

Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	SFT 2023/24 Annual Accounts and Annual Report
SPONSORING EXEC:	Pippa Moger, Chief Finance Officer
REPORT BY:	Pippa Moger, Chief Finance Officer
PRESENTED BY:	Pippa Moger, Chief Finance Officer
DATE:	24 September 2024

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

Executive Summary and Reason for presentation to Committee/Board	<p>The Trust is required to present the 2023/24 annual accounts and annual report for Somerset NHS Foundation Trust to the Council of Governors.</p> <p>As part of the external audit process, the Trust received an unqualified opinion and our external auditors, KPMG, will be presenting their external audit opinion on the accounts to the meeting.</p>
Recommendation	The Council of Governors is asked to note the 2023/24 annual accounts and annual report for Somerset NHS Foundation Trust.

Links to Joint Strategic Objectives (Please select any which are impacted on / relevant to this paper)	
<input type="checkbox"/> Obj 1	Improve health and wellbeing of population
<input type="checkbox"/> Obj 2	Provide the best care and support to children and adults
<input type="checkbox"/> Obj 3	Strengthen care and support in local communities
<input type="checkbox"/> Obj 4	Reduce inequalities
<input type="checkbox"/> Obj 5	Respond well to complex needs
<input type="checkbox"/> Obj 6	Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture
<input checked="" type="checkbox"/> Obj 7	Live within our means and use our resources wisely
<input type="checkbox"/> Obj 8	Delivering the vision of the Trust by transforming our services through research, innovation and digital technologies

Implications/Requirements (Please select any which are relevant to this paper)					
<input checked="" type="checkbox"/> Financial	<input type="checkbox"/> Legislation	<input type="checkbox"/> Workforce	<input type="checkbox"/> Estates	<input type="checkbox"/> ICT	<input type="checkbox"/> Patient Safety/ Quality

Details: N/A
Equality and Inclusion



The Trust aims to make its services as accessible as possible, to as many people as possible. We also aim to support all colleagues to thrive within our organisation to be able to provide the best care we can.

How have you considered the needs and potential impacts on people with protected characteristics in relation to the issues covered in this report?

Not applicable to this report.

All major service changes, business cases and service redesigns must have a Quality and Equality Impact Assessment (QEIA) completed at each stage. Please attach the QEIA to the report and identify actions to address any negative impacts, where appropriate.

Public/Staff Involvement History

How have you considered the views of service users and / or the public in relation to the issues covered in this report? Please can you describe how you have engaged and involved people when compiling this report.

Not applicable to this report.

Previous Consideration

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

The annual accounts and annual report are presented to the Council of Governors on an annual basis.

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

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

Somerset NHS Foundation Trust Annual Report and Accounts 2023/24





Somerset NHS Foundation Trust

Annual Report and Annual Accounts 2023/24

Presented to Parliament pursuant to
Schedule 7, paragraph 25(4) (a) of the National Health Service Act 2006





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1. INTRODUCTION FROM THE CHAIR

Welcome to the annual report for Somerset NHS Foundation Trust (SFT) which provides detail of our operational and financial performance for 2023/24. This will be my last annual report, having served as chair of SFT and of predecessor trusts for the past ten years, and I would like to provide a strategic overview of our achievements and challenges in a very important year for our Trust.



This year was the first for us as a trust unique in England which provides: acute services from Yeovil District Hospital and Musgrove Park Hospital; community services from our 13 community hospitals and out of hospital teams across Somerset; mental health and learning disability services across the county; and a quarter of the county's GP practices via our wholly owned subsidiary Symphony Healthcare Services. It represented the culmination of a process started in 2016 of bringing together the three separate competing organisations (Somerset Partnership, Taunton and Somerset and Yeovil District Hospital foundation trusts) which previously existed in Somerset. The first two merged on 1 April 2020, followed by the merger with Yeovil District Hospital NHS Foundation Trust on 1 April 2023.

We merged because we want to provide better care for our patients. We recognise that one and the same individual may have a variety of needs, including acute, community and mental health. We want to minimise 'handovers' from one organisation to another, which are so frustrating for all concerned, and to ensure that everyone in the county enjoys consistent access to high quality services irrespective of where they live. At the same time, we wanted to remove the bureaucracy associated with having three separate competing trusts. Working as one organisation, and therefore eliminating organisational boundaries, puts us in a better position to support people to achieve the aims of our clinical strategy, which was developed in consultation with colleagues, patients, and system partners.

Our aims are to:


- Improve the health and wellbeing of our population. Enable people to live socially connected healthy, independent lives, promote early intervention, and prevent avoidable illness.
- Provide the best care and support to children and adults. Ensure safe, sustainable, effective, high quality, person-centred support in the most appropriate setting.
- Strengthen care and support in local communities. Develop and enhance support in local neighbourhood areas and bring care closer to home.
- Reduce inequalities. Value all people alike, target our resources and attention where it is most needed, giving equal priority to physical and mental health.
- Respond well to complex needs. Improve outcomes for children and adults with complex needs through personalised, co-ordinated support.



In line with those aims, colleagues have developed integrated services in partnership with other NHS and local authority services and with the voluntary sector, for the benefit of our patients and the people of Somerset.

A few examples include:

- The Somerset Homeless Health Service, which supports people who live on the streets, in hostels, tents and in vans, to access support for both their physical and mental health. When individuals don't have a fixed address, the barriers they face to accessing healthcare can be virtually impossible to navigate. This often means they end up attending an emergency department (ED), when they don't really need to be there, or sadly, simply not accessing healthcare at all. Our Trust delivers outreach nursing care to those who need it as part of the Somerset Homeless Health Service.
- A self-referral service for those experiencing postmenopausal bleeding, which can be a symptom of womb cancer. The transformed service has reduced workload for GP colleagues; enables patients to be seen in a variety of our community hospitals; and has had a dramatic effect on our waiting times. Before we introduced the service, the average time from presentation to a diagnosis was in excess of 60 days, with only 29% of patients receiving a diagnosis within the national Faster Diagnosis standard of 28 days. The service launched in September 2023 and performance against the standard is now 83% for February 2024 (the national target is 75%). Historically patients on a suspected womb cancer pathway would attend 3 appointments taking 63 days on average. Now patients attend only 1 appointment, on average taking 4 days from self-referral.
- The use of different techniques to deliver a variety of surgical procedures as day cases thereby improving access to services and driving down waiting times and improving patients' recovery and experience. Examples of these include performing a laparoscopic hysterectomy and vaginal hysterectomy as day cases, treatment for small bladder cancer tumours as a day case, and use of an endoscopic spinal surgical system which means many more patients can leave hospital on the same day as their spinal surgery with very little physiotherapy or follow-up care needed.
- Development of a variety of new services to support our patients. Examples of this are:
 - our Transcranial Magnetic Stimulation treatment – also known as rTMS – which is used to treat people with depression that haven't responded well to other medical treatment, such as antidepressants;
 - our team of nurse specialists who are providing support for patients being cared for at Musgrove Park Hospital who have struggles with alcohol;
 - a new service within our learning disabilities specialist team to help ensure that patients with a learning disability get the same level of access to cancer care as everyone else – something that traditionally hasn't been the case across the country; and

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- a new service in Somerset to give children under the age of four-years-old, who are living with severe obesity, and their families, access to specialist compassionate support.

As chair of our Trust, I have also been very concerned to ensure that we continue to renew and upgrade our infrastructure to meet current and developing healthcare needs. Work has begun on a new stand-alone community diagnostic centre adjacent to Yeovil District Hospital (YDH) to match the very successful and ground-breaking one opened some years ago in Taunton; the new centre will operate 7 days per week and will provide more than 70,000 diagnostic tests and outpatient appointments a year. We opened a new £5 million day case theatre at YDH, and work is continuing on a new ward and fifth operating theatre and refurbishment of theatres at the hospital. At Musgrove Park Hospital (MPH), work continues apace on our £87 million surgical centre which will replace the current hospital theatres and critical care unit, which were built during the Second World War as part of a temporary casualty evacuation hospital for the D-Day landings.

We have long flagged the critical need for a complete rebuild of our women's and children's facilities at MPH, which again date back to the 1940s, and are not of the modern standard which the people of Somerset and our colleagues deserve. I am pleased that this remains part of the government's national New Hospitals Programme. Equally critical is the need for a new digital Integrated Health Record to replace our current plethora of separate systems and enable us to reap the full benefits of our recent mergers. We are progressing a business case in association with NHS trusts in Dorset.

We were inspected by the Care Quality Commission in 2023/24, specifically focussed on the Trust's maternity services. This inspection illustrated that we had fallen short of the standards we expected to be delivering and we want to say sorry to our families that use these services and to our hard-working colleagues. Since these inspections we have made significant changes and will continue to do so. More information on our actions is provided within this report.

Alongside this, the Care Quality Commission's inspection of the Trust's Children and Adolescent Mental Health Services highlighted how investment in early intervention can significantly improve outcomes for children and young people. The inspection found outstanding practice relating to the Trust's specialist community teams, which had implemented a number of strategies to decrease their wait times.

One of the biggest privileges of being chair of Somerset NHS Foundation Trust, is meeting and working alongside 13,000 dedicated colleagues. NHS Staff Surveys and similar metrics along with Leadership Quality Walkarounds are important guides to how our colleagues are coping and feeling. The 2023/24 Staff Survey results covering the post-merger period surpassed the already strong results from our separate organisations in 2022/23. Teams and leaders are looking at these results closely to see where we can spread learning, and where we can improve.

We are privileged to touch the lives of thousands of people every day, and we enjoy incredible support from partners, charities, governors, patients, and experts by experience. This year we have seen work begin on our new Breast Cancer Unit at



Yeovil District Hospital that has come about because of the incredible fundraising efforts of the Yeovil Hospital Charity and its many passionate supporters. Similarly, we benefit hugely from the support of our independent Leagues of Friends at each of our various hospitals, who have enabled the Trust to provide new state-of-the-art treatment and services, including becoming the first in the south west to offer patients a new state-of-the-art treatment for an enlarged prostate on the NHS. Without such support from charities, third sector partners and individuals, the health and social care system in Somerset would be hard pressed to cope.

I thank you all, colleagues, partners, and friends, for the support and comradeship which you have provided in so many ways and over so many years.

With best wishes

Colin Drummond OBE DL
Chair



2. PERFORMANCE REPORT

The purpose of this performance report and overview is to give the reader a short summary about Somerset NHS Foundation Trust (the Trust), that provides them with sufficient information to understand the organisation, its purpose, the key risks to the achievement of its objectives and how it has performed during the year.

History of Somerset NHS Foundation Trust and its Statutory Background

In April 2020, Somerset Partnership NHS Foundation Trust (SPFT) and Taunton and Somerset NHS Foundation Trust (TST) merged to create the legacy Somerset NHS Foundation Trust, which was the first Trust in mainland England to provide integrated community, mental health, and acute hospital services. Subsequently, on 1 April 2023, the current Somerset NHS Foundation Trust was formed when legacy Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust (YDHFT) merged.

The merger between the legacy Somerset NHS Foundation Trust and YDHFT was in response to the recognition that no individual organisation in Somerset had what it would take to respond to the challenges alone. The merger brought together our skills, knowledge and resources in health together with those of our colleagues in social care, education, housing and the voluntary sector to tackle health inequalities and to enable our communities to thrive.

The journey towards merging both YDHFT and the legacy Somerset NHS Foundation Trust started in May 2020, where both Trusts signed a Memorandum of Understanding (MoU) in which the Trusts committed to work together for the benefit of the Somerset population by aligning the Trusts' strategic goals and operational activities. The Trusts signed the MoU to improve services for patients, but it was not intended to be a permanent position. Moving towards acting as one Trust, but legally being two separate organisations, carries cost and time inefficiencies which were hard to justify in the long-term. There was also a risk of lack of clarity around accountabilities as we continued to integrate and blur some organisational boundaries.

Following directly from this greater collaborative working, the Trust Boards explored options for the future. This included using an agreed selection criteria leading to three shortlisted options. Independent support was sought from Deloitte LLP, resulting in the conclusion that neither a Partnership Board nor a Strategic Group Board model would deliver the sustainable system change that Somerset needs; and that a single leadership team and Board would be the most effective mechanism for realising the significant benefits to be had from closer collaboration. The Trust Boards therefore concluded that formally bringing the two organisations together was the preferred model.

