oversight framework at MPH and cross site safety huddle	PLT Perinatal QUINT	May 2026 April 2026	• Progression of the cultural improvement plan with the OD team and the PLT has not been at anticipated pace. There appears to have been some miscommunication of expectations. Quad have developed a PLT oversight group to provide direction to this work and other pieces of work being undertaken by the PLT which commences today.There is a need to triangulate the cultural intelligence form all sources and create co produced improvement based on this learning. Update on progression to be provided at next meeting. • The oversight framework is in place and needs to be rolled out on MPH site and a cross site safety huddle initiated.
Quality and Safety Framework	• Ratification of the Quality and Safety framework within Perinatal services to align with the wider corporate Quality and Safety framework- **complete** • Agree plan for support Q&S functions with potential gaps in roles within the team - **complete** • Alignment of Maternity Systems and processes with wider Trust PSIRF plan within the framework	SB/AS SB/AS CNO/CMO	March 2026	• Ability of perinatal service to escalate concerns for oversight to corporate team is improved. There are still some concerns that there are challenges around commissioning appropriate learning responses. Follow up meeting may be required with corporate team to address this. • Service requires further support with digital solutions to track actions generated from learning responses and ensure robust implementation and test of effectiveness.

Area of focus / summary	Action	Action owner	Target date	Update
Culture and Leadership Serious concerns regarding behaviour and leadership from Obstetric consultant body at YDH site, impacting culture and clinical outcomes for women and babies.	• CMO outlined series of actions agreed within the organisation to work to improve professional behaviour within this group including; support for CSL, development of cross site clinical director and roles and responsibilities for the consultant body to work to developed by the AMD. Further actions agreed to address immediate safety concerns; • Ops Director has agreed to review rotas and ensure teams over the weekend are empowered to call operational on call with any urgent concerns **complete** • Urgent follow up meeting early next week with CNO/ CMO/NED to agree immediate response and any further actions required to ensure safety and on going process for monitoring and providing assurance- feedback to be provided to MIAs and the regional Chief Midwife- **complete** • Follow up meeting with Obstetric MIA and CMO planned for Tuesday 26/5/26. Report on current cases of concerns to be shared by Obs MIA with the CMO. • Plan for review of clinical cases including decision making since YDH reopening to provide assurance that appropriate learning responses and statutory DOC has been met. This should include MIA input. • Obs MIA to link CMO with peer for shared learning.	AMD LA CNO/CMO AN/CMO QUAD Obs MIA	May 26 May 26 May 26 May 26 June 26 May 26	• Further CSL support facilitated • Ongoing discussions about validity of x-site CD and R&R- this will require additional investment in workforce. • Duties of on call Obstetrician (YDH) document developed and provided to all YDH Cons • Further middle grade escalation sessions planned. Middle grades are now undertaking shifts on MPH site to support development of skills related to effective escalation and MDT working. • MDT reviews for case of concern- maternal and neonatal shared with MNIST team, feedback on quality of review to be provided and confirmation that additional learning response commissioned for maternal case as well as progress with actions in neonatal case • TOR for clinical case review agreed- all births in April/May 2026. Planned to be undertaken 1-3 July 2026 with report to follow on findings

Quality Dashboard

NHS Somerset

	Regional benchmarking (if applicable)	National Benchmarking (if applicable)	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb 26	Mar-26	Apr-26	May-26	Jun-26
SWARM Huddle	N/A	N/A	0	0	0	0	1	2	0	0	2	0	1	2
MDT	N/A	N/A	0	0	0	1	1	0	0	0	0	0	0	1
Thematic Review	N/A	N/A	0	0	0	0	0	0	0	0	0	1	0	0
After Event Review	N/A	N/A	0	1	1	1	0	1	1	1	2	0	0	0
Safety Walk Through	N/A	N/A	0	0	2	0	1	0	1	0	0	0	0	0
Patient Safety Incident Investigation	N/A	N/A	0	0	0	0	1	0	0	0	1	0	0	0
New MNSI Referral	N/A	N/A	0	0	0	2	0	2	0	0	0	0	2	1
Maternal Death		13 per 100,000	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.9	0.0	0.0	0.0	0.0
Stillbirth (≥24 weeks gestation)		3.4 per 1,000 births	0.00	0.00	0.00	0.00	3.66	0.00	0.00	0.00	3.3	3.5	3.1	0.0
Neonatal Death (≥24 weeks gestation)		1.6 per 1,000 births	0.00	0.00	0.00	0.00	3.66	0.00	0.00	0.00	3.3	3.5	0.0	0.6
Babies born at <27 weeks gestation)		4.1 per 1,000 births	0.00	0.00	3.44	0.00	0.00	0.00	2.93	0.00	0.00	0.00	0.0	0.0
Term Admissions to NNU		50 per 1,000 births	51.12	46.15	44.67	44.36	29.3	39.37	44.58	55.1	32.6	41.52	40.8	49.7
Coroner Regulation 28 made directly to the Trust			0	1	0	0	0	0	0	0	0	0	0	0

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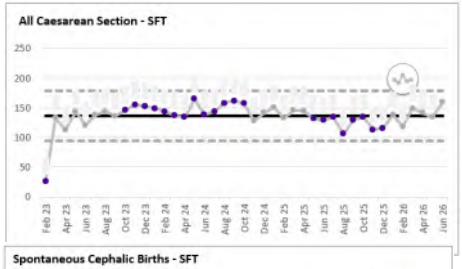
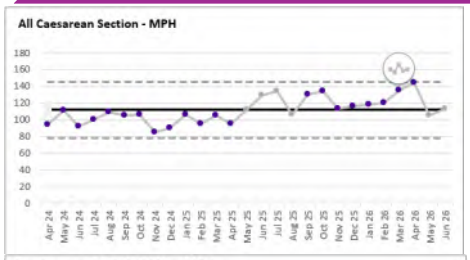
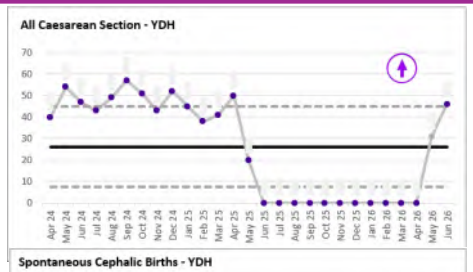
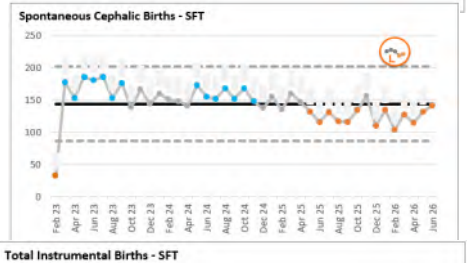
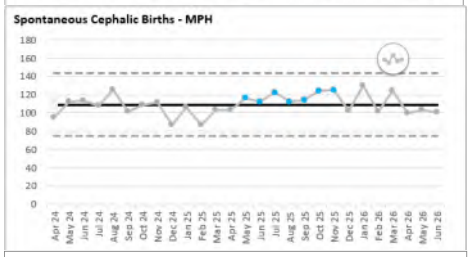
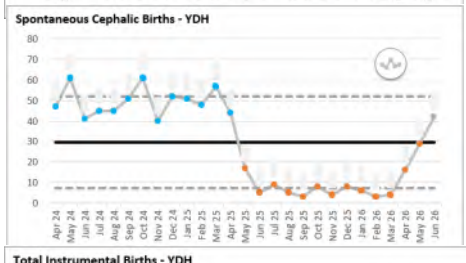
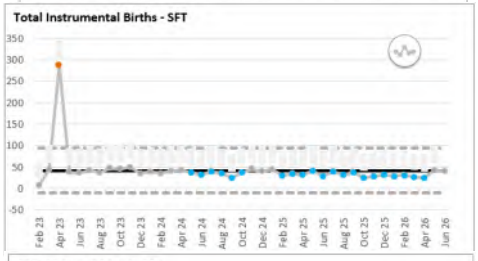
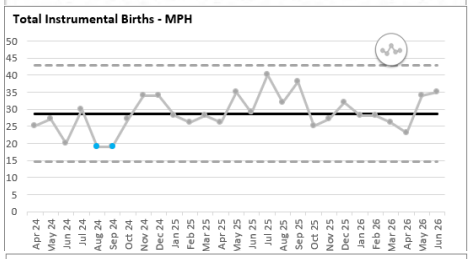
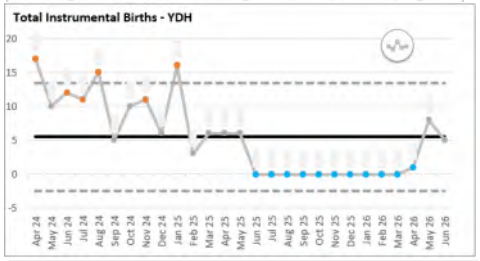
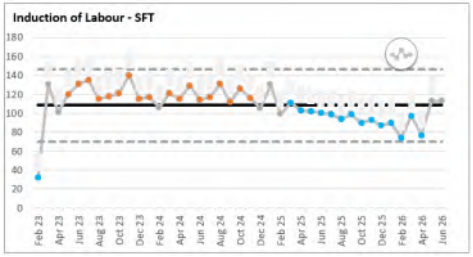
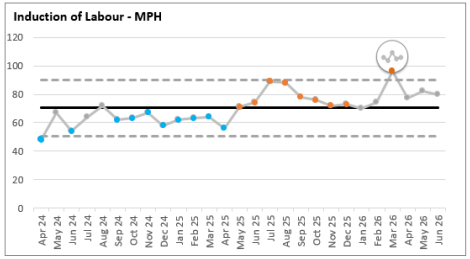
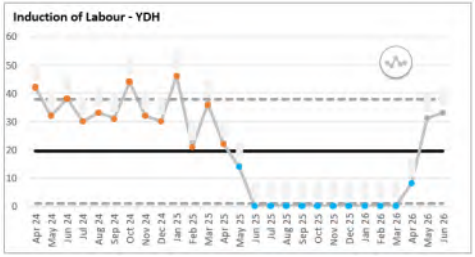
Operational Activity	SFT		Notes
C-sections				Activity reflects the reopening of YDH, overall activity remains stable
Spontaneous Vaginal Birth				Activity reflecting reopening of YDH; however potentially beginning to a show a shift to lower SVB
Instrumental Births				Activity reflects the reopening of YDH, overall activity remains stable
Induction of Labour				Variation reflective of YDH closure & reopening,with outlier in March.

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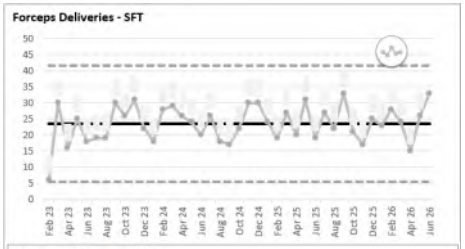
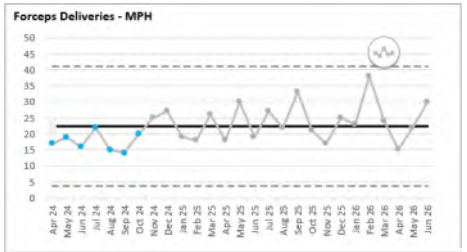
Safety Monitoring

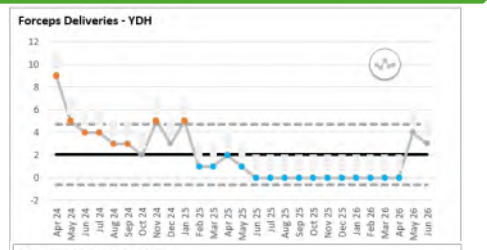
SFT

Notes

Forceps Deliveries

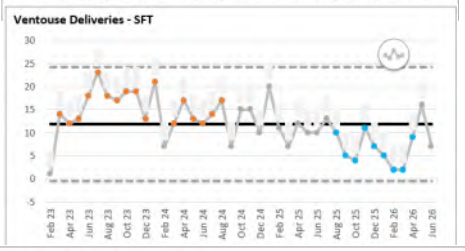


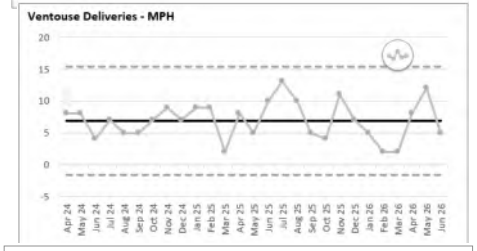


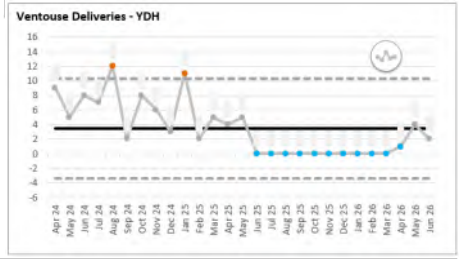


- Stable activity with expected variation
- No sustained SPC variation
- Increase recently, may reflect YDH reopening and not indicative of trend as no sustained shift

Ventouse Deliveries

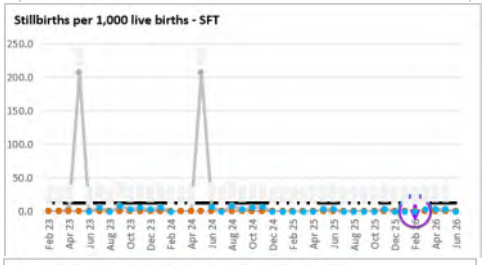


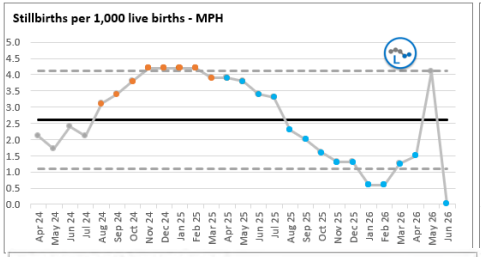


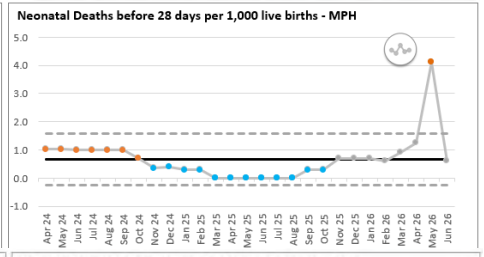


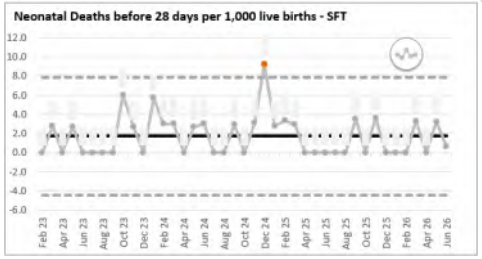
- Downward trend reflects shift in activity levels with YDH closure
- Could also relate to changes in practice
- To observe with YDH resumed activity for trends

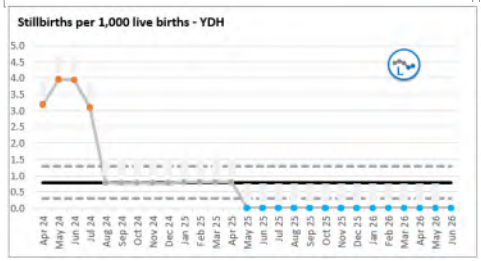
Stillbirths & NND before 28 days

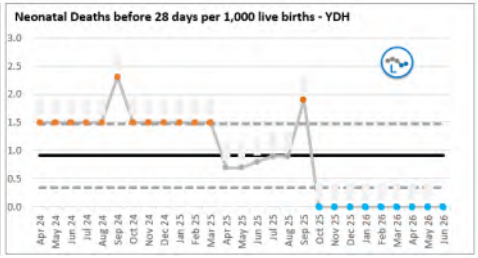












- Rates remain stable with no significant shift. And an outlier point in May
- Isolated spikes expected due to rarity of event and low denominators
- No sustained deterioration evident
- Neonatal outcomes remain within expected variation
- No upward shift
- Visible outlier does not indicate a persistent signal

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Perinatal Quality Oversight Model

CQC Maternity Ratings May 2026:

Somerset NHS Foundation Trust Perinatal Quality Surveillance Reporting						
MPH	Overall	Safe	Effective	Caring	Well-led	Responsive
	Inadequate	Inadequate	Good	Good	Inadequate	Good
YDH	Overall	Safe	Effective	Caring	Well-led	Responsive
	Inadequate	Inadequate	Good	Outstanding	Inadequate	Good
BWCH	Overall	Safe	Effective	Caring	Well-led	Responsive
		Requires Improvement May 24			Requires Improvement May 24	

Maternity & Neonatal Improvement Support Team	Maternity & Neonatal Improvement Programme launch. NSHE advisors Amy Stubbs (midwifery) Suzanne Cunningham (Midwifery) Susie Crowe (Obs) Avideah Nejad (Obs) Liz Langham (NN) Liz Pilling (NIA)												
Maternity Incentive Scheme	Year 8 launch & initial approach meeting completed. Scheme has 6 focused core areas, streamlining the approach from multiple actions												
	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
MNSI/NHSR/CQC or other organisation with a concern or request for action made directly with the trust	0	0	0	0	0	0	0	0	0	0	0	0	0
Coroner Regulation 28 made directly to the Trust	0	0	1	0	0	0	0	0	0	0	0	0	0
Number of incidents reported as moderate or above	4	1	10	1	1	4	5	3	3	0	4	0	8

9

Q1 Apr-June 2026 Update

Obstetrics Claims Scorecard April 2015 to March 2025

Top injuries by volume:	Top injuries by value:
• Adtnl/unnecessary operation (12) • Psychiatric/Psychological Damage (11) • Stillborn (10) • Unnecessary pain (6) • Brain Damage (6)	• Brain damage (6) • Cerebral palsy (1) • Cystic growth (1) • Adtnl/unnecessary operation (12) • Fatality (4)
Top causes by volume:	**Top causes by value:**
• Failure/delay in diagnosis (6) • Fail/delay in treatment (6) • Fail to make resp to abnrm FHR (6) • Fail to recog. Complication of (5) • Fail to warn – informed consent (5)	• Fail to warn – informed consent (5) • Fail to make resp to abnrm FHR (6) • Failure / Delay Diagnosis (6) • Delay in performing operation (4) • Not specified (3)

Complaints Q1 26-27

Open complaints and emerging themes:
- Communication and information sharing
- Clinical assessment, escalation and documentation
- Management of infection during labour and postnatal
- Tongue tie management

Incidents Q1 26-27

Themes from safety events:
- Clinical care concerns (guidelines/processes not followed)
- Staffing/ workload/ capacity
- Communication/ documentation

Maternity Incentive Scheme - SA9
Quarterly review of Trust's claims scorecard alongside incident and complaint data and discussed by the maternity, neonatal and Trust Board level safety champions at
a Trust level (Board or directorate) quality meeting

Themes Q1 26-27

- Incomplete assessment and documentation of complex social, medical and obstetric risk factors.
- Missed appointments were not consistently escalated or followed up in line with expected processes.
- Abnormal clinical findings and investigation results were not consistently reviewed, escalated or acted upon.
- Inconsistent follow-up and escalation when appointments are missed

Learning Q1 26-27

- Lack of early recognition and escalation of risk in the ANC pathway.
- Clearer records and easily accessible information such as operation notes, ITU notes, fetal files, and paper CTGs print-outs need to be maintained and improved.
- Pathway clarity and follow-up, clear processes for staffing, induction, triage DNA and safeguarding.

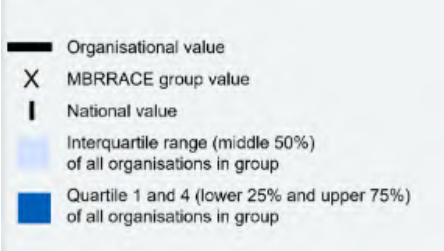
Action Plan Q1 26-27

Not started | In progress | Completed

Review Neonatal governance including Transitional care	**May 2026**	
Review CTG including availability in notes and escalation, also include in FM training	**July 2026**	
Explore use of SBAR template for both social issues and consultant referrals into ANC to support women/birthing people correct clinic allocation	**August 2026**	
Review of DNA's in ANC and pathway of review and escalation	**August 20206**	

National Clinical Quality Improvement Metrics (CQIMS)

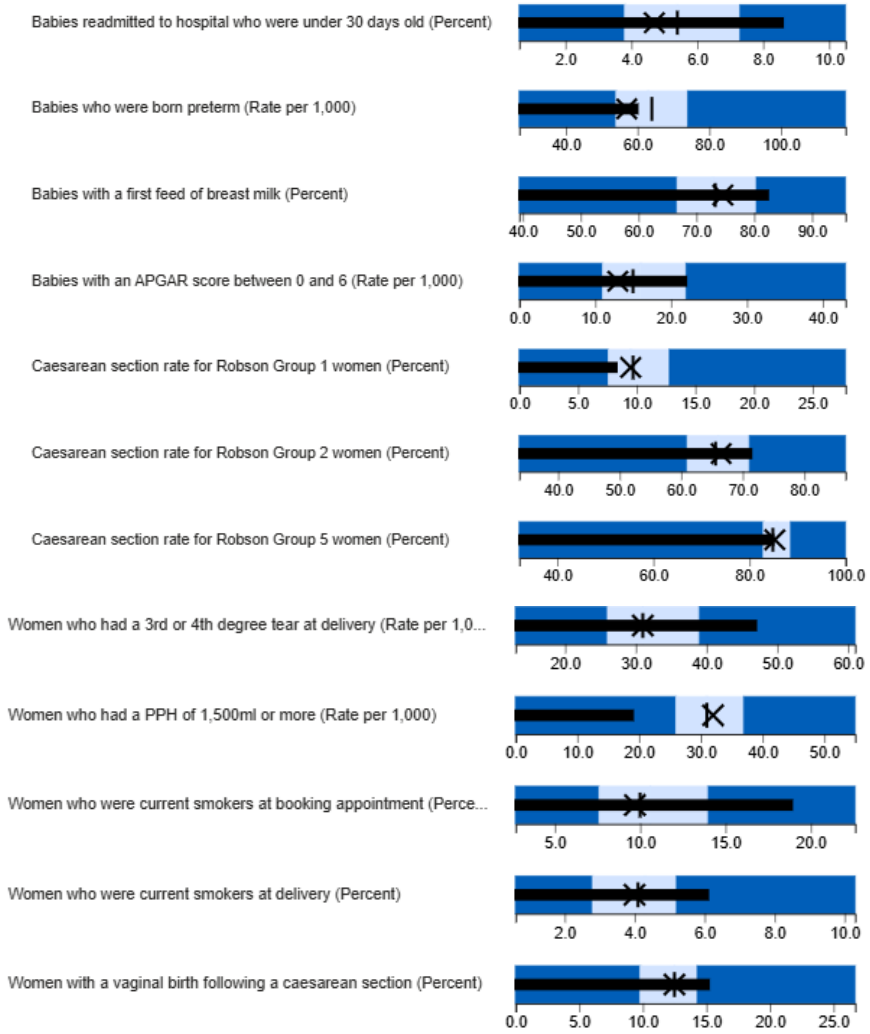
NB: most recent data April 2026



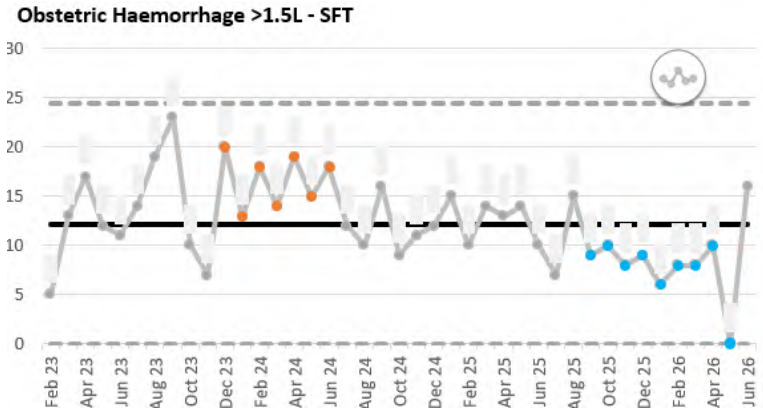
Areas to consider (positive/negative outliers):

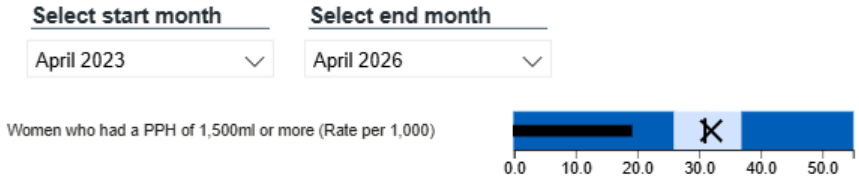
- PPH >1.5L (positive)
- Babies who were born pre-term
- OASI (negative)
- Apgars score bet. 0-6 (negative)

This remains unchanged from the previous report and a continued area of focus.

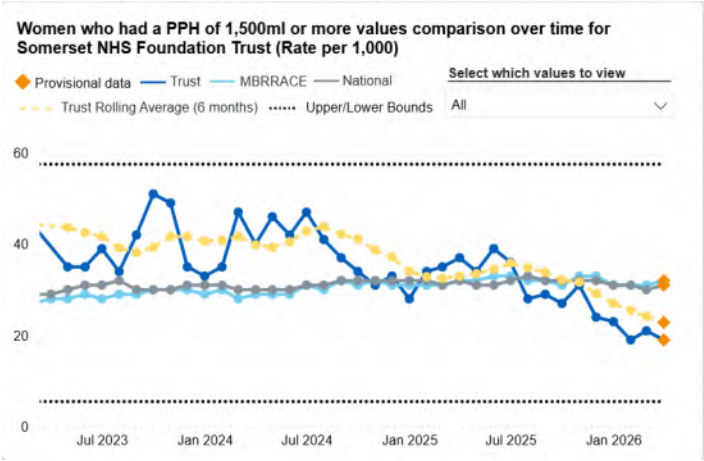


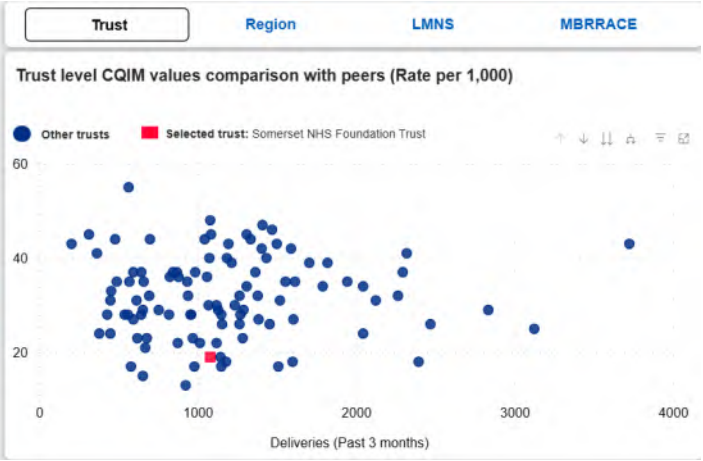
CQIMS – PPH>1.5L





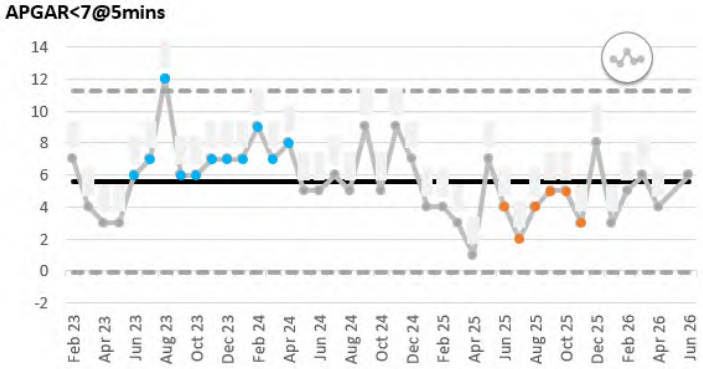
CQIMS data noted to show a continued downward trend for period from July 25 – April 26. This is reflected in the local Trust data. All PPH incidents >2.0l are individually reviewed and quarterly considered for system themes.