The merger brings together all of Somerset's NHS acute, community, mental health and learning disability services, and around a fifth of primary care into a single NHS Foundation Trust. Our plans were developed closely with our Somerset system partners. The merged Trust is now in a unique position to provide genuinely integrated mental and physical health care, spanning whole patient pathways.



Purpose and Activities of the Trust

Somerset NHS Foundation Trust provides a wide range of services for the whole of Somerset, as well as parts of North and West Dorset. We work with health and social care partners in Somerset to ensure that we deliver outstanding services that meet the needs of our population. The Trust's general services are commissioned by the local Integrated Care Boards while specialist services are nationally commissioned.

The Trust provides acute services from Musgrove Park Hospital (MPH) in Taunton, which has around 700 inpatient beds, and Yeovil District Hospital (YDH) in Yeovil, which has around 330 beds. We also operate 13 community hospitals (with over 220 beds), providing inpatient, outpatient and diagnostic services, six Urgent Treatment Centres and one Minor Injuries Unit.

The Community Dental Service provides dental care to a caseload of over 5,700 patients across Somerset and Dorset. In addition, children with high dental needs attend the service for a single course of treatment which often includes inhalation sedation or general anaesthetic. The service has made good progress in reducing waiting times in Dorset and in both counties for adults and children needing general anaesthetic for their dental treatment.

Somerset NHS Foundation Trust's community services are wide-ranging and include district nursing, stroke services, podiatry, physiotherapy, acute home treatment for frailty and respiratory care, and diabetic eye screening. These services are provided in a range of settings including community team facilities, GP surgeries, local clinics, and patients' homes.

Somerset NHS Foundation Trust provides mental health inpatient services and specialist healthcare for adults with learning disabilities from ten mental health wards across four sites. Its community mental health services include Talking Therapies, Early Intervention in Psychosis, a community eating disorder service, and services for patients with autism and personality disorder. The Trust is also an early implementer of the new model of community mental health services called Open Mental Health. The Trust was named Mental Health Trust of the year at the 2021 Health Service Journal awards.

Somerset NHS Foundation Trust cares for some people from neighbouring counties who live close to the county border, including people from across north Somerset, north and west Dorset, Devon, Bristol, Bath & North East Somerset (BANES), Wiltshire, Swindon, and South Gloucestershire.

We are privileged to work with over 15,000 substantive and bank colleagues who deliver or support our patient services. From therapists to nurses, doctors, researchers, scientists, porters, cleaners, kitchen staff, accountants, those who teach the next generation of clinicians and the receptionists who welcome our patients, the contribution of all of our colleagues is invaluable.

In addition to providing a wide range of patient services, we also contribute to training the next generation of nurses, doctors and therapists and conduct research that will help to advance clinical practice and treatments in the future.

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Map of key Somerset Healthcare Sites



Some key facts about the Trust and our services

Urgent, Emergency and Elective care

Emergency Attendances	155,080
Non elective and emergency care spells	72,323
Outpatient attendances (inc via telehealth)	707,686
Elective spells, inc day surgery	74,883
Minor Injury Unit attendances	114,574
Inpatient beds	1,081
Theatres	27

Dental

Number of Locations	Somerset	4
	Dorset	3
Number of appointments	Somerset	10,352
	Dorset	12,195

Somerset NHS Foundation Trust
 CQC Rated as Good
 Contracted employees 14,715
 Bank employees 2,752
 Total 17,467

Community services

Open Community Hospitals (ALL the community hospitals are open. Three have no inpatient services currently.)	10
Total Beds (at 31 March 2024)	204
Community Health Admissions	1,720
Clinic Attendances at Community Hospitals	173,892
Clinic Attendances in non-Hospital settings	569,662
Virtual Attendances	65,230

Mental health and learning disability services

Mental Health Wards	10
Mental Health Admissions	505
Outpatient Appointments	
Somerset Patients	338,241
Non-Somerset Patients	8,534
Total	346,775



Statement from the Chief Executive on performance over the period

This is the first year where Somerset NHS Foundation Trust provided the whole range of provider services within one organisation and like other NHS providers across England, we saw continued growth in activity within all of our hospitals and services. We faced inevitable operational challenges as we have sought to balance the needs of those who require urgent care and those who have been waiting for planned treatment, as well as those who are treated in our community and mental health services.

As we have tackled these challenges, we have worked to integrate services following our merger to streamline patient pathways and reduce time wasted for patients and service users. Alongside managing and responding to these operational challenges, we have also focussed on ensuring that both our organisation, and our facilities, are best placed to support our services and colleagues to succeed in the future.

Whilst it is a challenging time in the NHS, we are proud of what we have achieved as an organisation, although we do recognise that there is more to do to be the best possible organisation that our patients, service users and colleagues deserve.

Towards the latter end of the financial year, the Trust was inspected by the Care Quality Commission, which focussed on the maternity services provided within Musgrove Park Hospital, Yeovil Hospital and the Mary Stanley midwife-led unit at Bridgwater Community Hospital. The reports illustrate that we have fallen short of the standards we expected to be delivering and we want to say sorry to our families that use these services and to our hard-working colleagues.

As an organisation, we are committed to improving so that we can provide an excellent service that supports women, birthing people, and families in Somerset. We have made significant changes since the inspection and will continue to do so. Further information on the inspection reports and actions taken can be found on page 48-50.

During the year, we saw a significant impact of industrial action which caused disruption to both teams and our patients. This reduced the number of elective operations and outpatient appointments which took place, although significant efforts were made to minimise the impact on both urgent and long waiting patients. However, it did limit our ability to treat the longest-waiting patients during the defined periods of action, but also in aggregate across the year.

From a financial perspective, the Trust delivered a small surplus against our planned breakeven position. Capital investment in infrastructure and equipment has helped to ensure the Trust has the buildings, equipment, and IT to continue to deliver high quality safe services for its patients. The delivery of the financial plan becomes increasingly more challenging as demand continues to increase on us and our public sector partners.

Strategic Context

Somerset is a largely rural county with a population of circa 572,000. In recent years, the Somerset population has continued to grow in size, with an ageing demographic.



Nationally, the proportion of older people aged above 75 with a long-term condition has risen, and their needs are likely to become more complex, leading to increase demand for NHS services. In the next 25 years, in England, the number of people older than 85 will double to 2.6million.¹

While smoking rates in Somerset are decreasing; diabetes, obesity, dementia, and mental health issues are on the rise. Faced with these challenges, as well as those from Covid-19, the case could not be clearer for joining up and integrating care around people rather than around traditional institutional silos.

The geography of Somerset and the surrounding areas, and the local population demographics presents challenges for the provision of health services. There is an increase body of evidence around the challenges of providing health services to people living in rural areas and coastal communities.

We are struggling, like the rest of the NHS, with the impact of chronic nationwide workforce shortages, and this situation is exacerbated by local demographics as Somerset has proportionately fewer people of working age than other parts of the country. Many of our staff go above and beyond on a daily basis to do the best for patients, but the current position in some services is unsustainable, both for individual colleagues and our organisations.

In common with the experience across England, and partly stemming from the Covid-19 pandemic, we have seen collaboration across health and social care take place at a pace and scale previously unimaginable. The pandemic accelerated collaborative working in Somerset, enabling us to deliver care to those in need while at the same time radically changing ways of working, tackling local bureaucracy and becoming more integrated.

Benefits arising from the merger between legacy Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust

As outlined in the history of the Trust above, the journey towards merging the Trust started in May 2020, with the two Trusts committing to work together for the benefit of the Somerset population. Merger has enabled us to build a stronger, more resilient organisation that provides an environment where colleagues can thrive, develop their careers, and are enabled to do the best job they can. Our People Strategy sets out how we do this in a way that enables us to retain the talent we have and recruit the best people to come and work in Somerset.

The key benefits of merger are summarised in the table below. In line with our clinical strategy, we considered patient benefits in terms of time – both maximising years of healthy life and making time in healthcare count. Merger has offered us significant scope to deliver benefits for patients and it has helped us tackle our workforce issues, which in turn helps to drive high quality patient care.

¹ Raymond A, Bazeer N, Barclay C, Krelle H, Idriss O, Tallack C, Kelly E. Our ageing population: how ageing affects health and care need in England. The Health Foundation; 2021 (<https://doi.org/10.37829/HF-2021-RC16>).



The Trust has completed a one-year review of the merger which is available on the Trust's public website.

Benefits
<p data-bbox="181 371 312 405">Patients</p> <p data-bbox="181 445 1034 479">More time in good health (from better health outcomes)</p> <ul data-bbox="181 483 1386 1003" style="list-style-type: none">• Earlier intervention meaning illness is less likely to escalate to crisis or emergency.• Quicker access to diagnosis and treatment, including specialist care• Improved access to holistic care which meets both physical and mental health needs.• Improved patient safety from simpler, quicker pathways and shared patient record systems.• Better health outcomes as colleagues see wider range of clinical cases, share knowledge & best practice.• Unwarranted variation reduced through consistent county-wide pathways.• Ready access to patients' full clinical history via shared IT systems which increases patient safety and good clinical outcomes.• Equity of care across the county from consistent approach.• Improved patient experience from streamlined pathways, and in some cases less travel for care. <p data-bbox="181 1048 1249 1081">Making every minute count (by eliminating wasted time in healthcare)</p> <ul data-bbox="181 1086 1386 1413" style="list-style-type: none">• Effective use of spare diagnostic and treatment capacity wherever it exists in the county.• Eliminating wasteful steps in pathways, including duplicate investigations or steps without clinical value.• Smoother transfer between acute, community and mental health settings when all are run by the same Trust.• More care closer to home (in community settings) which increases patient choice and reduces patient travel time & inconvenience.•
<p data-bbox="181 1424 357 1458">Colleagues</p> <ul data-bbox="181 1503 1355 1727" style="list-style-type: none">• Improved wellbeing and motivation from more resilient services.• Increased job satisfaction from broader career opportunities.• Colleagues freed up for front line care by efficiencies deriving from streamlined pathways, shared IT systems, and removal of duplicate tasks.<ul data-bbox="233 1653 1318 1727" style="list-style-type: none">• Greater colleague capacity to implement transformational changes which benefit patients.
<p data-bbox="181 1765 421 1798">Trust & System</p> <ul data-bbox="181 1843 1278 2024" style="list-style-type: none">• Improved recruitment & retention from improved staff offer.• Fragile services placed on a more sustainable footing.• Better able to respond to rising demand.• Easier to redirect resources to services or parts of a pathway where most needed.

- Better placed to work with partners to implement new care models which are more responsive, and less bureaucratic & costly.
- Easier to integrate with the work of partners when we are one organisation.
- Better able to implement population health management and tackle health inequalities.
- Creates further opportunities to align functions and services in Somerset.

The Somerset healthcare system

Our system benefits from strong working relationships between health, social care and voluntary sector partners based on a culture of openness, support and constructive challenge.

Integrated Care Systems (ICS) grew out of Sustainability and Transformation Partnerships (STPs), which were local partnerships formed in 2016 to develop long-term plans for the future of health and care services in their area. ICSs became legal entities on 1 July 2022 as part of the Health and Care Act 2022 and includes a statutory Integrated Care Partnership (ICP), and a new NHS body called the Integrated Care Board (ICB).

An ICS brings together the NHS organisations, councils, and wider partners in a defined geographical area to deliver more joined up approaches to improving health and care outcomes. They are designed to remove barriers between organisations to deliver better, more joined up care for local communities. ICS partners share a common vision to improve health and care, backed by robust operational and financial plans, collective leadership, and accountability. Collaborating as ICSs will help health and care organisations tackle complex challenges.



For several years in Somerset, prior to the formal establishment of ICSs, we had been working in an integrated and collaborative way.



There is recognition of the growing challenges across the health and care system and the need to ensure that the various parts of the system work more closely together. Successful integration of patient pathways requires close collaborative working between all providers, including primary and social care, neighbouring trusts, other public sector organisations and the voluntary sector.

As a Provider, Somerset NHS Foundation Trust has had an active and strong leadership role to play in system and place-based partnerships, provider collaboratives, and the wider health and care system in England. This includes collaborating with system partners and local authorities to transform care and manage system performance and was clearly a key driver of the decision to merge the two previous providers in Somerset.

We have a strong track record of consistently engaging in shared planning and decision making through leaders participating with appropriate authority within the Somerset system. One example of the collaborative working is that the first five organisational objectives for the merged Trust replicate the five health and care aims as agreed at system level.

The Trust takes collective responsibility with our system partners for the delivery of services, which includes the management of risk across the whole Somerset system rather than focussing solely on the risks within the organisation. This in turn enables improvements to care and quality across pathways and services. The Trust is committed to recognise the need for sufficient resources and ensuring that digital and data systems enable this shared planning and decision making.

With respect to planning, the Trust ensures that its organisational plans integrate with the wider Somerset system plan and annual capital plans, agreeing areas of focus for service delivery and estates improvements. This includes the duty on local resource usage not exceeding the limit set by NHS England.

Summary of the Principal Risks faced and how these have affected the delivery of objectives

During the year the most significant risks (managed in year) were:

- **Staffing Pressures** - The Trust has continued to identify risks in a number of services around staffing pressures arising from vacancies, sickness absence and increasing levels of demand. This has led to the temporary closure or reduction of some services specifically within community hospital services and ongoing pressures within our acute hospital wards. We have a recruitment and retention strategy in place to attempt to mitigate these pressures, which are felt across the whole NHS.
- **Finance** - The system-wide risks in relation to the financial position have been significant during the year as we continue to recover from the pandemic, making headway in reducing waiting lists. We are working with partners across the system to improve our financial position and deliver more efficient and effective services within budget.



- **Waiting Times** – During the year we have continued to struggle to meet national waiting time targets, similar to trusts across the country. The restoration and managing the resultant backlog continues to be a key focus, and the Trust has an elective recovery plan with clear targets to reduce waiting times and eliminate exceptionally long waits. This has however been impacted by the level of industrial action that has taken place during 2023/24.
- **Discharge pressures** – We continue to face difficulties in discharging patients, particularly into social care settings, or back home where care packages are required. We work closely with partners from the Council and other organisations to facilitate easier discharge, and our specialist teams have put together pathways which further enhance our ability to help patients get out of hospital. But demand on our own and others’ services continues to rise.
- **Our ageing estate** – We have continued to try to improve our ageing estate, particularly on the Musgrove Park Hospital site where some of our buildings date from the 1940s and are expensive to maintain as well as no longer fit for purpose. This year has seen significant progress on our new Surgical Centre, which will replace theatres from the 1970s and some of our oldest buildings. This major project will continue in 2024/25 as the latest in our multi-phase “Musgrove 2030” plan to create a transformed, modern hospital site. On the Yeovil District Hospital site, significant progress has been made on developing the site, with the ongoing construction of the Ambulatory Breast Unit, a new theatre suite and modular ward. In addition, work has commenced in February 2024 on the Yeovil Diagnostic Centre, which will deliver over 70,000 diagnostic tests and outpatient appointments every year.

As described in this Annual Report, the NHS has continued to experience significant challenges, both in relation to increasing demand for services, staff sickness and absence, and those challenges directly associated with ensuring safe patient care whilst maintaining infection control policies and protocols.

The impact of Covid-19 continues to be felt with a number of reconfigurations and requirements still in place in order to care for patients and maintain safe pathways for patients attending. In more recent times, the continued growth in demand, coupled with staff shortages, through either absence or the recent industrial action, has meant the recovery of elective services has been further challenged. The Trust has also observed an increase in the acuity of patients attending the hospital as a potential consequence of de-conditioning during the pandemic and challenges in accessing patient care.

In addition to these overarching risks and issues, the Trust recognises a number of principal risks to the organisation, as monitored by the Board Assurance Framework. The Board Assurance Framework identifies which of the strategic objectives may be at risk because of inadequacies in the operation of controls, or where the Trust has insufficient assurance that the actions and mitigations will deliver the objectives. At the same time, it encompasses the control of risk, provides structured assurances about where risks are being managed and ensures that objectives are being delivered.

The highest risks identified across the objectives are:

- workforce shortages.
- core numbers of junior and consultant medical workforce.



- access to primary care / increasing emergency department demand.
- lack of pace of system-wide changes to address deficit.
- insufficient capacity to meet demand.

The current level of activity being faced by the Trusts across all their services continues to impact significantly the steps to deliver all objectives and mitigate the risks. Recent Board and system-level discussions on the pressures in primary care, social care and other providers and their impact on the Trusts' achievements of our clinical and corporate objectives continue to be reviewed. The recent Care Quality Commission inspections have also highlighted areas where improvements are required, and more information can be found on the Trust's response within this report.

Our Vision, Strategy, Values and Behaviours

As a merged Trust, we have developed a vision, values and strategies that built upon the previous organisations' visions and reflects the integrated services which the merged Trust provides, and our commitment to focus on the health of the population we serve. This vision is supported by shared values that we developed following a widespread consultation exercise with colleagues from both organisations ahead of merger.

Our vision and vision for the merged Trust focusses on supporting our colleagues to delivery outstanding and integrated care.

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

Vision

Thriving Colleagues, Integrated Care, Healthier People

We will deliver this mission and vision via our single organisation strategy, which has the following eight objectives:

1. Improve the health and wellbeing of the population.
2. Provide the best care and support to people.
3. Strengthen care and support in local communities.
4. Reduce inequalities.
5. Respond well to complex needs.
6. Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture.
7. Live within our means and use our resources wisely.



8. Develop a high-performing organisation delivering the vision of the Trust.

Our clinical strategy is core to the delivery of our vision, and the first five objectives of the organisation strategy replicate the five health and care aims which have been agreed at system level. These clinical aims sit alongside our strategic financial and people objectives and with our people strategy and finance strategy as our core three strategies. The final objective describes the type of organisation we want to be, linked to the delivery of our vision and values.

We know that we cannot deliver the five system clinical health and care aims on our own, so effective working with our partners in Somerset and beyond will be key to our success. The remaining enablers, which are all internal, will be supported by the following strategies:

- **Green Plan:** our actions to deliver our target of being a net zero carbon Trust by 2040.
- **Digital strategy:** how we will provide digital services that drive excellent support and care, communication, information, and improved efficiency.
- **Estates strategy:** how we will make best use of our combined estate to support the delivery of safe, effective, high-quality care.
- **Quality strategy:** how we will ensure patient safety, learning and good clinical governance in the merged Trust.
- **Communications and engagement strategy:** how we will engage, inform and involve our stakeholders in our work.

Our Values

With the support of a specialist independent consultant, A Kind Life, we developed a joint set of values and behaviours which help us deliver our vision. These values provide a common set of expectations for how we deliver care and work together in pursuit of our vision. They guide colleagues and help inform the continuously developing culture of the Trust.

Respect		
Honesty	I will... make it safe and easy for people to speak up about issues, give kind and fair feedback, and be open to receiving it too	I won't... criticise people for mistakes, stay silent when needing to speak up, be closed to feedback about myself
Integrity	I will... set and deliver high standards, adhere to follow agreed, evidence-based practice, professional, ambitious, try to do the right thing, put patients first	I won't... accept low standards, 'walk past' issues when I see them, come across as 'too busy' or often be late, unprofessional, fail to adhere to agreed, evidence-based practice
Equity	I will... embrace others' strengths, value different	I won't... dismiss others' views, experiences or backgrounds,



	backgrounds, cultures and stories, include others, advocate for equity and diversity in the organisation	ignore if you see someone being treated differently because of their background
Civility	I will... be polite approachable and welcoming to everyone, challenge each other respectfully, be considerate of others	I won't... belittle or dismiss others, be rude, uncivil, or use an abrupt tone of voice, undermine or bully others, be reactive to others or ignore others
Kindness		
Compassion	I will... treat people as valued individuals, protect their dignity and privacy with compassion, be patient, understanding, self aware, patient	I won't... be indifferent to others struggles, or dismissive of their feelings, stories or journeys, make mean comments or be unkind
Positivity	I will... be optimistic, bring a positive, 'can-do' attitude, bring a smile, welcome change, be hopeful about what is possible, act with courage	I won't... focus on problems rather than solutions, moan, be negative or complain without acting to solve or improve the situation, avoid challenges and growth opportunities
Understanding	I will... put myself in other people's shoes, act with empathy; take the time to understand others' concerns, be self aware; be authentic, calm	I won't... refuse to see things from other people's perspectives, or consider what might be going on for other people
Appreciation	I will... notice the little things other people do to make a difference and give ABC appreciation so that they feel valued, celebrate success	I won't... ignore it when people do great things or 'take the credit' for others' achievements, only give negative feedback without appreciating what is going well
Teamwork		
Support	I will... be attentive to other people's needs and feelings, reliable, offer help, do what I say I will, encourage others and help them take responsibility	I won't... avoid helping when I see someone in need, make people feel 'a burden', have a 'not my patient / job' attitude
Collaboration	I will... work together, seek opportunities to share, ask for ideas and input, seek cross team and service input, involve and encourage others, communicate clearly	I won't... work in 'silos', not seek out opportunities to work with or share learning with other teams, services or divisions, isolate or exclude others
Listening	I will... listen with curiosity and empathy, giving people time to speak, welcome different views, seek out information	I won't... dismiss others' views or ideas without giving them a chance to explain, talk over people as if they aren't there, ignore concerns,



		dictate, interrupt, lecture or argue
Trust	I will... be open and transparent when communicating, building trusting relationships with colleagues, reassuring	I won't... be 'economical with the truth', make no effort to share information, withhold information others need, or leave them 'in the dark'

Equality of service delivery

As a public sector organisation, there is a statutory requirement to ensure that equality, diversity and human rights are embedded into all functions and activities as per the Equality Act 2010, the Human Rights Act 1998 and the NHS Constitution. In all aspects of our business, we will have due regard to the need to working towards achieving the general duties set out in the act:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share protected characteristics and those who do not.

This means that the Trust should:

- Work towards removing or minimising disadvantages suffered by people due to their protected characteristics.
- Take steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encourage people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

As a Trust, we are committed to equality of opportunity and equity of opportunity in the provision of services. In line with our strategic objectives and values, we aim to create the best possible quality of care by delivering the highest quality service to all sections of the community that we serve without discrimination. One of the Trust's strategic objectives, Reduce Inequalities, is directly responsible for monitoring the position. A key action that is being taken is the development and incorporation of deprivation and exclusion markers into Trust data. Alongside this, the Trust is reviewing and taking action on the recently published NHS England Statement of Information on Health Inequalities to meet provider actions. This piece of work is being completed in conjunction with the Somerset Integrated Care Board.

As a single provider that provides the comprehensive range of services for the people we serve, we need to ensure that these have and are continued to be developed to meet a variety of needs. We seek to ensure that in delivering these services they are provided in a fair and equitable manner. We want our services to be accessible and useful to everyone, regardless of age, disability, gender, race, national origin, sexuality or any other factors which may cause disadvantage or inequity. We will not tolerate any



practices that result in the provision of a lower standard of service to any group or individual because of unfair or unlawful discrimination.

The Trust will be working closely with the Somerset Integrated Care System, including with public health colleagues and local communities, to look at specific interventions that may be required. In particular, the system will tackle specific inequalities for people with serious mental illness, people with a learning disability and/or autistic people, such as lower life expectancy, higher levels of smoking, alcohol use, obesity, and increased risk for other physical health problems.

During 2023/24 we focused particularly on those in our population with severe mental illness and our 'stolen years' flagship programme which seeks to support people with severe mental illness (SMI) who struggle to live independently, are at greater risk of developing health problems and are less equipped to recognise when and how to respond to worsening signs. We know that people living with severe mental illness have higher rates of cardiovascular disease, diabetes, lung conditions and obesity. Our work this year has looked to:

- Expedite access to elective care for those with severe mental illness, learning disabilities and those people living in the most socially deprived areas of the county.
- Improve access to physical health checks for those people currently open to our mental health.
- Improve access to talking therapies.
- Improve access to tobacco reduction programmes.

In 2024/25, we are looking to expand our stolen years programme to wider areas of inequality across the county.