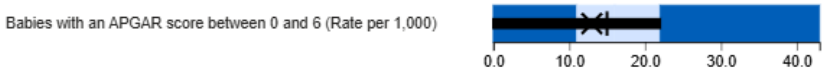




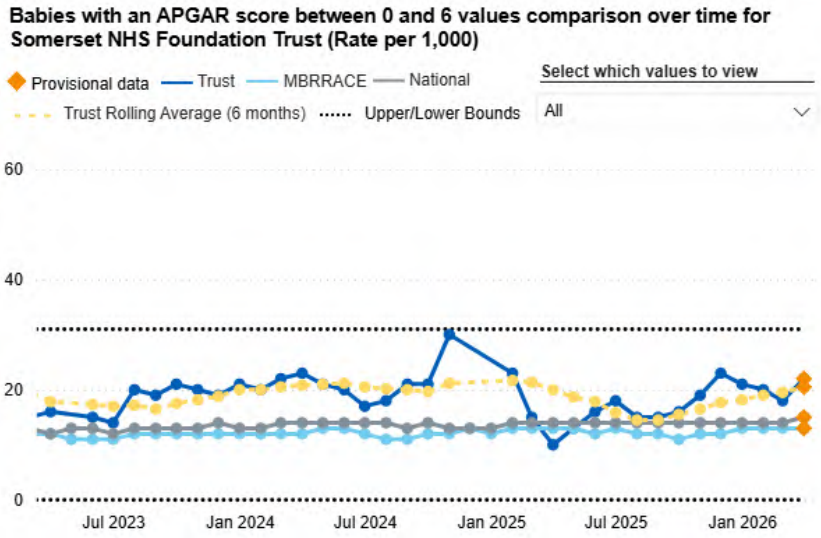
CQIMS – Apgar below 7 at 5 Mins

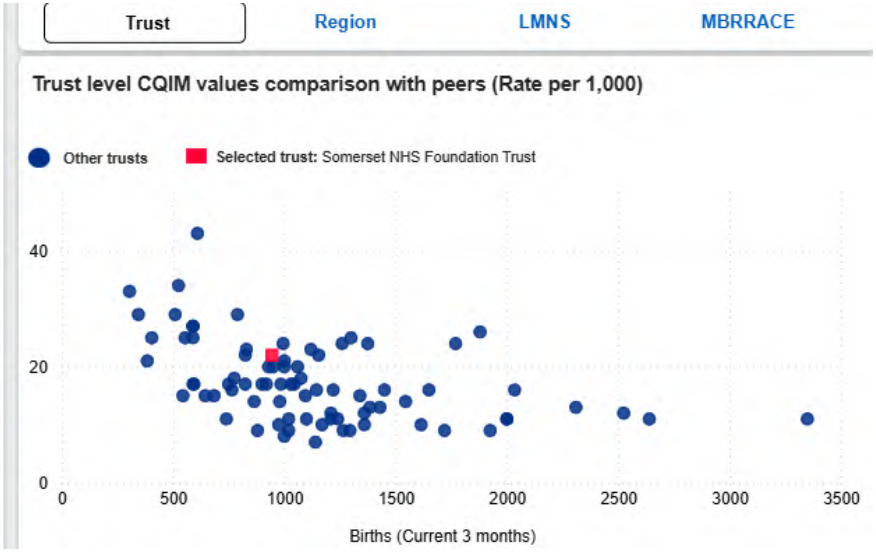
Select start month: April 2023
Select end month: April 2026



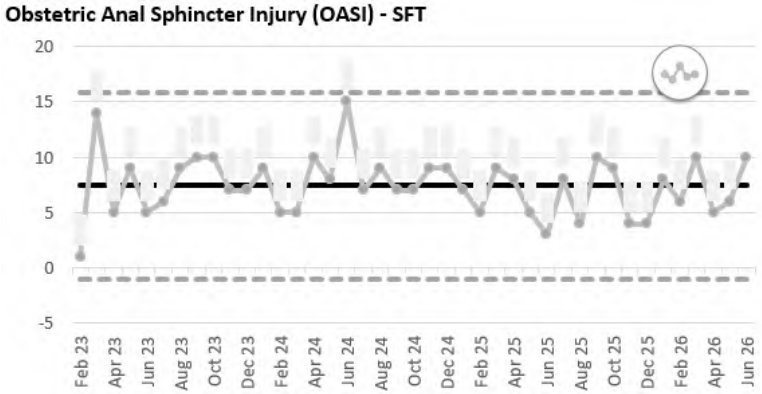


6 cases to be reviewed – To be reviewed in line with our MDT Patient Safety Forum rolling programme. Previous month (May) showed no clear theme. Reviewed in ATAIN where applicable.

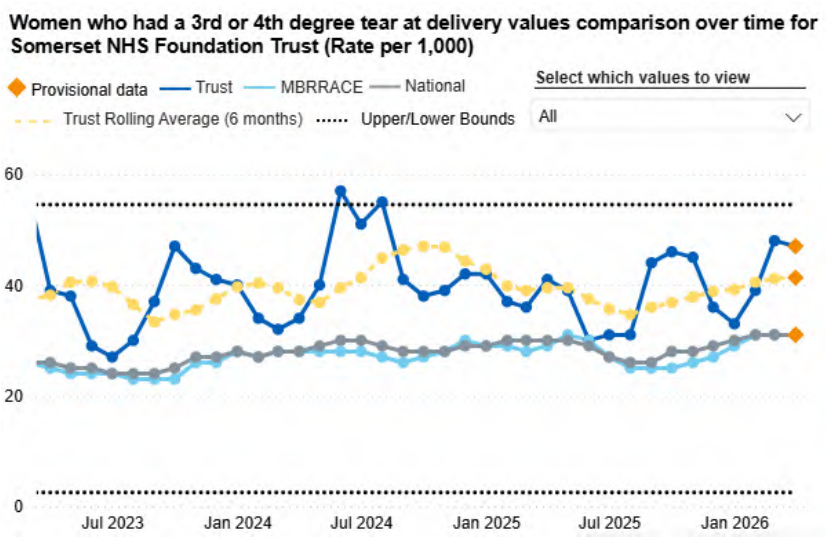


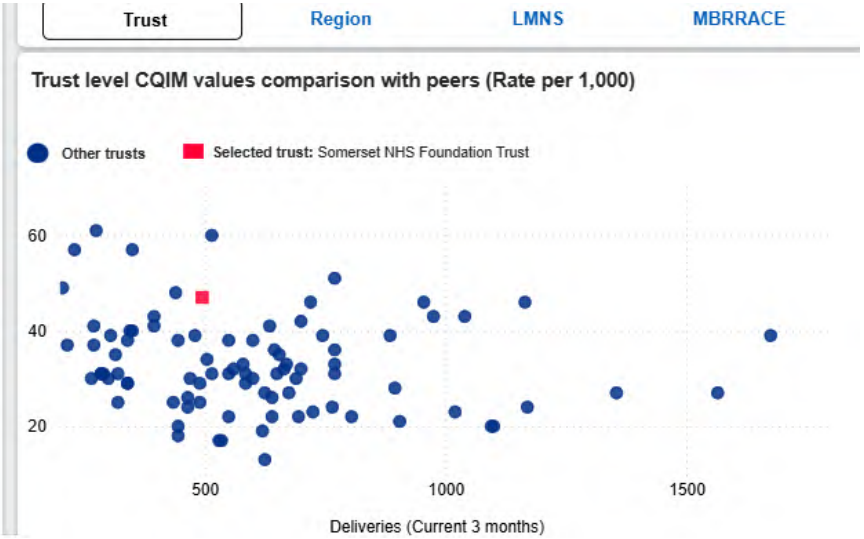


CQIMS: Obstetric Anal Sphincter Injury (OASI)



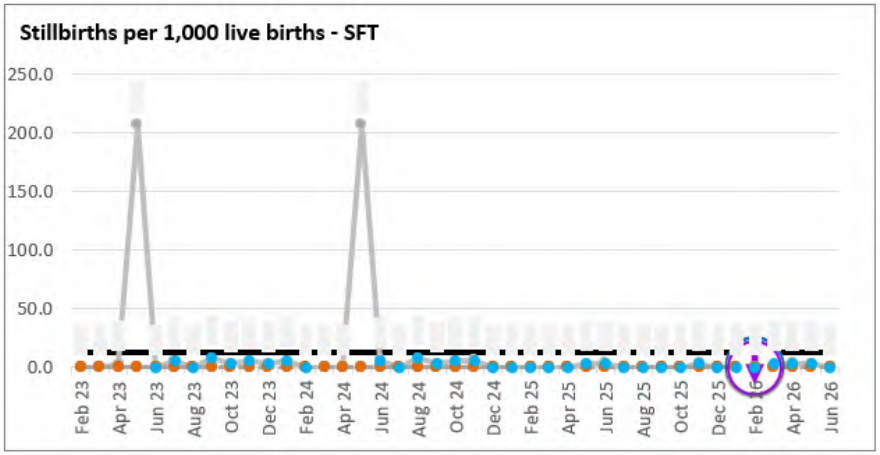
Gold QI is now underway, and stakeholder group established. Looking to fully implement the OASI care bundle and review other ways to improve outcomes, information & practice.

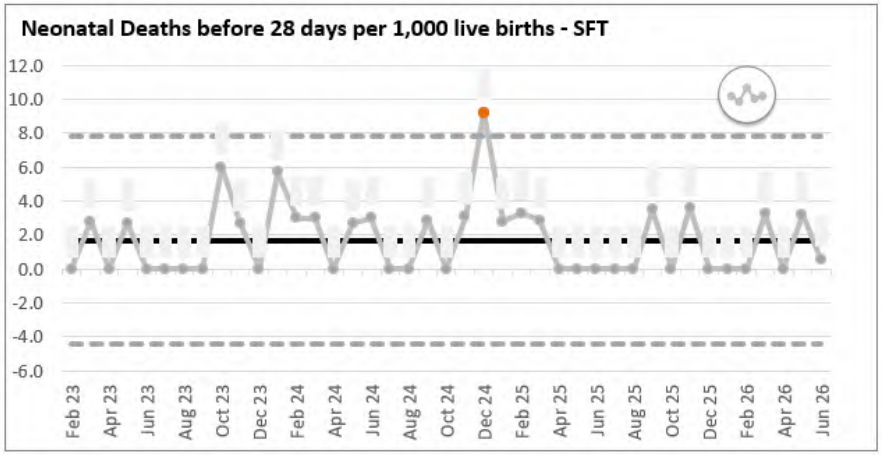


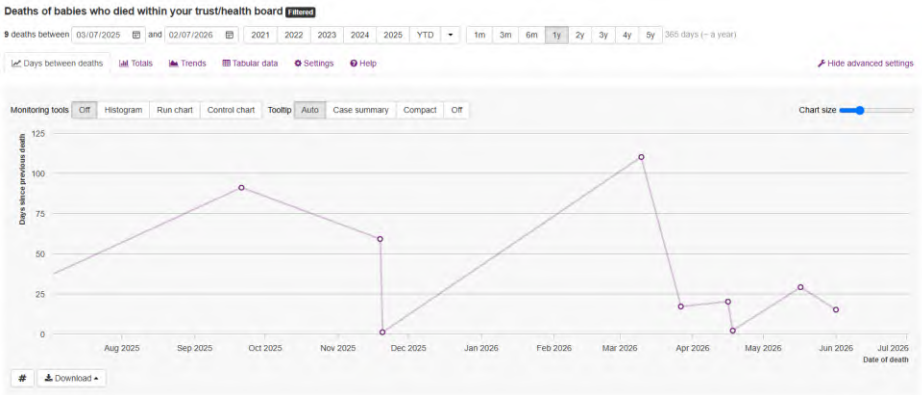


Reportable Deaths/investigations Q1 2026-27

NHS Somerset NHS Foundation Trust







4x new reportable deaths
2x stillbirth
1x late fetal loss
1x neonatal death

Themes from Deaths:
- Review and follow-up of results.
- Communication and sharing information

What is going well:
Immediate action taken regarding follow-up of results and community working group has been formed. Inpatient services working group has been requested.

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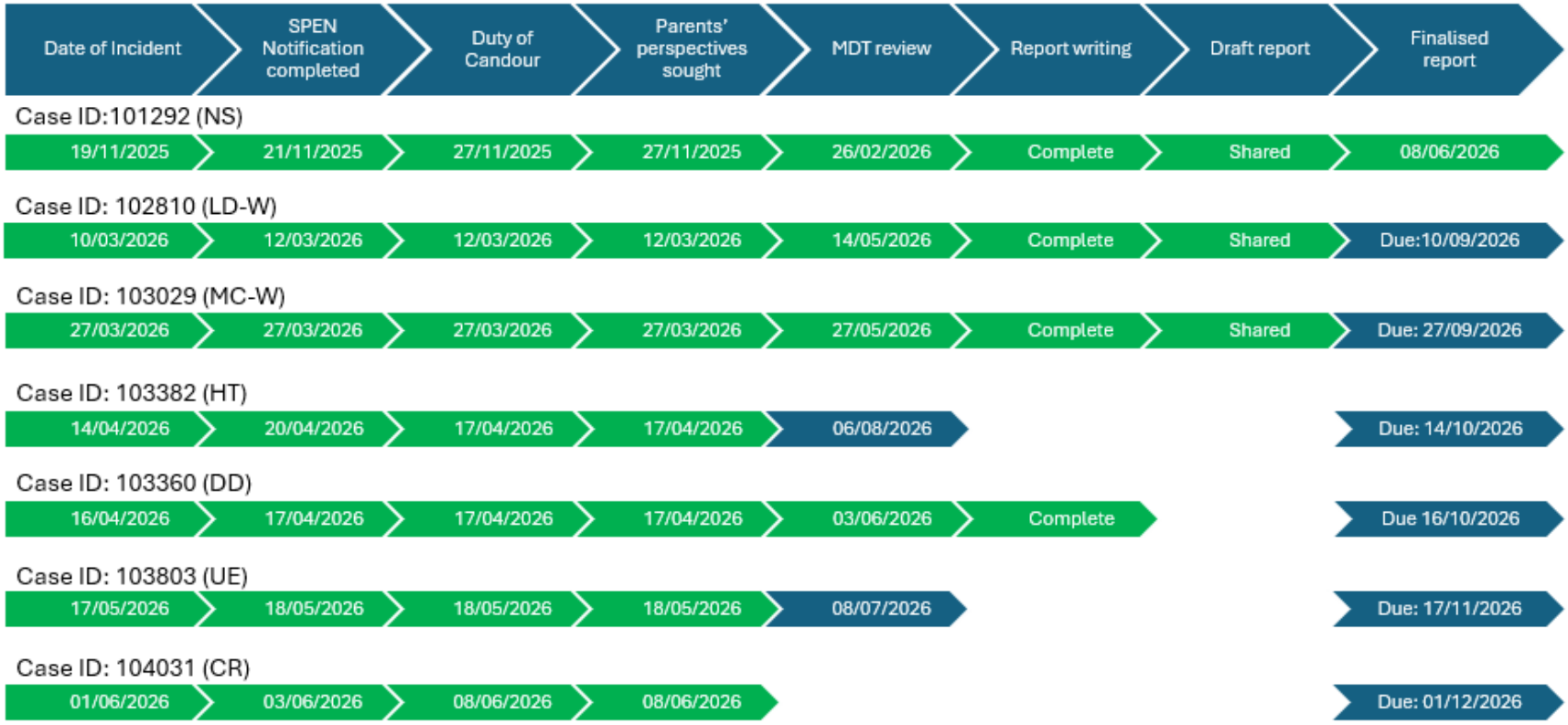
SFT PMRT Overview



Externals: 4 external PMRT's with SFT involvement

MIS Year 8: On track to meet Safety Action C.

SFT MNSI Overview

	Date of Incident	SPEN Notification completed	Terms of Reference received	Draft report	Factual accuracy	Final report	
MI-048194 (HC) – Therapeutic cooling	19/10/2025	24/10/2025	Approved	12/05/2026	Sent	04/06/2026	
MI-048476 (RM) – Therapeutic cooling	29/10/2025	29/10/2025	Approved	02/04/2026	Sent		
MI-050225 (LW-L) – Therapeutic cooling	03/12/2025	04/12/2025	Approved	03/06/2026	Sent		
MI-054069 (BJ) – Abnormal MRI	13/12/2025	19/12/2025	Approved				
MI-059006 (KB) – Therapeutic cooling	07/05/2026	11/05/2026	Received	Case rejected			Family did not consent
MI-059632 (UE) – Intrapartum stillbirth	17/05/2026	18/05/2026					
MI-060853 (CR) – Neonatal death	01/06/2026	03/06/2026					

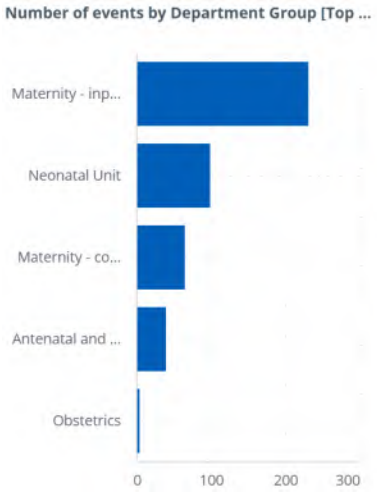
MIS Year 8: On track to meet Safety Action C.

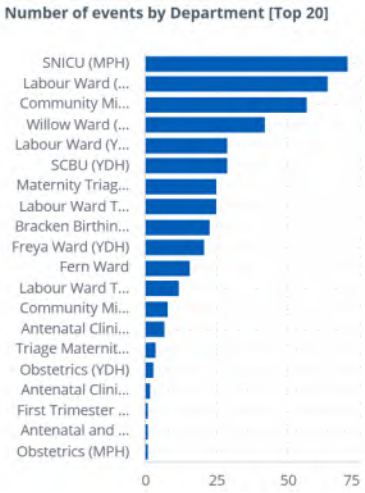
RADAR Safety Events Q1 2026-27

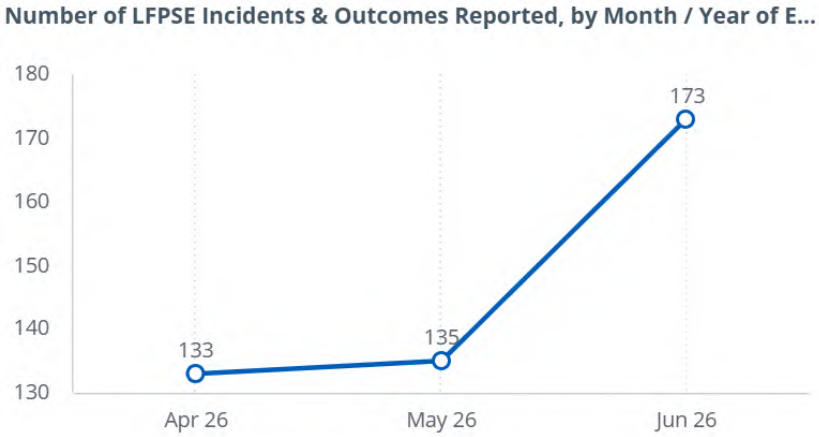
Somerset NHS Foundation Trust

Reported Events in Period

441

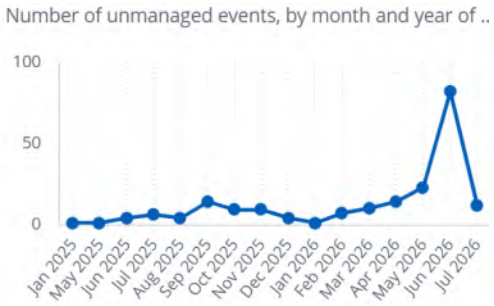






Unmanaged events

201



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Everyone, Every day

RADAR Safety Events June 2026

NHS Somerset NHS Foundation Trust

MPH		YDH	
Maternity	**Neonatal**	**Maternity**	**Neonatal**
106 Safety Events	25 Safety Events	33 Safety Events	12 Safety Events
Top safety challenges reported: • Clinical Care Concerns • Staffing / Workload • Communication / Documentation	Top safety challenges reported: • Communication / Documentation • Clinical Care Concerns • Medication	Top safety challenges reported: • No Safety Challenge Selected • Communication / Documentation • Clinical Care Concerns	Top safety challenges reported: • Communication / Documentation • Clinical Care Concerns • Staffing / Workload
Themes: • Estates • Safeguarding • Test follow ups	Themes: • High number graded as 'low' harm 10/25. • No reports with 'staffing/ capacity' as safety challenge. • Theme of missing/ inadequate documentation.	Themes: • CTG Machines • Culture	Themes: • Bleeps/ Calls

Safety Events: Moderate harm or above Q1 2026-27

NHS Somerset

Incident Date	RADAR Ref	Safety Event	PSIRF Learning Response	Imm. Actions and comments	Perinatal Themes 1. Triage 2. Escalation of Clinical Concerns 3. Related to YDH closure (increased workload at MPH)
Apr 2026	OLP-2164	23+1 IUD diagnosed at 15:29 via USS on triage following attendance for RFMs	PMRT	• No immediate learning identified	
Apr 2026	ILP-59636	40+2 Unexpected IUD diagnosed 16/04/2026 at 13:45 via USS in Rowan suite. Baby delivered via Cat 3 C/S on 16/04/26 @ 20:11	PMRT	• Learning relating to communication around discussion relating to caesarean section & liquor volume	
Apr 2026	ILP-597723	2L PPH - 17+4 week Neonatal Death and delivered in triage toilets	CDOP Review	• No immediate learning identified	1,2
May 2026		Undiagnosed pregnancy, Attended A&E with abdominal pain, Delivered vaginally in LW theatre (no other rooms). Baby born in very poor condition –NLS. Transferred to out	After Action Review	• No immediate learning identified • Referred to MNSI, no parental consent therefore reject	

Incident Date	RADAR Ref	Safety Event	PSIRF Learning Response	Imm. Actions and comments	Perinatal Themes 1. Triage 2. Escalation of Clinical Concerns 3. Related to YDH closure (increased workload at MPH)
May 2026	ILP-62195	Into triage with abdominal pain, labouring but no FH on USS (did not attempt FH prior to USS due to unstable lie). Quick vaginal delivery with thick meconium. PET	MNSI, PMRT	• Pathways for following up test results in community, reviewed and communication sent to all community staff • Working group to look at pathways through the service	
June 2026	OLP-2196	NND	MNSI, PMRT	• No immediate learning	
June 2026	ILP-2196	Delay in care		• Pathways for following up test results in community, reviewed and communication sent to all community staff • Working group to look at pathways through the service	
June 2026	ILP-65760	Readmission & return to theatre		• Concerns over escalation and having care in the right location.	2

Risk Register- New Risks and Emerging Themes

Risks ≥20

- **Unable to provide safe fetal medicine services** - Score 20

The fetal medicine provision at SFT will not have sufficient oversight and staffing following the departure of the consultant with a special interest in fetal medicine, alongside the absence of an established formal commissioning arrangement to support service provision.

- **Significantly limited theatre capacity in Maternity (MPH)** - Score 20

For any obstetric led maternity service, access to a minimum of 2 obstetric theatres is considered an essential requirement.

- **High demand for Elective Caesarean Section list (MPH)** - Score 20

Risk of delayed or cancelled elective Caesarean Sections at MPH maternity due to insufficient obstetric medical staffing capacity.

- **Maternity & Neonatal Culture (YDH)** - Score **20**

Increased due to reports of concerns re: culture, poor MDT working, and leadership in emergencies.

Risk Register – Ongoing High Scoring Risks

- **Workforce Pressures: Multiple risks remain unchanged**
  - Neonatal nursing staffing shortfall (BAPM non-compliance) (RSK-003489)
  - Neonatal medical staffing gaps – Tier 1 & Tier 2 (RSK-003480)
  - ANNP progression, banding and retention limitations (RSK-003482)
  - O&G medical workforce capacity constraints (RSK-003532) – reduced from 20 → 16 but remains significant
  - Neonatal workforce capacity & capability (YDH) (RSK-003918)
  - YDH Neonatal workforce, culture & environment (compound risk) (RSK-003919)
  - SFT-wide neonatal service workforce/capacity interdependency (RSK-003920)

- **Risks Showing Improvement / Stability**
  - Estates (Maternity & Neonatal): reduced from 20 → 15
  - O&G workforce risk: reduced from 20 → 16
  - Blood product tracking system not implemented within perinatal services 15 implementation imminent

  - Several risks stable but no material score reduction despite controls

Safer Staffing: June

NHS Somerset NHS Foundation Trust

Site	Vacancies (WTE)	WTE Recruited to	Anticipated start dates	Plan to close gap
MPH - MW Unit Community	3.62wte (B5/6) 5.84wte (B6)	Yes 2wte	Start dates range between July – Oct. Community – Sept/Oct	5 preceptorship midwives starting October 2026. Funding for EOI extra B5 above establishment Ongoing recruitment community
MPH- MSW	1.5wte	yes	Awaiting confirmation	na
YDH - MW	0.24wte (B7) 1.32wte (B5/6)	B6-Out to advert	-	na
YDH - MSW	2wte	1wte	July	na
Cross site Specialist MW	4.04wte	Recruitment in progress	tbc	Ongoing recruitment drive.

- Birthrate Plus review commencing July 2026 to inform staffing requirements
- Recruitment to the specialist midwife roles has been challenging. The roles have been reviewed to identify alternative ways of meeting service demand and this work remains ongoing.

Labour Ward Update: MPH Q1

BR+	Total Q1	Apr	May	June
Compliance	91.83	90.5 %	93.0 1%	92
Acuity met	78.6	69%	83%	84
Red flags	1.66	1	2	2

Red flag detail:

- Missed/delayed Care x 1
- Missed/delayed Care x. Delayed/cancelled time critical activity X1 Delay in providing drug relief- epid
- Coodinator not supernumerary not providing 1:1 care

ACTIONS:

- Reminder to complete detail with red flags
- Work ongoing into elective LSCS being taken off LW to free up theatre capacity
- Continue to review staffing daily
- Flow MW should help in movement of staff and escalation
- MOH caused delay in epidural and coordinator being clinically involved. Both flags for 1 event

IPC	Total Q1	Apr	May	June
Hand Hygiene	94	NS	95%	92.8 6%
Bare below Elbow	98.5	100	100	95.4 5
Decontamination	100	100	100	TBC

Monitor submissions to ensure regular submission and meaningful data collection

Safety Brief	Total Q1	Apr	May	June
	100%	100%	100%	100%

ACTIONS:

- Continue to routinely share at every handover to maintain excellent compliance

Willow Ward Update: Q1

BR+	Total Q1	Apr	May	June
Compliance	70.5 % (avg)	72.5 %	78.2%	60.8%
Acuity met	42% (avg)	26%	56%	44%
Red flags	19 (total)	9	6	4

ACTIONS:

- Willow team meeting- discussed BR+, importance of Radar to accompany red flag and not to use for "potential issues"
- Self medication guidance and SOP being reviewed for ratification.
- New patient lockers with digital locks in preparation for self medication once live.

Red flag detail:

- Delayed analgesia consistently most common red flag. All red flags on weekdays.
- In May x5 red flags reported in one shift- all reported as "*potentially*" missed medication/delay in recognition of abnormal obs.
- June red flags due to other clinical priority (unwell baby) and "simultaneous warding of multiple women".

IPC	Total Q1	Apr	May	June
Hand Hygiene	100%	100%	100%	*100%
Bare below Elbow	100%	100%	100%	*100%
Decontamination	100%	100%	100%	*100%

ACTIONS:

- Continue!
- *Data not available via IPC dashboard- obtained from staff completing audit.

Safety Brief	Total Q1	Apr	May	June
162/182	89%	86%	96%	84%

ACTIONS:

- Shift leader role allocated and responsible for all daily checks/BR+/SB being complete.
- Allows for individual monitoring & accountability.

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Labour Ward YDH Update: Q1

BR+	Total Q1	Apr	May	June
Compliance	80.52%	63.33	84.4	82.2
Acuity met	94%	100	94	91
Red flags	22	1	9	12

Red flag detail:

- RF11 (Coord not S/N) 64%
- RF7 (delay in commencing IOL) 32%
- RF2 (missed/delayed care) 5%

ACTIONS:

- Drive to improve compliance and accurate scoring to reflect activity
- Out to advert for 3 x WTE RM
- Business case agreed for extra RM on nights to cover triage
- Developmental post for LW Coordinator to start soon
- Training analysis for specialist Midwives

IPC	Total Q1	Apr	May	June
Hand Hygiene	69.23%			69.23
Bare below Elbow	95.45%			95.45
Decontamination				

ACTIONS:

- Service users to complete HH surveys to improve accuracy
- Uniform and BBE elbow posters in patient facing spaces to improve compliance

Safety Brief	Total Q1	Apr	May	June
				73.3%

ACTIONS:

- QR code for form ease of access
- Comms to all coordinators to complete weekend brief
- Time changed to accommodate MDT needs
- Inpatient Matron in post to encourage compliance

Freya Ward Update: Q1

BR+	Total Q1	Apr	May	June
Compliance	69%	73%	70%	64%
Acuity met	86%	97%	89%	71%
Red flags	3	0	3	0

Red flag detail:

- 1 missed or delayed care
- 1 delay in providing pain relief
- 1 missed medication during an admission

ACTIONS:

- Birth rate alarm implemented to improve compliance
- Highlight importance of completing an incident form for red flags
- Additional TTA packs requested for ward stock
- Self-medication guideline being drafted
- Two new adult observation monitors on order as currently only one for the ward
- New neonatal reusable saturation probes now in use on baby observation monitors

IPC	Total Q1	Apr	May	June
Hand Hygiene		-----	-----	100%
Bare below Elbow		-----	-----	100%
Decontamination		-----	------	------

ACTIONS:

- Hand gel holders for end of beds ordered after feedback from obstetric ward round

Safety Brief	Total Q1	Apr	May	June

ACTIONS:

- Safety brief is completed with all staff on Labour ward at the beginning of every shift

Maternity Triage

Somerset NHS Foundation Trust

Area of focus for improvement for us over the past 2 years. We now have a dedicated Band 7 Triage lead midwife cross-site And a dedicated Obstetric consultant lead cross site with dedicated PA's.

Summary of service model:

- 24/7 dedicated, cross site manned triage telephone line- one number for whole of county

MPH:

24/7 open triage facility.

Core team of Midwives pus rotational midwives working alongside to gain experience. Supported by MSWs.

Obstetric cover dedicated triage 1pm-8pm OOH, on call consultant covers triage.

YDH:
07:15 -19:45 open triage facility. Ongoing or new referral for triage, care then transfers to the LW overnight, (still follows BSOTS pathways and processes) – recognised as a risk (and on risk register) as not all LW staff are as familiar with BSOTS and if activity or acuity high risks of breaching BSOTS timeframes and losing clinical oversight, therefore commenced last week additional RM on Night in YDH dedicated and protected for triage – however, if no triage care in unit, will support wider team but protected in same way as LW co-ordinator so would not be providing 1:1 care in labour for example.
Core team midwives and rotational as in MPH.