Achievements, Celebrations and Anniversaries within 2023/24

Staff Survey Results

The 2023 Staff Survey was completed throughout October and November. The survey provides feedback on the nine elements and themes of the NHSE People Promise, with Somerset NHS Foundation Trust scoring higher than the average results in all nine elements and themes. Further information on the staff survey can be found within the People Report from page 92.

Total hip replacement day case procedure wins Health Service Journal Partnership award

A total hip replacement procedure, that can now be done without the patient needing an overnight hospital stay, won the prestigious Health Service Journal Partnership Award.

The procedure has been available at both acute hospitals for almost two years, where it's performed by each hospitals' respective trauma and orthopaedic teams. It means a patient is assessed, operated on, and discharged from hospital on the same day, back to their home environment to continue their rehabilitation and recovery. It took home

first prize at the prestigious national HSJ Partnership Awards in the 'Best Elective Care Recovery Initiative' category, alongside Johnson & Johnson MedTech, who partnered with the hospitals to deliver this solution to optimise hospital productivity.



Colleagues celebrate award of MBE to Associate Director

In February 2024, our Associate Director for International Recruitment, Trish Spruce, was awarded an MBE by Prince William.

Trish was given the honour in a ceremony at Windsor Castle for her outstanding services to the NHS, particularly around recruiting international medics to the NHS.



"I'm so incredibly proud and humbled to have been awarded an MBE, and it's a true testament to the amazing work of our whole team. I see myself as just one small cog in the journey of our overseas colleagues, so I'm really proud that my small part has been recognised in this way."

Development of the new Yeovil Diagnostic Centre



Building work for the new diagnostic centre in Yeovil, announced by NHS England last summer, began in February 2024. The modern, state-of-the-art, centre, which is planned to open in winter 2024, will sit adjacent to Yeovil Hospital and will deliver over 70,000 diagnostic tests and outpatient appointments every year. It will benefit not only our patients in Somerset, but also those in north west Dorset,

who will receive quicker diagnostic tests thanks to the additional capacity the centre will provide.

Award winning service helps patients with late effects from radiotherapy



Patients treated for cancer in Somerset are benefitting from an award-winning clinical service that provides continued support in the months and years after radiotherapy treatment. The Macmillan Radiotherapy Late Effects service provides specialist advice, support and management for people who are experiencing ongoing effects from radiotherapy.

The service was initially pioneered at Musgrove Park Hospital in 2014 but has since grown to offer clinics at Yeovil District Hospital and Bridgwater Community Hospital. The support provided by the service ranges from lifestyle changes and self-management, through to prescribing medications, and referrals to specialist regional and national services. This work was recognised with a prestigious Macmillan Professionals Award for Innovation Excellence in November 2023.

Burnham and Berrow Medical Centre achieves 'Good' CQC rating

Healthcare services at Burnham and Berrow Medical Centre, part of Symphony Healthcare Services, was rated 'Good' in all elements (safe, effective, caring, responsive to people's needs and well-led) following an announced comprehensive Care Quality Commission (CQC) inspection on 13 September 2023. The inspection report sets out the significant improvements that have been made since the previous inspection in November 2022, and the inspection report of January 2023, when urgent conditions were applied to the practice after it was rated inadequate overall.

Top award for our interventional radiology team

Colleagues in our interventional radiology team are celebrating the award of ‘Exemplar Status’ by leading figures in the profession. The British Society of Interventional Radiology (BSIR), a charitable foundation that aims to promote and develop the practice, has named the trust as an exemplar for our “excellence in service provision”.

Interventional radiology is a specialty that uses imaging in the form of ultrasound, fluoroscopy or CT, to guide doctors so they can perform a range of minimally invasive surgical procedures. Musgrove Park Hospital is the home of interventional radiology in Somerset, and we also provide treatment for patients under the care of North Devon District Hospital.



Group Entities

Somerset NHS Foundation Trust has a number of joint ventures and subsidiary companies. Joint ventures are separate entities over which the Trust has joint control with one or more other parties. The meaning of control is where the Trust has the power to exercise control or a dominant influence so as to gain economic or other benefits.

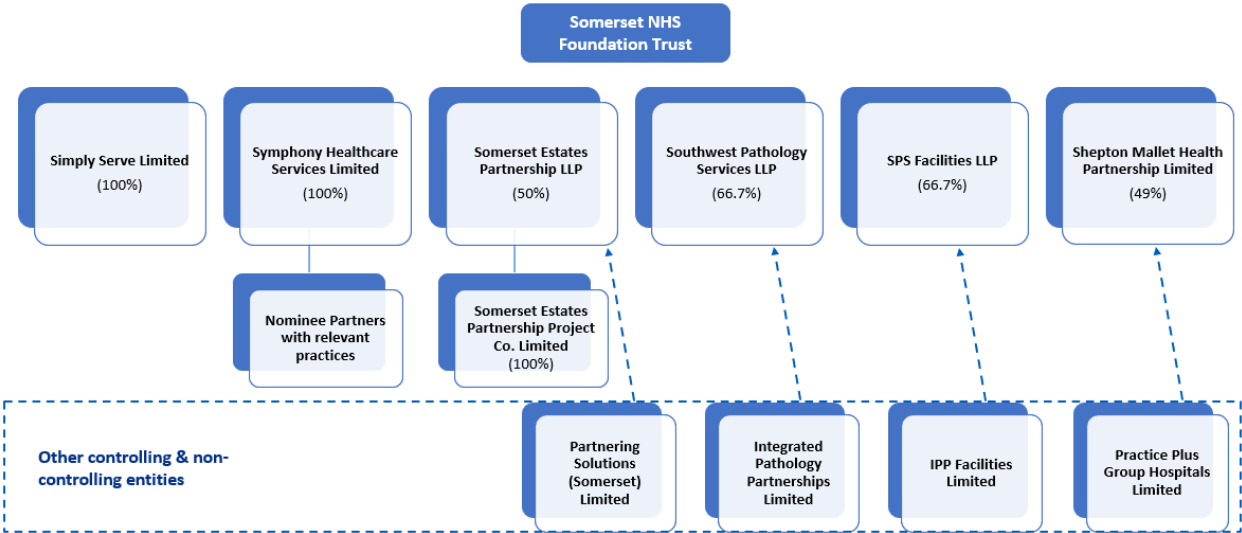
During 2023/24, Somerset NHS Foundation Trust owned or had shares in the following subsidiary companies:

- Simply Serve Limited (100%)
- Symphony Healthcare Services Limited (100%)

Somerset NHS Foundation Trust owns a proportion of the following joint ventures and associates:

- Southwest Pathology Services LLP (66.7%)
- SPS Facilities LLP (66.7%)
- Somerset Estates Partnership LLP (50%)
- Shepton Mallet Health Partnership Limited (49%)

The group structure (as of 31 March 2024) can be seen below:



Simply Serve Limited: The Trust’s wholly owned estates and facilities management company, Simply Serve Limited, commenced operations in February 2018. Simply Serve Limited was created to ensure that the Trust is able to develop cost effective services together with enhancing the ability to recruit and retain key staff groups for Yeovil District Hospital. The company protects existing jobs, creates new employment opportunities in the local community and ensures the continued quality provision of crucial hospital services. The Trust considers that Simply Serve Limited and all members of staff employed are very much a part of the Somerset NHS Foundation Trust group and the values, culture and objectives for the company and the Trust are closely aligned. The company provides an operated healthcare facility service to Yeovil District Hospital in addition to providing services other clients.

Simply Serve Limited’s overall performance has grown in strength with most key service metrics showing strong performance and financial position. The organisation has provided vital support to Yeovil Hospital in its response to the continued demands on the NHS. The Company has also expanded its customer base providing medical supplies, maintenance, compliance and cleaning services to other customers.

During the year, Simply Serve Limited retained its accredited service status from the Royal College of Physicians JAG accreditation for its endoscopy decontamination service and maintained ISO 13485 for processing Sterile Instrument sets on behalf of the Trust.

In previous years, Simply Serve Limited achieved accreditation for both BS EN ISO 9001 - 2015 and BS EN ISO 14001 - 2015. This is an accredited decontamination certification as meeting the requirements of EU Directive 93/42/EEC. The ISO certification allows it to provide a sterilisation and decontamination service to healthcare providers in both public and private sectors as well as Electro Medical Engineering (EME) who have already obtained the 9001 Quality Standard. All other necessary accreditation for the performance of high quality, effective services has been achieved and maintained.

Symphony Healthcare Services Limited: Symphony Healthcare Services was established following the national Vanguard programme which was designed to stabilise primary care as well as being the vehicle through which new models of care can be delivered.

Following establishment in April 2016, the organisation has continued to develop over the last seven years and now provides primary care services to approximately 134,000 patients. During 2023/24, Symphony Healthcare Services integrated Burnham & Berrow Medical Centre. Prior to integration, Symphony Healthcare Services provided management support services to the practice following it's 'Inadequate' CQC rating. Within less than a year, Symphony Healthcare Services has enabled the surgery to achieve a 'Good' CQC rating and the surgery continues to make improvements for its patient population.

Practice	Integration	Merged	List Size: March 2024
Buttercross Health Centre	07/04/16	1 July 18	7,797
The Ilchester Surgery	07/04/16		
Yeovil Health Centre	07/04/16	1 Sept 17	11,144
Oaklands Surgery	01/08/17		
Highbridge Medical Centre	01/04/17	1 July 18	12,574
Crewkerne Medical Centre	01/07/17		
West One Surgery	01/07/18	Pre-integration	10,641
Wincanton Health Centre	01/10/17		
Hamdon Medical Centre	01/05/18	Pre-integration	10,641
The Meadows Surgery	01/11/18		
Martock Surgery	01/12/18	Pre-integration	10,641
South Petherton Medical Centre	01/12/18		
Bruton Surgery	01/02/19	Pre-integration	10,641
Exmoor Medical Centre	01/04/20		
Ryalls Park Medical Centre	01/04/21	Pre-integration	10,641
Lyn Health Centre	01/07/21		
Creech Medical Centre	01/10/21	Pre-integration	10,641



Lister House Surgery	01/10/21		6,825
North Petherton Surgery	01/10/21		7,167
Warwick House Medical Centre	01/10/21		7,863
Burnham & Berrow Medical Centre	01/04/23		14,625
TOTAL			134,339

Symphony Healthcare Services has continued to manage and support these practices by embedding the organisation’s vision, mission and values. It has spent a considerable time nurturing a team culture across the organisation with noticeable improvements evidenced within the 2023 Symphony annual staff survey, with 80% of staff responding, providing a good cross section of staff views to support changes and improvements.

Despite taking on a surgery within the year, the organisation also made the decision to hand back the contract for Lynton Health Centre to the NHS Devon Integrated Care Board. The surgery, which sits along the Somerset border, originally joined the organisation in July 2021 and the organisation had strategic intentions of supporting other neighbouring and local practices in Devon. With the ongoing development of Primary Care Networks, the establishment of integrated care boards and most recently the merger between the two provider trusts, this intention did not come to fruition. Due to the size and recruitment challenges of the surgery in isolation, the Board made the difficult decision to hand back the contract to focus its attention on Somerset. The organisation no longer provides the contracted services of Lynton Health Centre from 1 May 2024.

During 2023/24, the Symphony Healthcare Services practices continued to participate within 10 Primary Care Networks (PCN) across the Somerset and Devon County, making the most of the additional roles that accompany the PCN work to support the multidisciplinary teams already developed within the organisation.

Following the merger between Yeovil District Hospital NHS Foundation Trust and Somerset NHS Foundation Trust, the organisation used this as an opportunity to review its governing structures to support good decision making, reporting and risk management. The review led to a number of new governing documents and a revision to the organisations Articles of Association which can be found on Companies House.

The organisation has also initiated a joint Transformation Programme with the neighbourhood and community service group of Somerset NHS Foundation Trust to support seamless care across services and better understand where patient care is best provided from at a local level. Several workstreams are underway with patient engagement supporting the outcomes of these.

The practices have demonstrated impressive quality despite the challenges, with all practices rated CQC ‘Good’ or above and the organisation achieving 93% for the national Quality Outcomes Framework (QOF) programme. Furthermore, patient satisfaction has remained high with nearly 37,000 patients responding to the Friends and Family feedback questionnaire with 92% positive about the services provided.



Symphony Healthcare Services returned a small deficit in 2023/24 but remains dependent on significant funding from the Somerset Integrated Care Board. The compound effect of sub-inflationary contract uplifts and continued high and complex demand is putting strain on finances across the sector. There are signs of improved GP recruitment which, if it continues, will have a positive financial impact on the business with less reliance on locum doctors.

Somerset Estates Partnership LLP: Somerset Estates Partnership LLP (SEP) is a strategic estates partnership with Interserve Prime to provide an estate, infrastructure and service transformation solution to generate value and savings, in line with clinical strategy. The 15-year partnership (originally established with Yeovil District Hospital NHS Foundation Trust on 29 October 2014) enables the Trust to fully explore all its options and ensures that these are realistic and fundable, as well as identifying opportunities for the Trust to earn income, which can be reinvested into frontline services.

Southwest Pathology Services LLP, SPS Facilities LLP: Established in 2011/12, Southwest Pathology Services took responsibility for delivering the full range of laboratory services to Musgrove Park Hospital and Yeovil District Hospital on 1 June 2012, serving a population of over 500,000 and over 100 GP practices. The SPS hub laboratory provides services for the NHS and other organisations in the southwest, undertaking the high quality, efficient processing of routine and non-urgent testing, reporting results according to clinically agreed turnaround times. The Trust now has majority shareholdings following the merger between legacy Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust.

Details of Overseas Operations

The Trust has no overseas operations other than recruitment campaigns.

Peter Lewis, Chief Executive, 25 June 2024



3. PERFORMANCE ANALYSIS

Oversight Framework targets

The NHS Oversight Framework sets out the key national standards which are applicable to Somerset NHS Foundation Trust as a service provider. The table below sets out our performance levels across the year:

Target	Threshold	Performance				
		Q1	Q2	Q3	Q4	Full year total
A&E maximum waiting time of four hours from arrival to admission/transfer/discharge (1)	76%	77.7%	75.9%	73.9%	75.6%	75.8%
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway (2)	92%	61.7%	61.6%	61.7%	62.5%	-
Number of patients waiting over 78 weeks from referral to treatment (RTT)	Zero (year-end)	61	70	61	40	-
Cancer - 28 days Faster Diagnosis: all Cancers (3)	75%	72.0%	78.1%	76.8%	79.7%	-
Cancer 62 Day Waits for first treatment (3)	85%	69.7%	72.2%	67.7%	69.5%	-
Percentage of ambulance handovers waiting less than 30 minutes	95%	81.0%	76.8%	69.8%	69.2%	-
Percentage of Urgent Community Response referrals reached within two hours	70%	90.9%	94.4%	90.9%	95.9%	-
Children and Young Persons Eating Disorders: urgent referral to be seen with 24 hours of referral	95%	100%	-	-	-	100%
Children and Young Persons Eating Disorders: routine referrals to be seen with four weeks of referral	95%	100%	100%	100%	96.9%	99.0%
Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	56%	83.3%	82.4%	82.4%	87.5%	-
Talking therapies: people with common mental health conditions referred to the service will be treated within six weeks of referral.	75%	70.3%	72.4%	82.9%	82.9%	-



Target	Threshold	Performance				
		Q1	Q2	Q3	Q4	Full year total
Talking therapies: people with common mental health conditions referred to the service will be treated within 18 weeks of referral	95%	99.1%	99.5%	98.5%	98.9%	-
Diagnostic tests: percentage of people waiting under six weeks from referral (4)	95%	79.7%	74.4%	74.3%	76.0%	-
Clostridium difficile (all cases including community associated)	54	26	18	17	33	94
MRSA (Trust apportioned cases)	0	1	1	0	1	3
E-coli bloodstream infections	105	45	34	31	22	132
Talking therapies: Percentage of people completing a course of treatment moving to recovery	50%	59.2%	58.7%	59.0%	58.0%	58.8%
The percentage of adult mental health inpatients who were followed up within 72 hours after discharge from psychiatric inpatient care during the reporting period	80%	98.3%	97.8%	98.5%	97.6%	98.1%
Inappropriate out-of-area placements for adult mental health services	0	202	14	54	105	375
Admissions to adult facilities of patients under 16 years old	0	0	0	0	0	0

- 1) A&E maximum waiting times - the indicator is expressed as a percentage of all A&E attendances where the patient spends four hours or less in A&E from arrival to transfer, admission or discharge. The national standard is 95%, but in December 2022, England implemented an intermediate minimum standard, where at least 76% of A&E attendances should be seen within four hours.
- 2) RTT incomplete pathways – the indicator is expressed as the percentage of patients on an incomplete pathway (i.e. those still awaiting first consultant led treatment) who have waited less than 18 weeks from referral.
- 3) Cancer figures are for April 2023 to March 2024; but please note that due to national reporting of March 2024 performance taking place in May the March figures have been estimated and may be subject to change.
- 4) The national standard is 99%, but the 2023/24 NHS priorities and operational planning guidance confirmed the requirement to increase the percentage of patients who receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%.



NHS Oversight Framework

NHS England's NHS Oversight Framework provides the framework for overseeing systems including providers and identifying potential support needs. NHS organisations are allocated to one of four 'segments'.

Segmentation indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). By default, all NHS organisations are allocated to segment 2 unless the criteria for moving into another segment are met. These criteria have two components:


1. objective and measurable eligibility criteria based on performance against the six oversight themes using the relevant oversight metrics (the themes are: quality of care, access and outcomes; people; preventing ill-health and reducing inequalities; leadership and capability; finance and use of resources; local strategic priorities)
2. additional considerations focused on the assessment of system leadership and behaviours, and improvement capability and capacity.

Somerset NHS Foundation Trust is in Segment 2. This segmentation information is the Trust's position as at March 2024. Current segmentation information for NHS trusts and foundation trusts is published on the NHS England website.

More detailed analysis and explanation of performance during the year

There has been continued focus across the country as part of the national elective recovery plan, to reduce the number of longest-waiting patients from referral to treatment (RTT). The national maximum wait in 2023/24 was 104 weeks RTT, with a target set to treat all these very longest-waiting patients by the end of June 2023. Although the Trust did not achieve the zero target in June 2023, only one reported breach of the 104-week standard was reported beyond October 2023, with a total of 11 patients reported as waiting over 104 weeks across 2023/24 as a whole. The number of patients waiting over 78 weeks also reduced across 2023/24. In April 2023 the Trust reported 84 patients waiting over 78 weeks RTT, but this was reduced to 40 patients in March 2024 (subject to final reporting). Industrial action taken by a number of different healthcare professionals across 2023/24 reduced the number of elective operations and outpatient appointments which took place and impacted heavily on the delivery of a maximum 78-week wait in-year, although significant efforts were made to minimise the impact on both urgent and long waiter patients. However, industrial action did limit our ability to treat the longest waiting patients during the defined periods of action, but also in aggregate across the year.

The greatest progress was made in reducing the number of patients waiting over 65 weeks RTT, with the number of patients waiting reduced from 714 in April 2023 to 538 in February 2024. The expected position for March 2024, subject to final reporting, is 444 patients waiting over 65 weeks. This represents an overall reduction across the year of 270 patients, although the number of additional patients



treated across the year to reduce the number of actual over 65 weeks was significantly greater because more patients need to be treated to prevent patients tipping over the 65-week target as well as reducing the over 65-week backlog itself.

Weekly monitoring of the cohort of patients who would breach 65 weeks by the end of March 2024 was put in place at the start of the year, with the rate of clearance of this cohort reported by specialty, hospital site and pathway type (i.e. non-admitted and admitted pathways). Additional capacity was planned-in across the year, in the specialties with the longer-waiting patients. In addition, in-year, action was taken to put in place additional capacity where the rate of cohort clearance dipped below plan and solutions could be found. The additional capacity was delivered through a combination of weekend theatre sessions, waiting list initiative clinics, insourcing and outsourcing. These actions also supported reductions in 78-week waiters. Similar actions will be taken in 2024/25 to reduce 78-week waiters down to zero by the end of June 2024, and achieve a maximum 65-week wait by the end of September 2024.

The national elective recovery plan, published in February 2022, also set out the priority to achieve a maximum waiting time for a diagnostic test of six weeks, for at least 95% of patients, by March 2025. The target set for March 2024 was for at least 85% of patients to be waiting under six weeks for their diagnostic test.

Unfortunately, this target was not achieved, with performance against the six-week wait standard being maintained between 74% and 80% across the year. This contrasts with 2022/23, when improvements in performance were delivered.

Demand for diagnostic tests has remained very high over the last year, reflecting the high level of complexity of patients on our waiting lists and the growth in referrals by GPs for urgent conditions. The diagnostic modalities with the highest number of six-week waiters were MRI, ultrasound, audiology, colonoscopy, gastroscopy, and echo.

Meeting the very high levels of demand for MRI scans, driven by high levels of growth from suspected cancer and musculoskeletal referrals and from other sources, continued to be a challenge in 2023/24. The gap between capacity and demand was added to by the failure of one of the Musgrove MRI scanners for a two-week period in late September 2023. A modular MRI scanner was procured and commissioned in quarter 4 of 2023/24, which has helped to start to reduce routine waiting times going in to 2024/25. During 2023/24 there was also a shortfall in ultrasound capacity due to staff vacancies and sickness. Additional capacity was put in place to reduce the backlog of over six-week waiters during the year, which has meant that, at the year-end, over 90% of patients are now waiting under six weeks for an ultrasound. A proposal to invest in trainee posts was also developed and supported, to enable greater resilience in future years to meet volatility in either demand or capacity.


We reported a significant increase in the number of patients waiting for a gastrointestinal endoscopy from the end of October 2023. This was a result of a change in reporting of patients waiting for a surveillance (planned follow-up) endoscopy at the Yeovil site. Because there was a backlog of patients needing their procedure, additional weekend endoscopy sessions were established as well as additional sessions being put-on in Bridgwater, to add to the county-wide capacity overall. This has reduced the number of patients waiting over six weeks for their procedure, although additional capacity will continue to be provided in 2024/25 to further reduce the number of overdue patients.



Following approval of a business case going in to 2023/24, audiology successfully appointed to a number of additional audiologist posts to increase internal capacity and reduce reliance on outsourcing capacity solutions. In addition, four audiology booths were installed across Wellington Community Hospital, Williton Community Hospital and Bridgwater Victoria Park, to increase our physical capacity to see patients, but also enable more patients to be seen closer to home. Lastly, the echo service started 2023/24 with a backlog of overdue patients at the Yeovil site. Additional capacity was put in place through weekend sessions and the use of an insourcing company. An additional room was created to allow more patients to be scanned at the same time. In addition, a new reporting system was put in place on the Yeovil site, to facilitate cross-site working and image sharing. Through these actions, the number of patients waiting over six weeks for an echo scan has reduced significantly, with over 90% of patients now waiting under six weeks for their test.

The Yeovil Diagnostic Centre is due to open during the latter half of 2024/25. This will provide additional diagnostic capacity for MRI, CT, echo, endoscopy and audiology. Together with the expanded capacity provided by the Taunton Diagnostic Centre for audiology, neurophysiology, respiratory and audiology, this will put the Trust in a better position to meet the rising demand for diagnostic tests and help us work towards achievement of the national standard of 95% of patients waiting less than six weeks for the test they need, by the end of March 2025.