Obstetric cover dedicated for EPAC and triage 9-5 outside these hrs on call consultant covers triage

All triage staff mandated to undertake BSOTS training and telephone training on LEAP, from September mandated for all staff across both sites.

Description of the full triage pathway from initial telephone contact through to attendance and assessment within the unit:

- Somerset Maternity Triage Line- one 24 hour line, answered by a midwife (all calls recorded).
- Midwife receives call (line manned at YDH 07.30-19.30 and MPH overnight).
- BSOTS pathway initiated.
- Call documented on patient record- patient invited into triage if appropriate or other advice given as per BSOTS
- If invited into Triage, the woman will show on a screen at the appropriate site so that the midwives know she is coming in (the phone midwife does not need to call them)
- Woman arrives. Initial assessment within 15 minutes as per BSOTS
- Categorised as appropriate- green, yellow, orange, red.
- If red- immediate transfer to Labour Ward
- If orange- transferred straight into an ongoing triage room for continuation of care within 15 minutes
- If green/ yellow, can go back into the waiting area and start care withing 4 hours for green or 1 hour for yellow
- Obstetric review if required
- Home/ admit as appropriate

Demand Data:

- Audit of 50 calls per quarter to check: a fully history is taken on each call and they are recorded correctly. Currently no data on the number of calls according to specific times of day- however we know that we receive a significantly higher number of calls during the day. For Q1, 3269 calls came through the Triage Line during the day when at YDH, compared to 1172 overnight at MPH.
- To date, recording the number of service users who present without calling has not been inn place however, Triage lead to commence this as part of data collection in line with national service specification.

Triage Performance:
Q1 Audit against BSOTS standards results:

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Thresholds: Standard 1	Red:	<75%	Amber:	75-89%	Green:	≥90%
Thresholds: Standard 2	Red:	<75%	Amber:	75-85%	Green:	≥85%
Thresholds: Standard 3 to 8	Red:	<75%	Amber:	75-79%	Green:	≥80%
Thresholds: Standard 9	Red:	<75%	Amber:	75-99%	Green:	100%

STANDARDS		QUARTER 1		
		MPH	YDH	TOTAL
1	Attendees should be seen within 15 minutes of attending triage *(policy ref 5.1)* *To include maternal observation, fetal heart auscultation, abdominal palpation, inspection of pad to assess PV loss and urinalysis*	*89.1 % (1857/ 2085)*	*94.3% (693/ 735)*	*90.4% (2550/ 2820)*
Patients allocated to 'green' level:				
3	Must commence midwifery care within 4 hours *(policy ref 5.2)*	567/ 595 95.3%	247/ 261 94.6%	814/ 856 95.1%
4	Must be seen by the obstetric team within 4 hours of the doctor being called *(policy ref 4.1)*	231/ 244 94.7%	126/ 130 96.9%	357/ 374 95.5%

STANDARDS		QUARTER 1		
		MPH	YDH	TOTAL
Patients allocated to 'yellow' level:				
5	Must commence midwifery care within 1 hour *(policy ref 5.2)*	999/ 1116 89.5%	316/ 363 87.1%	1315/ 1479 88.9%
6	Must be seen by the obstetric team within 2 hours of the doctor being called *(policy ref 4.1)*	511/ 585 87.4%	222/ 235 94.5%	733/820 89.4%
Patients allocated to 'orange' level:				
7	Must commence midwifery care within 15 minutes *(policy ref 5.2)*	315/ 354 89%	74/97 76.3%	389/451 86.3%
8	Must be seen by the obstetric team within 1 hour of the doctor being called *(policy ref 5.4)*	150/ 220 68.2%	51/ 63 81%	201/283 71%
Patients allocated to 'red' level:				
9	Patients allocated 'red' must be transferred directly to Labour Ward *(policy ref 5.2)*	0	1/ 2 50%	1/2 50%

- Work ongoing to understand activity patterns by time of day underway.

Kindness, Respect, Teamwork
Everyone, Every day

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Triage Update

Number of triage presentations	Apr 26	May 26	Jun 26	Jul 26	Aug 26	Sept 26	Oct 26	Nov 26	Dec 26	Jan 27	Feb 27	Mar 27
Number of triage presentations	794	*1018*	*1008*									
% of women triaged in each category of urgency Red Orange Yellow Green	0 17% 58% 25%	1 18% 51% 29%	1 14% 50% 36%									
% of women assessed within expected timeframes based on category of urgency:	94%	*93.2%*	*95%*									
Number of breaches	105 (13.4%)	*91 (8.4%)*	*70 (7%)*									
% of women who leave without further reviews following initial triage	4	*3*										

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Triage Performance:
Q1 Audit results:

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What has gone well?	Improvements in all areas since last quarter report, with targets reached in several standards for the first time since audit began. An overall initial assessment rate of 90.4% within 15 minutes for 2820 attendees is a huge achievement for the team. This was at an average of 80.1% for 2025-2026. We increased the target for this from 86-90%, without ever reaching the previous lower target. These results demonstrate positive change and improvement within the service. YDH Triage re-opened in April which has been successful with positive audit results. Gold QI project ongoing- to focus on how we can support staff who are not "core" in Triage, to understand BSOTS and how we record this on Badgernet.
What has not gone so well?	Area for improvement demonstrates within the "orange" category- relating to ongoing midwifery care at YDH and obstetric review times at MPH. This is an area we need to implement further change. No women documented as red at MPH for the quarter and only 2 at YDH. This is likely not reflective of practice so work needs to be done to improve data collection for this category.
What are the underlying issues?	Badgernet allows staff to put in "negative" times i.e. That they started ongoing care two minutes before they finished the initial assessment. This affects audit results as these will then show as a breach as not within +15 minutes. To communicate this again for teams to be mindful of this. Request sent to Badgernet to add on an error message if this is done, to prevent incorrect data input. YDH Triage not staffed overnight- going out to advert. This means a wider group of staff are inputting data, with more chance for error/ incorrect filling out of forms.

Next Steps: Benchmark current provision against national service specification

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Training Compliance Update

Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training.
Refer to training report for additional information

MIS Checkpoint Date 1*: 24th July 2026 not met 76.6% however trajectory on track to achieve 91.4% compliance by 31st July 26

MIS Checkpoint Date 2: 30 November 2026

	Midwives	Obstetricians		MSWs	Anaesthetists	Neonatal medical		Neonatal nursing (inc. ANNP)
		Consultants	Other (Reg & SHO)			Consultants	Other	
Obstetric emergency training (PROMPT)	266 95%	15 71%	27 73%	68 84%	46 79%			
Fetal monitoring and surveillance	266 95%	19 90%	19 94%					
Neonatal resus training (including assessment)	260 93%					16 94%	31 97%	51 96%
% QIS								X X%

	Date & location of last simulation	MDT teams involved	Themes/learning identified & actions taken
Hospital In situ multi-professional perinatal emergencies simulations			
Community In situ multi-professional perinatal emergencies simulations			

Perinatal Monthly Governance Group

* At the agreed mid-point checkpoint on 24 July 2026, the Trust is expected to demonstrate its current level of compliance and provide evidence of a trajectory towards achieving the required compliance of 90% by 30 November 2026.

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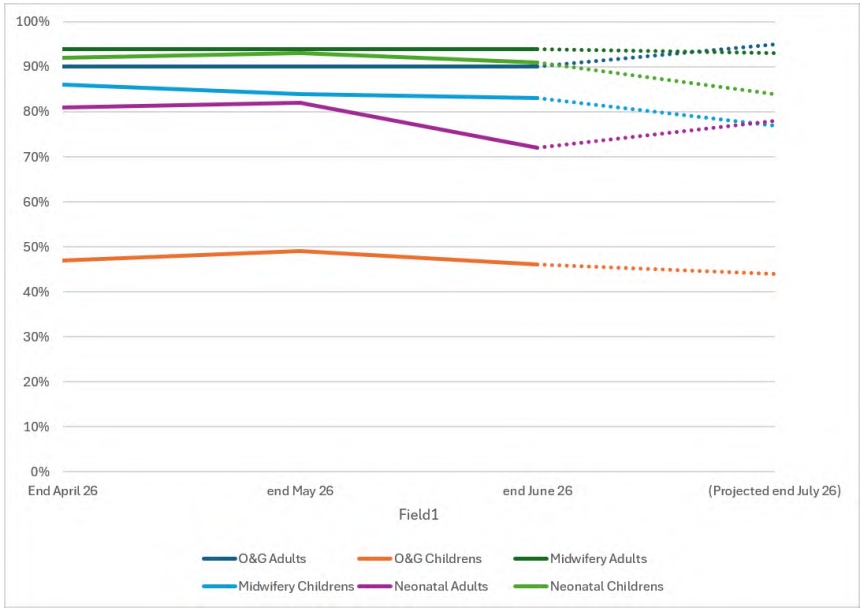
Safeguarding Training Update

Safeguarding Staff Training Compliance as of **end June 26**:

	O&G	Midwives	Neonatal Nurses
Safeguarding Adults (Level 3)	90% compliant	94% compliant	72% compliant
	Change from previous month: 0%	Change from previous month: 0%	Change from previous month: -10%
Safeguarding Children (Level 3)	51% compliant (4 medics removed from list)	83% compliant	91% complaint
	Change from previous month: +2%	Change from previous month: -1%	Change from previous month: -2%

MatNeo Safeguarding Annual Compliance Rates



* Ongoing regular review jointly with safeguarding and obstetric teams

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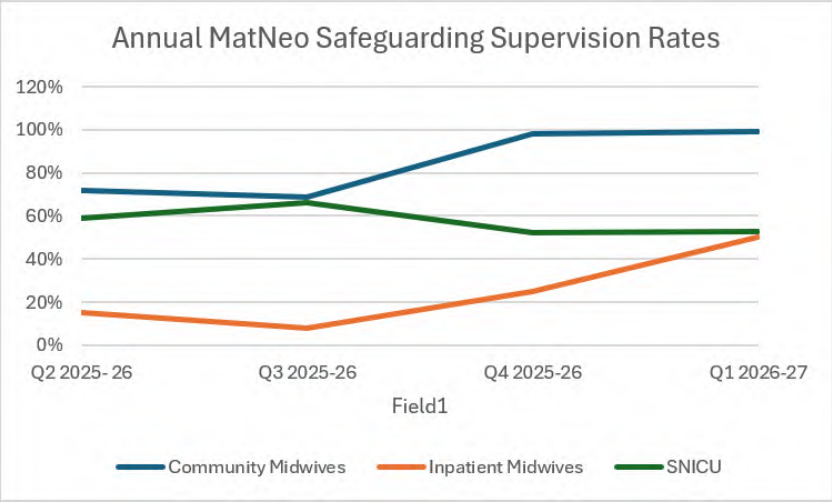
Everyone, Every day

Safeguarding Training Update

Safeguarding Supervision Compliance Q1 2026/27:

Community Midwifery	Inpatient Midwifery *	Neonatal Nurses	
		47%	
		MPH	YDH
99%	50 %	53%	33%



* Inpatient Midwifery Supervision increased to 50% from 25% in Q4

Safeguarding Update

Key achievements/overview:

- Community Midwifery Safeguarding Supervision compliance – 99% (98% Q4)
- Inpatient Midwifery Supervision increased to 50% from 25% in Q4
- Families First Partnership Programme in Somerset (National Social Care Reforms).
- Inaugral Safeguarding Operational Meeting (7th July 2026).

Planned Focus:

- CP-IS action plan to be completed by end of June 2026, with all maternity/neonatal colleagues to have access to working SMART card to enable CP-IS access.
- O&G medical colleagues to regularly access safeguarding supervision by end of Q3. To be facilitated at Cross County Quality Audit Learning meeting.

Area of concern/slippage:

- Wren Team capacity
- O&G Level 3 SG Children compliance – 51%.
- Midwives Level 3 SG Children compliance – 83% -1% down
- Communication/information sharing between internal SFT services (particularly MH teams)
- Further missed opportunities to identify/respond to social vulnerabilities.

Mitigations:

- See MatNeo Safeguarding Risk Assessment (Risk Register) – current score 16. (Wren Team added)
- See also CP-IS Risk Assessment

Perinatal Vaccination Team

Items requiring escalation: We would like to increase to 5 day a week clinics at MPH which would require funding. Currently on 3.

Items for decision: Nil

Key achievements/overview:	**Planned Focus:**
Uptake at delivery: Pertussis: 86% Flu: 78% RSV: 76% RSV uptake resulted in a significant reduction in hospitalisations of babies with RSV Introduction of Failsafe Officer to support uptake, audit and data work. Continuing test and learn for outreach venues Improved data management processes in place providing increased oversight of vaccination status. Consistent auditing allows for in depth understanding of provision, informing service planning.	Improving accessibility with additional clinics and outreach venues. Improving use of technology to improve data recording Educational support to identified community midwives Consistent reporting for BCG in eligible babies.
Area of concern/slippage: No current concerns	**Mitigations:** None

Caroline Upton
Vaccination Service Manager

Appraisal Update:

Somerset NHS Foundation Trust

Appraisal Compliance – Key Points

- Strongest compliance where ward leads directly manage staff they work with regularly
- Greater challenge where staff are managed across multiple areas, reducing ownership and visibility
- Active monitoring by leads, with direct follow up for overdue appraisals
- New line management structure introduced (MPH inpatients) to strengthen accountability and improve compliance

As of 7th July 2026

Organisation	Not counted - new starter/exclusio	Compliant	Out-of-date	Assignments (counted)	Compliance Rate
Maternity Admin MPH	4	8	7	15	53.3%
Speciality Midwives MPH	1	17	6	23	73.9%
Antenatal Clinic MPH	1	10	1	11	90.9%
Antenatal YDH 75740	0	5	2	7	71.4%
Maternity Admin YDH	1	4	1	5	80.0%
Newborn Hearing 45070	0	6	1	7	85.7%
Infant Feeding Specialists	0	8	0	8	100.0%
LMNS Funded Roles 45054	0	1	1	2	50.0%
Maternity Core MPH	0	1	0	1	100.0%
ANC Screening 45053	0	4	1	5	80.0%
Taunton Local Neonatal	3	46	4	50	92.0%
Yeovil Special Care Unit	2	10	6	16	62.5%
Countywide Community	0	15	6	21	71.4%
Midwifery Inpatient MPH	39	123	44	167	73.7%
Midwifery Inpatient YDH	12	60	15	75	80.0%

Key Themes and Complaint Trends (Q1 2026/27)

Communication and Information Sharing

- Inconsistent and unclear communication during critical care moments impacts patient and family experience significantly.

Clinical Assessment and Documentation

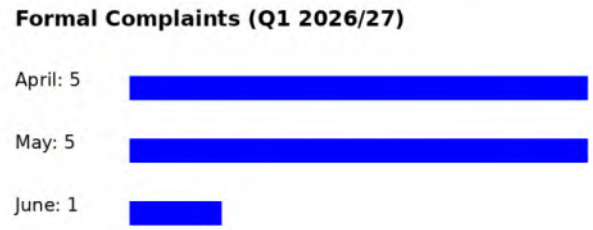
- Gaps in timely clinical reviews, decision-making, and accurate documentation can reduce confidence in care continuity.

Capacity and Staffing Pressures

- Operational constraints and workforce shortages affect responsiveness and delivery of basic patient care.

Complaint Volume Trends

- Formal complaint volumes decreased from five in April and May to one in June, indicating potential early improvements.



Friends and Family Tests / Care Opinion

*May most recent data

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I just wanted to pop into an email that I went to Musgrove Park Hospital on Wednesday for my induction of labour to begin. I had a long stay in the end and my journey ended with a C Section just after 5am on Saturday morning, which absolutely wasn't the plan. Every stage of my induction went in a different way to how I'd hoped and planned HOWEVER the staff were FANTASTIC. Every single member of staff from the moment I was greeted at the door were just phenomenal. The antenatal ward was full up of fed-up women who were waiting for their turn and the staff handled it all with grace and a smile on their face. By the time I was waiting to be transferred to a theatre room for my cesarean, I was incredibly emotional and overwhelmed and definitely wasn't very chatty. But the staff, again, introduced themselves one by one and were so very kind and patien and really have given me a positive experience to look back on for that reason.
What a total credit during this time with Yeovil being closed and the overwhelm that it must cause on Taunton, the staff are ALL fantastic Please pass on my gratitude.

Hello, I'm writing to give compliments for my experience at Yeovil Maternity for the duration of 27/04/2026-28/04/2026.

Experience, knowledge and kindness of the infant feeding team clinician

Kindness, Respect, Teamwork
Everyone, Every day

Patient Feedback

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To all the amazing midwifery team at Musgrove Park Hospital,

I am writing to pass on my heartfelt thanks to all of you. You are such a special group of people.

My journey with you began when I was in and out of maternity triage with Braxton Hicks contractions, bloody shows, and hypertension. Not once was I made to feel that I shouldn't have attended, even though there were probably times when my anxiety about having another difficult labour may have worsened the pains I was experiencing. The care each and every one of you gave me was exceptional.

On 16th May, after about my third visit to triage at 38+6 weeks, I was finally in labour and my waters had broken.

I was then transferred to Fern Ward, as I was due to have an elective C-section the following Tuesday. I wish I had got the name of the wonderful midwife who fought my corner for me – I hope you know who you are. I had chosen an elective C-section but Although my waters had broken, the consultant was initially reluctant to proceed because I was not quite 39 weeks (I do get the evidence but also there is a risk of infection >24 hours after waters break). Plus, I did not want to go into labour naturally, as I had planned for a C-section. I had been reassured that if I was one of the 10% who went into labour before the planned date, my C-section could be brought forward. I was also hopeful that recovery would be less painful than with my first child, as I would not have laboured fully beforehand. But it was a bit of a fight to get me into theatre so thank you to that amazing midwife that stood up for me- she persisted with my wishes by contacting the consultant on my behalf. She hooked me up to monitoring, which showed I was having regular contractions, and she stood up for me when I was feeling at my most vulnerable. Thank you.

The theatre team – wow, what an incredible group you are. I was so nervous, and every one of you helped put me at ease. I really should have taken a list of names! Please feel free to check my notes to see who cared for me, because you all deserve recognition. A special thank you to the lovely anaesthetist who kept me informed throughout and ensured I was completely numb before the procedure began. You made me feel so safe. I was terrified, and your calm, reassuring voice got me through.

And finally, onto Willow Ward, where I spent the majority of my stay. I couldn't believe it when the midwife who led most of my postnatal care (Isla) turned out to be the very same midwife who had practically delivered my daughter in Bristol until I needed an emergency C-section at 9cm due to failure to progress. What were the chances (and luck!) The team on Willow Ward are like a little family. You are all so knowledgeable, helpful, positive and kind. Nothing was ever too much trouble, even when I rang the bell for the thousandth time asking for more pain relief.

You all receive far too much negative press in the media, which is why I felt so strongly about writing to thank you. I'm only sorry it's taken me a month to do so.

I think you are all truly amazing, and I will never forget the outstanding care I received from every single one of you. "Thank you" will never seem enough.

With heartfelt a thank you,

Safety Champion's Walkabout
MPH (Triage, Willow and Labour Ward) – 20th April 2026

Attended by: Matron Lisa Chaplin, Ops Manager Libby Hawker and MNVP members Tamara James & Dylan Perry

NHS Somerset NHS Foundation Trust

What we saw/heard:

- Staff were really friendly.
- Wall displays and personal touches on the ward make a good impression.
- Triage and the wards were very busy, some staff expressed that they had not had lunch breaks and that there was a feeling of dissatisfaction.
- It was felt that there hasn't been sufficient communications relating to the YDH inpatient maternity and neonatal service relaunch, and service users expressed anxiety that staff may not have maintained their skills during the temporary closure.
- There was feedback about elective c-sections – these were reported as being inadequately planned and communicated causing staffing challenges. Additionally, it was reported that people didn't feel they had sufficient time to educate service users on information about c-sections i.e. risks and recovery, with time being the main factor impacting this.
- There was feedback that management decisions were sometimes made without clear communication to teams and visibility of leadership in the unit was minimal.

Update/Actions:

- New intercom system for triage has been installed.
- Share service user feedback with Anaesthetic team.
- Comms re. the maternity unit at MPH and to share experiences of YDH colleagues at MPH to be considered as part of YDH relaunch.
- Escalate estates issue re. tripping electricity when using multiple appliances during meal-times.

Inpatient Action plan:

Action	Update	Status
Added SNICU and Postnatal ward lead update to 09:30 huddle for postnatal checks	Safety huddle template being resigned will include SNICU parents.	Completed
Communication regarding the Freedom to Speak Up service	Freedom to Speak Up Guardian's to attend team meetings to share information about service.	Completed
Guidelines being reviewed to align feeding advice between neonatal and midwifery team	Meeting arranged with Neonatal and Midwifery team to discuss ongoing plans for TC.	In Progress
Tripping electricity when using multiple appliances.	Escalated to Estates Team 21st April	In Progress

Upcoming Safety Walkabouts:

- 12th March at YDH – 20th April at MPH

Kindness, Respect, Teamwork
Everyone, Every day

Safety Champion's Walkabouts
YDH – 14th May 2026 AM & PM

Attended by: Deirdre Fowler in the morning and by Matron Kate Beaumont, NED's Inga Kennedy & Alex Priest, MNVP's Lyndsay Andrews, Beth Strong, Libby Hawker & Rachel Kirkland in the afternoon

NHS Somerset NHS Foundation Trust

What we saw/heard:

- The environment in the ward areas is bright and welcoming, and the new staff area really supports staff wellbeing. We saw a 'shout out' board and a notice board with notes on why people have become midwives, it is a really positive space.
- Freya ward support low risk IOL, the team would like clearer guidance on what is considered low risk
- 1 MSW between labour ward and Freya and staff concerned about this if it was busy, 2 midwives allocated to Freya, they didn't know the procedure/plan for higher workloads
- Comfortable furniture, well laid out with bright and spacious rooms. It was noted that the TV in the side room was very high on the wall, and the locker had equipment in it
- Some labels missing and signage could be clearer (for example not clear day room is for family use)
- Clocks telling different times
- Conversations had around MDT working since reopening and teams needing to work more cohesively moving forward

Updates:

- SCBU attending daily huddle & the template has been updated
- FTSU attending ward meetings
- Estates work escalated prior to reopening

Actions:

Action	Update	Status
Guidelines being reviewed to align feeding advice between neonatal and midwifery team	Meeting arranged with Neonatal and Midwifery team to discuss ongoing plans for TC. Plans currently on hold whilst being reviewed and a new Ward Lead started on 5th May.	In Progress
Communication to be sent on YDH staffing rotas, staff skill-mix and support to doctors in training who will be working at YDH.	Communication with doctors in training regarding reopening rota to be actioned by consultant team.	Completed
Review feedback on wards	Signage on order. Lead to review additional feedback around clocks & equipment. IOL criteria to be added to guideline. MSW vacancies filled and awaiting start dates.	In Progress
Governance team to review RADAR reporting to support psychological safety & learning culture	Posters created promoting reporting of incivility and incidents. Governance team undertaking floor walking to promote.	In Progress

Kindness, Respect, Teamwork
Everyone, Every day

Upcoming Safety Walkabouts:
- Monday 15th June at MPH and Thursday 9th July at YDH

Safety Champion's Walkabout
MPH (Triage, Willow, Fern and Bracken) – 15th June 2026

Attended by: Lisa Chaplin, Naomi Doble, Sophie Cooper and Dan Shearing (Safeguarding Team) Robyn Smart, NED Inga Kennedy and MNVP members Lyndsey Andrews & Dylan Perry

NHS Somerset NHS Foundation Trust

What we saw/heard:

- Calm environment on Fern Ward.
- Ward Signage is sometimes confusing for parents.
- Areas without Air Conditioning were hot!
- TC issues raised again and are ongoing.
- Concerns raised about community Postnatal contacts at the weekends.
- Basic care not always prioritised.
- Impact of no reception cover in ward areas.
- Labour Ward and Neonatal Unit were busy, so we were unable to engage with staff.

Updates /Actions:

- Freedom to Speak Up Guardian invited to ward meetings.
- Long onboarding process for new starters escalated to board.
- TC being reviewed at senior level.

Actions on Plan:	Update:	Status
Electricity Tripping when using multiple appliances at mealtimes	Escalated by MPH Matron to Estates Team & awaiting quotes.	In Progress
Guidelines being reviewed to align feeding advice between neonatal and midwifery team	Meeting arranged with Neonatal and Midwifery team to discuss ongoing plans for TC. Plans currently on hold whilst being reviewed and a new Ward Lead started on 5th May.	Completed
Review feedback on wards at YDH	Signage on order. Lead to review additional feedback around clocks & equipment. IOL criteria to be added to guideline. MSW vacancies filled and awaiting start dates.	Completed
Governance team to review RADAR reporting to support psychological safety & learning culture	Posters created promoting reporting of incivility and incidents. Governance team undertaking floor walking to promote.	Completed
Walkthrough of maternity to review all signage.		In Progress
Consider options for partner shower facilities on Fern Ward.		In Progress

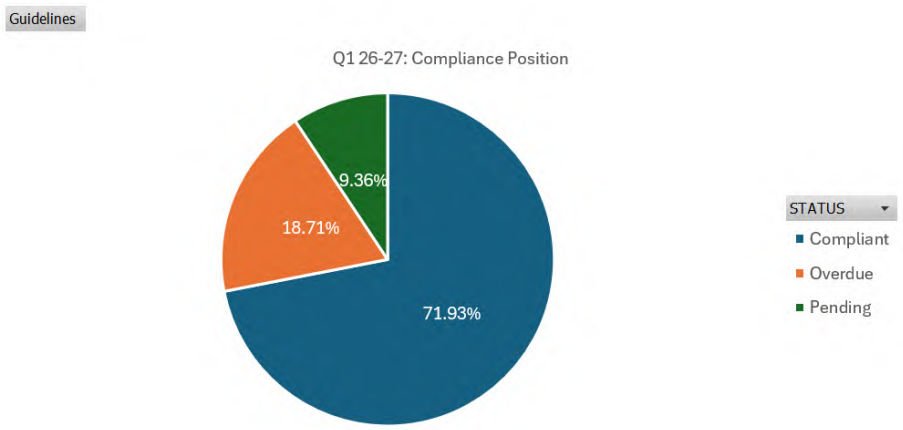
Saving Babies Lives Care Bundle V3 Q4 Update

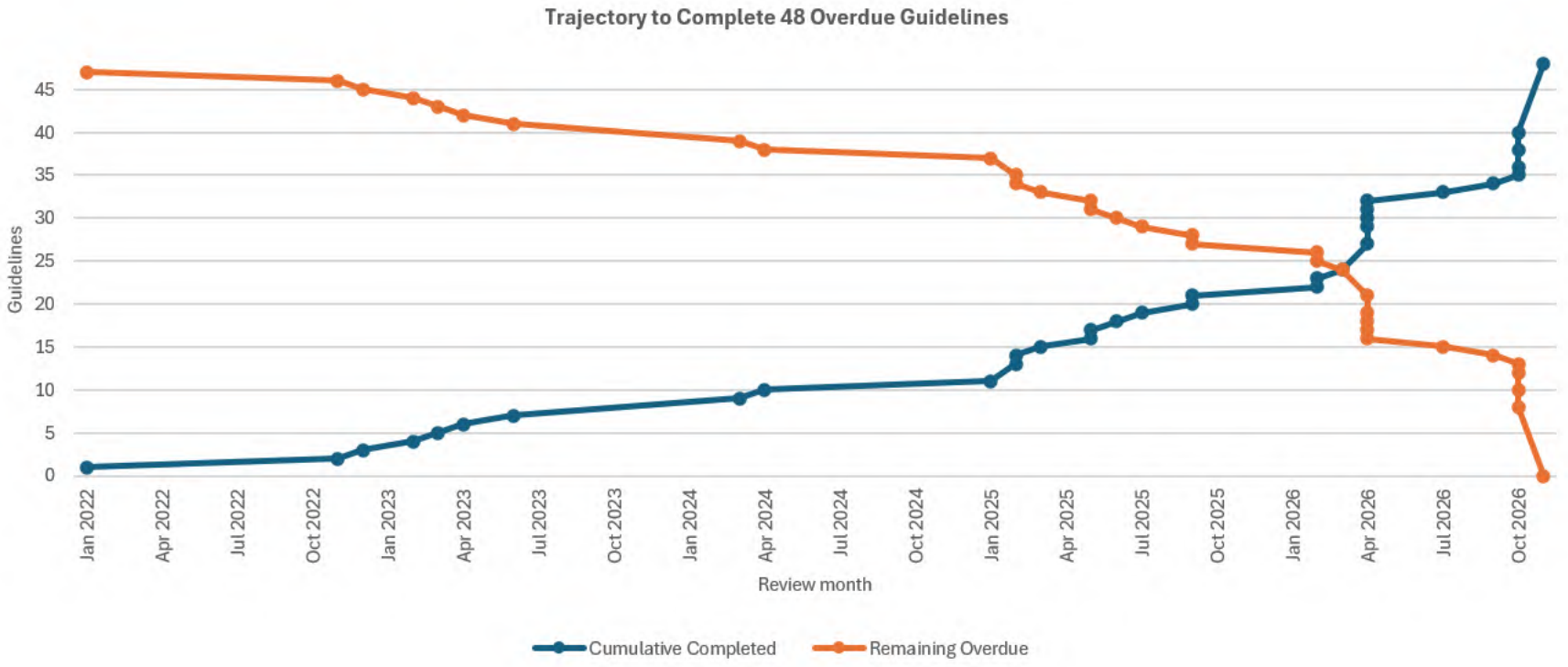
	Compliance / progress / action	Responsible (role)	By when
EI 1: Smoking in pregnancy	50% compliant overall. Fall in compliance on CO monitoring at both booking and 36 weeks, **SATOD is 4.8% for 25/26**. We see a step off of support after the initial quit attempt. Previous actions (general communications and system review discussions) have not translated into measurable improvement, indicating that lack of local performance visibility and ownership is a key contributory factor. • **Use targeted feedback, site/team specific to improve compliance and highlight the gaps.**	Sarah Elliot Community Lead	July 2026
EI 2: Fetal growth	85% compliant. Two elements, one being Uterine Artery Dopplers. • **To reiterate to community teams the importance of Vit D and Aspirin requirements.** • **To continue to improve the compliance of SFH measurement at the correct gestation.** • **Further investigation into standard 5 suggests all 17 exceptions were valid. To ensure reviewed each quarter.**	Lisa Chaplin	May 2026 July 2026
EI 3: Reduced fetal movement	50% compliant. Training completed with core triage staff to support this element	Leanne Adams	Complete
EI 4: Fetal monitoring	100% complaint. Reviewing audit processes & standards across the services and how we will align standards across the county	Sarah Northover FM lead	September 2026
EI 5: Pre-term births	Leanne Adams	LA	
EI 6: diabetes in pregnancy	100% complaint • **To add to guideline small change to take HbA1c between 24 and 30-weeks**	Patsy Bloxham	Complete

What is going well	Outcomes for element 1, smoking rate are continuously dropping. Work looking into UAD and our compliance in element 4-6.
What is of concern	Falling compliance in previously high performing elements & being unable to support UAD
What are the top contributors for under/over-achievement	• Engagement over all and changes in roles have made oversight and leadership challenging • New meeting to be relaunched to track progress & compliance • New element SROS confirmed

Q1 2026-27 Guideline Summary

Somerset NHS Foundation Trust





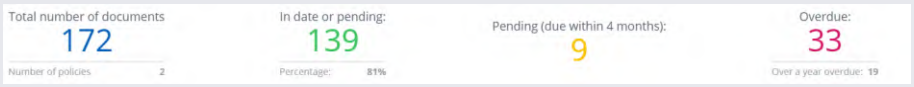
Guideline and Audit Group Update Q1 26-27

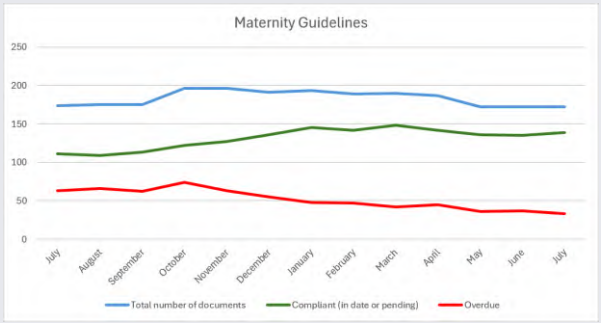
Items requiring escalation: Anti-D, B12 and Thromboprophylaxis guidelines highlighted requiring input from other teams.