The very high levels of demand for cancer services continued for certain types of cancer in 2023/24, including gynaecology and prostate. The growth in gynaecology referrals mirrored the national increase in Hormone Replacement Therapy (HRT) usage. Bleeding during HRT usage is not an uncommon symptom when the dosage of HRT is not right, but post-menopausal bleeding is also a symptom of endometrial cancer which needs to be ruled-out if bleeding does not stop with the cessation of HRT. As a result, the gynaecology service was struggling to meet the heightened demand for its urgent suspected cancer services. This led to waits of several weeks for patients to be seen in clinic by a member of the consultant team, with a further wait to go on to have diagnostic tests needed. To manage the higher volumes of patients needing to be seen, both more quickly and closer to home, community-based post-menopausal bleed clinics were established. The clinics were set-up in six community locations plus Yeovil Hospital from October 2023 to make services as accessible as possible to all people across the county. The process for accessing an appointment was designed to allow patients to self-refer, which in addition to reducing the time to be seen will also reduce the pressure on already busy Primary Care services. These are the first self-referral clinics of their kind in the country. The clinics run as a 'one-stop', with patients having an ultrasound and seeing a clinician in the single attendance and have enabled patients to be seen in significantly under 14 days from receipt of an appointment request, and usually in less than seven days. This has led to an improvement in the performance of gynaecology against the national 28-day Faster Diagnosis Standard (FDS), which measures the time from referral through to diagnosis (cancer diagnosis or cancer being ruled-out), from 29% in May 2023 to 79% in January 2024. This innovation has been one of the major contributors to an improvement in FDS performance for the Trust as a whole, with the Trust achieving the national 75% standard each month between July 2023 and December 2023 and again in February and March 2024.



Performance against the range of other cancer waiting times standards varied across the year and was largely driven by high levels of demand. Performance against the 62-day GP referral to treatment cancer standard remained below the 85% national standard across the year but was, in most months, better than the national average. The same was true of the new 62-day combined standard, which came into effect at the beginning of October 2023. Performance against the two-week wait urgent GP suspected cancer standard was below the 93% across the year. This standard was formally superseded by the 28-day Faster Diagnosis Standard at the beginning of October 2023. The national FDS target of 75% was met in every month from July 2023, with the exception of January 2024, with January's performance being affected by a loss of capacity due to the Christmas and New Year bank holidays, patient choice to defer appointments and diagnostic tests over the festive period, and to a lesser extent, industrial action. All actions were taken to try to avoid any impact of industrial action on cancer pathways and treatment, and where there were delays, the potential impact on patient care was reviewed on a case-by-case basis. Lastly, performance against the 31-day decision to treat to treatment first and subsequent treatment standards also varied across the year, with the national standard not being achieved for first definitive or subsequent surgery but achieved in some months for subsequent radiotherapy and most months for drug therapy. However, since the new combined 31-day standard came into effect from the beginning of October 2023, the Trust's performance has been above the national average performance.

During 2024/25 the Trust will be continuing to focus on redesigning cancer pathways to streamline the diagnostic phase to further reduce waiting times. This will include specific focus on the prostate cancer pathway, for which the Trust has seen ongoing high levels of growth in referrals, as well as introducing a new way of managing the triage and booking of the first diagnostic tests, to reduce the time it takes to reach a cancer diagnosis or rule-out cancer. Building upon the success of the post-menopausal bleed clinics, the Trust is also planning to expand its self-referral services to other types of cancer referrals, to improve service accessibility, improve health inequalities and achieve earlier diagnoses of cancer.

Although the performance of our Emergency Departments in relation to the four-hour target was below the intermediate minimum standard for the year, it has been above the national average, and continued good performance by our Minor Injury units has seen overall Trust-wide performance remain strong in relation to the overall regional and national position. Somerset NHS Foundation Trust also remains one of the highest-performing Trusts in the southwest region, in relation ambulance handover times. 2023/24 continued to be challenging, particularly as a result of pressures associated with patient flow and bed availability, with very high numbers of patients on both of our acute sites not meeting the criteria to reside. The percentage of acute bed days occupied by patients not meeting the criteria to reside was typically between 15% and 20% at both Musgrove Park Hospital and Yeovil District Hospital, throughout the year. There is strong system-wide working to improve patient flow to support appropriate and timely discharge from the hospital setting, and continued emphasis on the development of alternate pathways of care in reducing pressures on urgent and emergency care. Actions being taken to improve patient flow, to care for people at home where appropriate, and to facilitate timely and appropriate



discharge from hospital include the expansion of Criteria-Led Discharge, to enable the timely discharge a patient when they meet pre-agreed clinical criteria for discharge, as identified by the lead clinician. This reduces delays in the discharge process and ensures that patients can be discharged in an appropriate and timely way. Significant work has also been undertaken to expand the capacity of our virtual wards, enabling patients to receive care in their own homes, where appropriate.


As part of our arrangements to ensure that our services were accessible, our community-based physical and mental health services have continued to offer patients, where appropriate, appointments via telephone and a virtual video clinic 'Attend Anywhere'. The expansion of services also continued, including our Community Mental Health Service Transformation work, Open Mental Health. Appointment outcomes remained favourable, with the standard for the percentage of people completing a course of talking therapies treatment moving to recovery consistently being met and exceeded throughout the year.

Activity levels and referrals to our mental health services and community physical health services remained high throughout 2023/24. Referrals to our community mental health services between 1 April 2023 and 31 March 2024 were 25.3% higher than in the same months of 2022/23. Attendances for our community mental health services in 2023/24 were 12.5% higher than the corresponding months of 2022/23. Activity increases occurred across a range of mental health services, including Primary Care Mental Health Services (Open Mental Health), Home Treatment, and Older People's Community Mental Health services. It should be noted that investment has facilitated the expansion of some community mental health services.

Direct referrals to our community physical health services in 2023/24 were 7.3% higher than in the same months of 2022/23. Attendances during 2023/24 increased by 3.6% compared to 2022/23.

Waiting times for our community physical health services and mental health services were largely maintained at a low level throughout the year. Over 90% of people waiting to be seen for the first time by our children and young people's mental health service had waited less than six weeks at the month-end in every month throughout the year. As at 31 March 2024, over 90% of people waiting to be seen for the first time by our mental health services for adults, and older adults, and also our service for adults with learning disabilities had waited less than six weeks to be seen for the first time, and this was also the case in the majority of months throughout the year. The latest available data from the NHS Benchmarking Network shows that our waiting times for adults with learning disabilities and mental health services for adults, older adults and children & young people all compare favourably with peer providers nationally.

We made good progress in reducing the length of time patients waited to be seen by our community physical health services. The number of people who had waited over 18 weeks from referral to be seen by our community physical health services reduced from 4,065 as at 31 March 2023 to 3,607 as at 31 March 2024, a reduction of 458 patients. Similarly, the numbers waiting over 52 weeks reduced from 1,455 as at 30 April 2023 to 827 as at 31 March 2024, a reduction of 628 patients; the numbers waiting over 65 weeks reduced from 887 as at 30 April 2023 to 472 as at



31 March 2024, a reduction of 415 patients, and the numbers waiting over 78 weeks reduced from 514 as at 30 April 2023 to 228 as at 31 March 2024, a reduction of 286 patients. The majority of the long-waiting patients are waiting to be seen by our Podiatry and Community Dentistry services, both of which have experienced considerable challenges due to vacancies, sickness absence and insufficient cover for colleagues on maternity leave. The Podiatry service continues to have a significant level of vacancies, which is a national issue. Priority continues to be given to high risk vascular / diabetic foot care and acute nail surgery cases. All routine patients are contacted by letter and telephone to provide advice and guidance. With demand currently exceeding capacity, the service has been reviewing pathways and is reviewing trajectories and actions to reduce numbers waiting.

Our urgent community response service, which provides urgent care to people in their own homes, and which helps to avoid hospital admissions and enable people to live independently for longer, also performed well throughout 2023/24. Against a national standard to see at least 70% of people within two hours, our service achieved performance of over 90% in every month throughout the year.

For Child and Adolescent Mental Health Eating Disorders Services (CEDS), at least 95% of urgent referrals should be seen within one week and at least 95% of routine referrals should be seen within four weeks, based on performance across a rolling three-month period. In 2023/24, all six urgent referrals to our CEDS were seen inside the reporting standard (100% compliance), and of 98 routine referrals, 97 patients were seen inside the four-week reporting standard (99% compliance).

The percentage of women accessing our specialist community perinatal mental health service continued to improve throughout the year and exceeded the 10% national standard from August 2023 onwards. At the year-end, performance was 12.5%, around 3% better than the national average.

Good performance was maintained throughout the year, in respect of adult mental health inpatients receiving a follow up within 72 hours of discharge from psychiatric inpatient care, with compliance of 98.1% being achieved against a required standard of at least 80%.

Performance was also maintained throughout the year in respect of the 18-week national waiting time standard for Talking Therapies, and performance in relation to the six-week waiting time standard was restored to a level above the 75% target level in October 2023 and maintained thereafter.

For Early Intervention in Psychosis (EIP), the requirement that at least 60% of people should begin treatment with a NICE-recommended care package within two weeks of referral was maintained throughout the year, with performance exceeding 80% in every month.

Our numbers of inappropriate out-of-area placements for adult mental health services remained amongst the lowest nationally. The majority of out of area placements are due to patients requiring admission into our Psychiatric Intensive Care Unit (PICU). With only ten beds available there are occasions when, due to



clinical acuity or gender, it would be unsafe to admit a patient. When a patient is so placed, a key worker is immediately assigned to maintain regular contact with the patient until the patient is either transferred back to our wards, discharged, or moved to secure services. The placements sought are always as close to Somerset as possible. At times, episodes relate to patients awaiting transfer to secure services. We continue to work closely with other NHS providers, to facilitate such transfers and closely monitor processes to minimise risk. The service has reviewed processes to ensure that barriers to repatriation and/or discharge of patients are minimised and escalated with system partners where appropriate.

We had no admissions to adult facilities of patients under 16 years old in 2023/24.

The Trust had three cases of MRSA bloodstream infection in 2023/24. Ninety-four *Clostridium difficile* cases were recorded during the year, which is higher than the threshold for the year of 54. All Trust associated cases are thoroughly investigated to assess whether there was any lapse in care that may have contributed. These assessments are subsequently peer reviewed and validated with the Trust's commissioners.

Tackling Healthcare Inequalities

NHS England defines health inequalities as “unfair and avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the care that is available to them.”

The NHS Act 2006 (as amended, by the Health and Care Act 2022) places a range of health inequalities duties on the NHS and provides extended legal duties on reducing and tackling health inequalities. NHS England's statement, published on 27 November 2023, sets out their views on how integrated care boards (ICBs), Trusts and Foundation Trusts should collect, analyse publish and use information on health inequalities. Relevant NHS bodies have a legal duty to include in their annual reports a review of the extent to which they have exercised their functions consistently with this statement. The duty to report information on health inequalities will encourage better quality data, completeness and increased transparency and enable the use of the data to shape and monitor improvement activities. The statement will help drive improvement in the provision of good quality services and in reducing healthcare inequalities, helping to ensure equitable access, experience and outcomes for all.

To this end, this is the first time that we have incorporated Health Inequality insights within the Annual Report and reporting will continue to evolve in 2024/25. To ensure a consistent approach across Somerset Integrated Care System, we have worked collaboratively with partner organisations, using the same data sources; we have utilised a combination of nationally published and locally compiled reports to enable more up to date reporting (and also to allow drill through to understand if variation exists). This has ensured that we have a commonality of approach and understanding of the issues on both a Trust and Somerset ICB basis.