Items for decision: none

GUIDELINES:

Key achievements/overview:





Sepsis and Neonatal Triage guidelines approved and live

Planned Focus:

Guidelines:

- Uterine Artery Dopplers
- Caesarean section
- Intrapartum Care
- Anaesthetic Guidelines
- Placenta Accreta
- Reduced Fetal Movements
- Mental Health
- Lactation following the death of a baby
- Low Papp-a
- Self administration of medication on the PN ward
- Process for referrals to FMU
- Surrogacy Care
- Thromboprophylaxis
- Anti-D
- Transitional Care
- PPH (YDH specifics)

NICE Self Assessments:

- NG255 Sepsis, NG235 Intrapartum Care, NG195 Neonatal Infection

Area of concern/slippage:

- Guidelines significantly out of date:
  - Anti-D guideline
  - B12
  - Thromboprophylaxis
- Outstanding NICE Self Assessments (as above)

Mitigations:

- Already escalated at Perinatal Governance

Guideline and Audit Group – Q1 26-27

Items requiring escalation: None

Items for decision: none

AUDIT:

Key achievements/overview:

- Work underway for 26/27 programme – need to continue to approve all planning forms – has progressed since last month (7/27 compared to 20/27)
- Progress on completion of 25/26 outstanding reports (only 3 remaining)

Planned Focus:

Completion of outstanding 25/26 reports:

Overdue:

- MEOWS Q3 and Q4
- PPH
- Assisted Vaginal Birth
- Complete 26/27 planning forms

Area of concern/slippage:

- Capacity for clinicians - completion of 26/27 planning forms
- 26/27 programme already behind schedule for data collecting, reporting etc
- Monitoring standards in some guidelines on Radar with no audits registered – requires review +/- audits needed – ongoing

Mitigations:

- Ongoing progression with Audit Team/Lead MW – plans in place
- Q&S team scoping this currently

NNAP Update
2026 Data

MPH Year to Date (Jan-May)

NNAP – Data for 2026 (so far*)
Performance Measures

Measure	Applies to	MPH	Other LNUs
Full AN Steroids	<34w	43.8	48.9
Full Magnesium	<30w	100	87.1
Deferred Cord Clamping	<34w	72.2	77
Normothermia (first hr)	<34w	70	77.2
Parent Update (<24hrs)	All NICU admissions	96.4	88.6
Parent on Ward Round	All NICU admissions	50.8	48.4
Non-invasive Respiratory Support	<32w	37.5	60.1

NNAP – Data for 2026
Clinical Outcomes

Measure	Applies to	MPH	Other LNUs
ROP Screen on Time	<31w or <1500g	100	82.1
Culture +ve Infection	All babies	0	1.2
NEC	<32w	9.1	2.8
Bronchopulmonary Dysplasia or Death	<32w	35.7	25.8
Brain Injury	<32w	8.1	8.3

NNAP –Data for 2026
Feeding, Staffing, F/U

Measure	Applies to	MPH	Other LNUs
Breastmilk by day 2	<34w	94.4	74.6
Breastmilk at day 14	<34w	80	83.3
Breastmilk at discharge	<34w	66.7	73.7

Measure	Applies to	MPH	Other LNUs
Nurse Staffing Compliant	LNU Standard	97	87.2

Measure	Applies to	MPH	Other LNUs
F/U until 2 yrs	<30w	85.7	63.6

NNAP Summary for MPH

- Early data – not complete or ratified yet
- Small numbers for various outcome measures

- Perinatal optimisation still requires improvement
- DCC, BPD, Invasive ventilation data – below national average
  - In part, skewed by 2x MCDA twins (27 and 28 week preterm)
- NEC data references a single baby
- Reduction in breastmilk at D14 and Discharge

- Nurse compliance much improved on paper, but high challenge remains with developing a substantive and experienced workforce

- Increased pattern of measures being slightly below national average, which is likely impacted by current workforce challenges

MPH Neonatal Update Q1

Atain Apr- June

- 37 overall 4.9%,

Potentially avoidable admissions – 2; 6 less than 1st 1/4,
- Delay in Maternal ABX,
- Timings outside of cat 1 c-sec guidance,

Theme;
- 1 x RRR, HIE, cooling, uplift,
- Reduced episodes of hypoglycaemia,
- Low saturations found at NIPE,
- Improved compliance for completing resus proformas.
- Increasing numbers of missing fetal file; affecting care of infant

Actions;
- Hypoglycaemia policy ratified – comms and teaching to staff.
- Individual feedback,
- Review of 'self-discharge' process,

Incident reports
73 in total; 21 more reports than 1st ¼.

Top safety challenge
1. Communication, documentation.
2. Clinical care concern.

Theme
- Reduced reports categorised as 'staffing workload/ capacity,
- Reduced medication incidences, EPMA now in use,
- Increasing theme of missing, insufficient documentation.
-

Actions
- Staff shortage escalation framework in draft,
- Development of discharge guideline,
- Individual staff support; action plans,
- Issue with NGT markings escalated to Trust medical device lead; safety measure put in place.

Excellence reports
4

Themes
- Supporting learners, discharge planning,

Other RRR X1
Multiple congenital anomalies, Neonatal death on NICU.

2025/26 Annual report - Antenatal and Newborn Screening, MPH site

Items requiring escalation: Nil

Items for decision: Annual report must be submitted to the SW VaST team by **30.6.2026**: Sign-off (Matron) and comments on the report must be directed to Julie Austin-Thompson ANSCO by 22.6.2026.

Key achievements/overview:	**Planned Focus:**
• KPI highlights: Outstanding uptake of IDPS. FASP counselling pathways at MPH. • New cross-site 'HIV in Pregnancy' guideline and associated integrated care pathway • launched HIV MDT meeting. • Good progress made in merging screening guidelines cross-site. • Development of SOP for AN screening pathways and referrals during the temporary closure of inpatient maternity services. Successful development of Postnatal Neonatal SOP for referring NIPE screen Positive babies.	• FOQ data from the laboratory needs redesigning to comply with National Sickle cel and thalassemia standards to facilitate increased accuracy of KPI data. Meeting held with the lab and amended data expected soon. • ANSCO to complete HBO counselling competency assessment. • Establish a Screening service user feedback survey. • re Audit bookings by 10+0 weeks in July – Sept to reassess compliance of screening being offered by 10+ 0 weeks • Expand HIV MDT meeting to incorporate all IDPS screen positives
Area of concern/slippage:	**Mitigations:**
• NBS3 barcoded NBS samples below 95% • NBBS avoidable repeats annual average 2.4%, above 2% benchmark • NIPE SO3- risk or abnormal Hips: completed initial USS by 42 days, each quarter below acceptable • 79.9% Bookings on the community evidenced in 3 month Audit booked after 10 week+0 gestation , impacting offer of screening for Sickle cell and Thal . National standard not met 50% seen by 10+0 booking clinics and Flow chart for Admin team	• Closure of inpatient services led to a need for urgent services review.

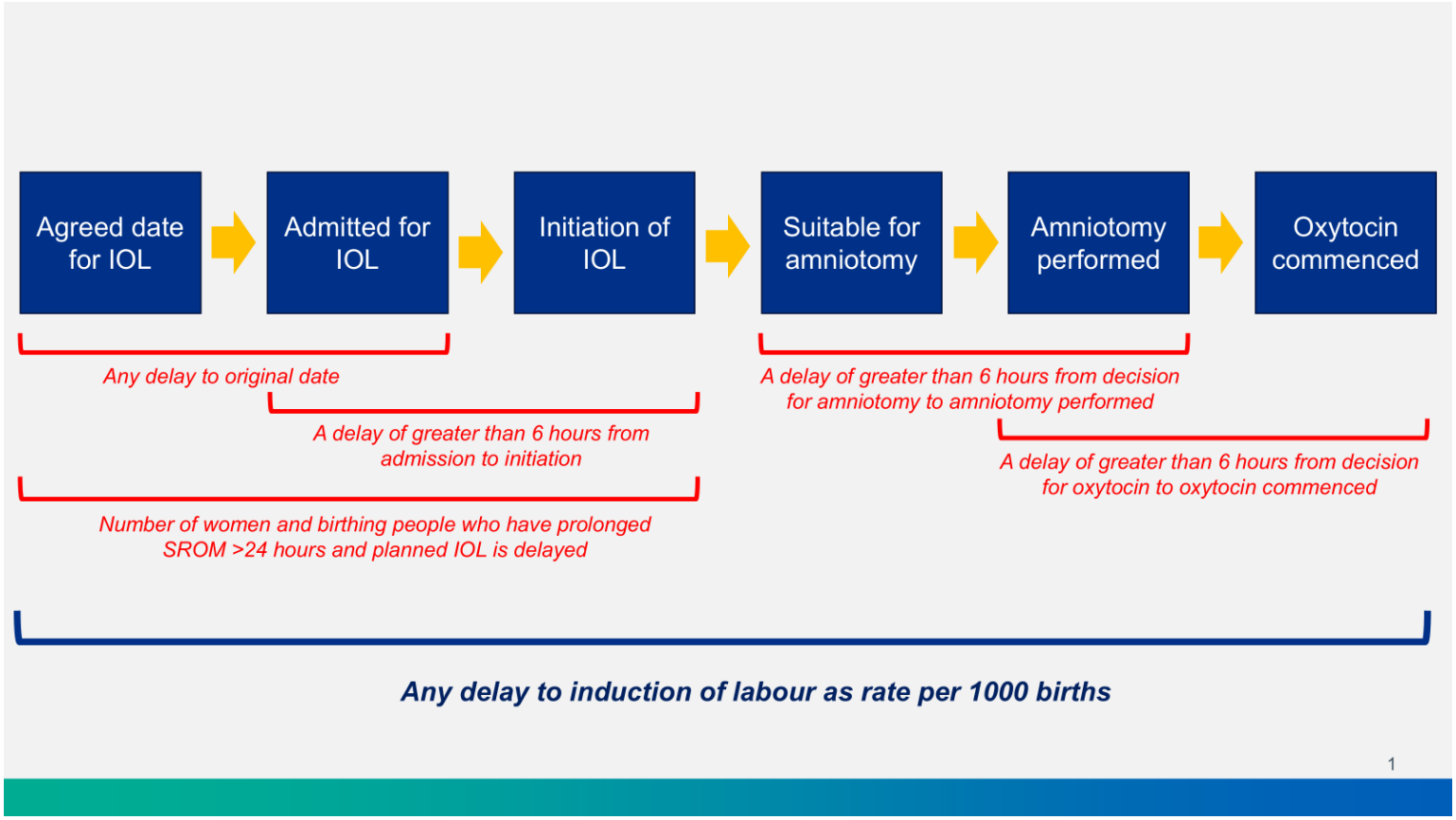
Thematic Review: Induction of Labour

Data Period: January 2026 – April 2026

Methodology: Random Selection of 30 cases

Reviewers: Sarah Davies & Penny Booysen

Review parameters



Summary of Findings

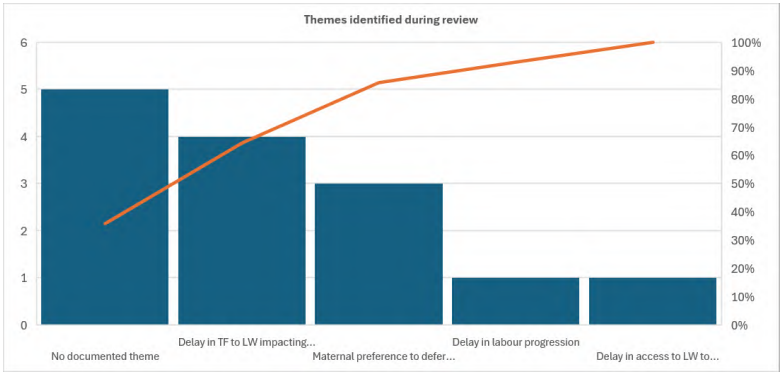
Overall figure	Value	Rate
Audit cases reviewed	30	
Cases with ≥1 documented delay	7	23.3%
Cases without a documented delay	23	76.7%
Total number of stage delay flags	11	

Audit stage heading	Delay count	% of Audit cases	Documented responses	No count	Other / N/A count
Delay to original agreed IOL date	1	3.3%	30	28	1
Admission to initiation >6 hours	5	16.7%	30	23	2
Decision for amniotomy to ARM >6 hours	4	13.3%	30	13	13
Decision for oxytocin to commenced >6 hours	1	3.3%	30	8	21
Prolonged SROM >24h with planned IOL delayed	0	0.0%	30	0	30

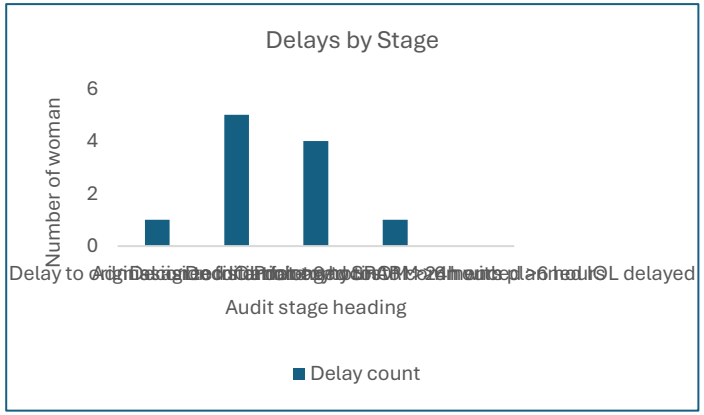
Stage	Bed / labour ward capacity	Maternal choice/tolerance of procedure	Communication / review delay	Clinical pathway / escalation	Maternal wellbeing	Other documented theme	No documented theme
Delay to original agreed IOL date	0	0	0	1	0	0	0
Admission to initiation >6 hours	3	2	0	0	0	0	2
Decision for amniotomy to ARM >6 hours	2	1	0	0	0	0	2
Decision for oxytocin to commenced >6 hours	0	0	0	0	0	0	1
Prolonged SROM >24h with planned IOL delayed	0	0	0	0	0	0	0

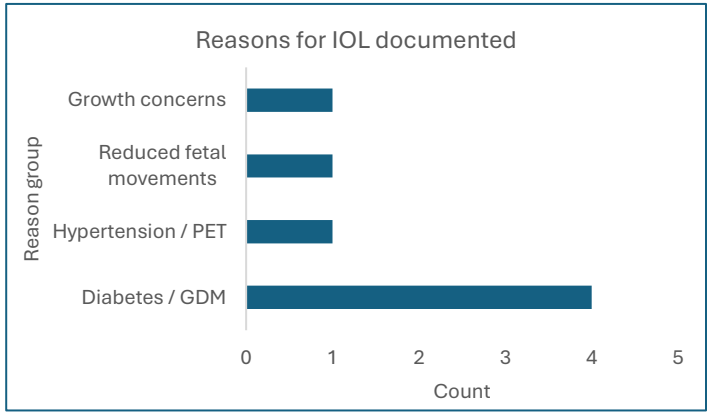
Themes of Delays

Delayed stage	Case	Reason group
Delay to original agreed IOL date	1	Diabetes / GDM
Admission to initiation >6 hours	2	Hypertension / PET
Admission to initiation >6 hours	3	Diabetes / GDM
Admission to initiation >6 hours	4	Reduced fetal movements
Admission to initiation >6 hours	5	Growth concerns
Admission to initiation >6 hours	6	Diabetes / GDM
Decision for amniotomy to ARM >6 hours	7	Hypertension / PET
Decision for amniotomy to ARM >6 hours	8	Diabetes / GDM
Decision for amniotomy to ARM >6 hours	9	Reduced fetal movements
Decision for amniotomy to ARM >6 hours	10	Growth concerns
Decision for oxytocin to commenced >6 hours	11	Growth concerns



No documented theme, Delay in TF to LW impacting timely ARM due to bed availability, Maternal preference to defer ARM due to discomfort with VE
Delay in labour progression, Delay in access to LW to facilitate analgesia & VE





Conclusions

01

Audit review identified 7 of 30 cases with at least one documented delay flag.

02

The main delay burden is around admission-to-initiation and amniotomy/ARM timing.

03

Where free-text themes are documented, the recurring themes are labour ward bed/capacity, transfer/review delays, and maternal tolerance or choice around VE/ARM.

NHS
Somerset
NHS Foundation Trust

Thank You

Kindness, Respect, Teamwork
Everyone, Every day

Somerset NHS Foundation Trust	
REPORT TO:	Trust Board of Directors
REPORT TITLE:	Trust Strategy Narrative 2027-32
SPONSORING EXEC:	David Shannon, Director of Strategy and Digital Development
REPORT BY:	Richard Baum, Head of Strategic Planning Zoe Hamilton, Clinical Transformation Advisor
PRESENTED BY:	Richard Baum, Head of Strategic Planning Zoe Hamilton, Clinical Transformation Advisor
DATE:	8 September 2026

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

Executive Summary and Reason for Presentation to Committee/Board	We are bringing the text of the Trust's new Strategy narrative to Trust Board for ratification. Once ratified, we will begin an engagement process with colleagues and partners using materials based on the contents of the Strategy. Following the engagement activities we will formally launch the Strategy later in the year. Our new Trust Strategy sets out how we will deliver our Mission and Vision, achieve our seven strategic Aims, and progress the objectives set out in the government's 10 Year NHS Health Plan. The Strategy sets out the Objectives that we will deliver by 2032 against our Aims, how we will transform our services, and how we will work to prevent illness, deliver more care in neighbourhoods rather than in acute hospitals, and take advantage of the opportunities afforded to us by technology. A key theme in the Strategy is a focus on how we will contribute to the health of the whole Somerset population, aiming to increase healthy life expectancy, and reduce inequalities in health outcomes for local people. We have identified cohorts of our Somerset population who need our services more – such as people with frailty, those with Serious Mental Illness, children – and have developed objectives aimed at improving health outcomes and providing a better experience of care for service users and the people who matter to them. Whilst our aim is to keep people healthier for longer, we know that people do sometimes need our services for

	emergency or planned care, and many live with long term conditions. The Strategy sets out how we will improve services for everyone, working in partnership with colleagues from the public, voluntary, community, faith and social enterprise sectors to provide a whole population approach that puts personalised care at its heart. The Strategy would not be deliverable without the crucial input of our 15,000-strong team of colleagues. Our Strategy sets out how we will support them, create opportunities for developing new skills, and help local people access opportunities to develop careers with us. Our services will radically change over the next five years, in large part due to technological developments. Our Healthset programme will introduce a new electronic care record for Somerset, meaning that service users and clinicians will have instant access to personalised care information, helping when people need care, and allowing people to care better for themselves. We will work in partnership as an anchor institution in Somerset to take advantage of our unique scope – the only Trust in England to deliver Acute, Community and Mental Health services at scale, as well as over 20% of GP services. Our Strategy sets out what we will achieve. It will be accompanied by a set of measurable performance indicators showing how we will achieve it, making sure that we can track progress against our Objectives, and achieve the benefits that they will bring about.

Recommendation	Board is asked to ratify the text of the Strategy.

Links to Strategic Aims (Please select all that are relevant to this paper)
☒ **Aim 1:** Contribute to improving population health and reduce health inequalities
☒ **Aim 2:** Provide the best care and support to people
☒ **Aim 3:** Strengthen care and support in people's homes and in local communities
☒ **Aim 4:** Respond well to complex needs
☒ **Aim 5:** Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture
☒ **Aim 6:** Live within our means and use our resources wisely
☒ **Aim 7:** Transform 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 (Please indicate whether the report has any actual or potential impact on people with protected characteristics and whether an Equality and Quality Impact Assessment (EQIA) has been completed)
This report has been assessed against the Trust's Equality and Quality Impact Assessment (EQIA) Tool and: ☐ No actual or potential adverse impacts on people with protected characteristics have been identified. ☐ Actual or potential impacts on people with protected characteristics have been identified. The following actions are planned to mitigate any identified inequalities: **Details**: The Strategy will be assessed against the Trust's People Impact Assessment Tool as part of the engagement process. Any proposals or matters which affect any persons with protected characteristics will be addressed as part of that.

Public/Staff Involvement History (Please indicate if any consultation, service user, patient, public or staff involvement has informed any of the recommendations within the report)
The Strategy has been developed in consultation with colleagues from across Service Groups and corporate services. We have engaged with this range of colleagues to agree the Objectives, including at Senior Leadership Forum. A wider colleague / partner / public engagement plan has been developed, and we will be enacting it following ratification of the text. We have already begun this process with an engagement session with our Council of Governors in June.

Previous Consideration (Indicate if the report has been reviewed by another Board, Committee or Governance Group before submission to the Board or is a follow up report to one previously considered by the Board – e.g. in Part B)
The Board has discussed the Strategy at its meetings in November 2025, January 2026, April 2026, May 2026 and June 2026. A sub-group of the Board has also met (including the Chair, Chief Executive, one further NED and two further Executive Directors) to provide further input and guidance. This has met on four occasions, most recently to approve the final version of the text which took on Board previous Board comments. Following approval by the sub-group, the text is now being brought back to full Board for ratification.

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

SOMERSET NHS FOUNDATION TRUST STRATEGY – 2027-32

Welcome

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

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

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

Somerset has chosen a different path.

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

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

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

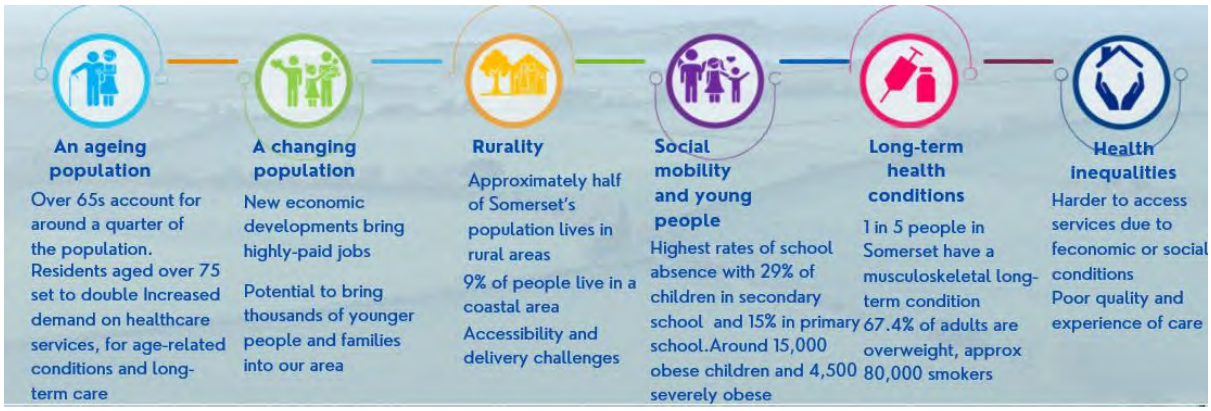
Our aim is not complex. We want the people of Somerset to live more years in good health. We want those years to be shared more equally, because right now they are not. For example, a woman living with severe mental illness in Somerset dies, on average, seventeen and a half years earlier than her neighbour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

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

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

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

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



Our Trust

The Framework for our Strategy

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

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

Creating and nurturing a positive culture for our colleagues will enable them to deliver improved, safer services to those who use them. We will develop a compassionate, inclusive and learning environment for colleagues built on our values of kindness, respect and teamwork, so that our colleagues can deliver better care and that we can work smarter to keep people healthier for longer. We know that every patient interaction provides an opportunity to identify risk, respond to concerns, and promote the safety and wellbeing of individuals. So we will continue to prioritise safeguarding as a core element of effective, safe and person-centred clinical care.At Somerset Foundation Trust (SFT), we believe inclusion is essential. For our patients and service users, for our colleagues, and for better care. We listen to every voice, and we work to remove every barrier. Successful implementation of our strategy will help us to deliver our vision and mission.

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

Our Aims
Aim 1: Contribute to improving population health and reduce health inequalities
Aim 2: Provide the best care and support to people
Aim 3: Strengthen care and support in people’s homes and in local communities
Aim 4: Respond well to complex needs
Aim 5: Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture
Aim 6: Live within our means and use our resources wisely
Aim 7: Transform our services through innovation, research and digital transformation

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

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

- continuing to engage with service users, carers and the Somerset population to fully understand and meet their needs; and
- working in partnership with the Integrated Care Board, Somerset Council and Voluntary, Community, Faith and Social Enterprises (VCFSE), and with Primary Care to improve the health and wellbeing of everyone in Somerset.

What will Somerset FT look like in five years' time?

In five years, Somerset FT will:

- **Contribute to improved population health and reduced health inequalities** by providing inclusive and preventative services, focused on those who experience the greatest barriers to good health.
- **Provide more integrated physical and mental health care** and support for people, with seamless pathways across primary care, community services and acute care.
- **Provide enhanced care and support in people's homes and in local communities**, with **neighbourhood health centres in every neighbourhood** within Somerset providing care, advice and wellbeing support.
  Deliver services transformed by digital technology to prevent illness and promote ongoing health and wellbeing.

Holistic care at home and in neighbourhoods

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

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

More joined-up, personalised care

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

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

Improved care for children and families

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

We will make improvements to our **maternity services and facilities**. In the long term, this will include a new maternity unit including maternity theatres at Musgrove Park Hospital. In the short term, we will make maternity services safer and provide a better experience of care

for service users and families by implementing the recommendations of recent national reviews of maternity services. We will also increase opportunities to access maternity services in local communities.

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

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

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

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

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

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

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

Better outcomes and fairer access

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

Using technology to deliver better care

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

We will use AI and technology to detect illnesses quicker, provide clinicians and service users with more information, and advise on recovery and prevention. Digital technology will be designed to enhance inclusion and to reduce health inequalities.

Caring more for our colleagues

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

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

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

Our Aims

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

In five years:

- **All residents will enjoy longer periods of good health**. We will place greater focus on supporting specific communities that experience the greatest disadvantage, helping to ensure more equal health outcomes across Somerset.
- **Children and young people will experience improved physical and mental health outcomes** through equitable access to integrated services which support early development, education and health.
- **Fewer individuals living with Serious Mental Illness will die prematurely,** because we will enable faster access to early interventions and targeted support. In addition, people with learning disabilities or those experiencing problems related to substance misuse or marginalisation - including homelessness will have better care
- **Fewer people will develop preventable long-term conditions**, such as Cardiovascular disease and Type 2 Diabetes, and those affected will experience less severe health impacts.
- **We will work with partners to positively impact the social, economic and environmental determinants of health**, leading the way as an anchor institution in the county to positively impact economic wellbeing, education and employment**.**

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

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

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

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

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

We will enhance services for both younger children and older adults. We know that for the youngest in our community, improving children's health, including addressing issues like childhood obesity, can reduce lifelong health problems and early mortality. We will provide more care closer to home for frail older people, prevent frailty escalating and reduce admissions to hospital so that people can stay independent, at home, for longer.