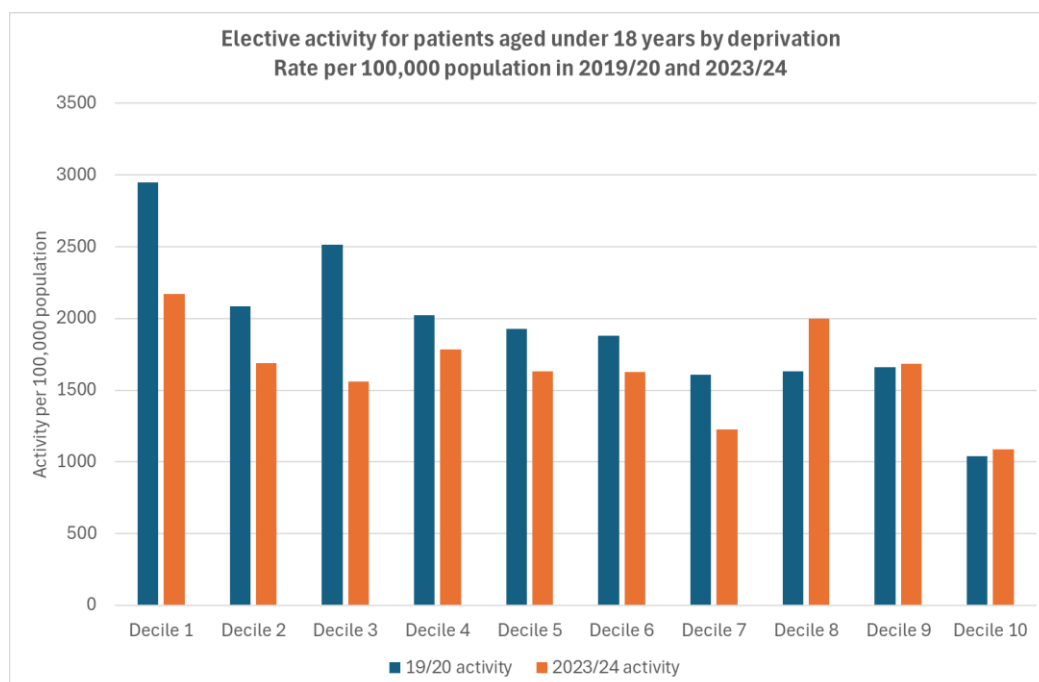
Some nationally published metrics pre-date 2023/24 (notably, relating to mental health) and we will be working together in 2024/25 to develop regular reporting arrangements across all metrics as well as a focus upon improving ethnicity coding as we recognise the issues relating to the high level of unknown ethnicity at both a provider and commissioner level, making it difficult to draw meaningful conclusions from the data.

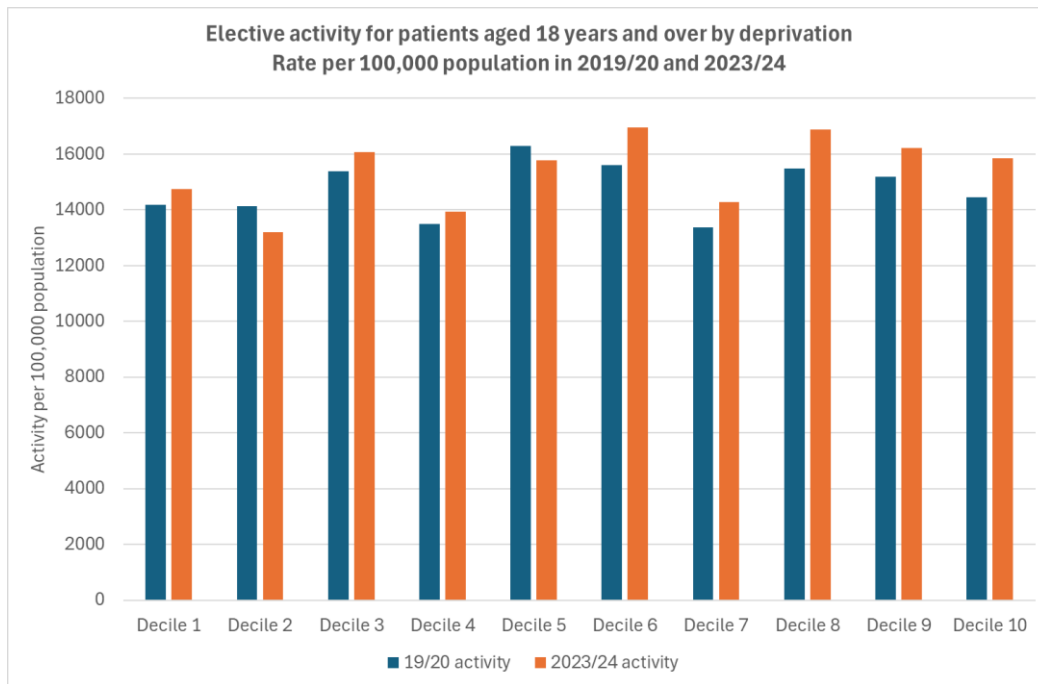
Elective activity vs pre-pandemic levels for under 18s and over 18s

Elective activity data for the years 2019/20 and 2023/24 shows that the total number of elective admissions of patients aged under 18 years reduced from 2,345 admissions in 2019/20 to 2,034 admissions in 2022/23, a reduction of 13%. Further work is needed to confirm the reason for this reported reduction, but initial work suggests a potential over-statement of activity levels in two specialty areas (Dental Medicine and Ear, Nose & Throat) in 2019/20. Adjusting for these two areas, overall activity shows an increase of 0.4% in 2023/24 compared to 2019/20. During the same years, the total number of elective admissions of patients aged 18 years or more increased from 71,205 admissions to 74,161 admissions, an increase of 4%.

In 2019/20, the data shows that 2.3% of all patients aged under 18 years who were admitted electively were recorded as being of an ethnicity other than 'White'; the percentage in 2023/24 was 3.2%. For patients aged 18 years and over, the percentages in those years were 0.8% and 0.9% respectively. It should be noted that the percentage of patients aged under 18 years whose ethnicity was recorded as 'Unknown' was 26% in 2019/20 and 27.8% in 2023/24. For patients aged 18 years and over, the percentages were 22% and 30.4% respectively.

The rates of activity per 100,000 population in 2019/20 and 2023/24, for patients aged under 18 years, and for patients aged 18 years or over in each deprivation decile are shown in the charts below.





Due to a data quality issue, associated with a change to the arrangements for recording Same Day Emergency Care (SDEC) activity, it has not been possible to produce a reliable comparison of health inequalities relating to emergency admissions.

Tooth extractions due to decay for children admitted as inpatients to hospital, aged 10 years and under

At this point in time, due to the way in which waiting list data is recorded, there is no denominator available to provide insight into those who have had completed tooth extractions compared with those who remain on the waiting list, which might provide further understanding into potential health inequalities risks. This is something the system will aim to explore in future iterations.

The data indicates that there are currently more extractions taking place in the most deprived decile, although it should be noted that the numbers are fairly modest (a total of 137 extractions for a population of over 63,000 across all deciles, with nine extractions in Decile 1). NHS dental access remains a challenge in Somerset and nationally. It is currently unclear whether fluctuations in extractions data across deciles is correlated with ongoing dental access and referral pathway and this requires more exploration.

While monitoring tooth extractions is important as a means of understanding health inequalities implications, work to prevent tooth decay in under 10s is imperative and continues.

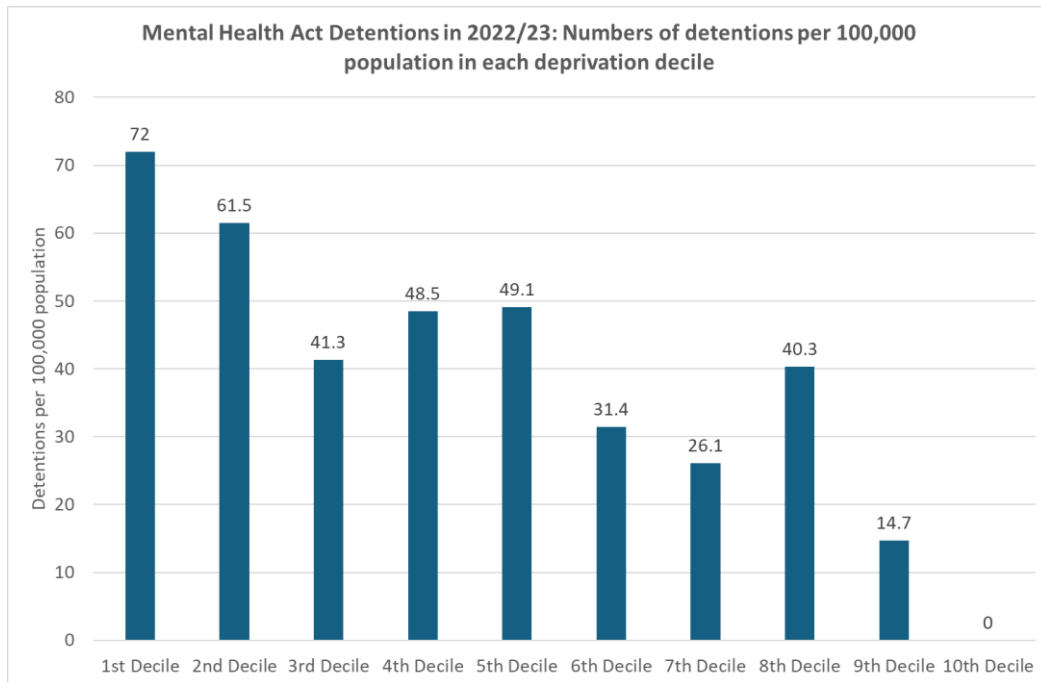
Rates of total Mental Health Act detentions

Mental Health Act detentions in 2022/23 – the latest full-year nationally-published data currently available – were slightly higher amongst males (39.4 per 100,000



population) than females (35.8 per 100,000 population). The data indicates that all those who were detained were from white ethnic groups, although this may be a coding issue and further investigations are taking place in respect of this to ensure accurate reporting against this measure.

Detentions were considerably higher amongst those from most deprived decile (72 per 100,000 population) than from the least deprived (zero).



Rates of restrictive interventions

Due to some patients being the subject of multiple instances of restrictive interventions, it is difficult to analyse the significance of the difference between deprivation quintiles and ethnic groups. In 2021/22 - the latest full-year nationally published data currently available - 11% of restricted interventions related to patients of an ethnicity other than 'White', compared to 4% in 2019/20. Overall, there has been a higher number of restrictive interventions for those from the most deprived communities versus those from least deprived communities, with the highest rate of restrictive interventions relating to quintile 1.

NHS Talking Therapies (formerly IAPT) recovery

Data for 2022/23 - the latest nationally published data currently available - shows that 2.8% of appointments with the Trust's Talking Therapies service were with patients of an ethnicity other than 'White', compared to 1.3% in 2019/20. Drawing meaningful conclusions from the data is a challenge, as the nationally published numbers are rounded to the nearest five patients.



Children and young people's mental health access

Data for 2022/23 - the latest nationally published data currently available - shows that 2.7% of appointments for children and young people with the Trust's mental health services service were with patients of an ethnicity recorded as other than 'White', compared to 3.7% in 2020/21. Again, drawing meaningful conclusions from the data is a challenge, as the nationally published numbers are rounded to the nearest five patients, and the percentage whose ethnicity was recorded as 'Unknown' in 2022/23 was 31%.

The data shows that the highest rate of attendances related to patients from the most deprived decile.

Smoking cessation services

Somerset NHS Foundation Trust has a smokefree policy in place, aiming to protect and improve the health and wellbeing of all patients, visitors, our colleagues, and contractors on our sites. Stopping smoking is one of the best things people can do to improve their physical and mental health and wellbeing. Through our tobacco reduction service, we offer stop smoking support, across all of our adult acute inpatient settings and maternity inpatient settings.

Commissioning for Quality and Innovation (CQUIN) Targets

Somerset Integrated Care Board, our principal commissioner of services, sets annual targets under the framework for Commissioning for Quality and Innovation (CQUIN), the aim of which is to improve the quality of services delivered to patients. The achievement of the CQUIN standards generates additional income for the Trust, of up to 1.25%.