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

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

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

Aim 2: Provide the best care and support to people

In Five Years:

- **People will only go to hospital if it's really necessary.** People will get the help they need, when and where they need it, with more care and support delivered in the community **.**
- **Access to our General Practice services will be easier and more consistent**, helping to prevent illness, providing early intervention, and reducing pressure on urgent and acute services. We will work with wider General Practice and Primary Care services to make improvements for everyone across Somerset.
- **There will be increased support for families, in local neighbourhoods,** h including new Family Hubs delivering coordinated, locally tailored services which will mean easier access and alternatives to having to go to hospital.
- **Fewer people will become severely unwell or die from cancer**, because we will detect more cancers earlier.

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

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

When people use our services, inside and outside of hospital, we will make sure that we deliver the best quality of care. For Children, Young People and Families, for example, we will make improvements to our maternity services and facilities including a new maternity unit including maternity theatres at Musgrove Park Hospital. We will also increase opportunities to access maternity services in local communities. We will also improve services for children as they transition to adult services**,** to make sure nobody "falls through the gaps" of care.

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

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

In Five Years:

- There will be easy to access, community-driven Neighbourhood Health Centres and Integrated Neighbourhood Teams across Somerset, provided in partnership with VCFSE organisations and local communities
- Most outpatient care will be delivered virtually or in the community.
- People will be much more able to manage their own conditions and stay healthy at home because we will harness new technology.

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

Working in partnership to create new Neighbourhood Health Centres will help people stay healthy in their communities, and get into or return to work, bringing economic and social benefits to our whole population. It will also help in reducing travel time for service users. Our more integrated Neighbourhood Teams will help keep people healthy and out of hospital, by delivering care in better ways closer to people's homes. These will complement our network of Community Hospitals, which will be improved to offer an expanded range of treatments including rapid advice and diagnostics.

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

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

Aim 4: Respond well to complex needs

In Five Years:

- Children with complex needs will achieve better health outcomes through enhanced, targeted support.
- Individuals with learning disabilities, autism, and ADHD, will benefit from more accessible and personalised services.
- People living with frailty will have greater opportunity to live independently, safely and with dignity, through tailored interventions delivered closer to home.

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

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

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

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

Where people have complex needs, it is important that their specific needs are met. We will develop more personalised support for those who need us most, shaping services so that support is timely, consistent and tailored.

Our enabling Aims

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

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

In Five years:

- Our workforce will be appropriately sized, skilled and sustainable to deliver our transformed services.
- We will have higher colleague wellbeing, resilience, experience, and talent development and retention because we will strengthen the management and leadership capabilities of our colleagues
- Our colleagues and the wider Somerset community will have greater opportunities to work in a range of diverse roles within our organisation, as we strengthen our partnerships with education providers.

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

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

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

We will invest in training to equip our colleagues with the digital skills necessary to adapt to technological changes. We will also continue to offer extensive training and development, to support and develop colleagues to change the way we work and deliver clinical services, especially in local communities. Our status as an integrated trust providing physical and mental health across a whole county means that our teams can work closer together, with fewer organisational barriers and more shared goals. This means that we will be able to give colleagues more time to care, and invest in things to help them do that, like technology and automated processes freeing them from administrative tasks and giving them more time to directly care for patients. The type of care we can deliver will also change, helping colleagues think about whole pathways rather than episodes of sickness. We believe that a working environment which allows our colleages to give better care will help us attract an keep the best staff.

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

In five years:

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

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

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

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

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

In five years:

- People will have more opportunities to take control of their own care, and clinicians will have easier access to information, because our new Electronic Health Record system will be in place.
- We will be better able to prevent, diagnose and treat illnesses, by using new technologies, including Artificial Intelligence.
- We will have access to new and innovative methods of care because our clinical research capability will be greater.

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

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

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

SOMERSET NHS FT STRATEGY - DRAFT

2026-31

David Shannon - Director of Strategy and Digital Development

Richard Baum - Head of Strategic Planning

Kindness, Respect, Teamwork
Everyone, Every day

WHY A NEW STRATEGY?

Somerset NHS Foundation Trust

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

Somerset
NHS Foundation Trust

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

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...

Somerset NHS Foundation Trust

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

NHS Somerset NHS Foundation Trust

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

Somerset NHS Foundation Trust

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: STREGTHEN CARE AND SUPPORT IN PEOPLES HOME AND IN COMMUNITIES

NHS Somerset NHS Foundation Trust

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.

Neighbourhood Health Centres and Integrated Neighbourhood Teams across Somerset

Outpatient care will be delivered virtually and in the community

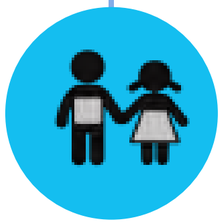
We will use more digital technology to help clinicians and patients manage care

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

AIM 4: RESPOND WELL TO COMPLEX NEEDS

Somerset NHS Foundation Trust

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

Somerset
NHS Foundation Trust

AIM 5: PEOPLE AND ENVIRONMENT

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.

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 Tr**ansforming 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

Somerset
NHS Foundation Trust

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.

Email:
richard.baum@somersetft.nhs.uk

NHS
Somerset
NHS Foundation Trust

Somerset NHS Foundation Trust	
REPORT TO:	Board of Directors
REPORT TITLE:	Group Finance Report
SPONSORING EXEC:	Chief Finance Officer
REPORT BY:	Deputy Chief Finance Officer
PRESENTED BY:	Chief Finance Officer
DATE:	8 September 2026

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

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

Links to Strategic Aims
(Please select all that are relevant to this paper)

- ☐ **Aim 1:** Contribute to improving population health and reduce health inequalities
- ☐ **Aim 2:** Provide the best care and support to people
- ☐ **Aim 3:** Strengthen care and support in people's homes and in local communities
- ☐ **Aim 4:** Respond well to complex needs
- ☐ **Aim 5:** Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture
- ☒ **Aim 6:** Live within our means and use our resources wisely
- ☐ **Aim 7:** Transform 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
(Please indicate whether the report has any actual or potential impact on people with protected characteristics and whether an Equality and Quality Impact Assessment (EQIA) has been completed)

This report has been assessed against the Trust's Equality and Quality Impact Assessment (EQIA) Tool and:

☒ No actual or potential adverse impacts on people with protected characteristics have been identified. ☐ Actual or potential impacts on people with protected characteristics have been identified. The following actions are planned to mitigate any identified inequalities: **Details**: Click or tap here to enter text.

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

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

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

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

SOMERSET NHS FOUNDATION TRUST

GROUP FINANCE REPORT

1. SUMMARY

1.1 The Trust recorded a deficit of £1.383m in July, delivering a breakeven position against plan for the month. The year-to-date deficit is £15.375m, in line with the planned position

1.2 The July headlines were:-

- July agency expenditure was £1.478, £0.019m lower than June and £0.172m lower than for the same period in 2025/26.
- CIP of £3.653m was delivered in July, £1.378m above plan and of this, £1.257m was recurrent (34%). CIP achievement remains a significant risk to the delivery of our plan. Further detail is set out in the CIP section of the report.
- Ongoing operational and performance challenges continue to place significant financial pressure on service groups, with particularly sustained pressures across Medical Services, Surgical Services, and CYP & Families.

2. INCOME AND EXPENDITURE

2.1 Table 1 below sets out the Group summary income and expenditure account to 31 July 2026:

Table 1: Income and Expenditure Summary July

Statement of Comprehensive Income	Annual Budget	Current Month 4			Year to date		
	£000	Budget £000	Actual £000	Fav./ (Adv.) Variance £000	Budget £000	Actual £000	Fav./ (Adv.) Variance £000
Income							
Patient Care Income	1,089,961	94,008	94,661	653	365,569	360,021	(5,548)
Other Operating Income	101,521	9,210	7,818	(1,391)	27,524	30,890	3,367
Total operating income	**1,191,482**	**103,218**	**102,479**	**(738)**	**393,093**	**390,911**	**(2,182)**
Operating expenses							
Employee Operating Expenses	(799,903)	(70,389)	(68,663)	1,726	(273,442)	(274,482)	(1,040)
Drugs Cost: Consumed/Purchased	(95,208)	(7,884)	(8,005)	(120)	(31,648)	(29,968)	1,680
Clinical Supp & Serv Exc-Drugs	(71,479)	(8,096)	(8,122)	(26)	(29,300)	(30,041)	(741)
Supplies & Services - General	(37,147)	(3,111)	(3,498)	(387)	(12,287)	(13,100)	(813)
Other Operating Expenses	(176,666)	(14,259)	(14,383)	(124)	(58,197)	(55,198)	2,999
Total operating expenses	**(1,180,403)**	**(103,738)**	**(102,670)**	**1,069**	**(404,874)**	**(402,789)**	**2,085**
Operating Surplus/Deficit	11,079	(521)	(190)	330	(11,781)	(11,877)	(97)
Finance Expense	(15,032)	(1,257)	(1,187)	70	(4,978)	(4,384)	594
Finance Income	2,510	209	152	(57)	837	1,008	172
Other	1	0	0	(0)	(0)	0	0
Overall Surplus/(Deficit)	(1,442)	(1,568)	(1,225)	344	(15,922)	(15,253)	669
Depr On Donated Assets	2,106	175	84	(91)	703	347	(356)
Donated Assets Income	(810)	0	(117)	(117)	(203)	(117)	85
Amortisation	0	0	3	3	0	12	12
PFI UK GAAP Adjustments	146	10	(129)	(139)	45	(364)	(409)
Impairments	0	0	0	0	0	0	0
Adjustments to control total	1,442	185	(159)	(344)	546	(122)	(668)
Adjusted Financial Performance	0	(1,383)	(1,383)	0	(15,375)	(15,375)	0

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

2.3 In July, total staffing was 12,848 WTE, 258 WTE below the planned establishment for the month of 13,106 WTE, with the following variances:

- Substantive staffing was 375 WTE under the establishment plan.
- Bank staffing was 124 WTE above plan.
- Agency staffing was 29 WTE above plan.
- Locum staffing was 36 WTE below plan.

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

Table 2: Pay expenditure information

2026/27 Monthly Pay Expenditure analysis	Jan-26 £000	Feb-26 £000	Mar-26 £000	Apr-26 £000	May-26 £000	Jun-26 £000	Jul-26 £000	2026/27 In Month Budget	F/(A) Variance £000	2026/27 Total £000	2026/27 YTD Budget	F/(A) Variance £000
Temporary staff												
Bank Staff	2,126	2,183	2,881	2,141	2,377	2,231	2,257	1,634	(623)	9,006	6,470	(2,536)
Medical Agency	1,013	1,135	506	924	1,122	1,128	1,042	962	(81)	4,216	3,054	(1,162)
Medical Locums	658	370	1,047	1,995	1,213	1,354	1,392	1,067	(325)	5,954	3,206	(2,748)
Nursing Agency	349	306	409	268	273	291	332	232	(100)	1,163	776	(387)
Other Agency	24	103	62	99	83	79	104	44	(59)	364	146	(218)
Total Temporary Staff	**4,171**	**4,098**	**4,905**	**5,426**	**5,067**	**5,082**	**5,127**	**3,939**	**(1,188)**	**20,702**	**13,652**	**(7,051)**
Nursing	16,871	16,784	16,826	17,332	17,351	17,493	17,353	17,877	524	69,529	70,184	655
Support to Nursing	5,947	5,888	6,486	6,156	6,228	6,299	6,308	6,221	(87)	24,990	24,728	(262)
Medical	14,166	18,057	14,184	14,773	14,506	15,396	15,378	15,214	(163)	60,053	59,907	(146)
AHP's	9,758	10,128	9,798	10,005	10,001	10,018	9,900	10,533	634	39,924	40,798	874
Infrastructure Support	10,037	10,587	10,645	10,738	10,764	10,831	10,721	12,073	1,352	43,053	46,320	3,267
Other	3,718	3,560	50,499	4,077	4,392	3,885	3,876	4,530	654	16,230	17,851	1,621
Substantive Staff	**60,497**	**65,004**	**108,438**	**63,081**	**63,240**	**63,922**	**63,535**	**66,449**	**2,914**	**253,779**	**259,787**	**6,008**
Total All Staff	**64,668**	**69,102**	**113,343**	**68,507**	**68,308**	**69,004**	**68,663**	**70,388**	**1,725**	**274,482**	**273,439**	**(1,043)**
% Temporary	6.45%	5.93%	4.33%	7.92%	7.42%	7.37%	7.47%	5.60%		7.54%	4.99%	

Table 3: WTE information

2026/27 Monthly Workforce analysis	Jan-26 WTE	Feb-26 WTE	Mar-26 WTE	Apr-26 WTE	May-26 WTE	Jun-26 WTE	Jul-26 WTE	In Month WTE	In Month Budget WTE	F/(A) Variance WTE
Temporary staff										
Bank Staff	491.54	500.37	556.53	501.04	509.73	492.12	512.34	512.34	387.91	(124.43)
Medical Agency	45.28	44.80	47.50	44.23	46.00	47.29	52.11	52.11	42.96	(9.15)
Medical Locums	58.59	46.96	66.85	87.24	61.40	69.38	73.43	73.43	109.68	36.25
Nursing Agency	45.84	46.67	48.40	37.33	35.87	41.02	44.83	44.83	28.64	(16.19)
Other Agency	6.27	10.31	8.90	9.98	13.37	14.87	20.72	20.72	17.31	(3.41)
Total Temporary Staff	**647.52**	**649.11**	**728.18**	**679.82**	**666.37**	**664.68**	**703.43**	**703.43**	**586.50**	**(116.93)**
Nursing	3,516.68	3,517.16	3,499.91	3,498.85	3,491.45	3,490.04	3,486.92	3,486.92	3,541.86	54.94
Support to Nursing	1,854.45	1,846.69	1,869.95	1,871.31	1,866.84	1,864.11	1,857.72	1,857.72	1,777.83	(79.89)
Medical	1,264.41	1,275.83	1,267.59	1,286.66	1,290.47	1,295.21	1,290.46	1,290.46	1,278.49	(11.97)
AHP's	1,653.52	1,649.63	1,645.29	1,640.72	1,636.99	1,640.25	1,633.83	1,633.83	1,709.27	75.44
Infrastructure Support	2,737.58	2,742.18	2,724.42	2,707.30	2,708.42	2,710.40	2,707.32	2,707.32	2,910.71	203.39
Other	1,204.79	1,205.72	1,207.22	1,183.95	1,176.90	1,166.84	1,168.18	1,168.18	1,301.81	133.63
Substantive Staff	**12,231.42**	**12,237.19**	**12,214.38**	**12,188.79**	**12,171.08**	**12,166.86**	**12,144.43**	**12,144.43**	**12,519.97**	**375.53**
Total All Staff	**12,878.94**	**12,886.30**	**12,942.56**	**12,868.61**	**12,837.45**	**12,831.54**	**12,847.86**	**12,847.86**	**13,106.47**	**258.61**
% Temporary	5.03%	5.04%	5.63%	5.28%	5.19%	5.18%	5.48%	5.48%	4.47%	

2.5 Total agency and locum costs in month were £2.870m, this is an increase of £0.019m compared with June. Agency costs were £0.019m lower than in June at £1.478m. There was a decrease of £0.086m in medical agency and a £0.042m increase in nursing agency with an increase of £0.025m. Locum costs were £0.038m higher than June.

2.6 Continued focus is being maintained on temporary staffing expenditure. This includes ensuring that rostering arrangements are operating effectively and progressing targeted recruitment initiatives to address hard-to-fill medical vacancies, which accounted for 65% of medical agency expenditure in July.

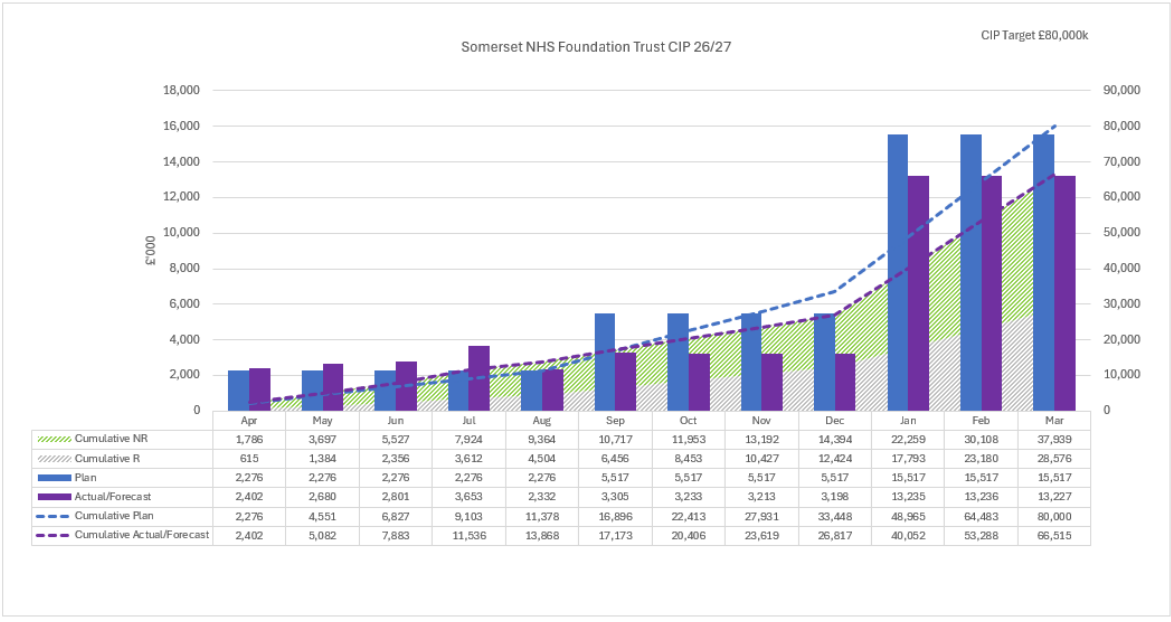
3. COST IMPROVEMENT PROGRAMME

3.1 The Trust has set a CIP plan of £80m for the year, this represents c6.6% of planned turnover. The target is split; £43.7m allocated fully to clinical and non-clinical services, this was previously £27.3m but in July c70% of the Transformation target has been apportioned to service groups, Transformation CIP is now £36.3m which includes Estates transformation of £30m.

3.2 The Improvement Board review at their meeting in early July identified a material risk that the current transformation programmes would not deliver sufficient financial benefit to support the Trust's plan. To mitigate this risk, approximately £16.4m, representing 70% of the £23m transformation target, has been reassigned to acute service groups and corporate areas. Mental Health, Neighbourhoods, CAMHS and Community Dental Services were excluded to protect service provision and maintain the strategic focus on prevention and community-based care. Estates and SSL were also excluded because separate transformation programmes are already in place

3.3 In July, total savings of £3.653m were delivered, this was £1.378m favourable to plan for the month. Recurrent savings were £1.257m (34% of total). Currently, savings of £66.515m are forecast, this is £13.485m adverse to the plan. This forecast assumes that red and amber risk assessed schemes will deliver in full. This is a high risk assumption and significant further action is required to mitigate this.

3.4 A summary of year to date delivery and forecast is shown in the table below:

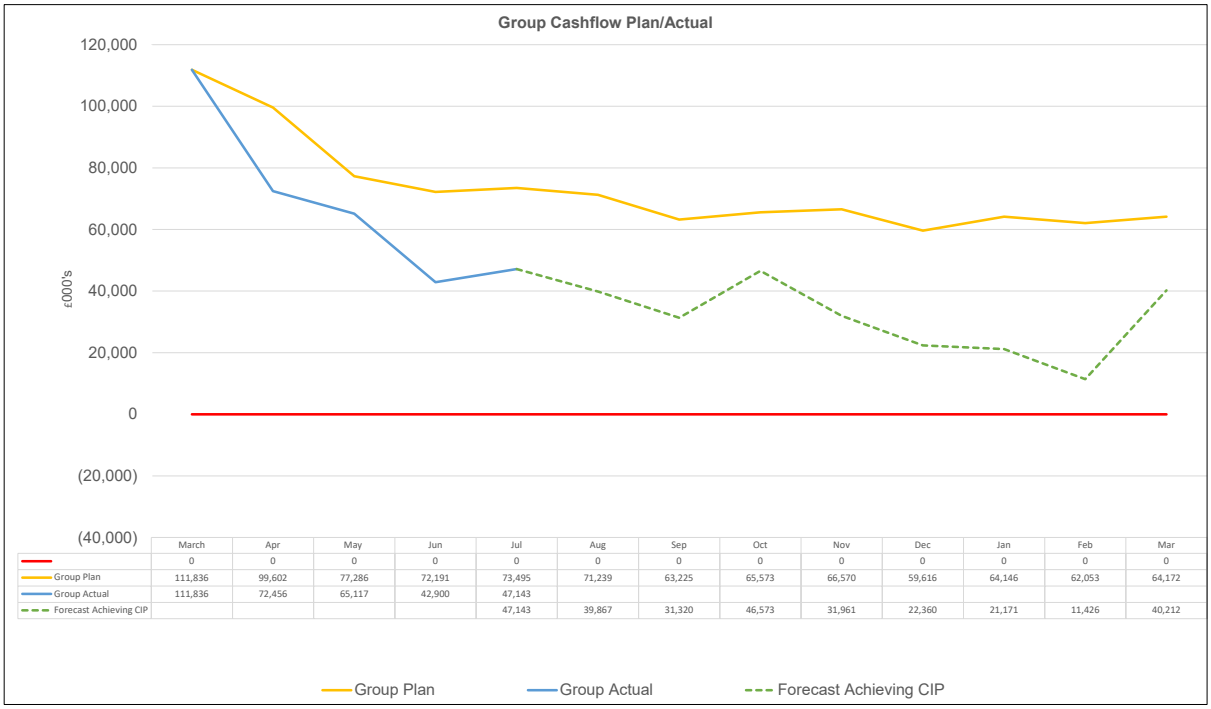


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cumulative NR	1,786	3,697	5,527	7,924	9,364	10,717	11,953	13,192	14,394	22,259	30,108	37,939
Cumulative R	615	1,384	2,356	3,612	4,504	6,456	8,453	10,427	12,424	17,793	23,180	28,576
Plan	2,276	2,276	2,276	2,276	2,276	5,517	5,517	5,517	5,517	15,517	15,517	15,517
Actual/Forecast	2,402	2,680	2,801	3,653	2,332	3,305	3,233	3,213	3,198	13,235	13,236	13,227
Cumulative Plan	2,276	4,551	6,827	9,103	11,378	16,896	22,413	27,931	33,448	48,965	64,483	80,000
Cumulative Actual/Forecast	2,402	5,082	7,883	11,536	13,868	17,173	20,406	23,619	26,817	40,052	53,288	66,515

4. CASH

4.1 Cash balances at 31 July were £47.1m, £26.4m lower than plan. The group cashflow position including the updated forecast is shown below.

Chart 2: Cash flow Actual/Plan



	March	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Plan	111,836	99,602	77,286	72,191	73,495	71,239	63,225	65,573	66,570	59,616	64,146	62,053	64,172
Group Actual	111,836	72,456	65,117	42,900	47,143								
Forecast Achieving CIP					47,143	39,867	31,320	46,573	31,961	22,360	21,171	11,426	40,212

4.2 The Trust continues to monitor its cash position closely to ensure sufficient liquidity for day-to-day operations and delivery of the capital programme. The forecast assumes full delivery of the efficiency programme. If the CIP risk cannot be mitigated, tighter working capital management and potential slippage of capital schemes may be required to preserve cash. Under the NHSE cash regime, external cash support is available only in exceptional circumstances and remains extremely challenging to secure.

5. STATEMENT OF FINANCIAL POSITION

Jun-26	Jul-26	Movement		Mar-26	Jul-26	Movement in Year
£000	£000	£'000		£000	£000	£000
44,651	45,685	1,035	Intangible Assets	38,864	45,685	6,821
450,675	449,812	(864)	Property, plant and equipment, other	451,177	449,812	(1,365)
25,724	25,535	(189)	On SoFP PFI assets	26,291	25,535	(756)
88,965	88,289	(677)	Right of use assets	89,327	88,289	(1,039)
14	14	0	Investments	14	14	0
14	14	0	Other investments/financial assets	14	14	0
3,389	3,453	65	Trade & other receivables >1yr	3,340	3,453	113
613,432	**612,802**	**(630)**	**Non-current assets**	**609,028**	**612,802**	**3,774**
13,486	13,538	52	Inventories	13,022	13,538	516
11,309	16,928	5,619	Trade and other receivables: NHS receivables	10,586	16,928	6,342
32,773	35,932	3,158	Trade and other receivables: non-NHS receivables	22,684	35,932	13,247
0	0	0	Non current assets held for sale	0	0	0
42,900	47,143	4,243	Cash	111,836	47,143	(64,693)
100,468	**113,541**	**13,073**	**Total current assets**	**158,129**	**113,541**	**(44,588)**
(119,667)	(118,565)	1,102	Trade and other payables: non-capital	(134,715)	(118,565)	16,151
(9,722)	(10,964)	(1,242)	Trade and other payables: capital	(42,354)	(10,964)	31,391
(20,970)	(35,115)	(14,144)	Other liabilities	(12,074)	(35,115)	(23,041)
(12,725)	(12,767)	(43)	Borrowings	(12,695)	(12,767)	(72)
(8,947)	(8,898)	50	Provisions <1yr	(8,908)	(8,898)	10
(172,031)	**(186,308)**	**(14,277)**	**Current liabilities**	**(210,745)**	**(186,308)**	**24,438**
(71,563)	**(72,768)**	**(1,204)**	**Net current assets**	**(52,616)**	**(72,768)**	**(20,150)**
(111,308)	(110,690)	619	Borrowings >1yr	(112,107)	(110,690)	1,417
(2,682)	(2,669)	13	Provisions >1yr	(2,725)	(2,669)	56
(1,100)	(1,078)	22	Other liabilities > 1Yr	(1,164)	(1,078)	86
(115,090)	**(114,437)**	**653**	**Total long-term liabilities**	**(115,996)**	**(114,437)**	**1,559**
426,779	**425,598**	**(1,181)**	**Net assets employed**	**440,415**	**425,598**	**(14,817)**
			Financed by:			
466,225	466,225	0	Public dividend capital	466,224	466,225	0
60,819	60,819	0	Revaluation reserve	60,819	60,819	0
(3,713)	(3,722)	(9)	Other reserves	(3,702)	(3,722)	(20)
(2,471)	(2,471)	0	Financial assets at FV through OCI reserve	(2,471)	(2,471)	0
(94,229)	(95,454)	(1,225)	I&E reserve	(81,325)	(95,454)	(14,129)
			Other's equity			
150	202	53	Non-controlling Interest	871	202	(668)
426,779	**425,598**	**(1,181)**	**Total financed**	**440,415**	**425,598**	**(14,817)**

5.1 The increase in Other liabilities increase is due to quarter 2 education income received by NHSE and deferred over the period

6. CAPITAL

6.1 Schemes are being progressed in accordance with the agreed programme for the year. Year to date, capital expenditure is £17.185m compared with the plan of £13.302m, resulting in an overspend of £3.883m. This overspend is due to timing differences in EHR spend against plan.

6.2 A summary of the programme is shown in Table 4 below.

Table 4: Capital Programme Summary

Capital Programme 2026-2027	Plan £000	Revised Budget £000	YTD Plan £000	YTD Actual £000	Variance Act v plan YTD £000
Backlog Maintenance	6,169	6,169	999	1,050	51
Essential Facilities Improvement Works	1,367	1,367	347	573	225
Service Redesign Enabling Works	5,142	5,142	2,050	1,648	(403)
Service Redesign Enabling Works - Major	3,176	3,176	484	255	(229)
Infrastructure	0	0	0	0	0
Rolling IT & Digital Development	18,165	18,165	5,534	8,788	3,255
Equipment Replacement	5,285	5,285	746	1,333	587
Subsidiary Companies	260	260	65	105	40
Leases	4,258	4,258	2,409	1,904	(506)
Total Internal Capital Envelope	43,822	43,822	12,634	15,655	3,020
Externally Funded Capital Schemes	**Plan £000**	**Revised Budget £000**	**YTD Plan £000**	**YTD Actual £000**	**Variance Act v plan YTD £000**
Total Additional Schemes	22,808	28,363	668	1,531	863
TOTAL TRUST PROGRAMME	66,630	72,185	13,302	17,185	3,883

6.3 There are a number of emerging issues and potential new priorities that will need to be funded. The Strategic Estates Group oversees delivery and will ensure the programme is delivered within the financial envelope.

7. CONCLUSION & RECOMMENDATION

7.1 The Trust has delivered the plan in month and remains on plan cumulatively.

7.2 We are reviewing actions to close the gap in our cip plans and have paused the estates transformation work which gives us a significant risk if we are unable to find alternative savings and will place much greater pressure on our cash position.

7.3 We will continue to oversee service group performance including ensuring they take actions to deliver their agreed level of activity where they are not currently doing so.

7.4 A programme of additional mitigations is being developed in response to the forecast shortfall and risk in our efficiency plan. Although targeted support to service groups and corporate functions will continue, delivery of the financial plan is likely to require more significant interventions and difficult prioritisation decisions.

CHIEF FINANCE OFFICER

NHS
Somerset
NHS Foundation Trust

Somerset NHS Foundation Trust	
REPORT TO:	Trust Board
REPORT TITLE:	Healthset Programme
SPONSORING EXEC:	David Shannon, Director of Strategy and Digital Development
REPORT BY:	Stuart Hill, Chief Digital Information Officer
PRESENTED BY:	Stuart Hill, Chief Digital Information Officer Luke Gompels, Chief Clinical Information Officer
DATE:	8 September 2026

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

Executive Summary and Reason for presentation to Committee/Board	The Healthset programme has moved formally into its implementation phase. Core programme leadership arrangements are in place, with senior operational, clinical and technical leadership supporting delivery across partner organisations. The key governance groups are now in place, with clinical, operational, data and technical design groups being used to test delivery decisions, readiness and assurance. Delivery remains broadly on track against the plan, although the next phase will place greater pressure on workforce mobilisation, organisational readiness and technical preparation. External assurance activity is planned during the next phase, alongside established internal and national assurance arrangements. Financially, the programme remains within approved business case assumptions, with emerging pressures being managed through established financial governance and contingency arrangements. The Trust Board can take moderate assurance that delivery remains on track at this stage, with a close watch against the recruitment and mobilisation activities.

Recommendation	The Trust Board is asked to note the current delivery position and the mitigations in place as the programme moves into implementation.

Links to Strategic Aims
(Please select all that are relevant to this paper)

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

☒ **Aim 2:** Provide the best care and support to people

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

☐ **Aim 4:** Respond well to complex needs

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

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

☒ **Aim 7:** Transform 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: The paper has financial, workforce and ICT implications associated with programme delivery, recruitment, colleague release and implementation activity. These are reflected in the body of the report.

Equality
(Please indicate whether the report has any actual or potential impact on people with protected characteristics and whether an Equality and Quality Impact Assessment (EQIA) has been completed)

This report has been assessed against the Trust's Equality and Quality Impact Assessment (EQIA) Tool and:

☒ No actual or potential adverse impacts on people with protected characteristics have been identified.

☐ Actual or potential impacts on people with protected characteristics have been identified. The following actions are planned to mitigate any identified inequalities:

Details:

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

The programme has been informed through established programme governance and engagement with colleagues across the Trust as part of the procurement process. Wider colleague involvement will increase as implementation progresses and engagement will build at each stage of the programme, through to go-live. Plans for patient and wider public engagement will be developed, with a particular focus on the benefits of the patient portal.

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 programme is subject to regular oversight through established programme governance arrangements, as well as Trust Board and sub-committee reporting. This paper provides a consolidated assurance position for the Trust Board.

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

Healthset Programme

1. EXECUTIVE SUMMARY

The Healthset programme has moved formally into its implementation phase.

Core programme leadership arrangements are in place, with senior operational, clinical and technical leadership supporting delivery across partner organisations.

The key governance groups are now in place, with clinical, operational, data and technical design groups being used to test delivery decisions, readiness and assurance.

Delivery remains broadly on track against the plan, although the next phase will place greater pressure on workforce mobilisation, organisational readiness and technical preparation.

External assurance activity is planned during the next phase, alongside established internal and national assurance arrangements.

Financially, the programme remains within approved business case assumptions, with emerging pressures being managed through established financial governance and contingency arrangements.

The Trust Board can take moderate assurance that delivery remains on track at this stage, with a close watch against the recruitment and mobilisation activities.

2. PROGRAMME DELIVERY

The Healthset Programme has moved into the build phase of Foundation+ and the programme is progressing against the current delivery trajectory. Teams are continuing discovery, workflow design and readiness work, using recognised implementation approaches from Epic and other Trusts to support standardisation and delivery.

Technical readiness work covers existing systems, integration, data readiness and reporting requirements and is progressing to plan. These areas are under regular review through programme governance as implementation develops.

3. QUALITY, SAFETY AND CLINICAL ASSURANCE

The programme is strengthening its governance and assurance arrangements, with clinical and operational oversight developing across the Trusts.

Clinical safety assurance is being strengthened with resources and training under review, to provide robust governance processes to support the transition and readiness activities.

Information Governance remains a key focus. Data protection, information sharing and regulatory compliance arrangements are progressing through the programme governance processes, informed by relevant learning from comparable implementations. The initial data sharing agreement between the Trusts has been approved and will be reviewed on a quarterly basis, reflecting the development of the programme and the system build.

The Healthset Programme assurance model is in use to provide an objective view of delivery confidence, readiness and risk. External assurance support will complement the internal oversight.

4. WORKFORCE AND RESOURCING

Workforce mobilisation is ongoing and the programme is continuing to recruit, with onboarding and training activities in place to support implementation. Learning has been applied from earlier recruitment activity to improve communications, process clarity and the candidate experience.

Mitigations to support workforce mobilisation include continued workforce planning, clear communication, confirmation of colleague availability through workstream plans and targeted training to build the capability needed for delivery.

5. FINANCES

The overall financial position remains broadly in line with the approved business case. Forecasts continue to indicate the programme can be managed within agreed assumptions, subject to continued oversight of capital phasing, revenue impacts and emerging implementation costs.

Programme contingency remains available to manage emerging pressures. Financial controls across partner organisations are being strengthened to support robust reporting and accurate capture of programme expenditure.

Capital phasing and organisation-specific implementation requirements will need continued attention, ensuring the allocations are managed between financial years. These are being managed through the commercial and finance workstream.

6. KEY RISKS AND DEPENDENCIES

The main risks continue to relate to workforce mobilisation, organisational readiness, and data and information governance. These areas are being actively managed through programme governance, with escalation routes in place where required.

Programme leadership continues to review the risk profile and mitigating actions. Current risk themes are reviewed through Programme Board and established governance routes. There are no risks requiring escalation at this stage.

Key dependencies remain workforce capacity, organisational readiness, technical readiness, data readiness and effective governance. Progress in these areas will be central to maintaining confidence in subsequent implementation milestones.

7. RECOMMENDATION

The Trust Board is asked to note the current delivery position and the mitigations in place as the programme moves into implementation.

Stuart Hill, Chief Digital Information Officer

Luke Gompels, Chief Clinical Information Officer

Somerset NHS Foundation Trust	
REPORT TO:	Somerset NHS Foundation Trust Board
REPORT TITLE:	Somerset Health and Care Academy Full Business Case (FBC) and Collaboration Agreement
SPONSORING EXEC:	Isobel Clements, Chief People Officer Pippa Moger, Chief Finance Officer
REPORT BY:	Sarah Green, Academy Director
PRESENTED BY:	Sarah Green and Tony Rackshaw
DATE:	8 September 2026

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

Executive Summary and Reason for Presentation to Committee/Board	This paper provides the summary of the Full Business Case for the Somerset Health and Care Academy that covers the following core areas of: • Strategic Context • Case for Change • Economic Case • Commercial Case • Management Case Appendix One: the Collaboration Agreement for establishing the contractual joint venture between Somerset NHS Foundation Trust (SFT), NHS Somerset ICB and Somerset Council (Reading Room for Board Members). **Summary** The Somerset Health and Care Academy is a unique opportunity to create, and implement, a strategic system wide response to current and future workforce priorities. The Academy was originally developed from the successful award of a levelling up bid in 2022 where Somerset Council acquired the old Bridgwater Hospital to create a health and care training and innovation Academy. Since then, the strategy, capital and revenue model have continued to evolve to ensure the Academy is financially sustainable; has an affordable capital scheme, a clear business model and

	a deliverable programme schedule. Each of these aspects will continue to emerge, and extend, as the Academy fully operationalises. The Academy is a complex programme straddling different sectors, professions, disciplines, cultures, and portfolios. However, we know going forward we need to transform health and care services so better able to prevent illness, deliver neighbourhood models of care and better use opportunities from technology. This context means we have a common challenge in how together we support our current workforce and create our future workforce able to respond to the necessary transformation agenda. The Academy provides a strategic system asset for partners to come together with purposeful intent for collaborating and enabling our workforce to act, think, behave, lead, and engage together. The vision: A place where health and care professionals learn, innovate, and work together for a workforce enabling healthier, resilient communities where everyone can thrive. *'Learning Together for the health and care workforce of today and tomorrow.'* The Academy will be both an innovative physical asset and an opportunity for new ways of working together for training and innovation enabled by the contractual joint venture. The planned build will be an integrated centre for all health and care partners in Somerset being able to access community-based state of the art training and innovation facilities inclusive of: • An Independent Living Centre • Flexible training rooms, with opportunities for large events • Skills and simulation rooms • Studio • Careers hub • Primary care research unit

	• Innovation offices It is planned that services currently provided at the leased exchange building for SFT will move to the Academy. Due to the location of the physical build the Academy will contribute to economic regeneration by improving opportunities for residents. Whilst the Bridgwater site is a physical asset the Academy will also operate as a hub and spoke model across Somerset paying attention to rural and coastal communities. The business plan outlines activities able to bring benefits to Somerset such as parity of access to high-quality facilities, increase in social care qualifications and recruitment, improved utilisation of skills funding, employment from our local communities and enabling transformation programmes. Prior to the Full Business Case the Heads of Terms and Statement of Intent were reviewed and approved through the following committees: • Council Executive 6 May 2026 • ICB executive 12 May 20226 • SFT finance committee 27 April 2026 These documents have been used to inform the Collaboration Agreement as found in Appendix One that have been developed and drafted with our legal partner Bevan Brittan. The contractual joint venture does not create a separate legal entity for the Academy, but rather creates a formal, legally binding contractual relationship between the parties as “partners” in the Academy. The contractual joint venture sets out each partner’s responsibilities and liabilities in relation to the Academy. Since the Academy will not be a separate legal entity, one Partner will act as “host” entering arrangements on behalf of the Academy. SFT has been identified as the lead operational host for the Academy. The Collaboration Agreement has been shared extensively and the received comments addressed. The Agreement was reviewed through the Academy Board in July and August 2026 with support to progress to each partner’s committee approval processes.

	The Collaboration Agreement sets out the arrangements of the legally binding collaboration for example, partner responsibilities, exit arrangements, governance arrangements, dispute resolution, and intellectual property. Reserved matters will be considered where there are amendments to objectives, agreements, business plans, and changes to the management of the Reserved Fund. In view of rising affordability risks, and Historic England feedback, the construction element of the programme required significant review resulting in a revised accommodation scheme. This review has resulted in a more efficient use of space that aligns to the business model of the Academy and its commercial expectations. An affordable construction scheme has now been identified from the Council, and the full extent of the scheme can be found in the commercial chapter of the Full Business Case. A detailed construction programme outlines expected milestones with completion of works by October 2028. In the arrangement the Council retain long term asset ownership and SFT take a Tenant Internal Repairing and Insuring lease. Detailed lease Heads of Terms have been developed alongside the Collaboration Agreement. The Revenue model has been reviewed working with financial leads from each partner with recent further stress testing. The overall cost pressure property gap has reduced to 44k for SFT and by full year of trading this intends to be offset by Academy surplus. The current revenue model has been based on an overall conservative, and achievable, model and on equal partner risk sharing. The Academy has a risk register that will continue to be reviewed through the Academy governance, and the legal risks have been mitigated trough the Collaboration Agreement. The overall purpose of the paper is to seek approval of the FBC and Collaboration Agreement to establish the contractual joint venture. Approval of the Full Business Case and Collaboration Agreement will enable the partners to proceed to implementation and begin to fully realise the benefits of working differently together.

Recommendation	The Board are asked to: • Approve the establishment of the Somerset Health and Care Academy via a contractual joint venture enabled by the Collaboration Agreement. • Approve the Collaboration Agreement inclusive of the schedules. • Approve SFTs entry into the Collaboration Agreement. • Approve the proposed revenue model. • Approve the governance arrangements and delivery model, with SFT as the lead operational host. • Approve the proposed property arrangements. • Approve the construction gateway appointment delegated to officer programme gateway with oversight through the Joint Academy Board. • Approve progression to implementation. • Approve the ongoing requirement for system collaboration and commitment for the Academy.

Links to Strategic Aims
(Please select all that are relevant to this paper)

- ☒ **Aim 1:** Contribute to improving population health and reduce health inequalities
- ☒ **Aim 2:** Provide the best care and support to people
- ☒ **Aim 3:** Strengthen care and support in people's homes and in local communities
- ☐ **Aim 4:** Respond well to complex needs
- ☒ **Aim 5:** Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture
- ☒ **Aim 6:** Live within our means and use our resources wisely
- ☒ **Aim 7:** Transform 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
(Please indicate whether the report has any actual or potential impact on people with protected characteristics and whether an Equality and Quality Impact Assessment (EQIA) has been completed)

This report has been assessed against the Trust's Equality and Quality Impact Assessment (EQIA) Tool and:

☒ No actual or potential adverse impacts on people with protected characteristics have been identified.

☐ Actual or potential impacts on people with protected characteristics have been identified. The following actions are planned to mitigate any identified inequalities:

Details: Click or tap here to enter text.

Public/Staff Involvement History

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

Since its inception the Somerset Health and Care Academy has undertaken engagement that has informed the Full Business Case Collaboration Agreement. This engagement has taken the form of:

- Diverse range of social care providers
- A newly formed Academy social care engagement group
- Collaboration and engagement with Skills for Care and the Registered Care Providers Association
- Survey distributed through the Academy governance
- Academy co creation group with representation from across all sectors and professions
- Meetings with local colleges and universities
- NHSE engagement
- Regular meetings with communication leads from each partner
- Academy governance – sharing through delivery groups and programme delivery groups.
- The Academy legal workstream, working with our legal partner, engaged with the legal aspects and implications of the commercial agreement.
- Historic England for planning and construction
- Design meetings for the planned build with relevant leads.
- Social value KPIs for the appointed contractor identified.

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 Full Business Case and Collaboration Agreement have been shared with the Joint Academy Board members and reviewed by SFT finance committee on the 28 August 2026.

The Full Business case and Collaboration Agreement were reviewed by the finance committee on the 28 August 2026 with support to progress to the Board. Points raised at the finance committee will be highlighted and further addressed when presenting to the Board on the 8 September 2026.

The approval process is also being progressed with involved partners as below:

- ICB finance committee 27 August- approved to progress to Board on 16 September
- Somerset Council 2 September 2026

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

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

Somerset Health and Care Academy Full Business Case and Collaboration Agreement

Contents

Executive Summary

Purpose of the Report
This Full Business Case (FBC) seeks approval from partners to establish the Somerset Health and Care Academy through a contractual joint venture between Somerset NHS Foundation Trust (SFT), Somerset Council (SC), and NHS Somerset Integrated Care Board (ICB).

The proposal sets out the strategic case, preferred delivery model, and implementation approach to deliver a sustainable, system-wide workforce development and innovation function for Somerset.

Preferred Option
In the economic case a structured options appraisal considered four models:

1. Do nothing
2. Enhance existing provision
3. Outsource delivery
4. Contractual joint venture (preferred option)
    a. Sub-option: Corporate joint venture

The contractual joint venture model is recommended as it:

- Provides the strongest alignment with system-wide priorities
- Enables shared ownership, accountability, and risk
- Provides more flexibility than a Corporate JV/Subsidiary
- Supports integration, scalability, and long-term sustainability
- Maximises the value of capital investment

Appendix One provides a copy of the Collaboration Agreement that has been developed through instruction with Bevan Brittan for legal services and with extensive feedback from each of the three partners involved.

The Collaboration Agreement is a legally binding document/contract for the joint venture.

The FBC also outlines in detail the implications of the construction costs, heads of terms arrangements, and timelines for completion.

Recommendation
Committee/ Board are asked to:

- Approve the establishment of the Somerset Health and Care Academy via a contractual joint venture enabled by the Collaboration Agreement
- Approve the governance arrangements and SFT as the lead operational host
- Approve the proposed revenue model

- Approve proposed property arrangements
- Approve progression to implementation
- Approve construction appointment delegated to officer programme gateway with oversight through the Joint Academy Board
- Approve the ongoing requirement for system collaboration and commitment for the Academy

The Somerset Health and Care Academy represents an innovative strategic, system-wide response to current and future workforce challenges. The proposed joint venture model provides a deliverable, sustainable, and high-impact solution to:

- Strengthen workforce capacity and capability
- Improve population outcomes
- Support long-term system resilience
- Enable a coordinated approach to innovation and workforce transformation

Approval of this Full Business Case will enable the partners to proceed to implementation and realise these benefits.

1. Strategic Context

Background

1.1 The Somerset Health and Care Academy will bring partners together to support a high-quality, employer-led training and innovation offer across Somerset. It will act as a shared gateway for health and care employers, helping them access the skills, learning, and support they need. The Academy will not replace training already provided by individual organisations. Instead, it will focus on shared priorities that are best delivered together, supporting our workforce now and helping to shape the health and care services our communities will need in the future.

1.2 The Academy was originally developed from the successful award of a levelling up bid in 2022 where Somerset Council acquired the old Bridgwater hospital building based on a business case to create a health and social care training and innovation Academy for Somerset.

This original bid was inclusive of stakeholder engagement and support from a wide range of key partner organisations such as the Chamber of Commerce, universities, colleges, industry, and community groups, with no reported opposition. As part of the bid submission the following outcomes were identified for how the Academy would address existing or anticipated future problems:

- Formal training and qualifications for 2,500 trainees per annum
- Contribute to the additional 8,000 care workers required in Somerset by 2035
- Provide workers with relevant skills and opportunities to secure stable employment
- Restoration of the building, boosting community cohesion
- The inclusion of Independent Living Centres (ILC) to support residents and facilitate comfortable, safer, and more independent living arrangements with a reduced risk of hazards
- ILC to assess 720 individuals per annum and provide information to a further 600
- Crime reduction and economic generation
- Improved staff retention and recruitment
- Improved skills levels to enhance standards across social care
- Social mobility
- Foster a culture of business and innovation

1.3 Since the original levelling-up grant, the Somerset Health and Care Academy has continued to evolve, especially in response to the ever-changing political and social environment. The ambition is for the Somerset Health and Care Academy to become embedded as part of the Somerset system established through a joint

venture between the three partners of Somerset NHS Foundation Trust, Somerset Council, and the NHS Somerset Integrated Care Board.

2. Case for Change

2.1 The scale of the challenge to enable our current and future workforce to meet the needs of our communities across Somerset is vast. To address this challenge, we need to bring our skills, knowledge, expertise, and resources together, and differently. We know from prior experience that no organisation can achieve an integrated workforce alone and that to be successful we need the people who work with us to be central to any reform or strategic intent.

2.2 In Somerset we have a population of approximately 588,328 with forty-eight percent of people living in a rural area. Twenty-five percent of people in Somerset are aged over sixty-five, which is forecast to increase by thirty-three percent by 2043. Overall, Somerset's' population and workforce are aging faster than the national average, and we know that 14,000 people live in areas of deprivation.

Figure One Somerset Population Overview

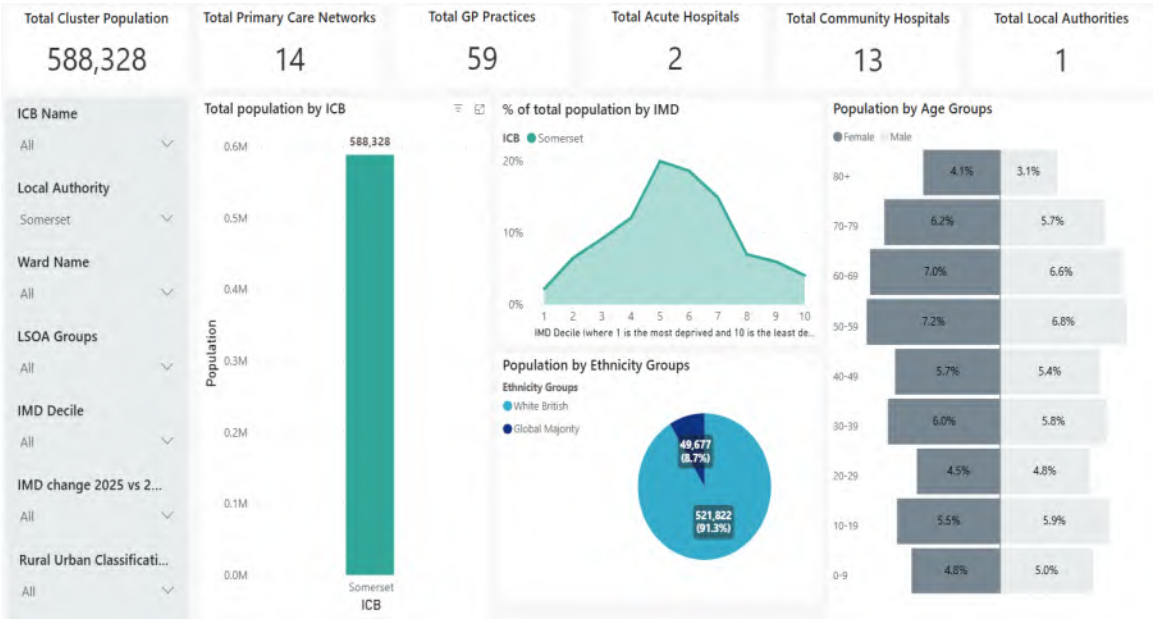


Figure Two: Rural Urban Classification for Somerset

Rural Urban Classification	Population	%Population
Urban: Further from a major town or city	228,902	38.9%
Smaller rural: Further from a major town or city	129,002	21.9%
Larger rural: Further from a major town or city	100,546	17.1%
Urban: Nearer to a major town or city	82,623	14.0%
Smaller rural: Nearer to a major town or city	31,890	5.4%
Larger rural: Nearer to a major town or city	15,365	2.6%
Total	**588,328**	**100.0%**

2.3 In terms of training and skills Somerset has a lower-than-average level of attainment for higher level skills and 3.6% of 16–17-year-olds are NEET (not in employment, education or training); in comparison to 2.8% in England. Whilst Somerset is well served by colleges with the absence of a local university, there is an observed trend of out migration of young people. Furthermore, there is a disparity in skills across the region and in areas of deprivation 27% of residents have no qualification, further exacerbated by rural geography with 29% of residents having no access to private transport.

2.4 Somerset's working age population between the ages of 16-64 represents a total of 323,000 with the following breakdown; 6.22% 16–24-year-old; 45.54% 25–49-year-old and 38.36% 50–64-year-old. There is a total of 61,500 in the working age labour market reported as inactive; a rate of 19% with the main rationale reported as due to long-term health conditions. A study conducted by Somerset Council Breaking Barriers revealed the main causes and barriers to economic activity as: physical health, injury, and disability; mental health and addiction; caring responsibilities; transport challenges; concerns about benefits and confidence issues and concerns about the future. The report called for solutions based on the themes of supportive workplaces, appropriate training and skills development, and improved support for work.

2.5 Our workforce in Somerset for health consists of 14 primary care networks made up of 59 GP surgeries, one provider foundation trust with 13 community hospitals, and 100 pharmacies. In the GP workforce, 33.8% of people are aged over 55 and for nurses alone this is 37.5%. Indeed, between 2021- 2025 33.5 % (2,861) of NHS workers were below 55 years of age who left the NHS.

2.6 Somerset has a wide range of care providers with a higher-than-average number of micro providers. In 2024/25 Somerset had an overall social care vacancy rate of 7.5% and a turnover of 24.4%. It is projected that by 2040, due to increasing demand, the number of posts in social care will need to increase by 37% (7,200). Across social care 44% of staff hold a relevant social care qualification.

2.7 The VCFSE sector represents a large, often underrepresented workforce asset in Somerset. Volunteers, community leaders, and social enterprises embedded within local communities have a core role in the necessary collective solutions for delivery of complex services and community support and therefore, from part of our collective workforce strategy.

2.8 Somerset is also part of a macro political, social, and economic climate, impacting our workforce and local populations. We know that health and care are heavily influenced by government policy and funding, along with public perceptions. The PESTLE figure below highlights some of the core areas considered as part of the Academy's case for change.

Figure Three: PESTLE analysis as part of the case for change

P **political**	NHS 10-year plan with 3 shifts of hospital to community; analogue to digital and sickness to prevention Policy intent for getting more young people into work or skills programmes Focus on addressing economic inactivity Move to neighbourhood models of care and personalised care Opportunities afforded through devolution such as skills funding Complex decision making and governance across NHS, care, local authorities, and education Changes to the NHS architecture with the abolition of NHSE, changes to ICB function and moves to Integrated Health Organisations (IHOs)
E **economy**	Budget constraints across health and care with reduced discretionary funds Cost of high turnover in the care sector and hard to recruit to roles Cost of training and release time for staff to attend and a demand for more cost effective and flexible training offers; especially in social care Global turbulence negatively impacting cost of living and construction costs Changes to apprenticeship and skills funding Pay and training funding variance across health and care providers Innovation and funding streams complex to navigate with often slow adoption of innovation Financial instability and often fragile infrastructures of care providers Focus on creating more attractive and economically sustainable communities
S **social**	Increasing demand for health and care services and an aging population with increasing complexity Rural and coastal geography Changing public perceptions and expectations of health and care Changing expectations for work and careers

	Less young people seeking traditional university routes and a drive for technical qualifications and portfolio careers Systemic inequalities across populations Increasing demand for lifelong learning and employability skills
T **technological**	Increasing use of digital technologies such as AI and telehealth Rising demand for digital capability and inclusion Assistive technologies rapidly shaping provision and care models Adoption of technology for training delivery and virtual /simulated platforms Opportunities for an innovative ecosystem bringing together partners, industry, and academia
L **legal**	Regulatory requirements to meet necessary standards/compliance Statutory responsibilities of health and care partners Changes to employment law Changes to immigration policies impacting international recruitment Impact of data protection policies
E **environmenta**l	Drive to create sustainable services and estates Increasing demand for green skills in the workplace Calls for sustainable procurement

2.9 Neighbourhood Health

Neighborhood health lies at the core of our health and care reform; bringing care closer to where people live with a focus on prevention and joined-up services. As shared in the DHSE (2026) Neighbourhood Health Framework the aims of the approach are:

- Improve people's health and care outcomes, reduce health inequalities, and help them stay well at home
- Organise services around the person with more convenient, personalised and joined-up care
- Reduce pressure on more acute services - including hospitals and care homes
- Cut waste and duplication

'The success of neighbourhood health hinges on the NHS, local authorities and partners transforming how they work together. They need to work collaboratively to agree a joint vision and re-design commissioning and delivery of services at neighbourhood level, including through integrated neighbourhood teams' (DHSC, 2026)

2.10 The National Health Service 10 Year Health Plan is built around three major shifts designed to reform healthcare in England:

- Hospital to community
- Analogue to digital
- Sickness to prevention

The three major shifts are presented as the core mechanism for making the NHS fit for the future

2.11 As part of this direction of travel, the Academy will focus on what matters to our workforce and communities. Simultaneously, to enable the success of neighbourhood health roles, skills, ways of working and behaviours must change. It is unlikely that this change will happen without a purposeful intent for collaborating and enabling our workforce to think, act, behave, lead, engage and employ new tools centered around neighbourhoods and personalised care.

2.12 Stakeholder Engagement

As part of the engagement process a range of engagement methods have been employed as outlined below:

- As part of the original LUF bid extensive consultation with a wide range of partners.
- Attending Registered Care Providers Association (RCPA) events for social care providers
- Attending Skills for Care events for social care registered managers
- Communication updates through the RCPA, Skills for Care and Somerset Council for social care providers
- Meeting with social care providers and establishing an Academy social care engagement group
- Frequent engagement and meetings with education providers, colleges, and universities
- Liaison with Department for Education, Department for Work and Pensions, DHSC Commercial Team and Business and Trade
- Attending SFT, Council and ICB committees, boards, and meetings
- Survey through Academy governance channels

2.13 Engagement has been positive, with stakeholders recognising the significant opportunities the Somerset Health and Care Academy can offer Somerset and the wider region. Recurring themes emerged of being agile and responsive to service needs; providing consistent and high-quality training to the care sector; being able to offer better value and place-based application through large scale pooling of training funds for commissioning, changing behaviors and ways of working through integration of training; enabling local populations coordinated career information and entry pathways into education and work; providing one gateway for innovation and acting as a resource to enable neighbourhood care priorities through skills, education , career and innovation programmes.

2.14 In June 2026, as part of gathering further feedback and engagement, a survey was circulated to the Joint Academy Board Members, the Programme Delivery Group, and the Co creation Group. Thie circulation list consisted of members directly involved in the Academy from across different sectors, organisations and disciplines. The following key findings were found from the survey:

- The top three ranked areas of importance for the Academy to focus on were; Integrated career pathways & early career coordination; neighbourhood care model training & innovation and social care workforce development
- 92% of respondents either agreed or strongly agreed that the Academy should act as a coordinator and commissioner for the system and act as the primary vehicle for collaborative workforce and training initiatives
- 92% of respondents either agreed, or strongly agreed, the Academy should be the system gateway for workforce, service re-design and innovation
- 70% of respondents reported feeling either confident or very confident the Academy could offer long term value for money with 30% reporting not feeling confident
- The top three outcomes for measuring the success of the Academy were; improved recruitment; improved consistency and quality of training and development and improved retention

2.15 The Vision and Objectives of the Somerset Health and Care Academy
The Academy's vision has been developed with stakeholders and sectors from across Somerset.

The vision:

A place where health and care professionals learn, innovate, and work together for a workforce enabling healthier, resilient communities where everyone can thrive.

'Learning Together for the health and care workforce of today and tomorrow'

2.16 The vision places the Academy at the heart of taking forward the system-wide workforce change, where the workforce is supported in its current state but with the Academy acting as the collective vehicle for enabling the future health and care workforce eco system.

2.17 The Academy is not intended to be another competing provider of training. It is intended to be the partnership's strategic vehicle for coordinating, commissioning, developing, and enabling workforce development, innovation and transformation activity across Somerset's health and care system.

2.18 The Future Health and Care Workforce Eco system and the role of the Academy

The case change has already identified the drivers for why we need an Academy, but we must clarify what these changes fully mean for the future of our collective workforce. The workforce eco system in Somerset must change to enable the necessary transformation required for sustainable care, neighbourhoods and new ways of working. The table below identifies a future workforce eco system model and the potential role of the Academy as a system asset.

Figure Four: The Role of the Academy

The Future Workforce Eco system pillar	The Somerset Health and Care Academy Opportunity	Workforce Impact	System Benefit
Digital & AI Integration	Digital upskilling Innovation testing & evaluation Creating new digital roles and career pathways Connecting tech companies and forming commercial partnerships Integrating digital skills and innovation into care pathways	Workforce confident and skilled in digital tools AI-enabled care	Increased productivity Accelerated innovation Improved patient access
Community & Preventative Care	Social care is a central highly visible component of neighbourhood care with access to high-quality training and carers An integrated upskilling offer for enabling new models of care and working Skills based workforce planning A collective and sustainable health/lifestyle coaching offer Living labs for testing new technology to keep people well and at home A focus on community engagement skills Social prescribing innovation Healthy ageing and frailty skills and innovation such as frailty labs Demonstration sites for health technology through the co located ILC	Workforce focused on prevention and population health	Reduced demand for acute services Improved health outcomes Attract funding
Multi-Disciplinary Teams	Adaptive leadership skills	Flexible, collaborative workforce	Integrated care delivery and

	Collective skills/OD resource and methods for supporting neighbourhood health Expanded advanced practitioner roles Transforming teams' skills; behaviour change labs and evaluation Future focused workforce labs & integrated care simulations Peer support networks Community care pathway redesign Community Diagnostic Innovation Integrated discharge innovation	across organisations Workforce equipped for working and learning together	Improved patient experience
Hybrid Workforce	Enabling cross sector working and rural health care models Collective talent hubs and pipelines Cross sector work experience Reskilling pathways and AI supported training Joined up entry pathways	Sustainable, mobile workforce Create workforce pipelines for local population	Reduced vacancies, improved retention Strengthened local workforce
Data-Driven System	Capability for population health data A knowledge hub with knowledge mobilisation Applied research and development centered on integrated neighbourhood care, rural communities Primary care focused research	Evidence-led workforce Continuous learning culture	Improved decision-making

2.19 As the Academy matures, it will act as the partnership's coordinating and enabling vehicle for shared workforce development, training, and innovation activity across Somerset with opportunities to also lead regional and national initiatives. This activity will be supported by networking and forming partnerships such as with education providers, health tech companies, primary care networks, VFSCE, health innovation networks, schools, national institute for health and care research (NIHR) and Department for Work and Pensions (DWP)

The objectives of the Academy are:

- **Innovation and Collaboration**: Bringing people, ideas, and technology together to grow and succeed
- **Skills and Workforce Development**: Providing learners with the right skills and behaviours through employer-led training
- **Inclusive Career Growth**: Supporting everyone with clear, inclusive career opportunities at every stage

2.20 In summary, through these objectives, it is intended that the Academy will:

- Develop a sustainable workforce pipeline bringing together health and care
- Improve retention, reskilling, and career progression opportunities
- Enable workforce transformation through the dynamic mobilisation of new roles, skills, and technology
- Equip a workforce for working and learning together in community, team-based prevention-based models
- Align training funding with system priorities
- Drive innovation adoption and shared capability models that can co-develop innovations that keep people well and at home
- Test new workforce models
- Reduce duplication of infrastructure and resource
- Reduce cost by economies of scale
- Improve access to high-quality consistent integrated training
- Support regeneration of place and the levelling up agenda
- Break down barriers across health and care with a change in how people lead, behave and work
- Provide a central hub for social care workforce development
- Act as a platform for collaboration between employers, education, industry, and research

3. The Economic Case

3.1 The economic case assesses the options for delivering a system-wide training and innovation offer through a joint venture model. To assess the options the critical success factors have been identified as:

- Ability to respond and deliver a dynamic, system wide and integrated training and skills offer
- Create an integrated and accessible innovation service
- Enable neighbourhood health and social care reform
- Ensure financial sustainability, with a commercial offer

- Opportunity to scale, integrate and operate with agility and speed for implementation of collective priorities
- Align and enhance partnerships, funding, and commitment from across health and care
- Utilise the levelling up fund for the regeneration of the Bridgwater old hospital to maximum effect
- Standardise high-quality training and standards
- Improve recruitment and retention

3.2 Identification of Options

Option	Description of the Model	Assessment
Do Nothing	Baseline model with training and innovation being offered by each Party with some light coordination for integration. Each Party accesses organisational owned estates for delivery models. Social care providers access training from a wide range of opportunities and providers.	Fails to fully meet the collective workforce priorities and changes Maintains the status quo with a bias to health partners
Enhance existing training and innovation offer through each Party	Each Party seeks to enhance the training and innovation offer through their existing structures and resources.	A partial improvement opportunity but no formal partnership agreement to ensure ongoing commitment Fails to address the requirements of a new capital build and equal risk sharing principles
Outsource to a commercial provider or education provider	An external commercial partner is brought in to provide a commissioned service for collective training and innovation priorities.	No initial investment model to divert into an outsourced business model Challenge in a collective agreement for an outsourced commercial model
Contractual Joint venture	A joint venture with a legally binding arrangement is agreed across the 3 Parties. Unlike an incorporated joint venture utilising a separate legal entity (see sub-option below), a contractual joint venture enables faster mobilisation and an opportunity to test financial viability.	Provides a legal framework for each Party. Opportunity for a commercial offer to support the revenue model High strategic fit to identified critical success factors Assessed as not appropriate as Somerset NHS Foundation Trust would require NHS

	Sub-option: Corporate Joint Venture The Parties also considered a corporate joint venture, whereby they would incorporate the Academy as a separate legal entity and share ownership and liability through the legal entity.	England approval to participate. Timings and compliance requirements for this approval would cause unknown delays in the timeline for the Academy.

3.3 Option Comparison

Critical Success Factors	Do Nothing	Enhance existing training and innovation through each Party	Outsource to a commercial provider or education provider	Contractual Joint venture
Ability to respond and deliver a dynamic system wide, integrated training and skills offer	x	x	✓	✓
Create an integrated and accessible innovation service	x	x	✓	✓
Enable neighbourhood health and social care reform	x	✓	✓	✓
Ensure financial sustainability with a commercial offer	x	x	x	✓
Opportunity to scale, integrate and operate with agility and speed for implementation of collective priorities	x	x	✓	✓
Align and enhance partnerships and commitment from across health and care	x	x	x	✓
Utilise the levelling up fund for the regeneration of the Bridgwater old hospital to maximum effect	x	x	x	✓

Standardise high-quality training and standards	x	x	✓	✓
Improve recruitment and retention	x	✓	✓	✓

Conclusion

The preferred option is to proceed with a contractual joint venture model between the three Parties. The Joint Venture is the preferred option as it delivers the highest value for money by balancing cost, scalability, and system-wide benefits, whilst remaining deliverable within a system wide governance framework.

The appraisal demonstrates that the training and innovation Joint Venture provide the strongest balance of:

- Economic benefit
- Workforce impact
- Financial sustainability
- Long-term transformation capability

4. Commercial Case

4.1 The commercial case sets out the proposed delivery and procurement approach for the Academy, ensuring that it is commercially viable, delivers value for money, and is structured to manage risk effectively across multiple partners.

4.2 The Academy is intended to be a cornerstone of Somerset's integrated health and care system, forging a new working culture across health, care, education and the voluntary sector and creating additional capacity and quality assurance for training and health-based competencies delivered in care settings with the Parties collaborating to achieve this.

4.3 The Service Requirements

The Academy has a defined service offer of the following:

- A sustainable commercial model for training and innovation
- In year 1 to year 5 developing accessible, high-quality training to meet social care providers identified training needs analysis as set out in the original LUF bid

- Provide an online learning management system- year 1- 3 identified as SFT online LEAP system; from year 3 a learning management system used by all 3 parties
- Uniting, designing, coordinating, and providing system wide, shared training programmes
- Providing an integrated innovation service, taking forward shared innovation opportunities such as keeping people healthy at home and health technology
- Co ordinating career pathways and access to good work and education

To make this happen the Academy intends to operate through several mechanisms:

- Act as a training and innovation central agency function
- Coordinate and/or commission provision
- Broker relationships
- Procure shared and system wide training and innovation services
- Oversee delivery and outcomes

As part of this scope, the assumptions of commercialising training and innovation have been stress tested through several mechanisms; such as social care employer engagement and a training demand forecast. Whilst priority will be provided to Somerset, there is also an opportunity to expand the offer regionally and nationally. Indeed, interest has already been shown from providers in Devon and Dorset, and the Academy is actively managing a customer relationship process for marketing. Plans are already mobilised for the Academy to have an Ecommerce solution and a procurement framework of external training providers; both of which will support the marketing strategy and being able to dynamically respond to commercial training requests.

There is also a confirmed opportunity for the Academy to host a global team on behalf of NHSE for a regional offer for specific international recruitment and global partnerships. This further illustrates the innovative opportunities for the Academy to further diversify its business and commercialisation.

4.4 Equality, Diversity and Inclusion

The principles of equality, diversity and inclusion will continue to be embedded in all aspects of the Academy's operations, thereby supporting an inclusive workforce and contributing to the reduction of health inequality across Somerset.

Likewise, there are some functions that will not form part of the joint venture and remain within the remit of the individual organisation such as:

- Day-to-day mandatory internal training

- Specialist clinical research governance
- Profession-specific operational CPD/training
- Internal HR/L&D functions unrelated to system priorities
- Training already effectively delivered locally without system benefit
- Undergraduate and clinical placement management

4.5 The Commercial Joint Venture Structure

The Heads of Terms, and Statement of Intent identified the roles and responsibilities of the three Parties, all of which were approved through the identified committees as below

- Council Executive 6 May 2026
- ICB executive 12 May 20226
- SFT finance committee 27 April 2026

The contractual joint venture does not create a separate legal entity for the Academy, but rather creates a formal, legally binding contractual relationship between the parties as “partners” in the Academy. The contractual joint venture sets out each Partner’s responsibilities and liabilities in relation to the Academy. Since the Academy will not be a separate legal entity, one Partner will act as “host” entering arrangements on behalf of the Academy. SFT has been identified as the lead operational host for the Academy.

The roles and responsibilities of each part in the contractual joint venture are:

Somerset NHS Foundation Trust:

- Ensure adequate personnel and resources are assigned to support provision of the Collaboration Arrangement;
- Be the legal entity which enters procurement and trading contracts on behalf of the Parties for the Collaboration Arrangement;
- Be the legal entity which enters the lease on behalf of the Parties;
- Hold the budget for the Collaboration Arrangement and make payments and receive income as appropriate (it is recognised there may need to be an interim financial reporting and allocation system put in place to enable the project to progress before moving to a full financial system for the Academy);
- Confirm the VAT position for the Academy in relation to sales and supplies;
- Be the anchor tenant for the premises;
- Employ Academy staff / support secondments. Line management provided through the Academy Director;
- Provide training delivery capability and LMS transition support;
- Provide finance and procurement capacity;
- Web hosting;

- Communication + content creation;
- Asset ownership (equipment, fixtures, and fittings) and maintenance and replacement;
- Trading systems and booking infrastructure; and
- Insurance administration.

Somerset Council:

- Lead the management and coordination of the capital funding streams and associated procurement and property matters, including the LUF-funded redevelopment project.
- Retain the freehold ownership of the Bridgwater site and keep the asset on the Council balance sheet, including associated accountancy treatment.
- Retain responsibility for structure and fabric, major plant and equipment, hard FM, site-wide statutory compliance, and the external areas/site, subject to detailed lease and service arrangements.
- Act as landlord for third-party areas and manage separate occupational arrangements for those areas.
- Provide the leadership for adult and children's social care that enables integration of strategy with the Academy's priorities and training
- Collaborate on the economic development, innovation, and skills agenda
- Collaborate on the design and delivery of training programmes, pilot activity, and the operational mobilisation of the Academy.
- Public health data and expertise.
- Social value leadership
- Economic development and regeneration integration.
- Communication content capability

NHS Somerset ICB:

- Provide commissioning intentions inclusive of workforce and education
- Commissioning - oversight of commissioning and delivery of the 10-year plan
- Provide access and resources for business intelligence and population health data
- Leadership and commissioning of Primary Care and Training Hubs
- Outcomes and benefits realisation; inclusive of community engagement
- Communication content capability
- Neighbourhood health and work and health collaboration and alignment health and work and health collaboration and alignment
- Provide access to place partnership boards and priorities relevant to the Academy including the delivery of the work and health portfolio

4.6 The Collaboration Agreement is a legally binding document outlining the detailed arrangements for the venture. The Collaboration Agreement addresses the following:

- Principles of collaboration agreed between the parties
- The expected service offerings of the Academy
- The running of the Academy, including the annual process for agreeing a business plan and budget, and the contribution and management of funding from third parties and (where agreed) the parties
- The roles and responsibilities of each party in delivering the Academy, including Somerset NHS Foundation Trust as the "host" party
- The approach to managing the Academy property and staff
- The process for resolving disputes and the circumstances under which the parties may decide to exit the collaboration (see "Exit Arrangements" below)
- The distribution of liability for Academy activities between the parties, including the managing of third-party complaints and claims

The Collaboration Agreement in full can be found in Appendix One

4.7 Decision Making Rights

The Collaboration Agreement sets out the governance framework for the Academy. The framework described in the Collaboration is intended to formalise the existing board formed between the parties (including to allow for participation from third party industry participants).

The Collaboration Agreement sets out the terms of reference for the two main governance bodies for the Academy:

- **The Joint Academy Board:** this group is responsible for making decisions and gaining assurance regarding the business and direction of the Academy. Each party has equal representation on the board. The board would usually make decisions by simple majority, but for key matters such as approving the Academy business plan and changing the aims or objectives of the Academy, unanimous decision of all parties is required.

- **The Programme Delivery Group:** This group is responsible for overseeing the operational delivery of the Academy. Each party has equal representation in the group. As well as operational decision making, the Programme Delivery Group makes recommendations to the Joint Academy Board.

Neither group is intended to override the decision-making powers or internal delegations of the parties.

4.8 Exit Arrangements

The Formal Agreement can only be terminated by agreement between all the Parties in the event of a Total Project Failure as set out in the Collaboration Agreement and ensuring Dispute Resolution Processes have been followed. As part of the termination process, it is expected that from the decision date an agreed time as specified in the Collaboration Agreement to enable exit arrangements.

Total Project Failure includes without limitation:

- any material LUF or other funding claw back;
- any events that make delivery of the Academy objectives unachievable in the long term;
- the Academy is financially unviable;
- a Party becomes insolvent;
- a Party loses any relevant regulatory approval
- there is a change in law/regulation which prevents the Academy, or a Party, from trading or meeting its objectives;

4.9 Construction Implications

The proposed Academy building is an important enabler for the Academy project. The funding for the build is by way of a Levelling up Funding grant from the government direct to the Council secured in 2022.

Funding
MHCLG LUF Funding: As per the written memorandum of understanding between MHCLG (formerly DLUHC) and Sedgemoor District Council dated 29 March 2022, the Council secured up to £19,715,940 LUF Funding to cover specified capital costs related to the acquisition of land, construction, fit out, furniture and installation of essential technical training equipment and facilities for the Academy (comprising the Bridgwater and Minehead sites).

Match Funding: The availability of LUF Funding is subject to securing match funding of £2,640,000 (with approximately £500,000 allocated for 2022-2023 and £2,140,000 for 2025-2026) from sources including:

EDF Regeneration Fund (S106 obligation):	£1,500,000.00
Town Deal Public Realm:	£630,000.00
Monitoring & Evaluation:	£10,000.00
Existing Property Value (Minehead):	£500,000.00
Construction and Fit-Out Budget:	
Total	£21,215,941.00
Spent to 31 March 2026 £5,649,435 (inc. Site purchase, tidal barrier contribution, and Minehead works)	
Balance remaining	£15,566,506
Additional funding for HE changes required	£2,500.000.00
Balance	£18,066,506
• Construction	£13,500,000.00
• Contingency (15%)	£2,025,000.00
• Design Fees	£958,802.39
• Project fees	£189,621.55
• Equipment	£1,000,000.00

UK SPF Funding: UK SPF funding of £310,336 was secured and utilised in 2025/26 that supported a Pilot Training Scheme and an innovation study.

LUF financial commitment: There is a requirement to commit the LUF funding by the end of March 2027 by executing the construction contract.

Completion: The current construction programme extends beyond the original March 2028 Levelling Up Fund completion date. Somerset Council is currently engaging with MHCLG regarding the revised programme and funding profile. The project remains on track to achieve construction contract award before March 2027, and discussions are ongoing regarding the implications of the revised completion date.

The LUF grant funding has been provided to Somerset Council who own the Academy site and will retain the freehold of the Academy Building in accordance with the conditions of the grant funding. The Council will grant a lease to Somerset Foundation Trust as part of the building to facilitate the Academy for a minimum of 5 years. Details of the property arrangements are in the following section 4.16. The Council retains the risk of construction cost overruns and a contingency to manage this risk. The asset will sit on the Councils balance sheet; there are no capital charges or depreciation associated with the Councils balance sheet treatment with the building being provided on a cost recovery basis to enable the Academy, a market rent is not being charged.

4.10 Contractor procurement

- Morgan Sindall has been appointed through the Scape Construction National Framework, for Pre-Construction Services for the design development of the Somerset Academy for Health and Social Care.
- Morgan Sindall has directly appointed the design team, previously employed by Somerset Council.
- The PSC authorises the agreement and instruction for on-site surveys and associated works to enable safe access around the building.

The cost of this appointment is estimated at £958,802.39 consisting of:

- VE and Re-design £278,461.74
- RIBA Stage 2 £61,973.60
- RIBA Stage 3 £235,630.54
- RIBA Stage 4 design fee £358,499.16
- Pricing and fees £24,237.35 in February 2027

4.11 The cost enables progression of the detailed design of the proposed Somerset Academy for Health and Social Care through the pre-construction phase and market testing of proposals to establish a cost for construction. The acceptance of the construction cost will be subject to a further decision of the gateway prior to appointment/commitment in February 2027.

4.12 The decision to engage the contractor early in the design process via the SCAPE National Construction Framework was agreed to enable further understanding of the building's condition and get early contractor input to ensure that the proposed scheme would be achievable on site.

4.13 The Scape National Construction Framework was selected as the proposed delivery route for this project:

- Due to the increasing complexity of the rehabilitation of the poor condition structure there was a risk that proposals developed by the design team would be at odds to the approach recommended by contractors,
- This route allows for swift selection and engagement with a major contractor to ensure that final proposals are developed with buildability and commercial viability aspects incorporated.
- The Framework provides for the creation of a detailed feasibility by the contractor ahead of any formalised appointment or financial commitment being made,

- If the feasibility is accepted, the contractor will initially only be appointed under a Pre-Construction Services Agreement (PCSA) which will produce a contract sum for approval and separate acceptance.
- Use of a framework will deliver time and human resources input savings to the procurement process for time-sensitive work.
- Novation of the design team translates the scheme into an open book design and build with the contractor assuming responsibility for the design.
- SC is eligible to use the Scape Framework for the services required.
- The Scape Framework is still valid, and the contractor's appointment will fall within the start and end dates.
- The maximum cumulative value under the Scape Framework has not been met.

As there are two prospective contractors available through the Framework, presentations were arranged and assessed to allow for the selection of the most appropriate contractor for this scheme. This resulted in Morgan Sindall being identified as the preferred contractor for feasibility and PSCA activities.

4.14 Contractor appointment and the main building contract

Morgan Sindall is currently engaged in pre-construction activities to undertake surveys and develop the design and tender packages and tender the works; Regular cost checks will be undertaken at RIBA stage 3, and pre-tender.

Preparation of the tender packages and tender pricing will be undertaken before the end of the calendar year to enable tender evaluation, VFM assessment and appointment of the contractor in early February 2027. The LUF deadline for funding building contract purposes is March 2027.

As agreed at the Joint Academy Board in June 2026 and through this FBC we are seeking approval from the Council Executive to delegate authority to Council officers to appoint the contractor within the agreed project envelope of £17,673,423.94 including risk and contingencies.

Entering the building contract will be subject to a separate decision gateway following pricing and due diligence, and the decision will be made by Council officers following Joint Academy Board recommendation, there is no actual or implied obligation within the Collaboration Agreement requiring the Council to enter into contract with Morgan Sindall for the works.

4.15 Revised scheme

Following the appointment of Morgan Sindall, a scheme review was undertaken and cost checked. In result, an affordability gap was identified that needed a review of the schedule of accommodation and a redesign of the Academy to achieve an affordable and deliverable scheme within the available funding. The result is a scheme that is much more efficient, and accommodation schedule aligned to the proposed business activity and Academy revenue model.

The revised Academy scheme will be delivered within a smaller footprint releasing the existing South wing and South block on the site for social housing which will be funded separately by the Council. The existing design team is being utilised to progress both schemes via a variation to the existing PSC and it is the intention that the schemes will be delivered together, however these are being managed as separate schemes with separate planning applications to retain the ability to deliver the two schemes separately if required. Assurance has been sought that the revised Academy scheme continues to meet the Academy strategic intent and revenue model; indeed, revisions have enabled enhanced efficiency in use of space and multi functionality.

The revised Academy scheme has required negotiation with Historic England to agree on the extent of the works to the listed building; this has resulted in £2,500,000 additional cost. Additional funding has been secured by the Council from existing programmes to cover these Heritage cost pressures.

4.16 Property structuring

Following engagement with the ICB, Somerset Council, and Somerset NHS Foundation Trust (SFT), the preferred property structure is a hybrid Tenant Internal Repairing (TIR) lease model. This structure balances capital affordability constraints, operational control, and appropriate risk allocation. It aligns long-term asset risk with the capital funder while enabling SFT to operate as host for the Academy as the anchor tenant.

Proposed Structure

- Council retains freehold ownership and long-term asset responsibility.
- Council remains responsible for structure, fabric, major plant, and hard FM.
- Council insures the building
- SFT takes a Tenant Internal Repairing and Insuring (TIR) lease for Academy areas including training, learning, office/breakout, GP research, and innovation suite.

- Third party areas (Independent Living Centre) remain under Council arrangements.
- Full cost recovery model with no residual JV liability.

Split of Responsibilities

Council Responsibilities:

- Structural elements and fabric (60-year design life)
- Major plant and equipment (AHUs, boilers, lifts, BMS)
- Hard FM and statutory compliance
- Site-wide and external areas
- Landlord role for third party areas
- Building insurance

SFT Responsibilities (TIR Lease Areas):

- Internal repair and maintenance
- Contents insurance
- Soft FM and operational management
- Repair and replacement equipment
- Void risk for Academy areas
- Potential provision of cleaning/soft services to third party areas (by agreement)

The Heads of Terms for the lease are contained in Schedule 6 as part of the Collaboration Agreement

4.17 Financial Model of the Estate

Occupation cost has been agreed of £15 per sqft (all-in). The model is designed on a full cost recovery basis. As the building is grant funded and provides health and care services, there are no depreciation or capital charges that need to be included within the property/Academy revenue model.

4.18 Revenue Model

A revenue model has been developed in consultation with each of the Parties' financial lead/s. Regular operational meetings have taken place with finance and estates to ensure consistency of information, resilience and sustainability of the working revenue model, identification of risks and where possible stress testing of the proposed model.

As part of the development, Somerset NHS Foundation Trust (SFT) has been identified as the lead host employer, acting as an anchor tenant for the building

and overall operational lead in the planned collaboration agreement. It includes SFT relocating training facilities and teams currently based in the Bridgwater Exchange building to the new Academy building.

In the property arrangements model, the Council will retain responsibility for the building as the landlord and SFT will act as an anchor tenant for most of the space, other than the Independent Living Centre (ILC) for which the Council will remain responsible. As a shared building with multiple occupancy and users, there has been a level of complexity to fully understand and rationalise the most appropriate revenue methodology for a fair, sustainable, and mitigating risk outcome.

Occupation cost has been agreed at £15 per sqft (all-in). The model is designed on a full cost recovery basis. As the building is grant funded and is providing health and care services, there are no depreciation or capital charges that are included within the property/Academy revenue model. A key principle of the revenue model is that no partner will be financially worse off from this joint arrangement.

The Net Internal Area to be occupied by SFT on behalf of the partners to facilitate the Academy is 1065 Sqm (11463.66 sqft)

	Sum of Meter Sq	**Column Labels**			
	Row Labels	**First**	**Ground**	**Second**	**Grand Total**
GIA	Excluded	209	183	309	701
	Somerset				
NIA	Council		160		160
	Somerset FT	474	350	241	1065
	Grand Total	**683**	**693**	**550**	**1926**

Occupier	**Cost**	**Square m into ft**	**Total cost**
Somerset FT	£15 per Square Foot	11463.66	£171,954.90

The modelled estimated property cost for SFT is £171,955 prior to inclusion of VAT and depreciation charges, which increases the annual cost to £226,368. This represents an annual cost pressure for SFT of £44,437 over the current costs of the Bridgwater Exchange Building. The funding of this cost pressure is noted as a first call on any annual financial surplus generated by the Academy. The revenue model detailed below does not include the funding of the SFT cost pressure, but the model indicates sufficient surplus to manage this annual financial gap.

SFT forecasted VAT and depreciation charges relating to the Academy lease are calculated on the basis of £15 sqft lease and a peppercorn rent to Somerset Council, creating a 5-year CDEL impact of £0.5m. The CDEL impact is to be managed within SFT's own capital programme.

4.19 Lifecycle / Sinking Fund

A sinking fund will be established to provide for lifecycle replacement of major plant and equipment. A 30-year modelling period is proposed, focusing on elemental replacement rather than a full lifecycle model. Indicative target reserve of £500k by Year 10 funded through the £15 sqft - to be held by the Council.

Risk Allocation

- Construction and cost overrun risk: Council
- Structural and major plant risk: Council
- Operational and internal repair risk: SFT
- Void risk: SFT (Academy areas) / Council (third party areas)
- Balance sheet exposure for SFT: Limited to SFT demised area (and lease length)

This proposed structure is proportionate because it avoids transferring disproportionate long-term asset risk to SFT while recognising Council's position as capital funder. It aligns risk with control, supports operational leadership by the NHS, avoids unnecessary capital exposure, and ensures transparent cost recovery. The structure reflects a balanced public sector partnership and protects long-term public value.

Figure Five: The Revenue Model

SOMERSET ACADEMY - Operational Plan Cash Flow	Yr2	Yr3	Yr4	Yr5	Yr6 / FYE	
	26/27	27/28	28/29	29/30	30/31	
	£'000	£'000	£'000	£'000	£'000	
REVENUE INCOME						
Serviced Space (inclusive charge)	-	-	256	256	256	
Commercial Lettings (incl Early Years)	-	-	120	120	120	
Training Delivery Income - ASC LDSS (Gov)	400	400	400	400	400	National funding cap of £400k
Training Delivery Income Commercial - All Partners	89	88	88	88	88	
Training Delivery Income - Other	138	243	243	243	243	Connect to Work, Community Learning
Corporate Sponsorship/Grant Funding	16	50	100	100	100	SPF funding received in 25/26
Potential ICB/System Partnership Income	-	-	-	-	-	SFT funding Y2 of Academy Dir available if required (£130k)
TOTAL INCOME	**644**	**781**	**1,207**	**1,207**	**1,207**	
REVENUE COSTS						
Building Running Costs - Owner	-	43	226	226	226	Includes contribution to Sinking Fund
Building Running Costs - Tenant	-	-	150	150	150	
Academy Staffing Costs	188	188	211	211	217	
Training Delivery Costs	408	475	475	475	475	
TOTAL COSTS	**596**	**706**	**1,062**	**1,062**	**1,068**	
NET ANNUAL SURPLUS/(DEFICIT)	**48**	**75**	**145**	**145**	**138**	
CUMULATIVE FINANCIAL POSITION	**72**	**147**	**292**	**437**	**576**	

SOMERSET ACADEMY - Operational Plan Cash Flow	Yr2	Yr3	Yr4	Yr5	Yr6 / FYE	
	26/27	27/28	28/29	29/30	30/31	
	£'000	£'000	£'000	£'000	£'000	
REVENUE INCOME						
Serviced Space (inclusive charge)	-	-	99	198	198	
Commercial Lettings	-	-	43	87	87	
Training Delivery Income - ASC LDSS (Gov)	400	400	400	400	400	National funding cap of £400k
Training Delivery Income Commercial - All Partners	89	88	88	88	88	
Training Delivery Income - Other	138	243	243	243	243	Connect to Work, Community Learning
Corporate Sponsorship/Grant Funding	16	50	100	100	100	SPF funding received in 25/26
Potential ICB/System Partnership Income	-	-	-	-	-	SFT funding Y2 of Academy Dir available if required (£130k)
TOTAL INCOME	**644**	**781**	**973**	**1,115**	**1,115**	
REVENUE COSTS						
Building Running Costs - Owner	-	21	59	119	119	Includes contribution to Sinking Fund
Building Running Costs - Tenant	-	-	40	79	79	
Academy Staffing Costs	188	188	211	211	217	
Training Delivery Costs	408	475	475	475	475	
TOTAL COSTS	**596**	**684**	**785**	**884**	**890**	
NET ANNUAL SURPLUS/(DEFICIT)	**48**	**97**	**189**	**232**	**225**	
CUMULATIVE FINANCIAL POSITION	**48**	**145**	**333**	**565**	**790**	

The revenue model is forecast to deliver a £232,000 surplus in its first full year of trading. As noted above, the SFT property gap of £44,437 would be a first call on this surplus

4.20 Procurement Strategy

Non- procured elements

Supported by the pubic to public collaboration principles, the Academy will access internal training expertise, business intelligence, workforce planning, expertise and core governance from each Party.

Where there is a gap in relevant expertise or capacity, the Academy will seek to procure activity for training and innovation. For example, accredited programmes, high demand programmes and specialist knowledge.

Consequently, the Academy will operate a hybrid procurement strategy

Phase One – year 1 will involve building internal resource, market engagement and securing initial training providers to meet the service offer, key performance indicators, and revenue model.

Phase Two 2– 3 years external training providers will be expanded to meet demand with a review of contracts for optimisation of the service offer. Evaluation of provision to inform future decisions.

Phase Three 3 -5 years seeks to scale successful partnerships, refresh contracts or re procure

SFT as the lead employer will be responsible for supporting the procurement process and management of contracts on behalf of the joint venture.

5. Management Case

5.1 Governance

A multi-layered governance model is required to meet the cross-sector and complex nature of the Academy. The proposed structure consists of:

Joint Academy Board

- Provide steering and decision-making on key strategic programme elements and stage/gateway reviews.
- Provide the necessary senior check and challenge of progress, risks, costs, and delivery assumptions.

- Provide links into the ICB, SFT and Council governance structures and wider stakeholder groups, securing visibility and any approvals required within each Party's governance arrangements.
- Oversee progression from the current collaborative phase into the formal contractual joint venture phase.
- Advocate for the Somerset Health and Care Academy across wider stakeholder groups.
- Oversee and gain assurance of the Academy's business plan and strategic priorities

Programme Delivery Group

- Act as the senior officer group for the programme delivery with representatives from the Parties and relevant partners inc. third sector.
- Approve workstream briefs, key milestones, and design stage reviews where delegated to do so.
- Monitor delivery, and impact;
- Prepare reports for the Joint Academy Board and coordinate communications, stakeholder engagement, and submissions to funders.
- Approve submissions to DLUHC.
- Manage programme risk and mitigations with escalation to the to the Joint Academy Board or the Parties as appropriate.

Workstream Delivery Groups

- Lead individual workstreams across the programme and contribute to the definition and delivery of the workstream scope.
- Act as the core agile delivery vehicles with relevant engagement and representation from across health and care
- Coordinate work activities within each workstream and with other workstreams.
- Prepare highlight reports, risk and issue logs and recommendations for the PDG.
- Brief consultants and professional advisers, including the design team and advisers supporting the commercial, property and financial workstreams.
- Undertake a rapid review of delivery plans.

5.2 The Bridgwater Site

The planned site at Bridgwater will offer a centre for integrated training and innovation services. Parties will be able to offer existing training programmes as an integrated opportunity whilst the Academy will also continue to develop bespoke training to meet the care sector's needs. On site there will be:

- A co-located independent living centre providing additional community services with enhanced opportunities for new training, placements and health and care technology innovating.
- Flexible training rooms
- Simulation, studio, and clinical skills with technology to enable adaption to necessary context/setting for example a home environment
- A careers hub able to offer advice and guidance for careers and skills pathways
- Primary care /GP research unit with lab facilities
- Innovation flexible space for industry partners with the advantage of access to workforce testing, labs, and simulation equipment
- IT training space

The estates will provide an integrated build, so the health and care workforce will have the opportunity to access training, career information, facilities, interactive, and technology enabled learning. It is expected to offer enhanced access to training facilities for the care sector.

5.3 It is important to note that alongside the Bridgwater site the Academy will have a reach across Somerset, and it is important the Academy is not perceived as being defined by the Bridgwater geography. It is intended that the Academy will network across Somerset and use a blended model of virtual and in person delivery through other community locations. Priority will be provided to cold spots where we know it is harder for communities and our workforce to access training and skills programmes.

5.4 Delivery and Implementation Plan

The Academy's business plan is designed to combine system value with financial sustainability. It will use the collective capabilities and assets of the three Parties, alongside external providers, education partners, industry and other organisations, to deliver services that are better coordinated and more efficiently delivered collectively.

The Academy will use a hub-and-spoke model, with the Bridgwater site providing the principal physical hub while services are delivered across Somerset through partner premises, community settings and digital platforms.

There will be a planned 3-year business plan updated and reviewed on an annual basis and agreed by all Parties

The business plan will continue to evolve as the Academy mobilises; however, a 3-year implementation plan has been developed. It is anticipated that the

business plan will increasingly respond and identify outcome benefits to each of the Parties and the wider Somerset system. The plan will be reviewed annually by the Joint Academy Board, with annual business plans and budgets approved in accordance with the Collaboration Agreement.
An outline of the business plan can be found in Schedule 2 of the Collaboration Agreement. It has been developed on the next 3-year direction of travel as:

Year One: Building Foundations and mobilising	The Academy is legally established, operationally mobilised and delivering initial service offer. Establish governance, people, finance, systems, procurement arrangements and initial service offer; commence training and innovation activity; establish commercial infrastructure and initial income streams.
Year Two: Growth, integration and commercilaisation	The Academy demonstrates increasing demand and commercial viability. Increase learner and customer volumes; expand training and innovation provision; increase external and funded income; strengthen social care and system-wide workforce programmes; develop partnerships and market opportunities.
Y**ear Three** Extending and Sustaining	The Academy becomes fully embedded as a system workforce and innovation vehicle Consolidate the operating model; scale successful programmes and partnerships; increase regional and external opportunities; demonstrate benefits and financial sustainability; establish the basis for longer-term growth.

Construction Delivery

Delivery of the Bridgwater Academy site works will be managed by the Council. Morgan Sindall (Building Contractor) will be responsible for construction delivery within agreed programme, budget, and risk allocations (subject to appointment)

The proposed building Contract is the NEC building contract. Richard Morris is the named NEC project manager. The Council is retaining a fee budget to provide Project leadership and oversight, chairing the Project/Construction Delivery Board and reporting into the Somerset Council Head of Regeneration.

Key Milestones:

Activity	**Start**	**Finish**
RIBA Stage 3	July 2026	September 2026
Bat hotel/Gate House	September 2026	September 2026
Planning Submissions	September 2026	October 2026
RIBA Stage 4	September 2026	November 2026
Planning Approvals	November 2026	December 2026
Pricing	November 2026	December 2026
Enabling Works	January 2027	March 2027
Negotiations	January 2027	February 2027
Contract Award	February 2027	March 2027
Construction	March 2027	October 2028

5.4 Implementation Dependencies

- SFT current lease at the Bridgwater Exchange Building ends on October 28. SFT is negotiating an extension of the existing lease to enable dilapidation of works to be undertaken and a managed transition into the new Academy Building.
- Approval and execution of the Collaboration Agreement
- Establishment of appropriate financial and procurement systems
- Continued commitment from partners
- Successful implementation of the training provider and commercial arrangements
- Development of sufficient demand for the Academy's services
- Delivery of the Academy building within the agreed funding envelope and programme
- Successful management of the SFT lease and property arrangements;
- Continuation and appropriate use of identified external funding opportunities; and effective engagement with health and care employers, education, industry and community partners.

These dependencies will be actively monitored through the Academy governance arrangements and reflected in the programme risk register.

5.5 Risk Management

Strategic - Risk Description: If the Academy is not delivered on time or supported through the collaboration, it can lead to increased costs and reputational damage. There is a risk to the Levelling Up Funding bid and timescales for capital build and financial and reputation risk on the proposed service offer.

Key existing mitigation & live actions:

- The timeframe for spending LUF monies has been extended with contractual commitment required by the end of March 2027. Options of redesign of estates completed with identification of an affordable scheme
- Clarity of roles and responsibilities of each partner with further refinement through the Collaboration Agreement
- Stakeholder engagement on proposed training for the social care workforce
- Identification of resource requirements for effective mobilisation
- Approval of a lead operational organisation
- Mobilisation of financial management system
- Procurement process for securing external training expertise

Key legal risks include:

- Appropriate sharing and limiting liability for the Academy and parties
- Clearly allocating the responsibilities and assets of the Academy between the parties
- Ensuring the governance structures of the Academy are consistent with the parties' own governance and compliance processes
- Further approval of extension for building completion by October 2028

These will be managed primarily through the Collaboration Agreement. Specifically, the Collaboration Agreement will:

- Specify the roles, responsibilities, and liabilities of each party in relation to the Academy; and
- Set out the governance structure, decision making processes, and terms of reference for the Academy, to ensure the Academy is run in a manner agreed by, and consistent with, the governance requirements of each party.
- The Full Risk Register can be found in Appendix Two.

Somerset NHS Foundation Trust	
REPORT TO:	Board of Directors
REPORT TITLE:	Assurance Report from the Quality and Governance Assurance Committee meeting held on 29 July 2026
SPONSORING EXEC:	Mel Iles, Chief Medical Officer
REPORT BY:	Julie Hutchings, Board Secretary and Corporate Services Manager
PRESENTED BY:	Inga Kennedy, Chair of the Quality and Governance Assurance Committee
DATE:	8 September 2026

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

Executive Summary and Reason for Presentation to Committee/Board	The Committee met on 29 July 2026 and reviewed the Board Assurance Framework, Corporate Risk Register, quality and safety performance, governance assurance arrangements, maternity and neonatal services, and CQC oversight arrangements. Assurance was received regarding progress in strengthening strategic risk management, governance and quality oversight arrangements, maternity and neonatal services, patient flow improvement initiatives and winter planning preparations. Key risks remain around workforce capacity and resilience, patient flow and discharge delays, primary care sustainability, urgent treatment centre staffing, and the long-term sustainability of maternity, neonatal and foetal medicine services. The Committee also highlighted the need for continued assurance regarding the governance of artificial intelligence technologies and Trust-wide CQC oversight arrangements.

Recommendation	That the Board **notes** the assurance provided and the key risks highlighted, particularly those relating to workforce capacity and resilience, patient flow and discharge delays, primary care sustainability, urgent treatment centre staffing, maternity and neonatal services and alignment of the Trust Strategy with the Board Assurance Framework.

Links to Strategic Aims (Please select all that are relevant to this paper)
☐ **Aim 1:** Contribute to improving population health and reduce health inequalities
☒ **Aim 2:** Provide the best care and support to people
☐ **Aim 3:** Strengthen care and support in people's homes and in local communities
☒ **Aim 4:** Respond well to complex needs
☒ **Aim 5:** Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture
☐ **Aim 6:** Live within our means and use our resources wisely
☐ **Aim 7:** Transform 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 (Please indicate whether the report has any actual or potential impact on people with protected characteristics and whether an Equality and Quality Impact Assessment (EQIA) has been completed)
This report has been assessed against the Trust's Equality and Quality Impact Assessment (EQIA) Tool and: ☒ No actual or potential adverse impacts on people with protected characteristics have been identified. ☐ Actual or potential impacts on people with protected characteristics have been identified. The following actions are planned to mitigate any identified inequalities: **Details**: Click or tap here to enter text.

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

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

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

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

SOMERSET NHS FOUNDATION TRUST

ASSURANCE REPORT FROM THE MEETING OF THE QUALITY AND GOVERNANCE ASSURANCE COMMITTEE HELD ON 29 JULY 2026

1. PURPOSE

1.1 This report provides a summary of the key items discussed at the Quality and Governance Assurance Committee (Q&GAC) meeting held on 29 July 2026, including assurance received, areas of concern and risks or issues to be escalated to the Board.

2. ASSURANCE RECEIVED

2.1 The Committee received assurance regarding the continued development of the Board Assurance Framework and Corporate Risk Register, noting progress in strengthening strategic risk management, risk reporting and alignment with the emerging Trust Strategy.

2.2 Assurance was received regarding quality, safety and operational oversight, including patient flow improvement work, discharge planning, winter preparedness, mental health service developments and emerging digital innovations to support clinical care.

2.3 The Committee received assurance through the Governance Support Summary regarding governance effectiveness, organisational learning, national best practice guidance compliance, consent to care processes and health and safety arrangements.

2.4 Assurance was received regarding maternity and neonatal services, including continued progress following the reopening of maternity services at Yeovil District Hospital, delivery of national improvement actions and strengthening governance and quality oversight arrangements.

2.5 The Committee also received assurance regarding arrangements for CQC compliance and oversight, whilst supporting further development of a Trust-wide approach to monitoring inspection activity and action plans.

3. AREAS OF CONCERN OR FOLLOW UP

3.1 The Committee noted ongoing concerns regarding workforce resilience and capacity across a number of services, including primary care, urgent treatment centres and maternity and neonatal services.

3.2 Concerns were raised regarding patient flow and discharge delays, although assurance was received that improvement work continues with system partners.

3.3 Members highlighted the need for further assurance regarding the use of artificial intelligence technologies, particularly patient information and consent arrangements relating to ambient voice technology.

3.4 The Committee also noted ongoing concerns regarding organisational culture and long-term workforce sustainability within maternity, neonatal and foetal medicine services.

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

4.1 The Committee agreed that alignment between the developing Trust Strategy and Board Assurance Framework should be highlighted to the Board to ensure both programmes of work can progress together ahead of formal approval.

4.2 The Committee noted continuing risks relating to workforce capacity and resilience, particularly within primary care, urgent treatment centres, maternity and neonatal services.

4.3 Members highlighted ongoing risks associated with patient flow, delayed discharge and wider system pressures which continue to impact operational performance and patient experience.

4.4 The Committee also noted continuing risks relating to the sustainability of specialist maternity, neonatal and foetal medicine services.

CHAIR OF THE QUALITY AND GOVERNANCE ASSURANCE COMMITTEE

Somerset NHS Foundation Trust	
REPORT TO:	Board of Directors
REPORT TITLE:	Assurance Report from the Audit Committee meeting held on 22 July 2026
SPONSORING EXEC:	Pippa Moger, Chief Finance Officer Jace Renville, Chief of Staff to the Chief Executive
REPORT BY:	Julie Hutchings, Board Secretary and Corporate Services Manager
PRESENTED BY:	Paul Mapson, Chair of the Audit Committee
DATE:	8 September 2026

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

Executive Summary and Reason for Presentation to Committee/Board	The Audit Committee met on 22 July 2026 and reviewed the Quarter 1 Board Assurance Framework and Corporate Risk Register, internal and external audit progress, counter fraud activity, limited assurance reviews and a range of governance and financial control matters. Assurance was received regarding progress in the development of the refreshed Board Assurance Framework and risk management arrangements, delivery of the internal and external audit programmes, proactive counter fraud activity and the management of limited assurance audit recommendations. The Committee noted that a number of significant corporate risks remain high scoring, particularly those relating to waiting times, workforce pressures, estates and infrastructure challenges, Subject Access Requests and the sustainability of Symphony Healthcare Services Limited.
Recommendation	The Board is asked to **note** the assurance provided and the key risks identified, including those relating to waiting times, workforce pressures, estates and infrastructure, Subject Access Requests, recruitment controls and the continued development of the Board Assurance Framework, and to support ongoing work to strengthen governance, risk management and internal control arrangements across the Trust.

Links to Strategic Aims
(Please select all that are relevant to this paper)

☐ **Aim 1:** Contribute to improving population health and reduce health inequalities
☐ **Aim 2:** Provide the best care and support to people
☐ **Aim 3:** Strengthen care and support in people's homes and in local communities
☐ **Aim 4:** Respond well to complex needs
☐ **Aim 5:** Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture
☒ **Aim 6:** Live within our means and use our resources wisely
☐ **Aim 7:** Transform 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
(Please indicate whether the report has any actual or potential impact on people with protected characteristics and whether an Equality and Quality Impact Assessment (EQIA) has been completed)

This report has been assessed against the Trust's Equality and Quality Impact Assessment (EQIA) Tool and:

☒ No actual or potential adverse impacts on people with protected characteristics have been identified.

☐ Actual or potential impacts on people with protected characteristics have been identified. The following actions are planned to mitigate any identified inequalities:

Details: Click or tap here to enter text.

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

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

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

The report is presented to the Board after every meeting.

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

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

SOMERSET NHS FOUNDATION TRUST

ASSURANCE REPORT FROM THE MEETING OF THE AUDIT COMMITTEE HELD ON 22 JULY 2026

1. PURPOSE

1.1 The Audit Committee met on 22 July 2026 to review the effectiveness of internal control, risk management, governance and assurance arrangements across the Trust. This report provides assurance to the Board on matters discussed, highlights areas of concern, and identifies risks requiring escalation or continued oversight.

2. ASSURANCE RECEIVED

2.1 The Committee reviewed the Quarter 1 Board Assurance Framework (BAF) and Corporate Risk Register and received assurance regarding the continued development of the refreshed BAF, including alignment with the emerging Trust Strategy, approved risk appetite framework and strengthened strategic risk management arrangements. The Committee supported the approach being taken and noted ongoing work to complete assurance mapping and embed the revised framework.

2.2 The Committee received assurance from the Corporate Risk Register and noted that the highest-scoring risks continue to relate to waiting times, workforce pressures, capital infrastructure, estates, subject access requests and the sustainability of Symphony Healthcare Services Limited. The Committee welcomed the increasing focus on risks outside appetite and enhanced scrutiny of significant corporate risks.

2.3 The Committee considered reports from Internal Audit and noted good progress against the 2026/27 Audit Plan. Moderate assurance opinions were received for the SAS Doctors Terms and Conditions Audit and assurance was provided regarding the management of internal audit recommendations, with further work planned to review older outstanding actions and ensure monitoring arrangements remain proportionate and effective.

2.4 The Recruitment Audit received Moderate Assurance for design and Limited Assurance for effectiveness. The Committee received assurance that the findings will be escalated through established governance arrangements and monitored through Executive Committee and People Committee to ensure sustainable improvements are delivered.

2.5 The Committee received assurance from External Audit regarding progress with subsidiary audits and noted there were no significant issues reported. The Committee also noted planned transition arrangements for the incoming External Audit Engagement Lead.

2.6 Counter Fraud reports provided assurance regarding proactive and reactive fraud activity, ongoing investigations, awareness raising initiatives and progress against recommendations. The Committee also received assurance on losses and special payments, procurement waiver arrangements and governance oversight of financial controls.

3. AREAS OF CONCERN OR FOLLOW UP

3.1 The Committee noted the importance of completing the refreshed Board Assurance Framework and ensuring its alignment with the developing Trust Strategy to support effective oversight of strategic risks.

3.2 Concerns were raised regarding the Recruitment Audit findings, particularly the completion and evidencing of pre-employment checks, and the need to understand whether issues arise from process weaknesses, operational pressures or documentation gaps.

3.3 The Committee highlighted ongoing information governance risks associated with increasing volumes and complexity of Subject Access Requests and recognised the wider national pressures affecting compliance in this area.

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

4.1 The Committee noted that a number of corporate risks remain high scoring, including those relating to waiting times, workforce pressures, estates and infrastructure, Subject Access Requests and the sustainability of Symphony Healthcare Services Limited.

4.2 Recruitment Audit findings, particularly those relating to pre-employment checks and recruitment controls, will continue to be monitored through the appropriate governance arrangements and escalated through the People Committee.

4.3 The Committee highlighted the importance of maintaining appropriate oversight of strategic risks through the refreshed Board Assurance Framework and ensuring that outstanding audit recommendations continue to receive scrutiny and challenge through the governance framework.

CHAIR OF THE AUDIT COMMITTEE

NHS
Somerset
NHS Foundation Trust

Somerset NHS Foundation Trust	
REPORT TO:	Board of Directors
REPORT TITLE:	Assurance Report from the Charity Committee meeting held on 23 July 2026
SPONSORING EXEC:	David Shannon, Director of Strategy and Digital Development
REPORT BY:	Katie Fry, Executive Assistant to the Director of Strategy and Digital Development
PRESENTED BY:	Graham Hughes, Chair of the Charity Committee
DATE:	8 September 2026

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

Executive Summary and Reason for Presentation to Committee/Board	The Charities Committee met on 23 July 2026 and reviewed fundraising performance, the annual accounts and audit findings, proposals for participation in the NHS Charities Together Big Lotto scheme, Spark Somerset volunteering projects, major charitable projects, finance reports and investment performance. The Committee received positive assurance on the charity's financial position, audit outcome, liquidity, fundraising engagement and governance arrangements, while noting matters requiring continued oversight including investment performance, project delivery and temporary grant-funded commitments.

Recommendation	The Board is asked to note the assurance provided by the Charities Committee and the matters for ongoing oversight, including delivery of approved charitable projects, management of temporary grant-funded initiatives, and investment performance.

Links to Strategic Aims (Please select all that are relevant to this paper)
☐ **Aim 1:** Contribute to improving population health and reduce health inequalities
☐ **Aim 2:** Provide the best care and support to people
☐ **Aim 3:** Strengthen care and support in people's homes and in local communities
☐ **Aim 4:** Respond well to complex needs
☒ **Aim 5:** Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture

☒ **Aim 6:** Live within our means and use our resources wisely ☐ **Aim 7:** Transform 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 (Please indicate whether the report has any actual or potential impact on people with protected characteristics and whether an Equality and Quality Impact Assessment (EQIA) has been completed)
This report has been assessed against the Trust's Equality and Quality Impact Assessment (EQIA) Tool and: ☒ No actual or potential adverse impacts on people with protected characteristics have been identified. ☐ Actual or potential impacts on people with protected characteristics have been identified. The following actions are planned to mitigate any identified inequalities: **Details**: Click or tap here to enter text.

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

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

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

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

SOMERSET NHS FOUNDATION TRUST

ASSURANCE REPORT FROM THE CHARITY COMMITTEE MEETING HELD ON 23 JULY 2926

1. PURPOSE

1.1 The Charity Committee met on 23 July 2026 to review fundraising activity, financial performance, risk management, governance arrangements, and investment oversight. The Committee provides assurance to the Board that charitable funds are being managed appropriately and in line with regulatory, ethical, and governance expectations.

2. ASSURANCE RECEIVED

Financial Position and Audit Assurance

2.1 The Committee approved the Going Concern Assessment and received the audit findings and Letter of Representation. The external auditors reported no additional audit risks, no required adjustments to the draft accounts and only minor consistency amendments to supporting notes. Two unadjusted audit differences were reported above the audit threshold, but both management and auditors agreed these were not material and did not require amendment. The Committee authorised the Chair to sign the Letter of Representation on behalf of the Trustees.

Annual Accounts

2.2 The Committee received the annual accounts and noted that the presentation remained broadly consistent with previous years. Although donations were lower than the previous year, this reflected exceptional circumstances in the prior reporting period rather than an underlying concern. Expenditure on charitable activities had increased as historic income was now being used to fund charitable projects. The balance sheet remained broadly consistent and no specific issues within the accounts required the Committee's attention.

Quarterly Finance Report

2.3 The finance report confirmed total funds of just under £7.5 million, cash available of £5.1 million and an investment portfolio valued at approximately £2.35 million. The committee noted positive investment income from deposits and a 7% increase in the investment portfolio during the period.

Fundraising, Charitable Projects and Approvals

2.4 The Committee noted a strong quarter of fundraising and community engagement, including income from Spark Somerset, successful fundraising events, continued growth in Cycle 42 registrations, further support from the Veterans Foundation and positive donor engagement. Members approved participation in the NHS Charities Together Big Lotto scheme, subject to promotional materials making appropriate use of Love Musgrove and Yeovil Hospital Charity branding to support public recognition. The Committee also supported Spark Somerset Volunteering for Health projects, including a temporary volunteering support post and a digital inclusion project.

2.5 Members received updates on major charitable projects, including Glastonbury Festival-linked funding opportunities, completion of the Wells facility, progress on hospital garden schemes, the young people's mentoring project and cardiology improvements. The Committee approved business cases for exploratory work on a proposed Same Day Emergency Care facility for cancer patients, recliner chairs for the Beacon Centre and a live music programme on community wards.

3. AREAS OF CONCERN OR FOLLOW UP

3.1 The Committee identified a number of matters for continued follow up. These include ensuring that Big Lotto promotional activity reflects the Love Musgrove and Yeovil Hospital Charity identities; confirming whether feedback is available from previous digital inclusion work; and monitoring delivery of temporary Spark Somerset-funded roles so that no ongoing unfunded commitment is created.

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

4.1 The Board should note the Committee's continued oversight of investment performance following CCLA's update, including recent market challenges, the Jupiter acquisition and the need to monitor performance carefully on behalf of donors and legacy benefactors. The Board should also note the importance of maintaining clear governance around externally funded charitable projects and ensuring that approved charitable investments do not create unintended recurring revenue consequences for the Trust.

CHAIR OF THE CHARITY COMMITTEE

NHS
Somerset
NHS Foundation Trust

Somerset NHS Foundation Trust	
REPORT TO:	Board of Directors
REPORT TITLE:	Report from the Research and Innovation Committee meeting held on 26 June 2026
SPONSORING EXEC:	David Shannon, Director of Strategy and Digital Development
REPORT BY:	Katie Fry, Katie Fry, Executive Assistant to the Director of Strategy and Digital Development
PRESENTED BY:	Olena Doran, Committee Chair
DATE:	8 September 2026

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

Executive Summary and Reason for Presentation to Committee/Board	This paper presents the Summary of the inaugural Research and Innovation Committee meeting held on 26 June 2026. The Committee was established as a formal sub-committee of the Trust Board with broad NHS, academic, industry and system partner membership to support collaborative research and innovation across Somerset. Members discussed the Committee's shared purpose, strategic ambition, priority areas, funding opportunities and partnership approach. Key themes included integrated care, population health, rural and coastal inequalities, digital health, MedTech, workforce development, commercial research, service evaluation and innovation. The meeting identified actions to include innovation as a substantive item at the next meeting and for details of an industry-focused innovation event to be shared once finalised.
Recommendation	The Board is asked to **note** the key themes, emerging priorities and actions arising from the inaugural Committee meeting.

Links to Strategic Aims (Please select all that are relevant to this paper)
☒ **Aim 1:** Contribute to improving population health and reduce health inequalities
☐ **Aim 2:** Provide the best care and support to people

☐	**Aim 3:** Strengthen care and support in people's homes and in local communities
☐	**Aim 4:** Respond well to complex needs
☒	**Aim 5:** Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture
☐	**Aim 6:** Live within our means and use our resources wisely
☒	**Aim 7:** Transform 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: Workforce, ICT and patient/population impact are relevant due to the Committee's focus on research capability, digital health, innovation, service transformation, and reducing rural and coastal health inequalities. No immediate financial decision is requested through this paper.

Equality
(Please indicate whether the report has any actual or potential impact on people with protected characteristics and whether an Equality and Quality Impact Assessment (EQIA) has been completed)

This report has been assessed against the Trust's Equality and Quality Impact Assessment (EQIA) Tool and:

☒ No actual or potential adverse impacts on people with protected characteristics have been identified.

☐ Actual or potential impacts on people with protected characteristics have been identified. The following actions are planned to mitigate any identified inequalities:

Details: Click or tap here to enter text.

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

The inaugural Committee meeting included discussion with NHS, academic, industry and wider system partners. The minutes record early engagement on the Committee's purpose, priorities and future partnership approach..

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 was the first meeting of the Research and Innovation Committee. The minutes are presented to the Trust Board for information as part of reporting from its sub-committee governance arrangements.

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

REPORT FROM THE RESEARCH AND INNOVATION COMMITTEE HELD ON 26 JUNE 2026

1. BACKGROUND AND PURPOSE

1.1 The inaugural meeting of the Research and Innovation Committee was held on Friday 26 June 2026 via Microsoft Teams. The Committee has been established as a formal sub-committee of the Trust Board to support the development of research and innovation across Somerset through collaborative working with NHS, academic, industry and wider system partners.

2. KEY POINTS FROM THE MEETING

2.1 The Committee discussed its shared purpose and draft principles, with emphasis on measurable impact, participation and inclusion, reducing health inequalities, strong governance and ethics, partnership working, system-wide capability and alignment with local priorities. Members recognised Somerset's integrated acute, community, mental health and primary care services as a key strength for future research and innovation activity.

2.2 Members explored potential priority areas including integrated care, population health, rural and coastal inequalities, digital health, wearable technology, remote monitoring, MedTech, workforce development, commercial research, service evaluation and innovation. The discussion will inform a draft framework for future priority areas, aligned to Trust priorities, wider healthcare needs, external funding opportunities and partnership development.

2.3 The Committee also considered delivery models and partnership approaches, including jointly supervised studentships, partnership PhDs, placements, visiting appointments, shared or joint posts, continuing professional development, seed funding and proof-of-concept activity. Members agreed that a balanced approach is needed, combining major external grant opportunities with smaller-scale research, evaluation and innovation projects that can generate evidence and build capability.

3. ACTIONS AND NEXT STEPS

3.1 The Committee agreed that innovation should be included as an item on the agenda for the next meeting. The next meeting is scheduled for Tuesday 15 September 2026 at 2:30pm.

4. RECOMMENDATION

4.1 The Board is asked to receive the report of the Research and Innovation Committee meeting held on 26 June 2026 for information and note the key themes and actions arising.

CHAIR OF THE RESEARCH AND INNOVATION COMMITTEE