In 2023/24 the five CQUIN indicators selected for the contract were across Acute, Community and Mental Health Services and included the following programmes:

- Supporting patients to drink, eat and mobilise, within 24 hours of surgery
- Identification and response to frailty in emergency departments
- Assessment, diagnosis and treatment of lower leg wounds
- Routine outcome monitoring in community mental health services
- Reducing the need for the use of restrictive practices in adult and older adult inpatient settings

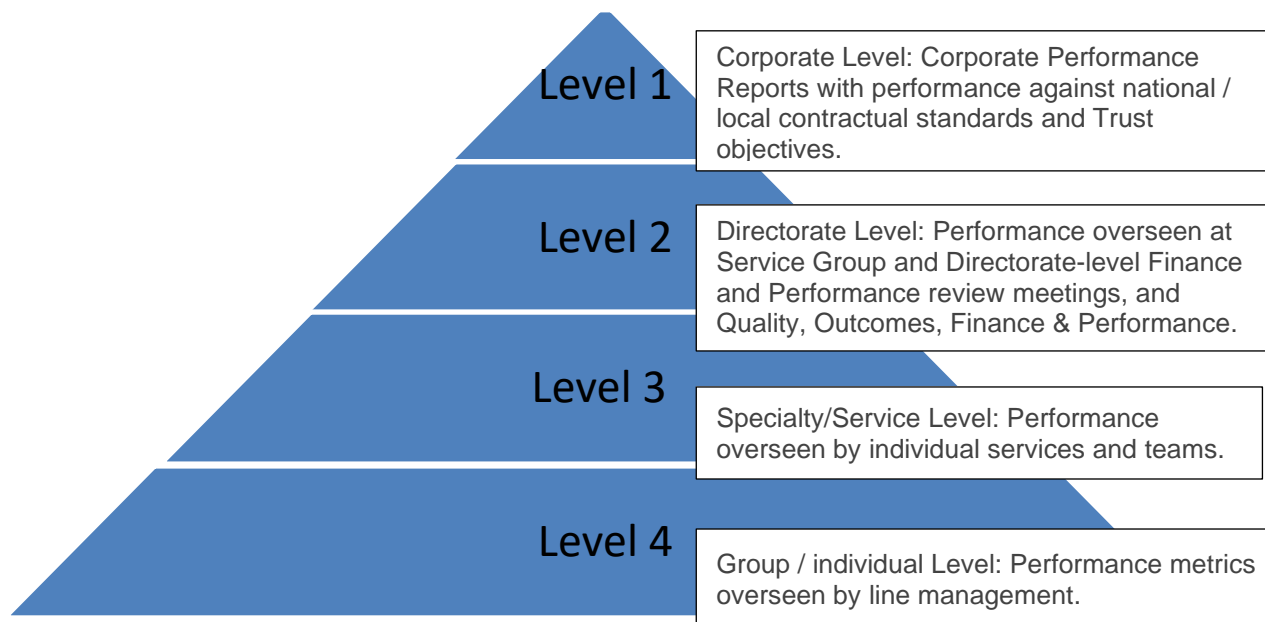
The financial risk associated with performance of the CQUIN indicators was removed during 2023/24 due the CQUIN income being included in the block contract value.

Monitoring Performance, Improvements in Quality and Meeting National Targets

Somerset NHS Foundation Trust has a comprehensive quality monitoring and performance management framework in place, to ensure that high standards of care are delivered to patients and that all applicable performance targets are delivered.

Our Performance Management Framework is based upon on a hierarchy of performance management arrangements, ranging from the Trust Board to individuals and line managers. This is represented diagrammatically below:

Performance Management System Hierarchy




We have developed and employ an integrated approach to quality and patient safety and performance management, which is evidenced through the monthly Quality and Performance exception report, presented to our Trust Board. The reports incorporate metrics which span key national and local frameworks, including the NHS England Oversight Framework, the NHS Constitution, the NHS Long Term Plan, the framework for Commissioning for Quality and Innovation (CQUIN), and local commissioning intentions, with an emphasis on monitoring key aspects of quality improvement, harm reduction, patient safety and patient satisfaction.

The Quality and Performance report is published monthly on our website and provides our Trust Board with regular information, across a broad range of quality and safety measures including slips, trips and falls, medication incidents, pressure ulcers, incidents involving restraint, ligatures and ligature points, harm-free care and safer staffing.

The Quality and Performance Report is continually reviewed, to ensure that it reflects the most current and relevant metrics and analysis. The report presents information relating to the five key questions which the Care Quality Commission considers when reviewing and inspecting services:

- Are they safe?
- Are they effective?
- Are they caring?
- Are they well-led?
- Are they responsive to people’s needs?



Underpinning each of these key questions are Quality Statements, which outline the commitments that providers, commissioners and system leaders should live up to. Expressed as ‘we statements’, these show what is needed to deliver high-quality, person-centred care. As a provider, we aim to ensure that we meet the requirements of these ‘we statements’, as well as the accompanying ‘I statements’, which reflect what people have said matters to them.

The monthly Quality and Performance Report and accompanying dashboards assist the Board in its assessment of the achievement of our strategic and annual objectives and key targets, and all of the measures are linked to the five Care Quality Commission themes.


The Quality and Performance Report is accompanied by a range of supporting information which sets out performance data for the reporting year, including:

- a dashboard of quality and patient safety measures.
- a corporate balanced scorecard, with all measures linked to our corporate objectives.
- referral, caseload and activity levels for community physical and mental health services for the current year, compared to the previous year.
- acute service activity levels for the current year, compared to the previous year, including day cases, elective and non-elective inpatient activity, attendances at Accident & Emergency, and outpatient attendances.
- average length of stay and bed occupancy levels for our community hospitals and mental health inpatient wards for the current year, compared to the previous year.
- details of our Care Quality Commission ratings.

These reports help the Board to evaluate whether we are meeting national and local standards and targets and operating safely, efficiently and effectively, whilst improving the quality of our services. The Quality and Performance Report sets out what we are doing in respect of increased levels of reported incident or where performance falls below set compliance standards.

Our Quality and Governance Assurance Committee, a sub-committee of the Trust Board, provides high-level challenge and assurance, in relation to key quality and performance metrics. This detailed analysis and challenge complements Board discussions on performance, enabling a balance to be struck between effective Non-Executive Director scrutiny of the operational detail, whilst enabling the Board to remain focused on the key strategic issues. The Quality and Governance Assurance Committee receives a range of detailed tabulated and graphical performance information, at the level of individual service / ward, together with other key performance information and also requests, as necessary, focused information on particular aspects of service delivery and patient safety.

In addition to our Quality and Performance report and corporate balanced scorecard, we also maintain service group-level performance dashboards for each of our six operational service groups, and our Estates and Facilities service. Each service group dashboard sets out the performance of the service group, in relation to key targets relating to the services managed within that service group. This allows our key corporate performance measures to be managed at a more granular level, and




to identify any areas of concern which may lie below an overall incidence of underperformance, or even areas of concern which are component elements of an aggregate level of performance which meets the required corporate level standard.

The key forums, via which performance management arrangements for divisions are managed, are:

- a monthly Operational Leadership Team meeting, chaired by the Chief Executive, combining review and challenge of service group progress against key objectives outlined on each dashboard, with an opportunity for Service Directors to share with the executive team issues of concern.
- a Finance and Performance (F&P) Group meeting for each of the Trust's service groups, held every other month, with the Performance section of the meeting chaired by the Trust's Associate Director of Performance. The Finance and Performance Group focuses on the principal performance issues for each service group and considers the exceptions arising from the service group scorecards.
- a Quality, Outcomes, Finance and Performance (QOFP) Group, held in the intervening months, with a similar remit to the Finance and Performance Group, but extended to include a more in-depth focus on patient safety and quality issues and a more detailed review of performance issues relating to People.

The key purposes of these meetings include:

- undertaking detailed scrutiny of performance against key indicators and agreeing:
 - actions as necessary to address under performance.
 - recovery trajectories as necessary to restore or achieve compliance against performance standards.
- undertaking detailed scrutiny of trends and incidence levels of patient safety and quality measures and outcomes, and agreeing actions as necessary to address any identified issues.
- reviewing data and other feedback in relation to patient experience and agreeing any actions as necessary in the light of notable positive or adverse areas.
- monitoring activity levels, identifying variances against plans and the underlying causes, and agreeing actions as necessary to address variances.
- providing support and challenge to teams, in relation to their performance position and to gain assurance that performance issues are being addressed effectively.
- assessing risks to future delivery and agree mitigation plans.
- identifying and agreeing future performance management arrangements.
- rewarding service groups which perform well, by reducing the degree of performance management involvement.
- identifying the contributory issues behind any declines in performance and to have a clear escalation and de-escalation process.
- focusing on early performance management intervention, where service groups might be at risk of failing to meet required standards.



Monthly review meetings are also held by each service group, chaired by the service group director, and with representation from individual services managed within the service group, as well as from corporate teams including Performance, enabling a discussion of operational issues relating to each service.

In addition to these oversight groups, the Trust has an overarching Quality Assurance Group which is constituted as a high-level oversight, specialist advisory and monitoring group to oversee the operation of the integrated framework of quality assurance based upon compliance requirements applicable to the breadth of the merged organisation.

Care Quality Commission (CQC)

Somerset NHS Foundation Trust' maternity services were inspected by the CQC between 20 and 21 November 2023 and the report published on 10 May 2024.

This was a short notice announced inspection as part of the CQC's national maternity inspection programme, which aimed to give an up-to-date view of hospital maternity care across the country. The maternity services at Yeovil District Hospital, Musgrove Park Hospital and the Mary Stanley midwife-led unit at Bridgwater Community Hospital were inspected as part of this visit.


The reports indicated that we have fallen short of the standards we expected to be delivering and we apologise to our families who use these services and to our hard-working colleagues.

Whilst there was evidence of good and outstanding practice within the three units, there were a number of areas of significant improvement identified. In January 2024, following the inspection, the CQC issued the Trust with a Section 29a Warning Notice in January 2024. This outlined a conclusion that the quality of health care provided by the Trust for maternity services requires significant improvement due to the following:

- *The service at Musgrove Park Hospital does not operate clear triage processes to ensure the safety of women, birthing people, and babies.*
- *Somerset NHS Foundation Trust does not have an effective program of regular audits to ensure the safety and quality of maternity services are monitored, and processes to learning from incidents are not effective.*
- *Leaders at Somerset NHS Foundation Trust do not operate effective systems and processes to improve the quality of the maternity service, nor do they maintain clear oversight of maternity services to keep women, birthing people, and babies safe.*
- *Improvement to systems is needed to ensure that policies and procedures are in place to provide staff with relevant guidance.*

CQC Ratings

As a consequence of these inspections, the overall rating for Musgrove Park Hospital maternity services has decreased from Good to Inadequate. The rating for how well-led it is has decreased from Good to Inadequate. How safe it is has



decreased from Requires Improvement to Inadequate. This was a focused inspection, and the areas of effective, caring and responsive retain their previous ratings of Good. Following the maternity services inspection, the overall rating for the Musgrove Park Hospital as a service location has also decreased from good to requires improvement.

Yeovil District Hospital maternity services have been rated as inadequate overall, as well as for being safe and well-led and the overall rating as a service location has also decreased from good to requires improvement.

It was the first time Bridgwater Community Hospital's Mary Stanley Birth Centre, a midwife-led unit, has been rated. The maternity service has been rated as Requires Improvement overall, and for being safe and well-led.

Response to Inspections


The Trust has taken immediate action following the inspections and an action plan outlining the relevant steps and actions to be completed to address the findings is monitored through a newly formed Maternity and Neonatal Action Group. This group meets on a weekly basis and is jointly chaired by the Chief Nurse and Chief Operating Officer. It supports and monitors progress against the high-level action plan that includes the following areas:

- Governance oversight
- Clinical pathways and processes
- People issues relating to CQC
- Estates issues
- Equipment issues
- Governance process review and development

We have strengthened our processes to provide ongoing review of quality, performance and governance including developed a strong audit and policy programme to drive continual improvements in our services. All guidance and policies that were highlighted have been reviewed and updated and we have increased scrutiny and governance around our policy processes ensuring these are available to all colleagues. We have also reviewed and mapped all mandatory training, strengthened our oversight, and significantly improved our compliance.

At Musgrove Park Hospital's maternity unit, we have put in place a new evidence-based, standardised triage process to risk assess and prioritise care based on clinical need and reconfigured the ward to facilitate safe and effective clinical oversight of our service users. In addition, we immediately sourced additional emergency equipment at Musgrove Park and Yeovil District Hospital.

The CQC report for Musgrove Park's maternity service particularly highlights issues that are as a result of the poor condition of the building. There are plans to replace this as part of the national New Hospitals Programme but we have already made improvements specifically around safety and security.



The inspectors noted an open culture, good engagement with local communities to make improvements and plan services, good team working, and that colleagues felt valued and supported.

The Trust met with the CQC in May 2024 where the Trust provided detailed summaries of the improvements made in response to the Section 29a Warning Notice and the ongoing plans to continue to develop, embed and sustain those improvements. At this meeting it was recognised that the Trust had made significant changes since the inspection and would continue to do so and were confident that these gave a good foundation on which to build and to move forward. Following assessment, the CQC confirmed it was satisfied that the actions described manage the risks identified within maternity services.

We anticipate that follow up inspections will take place within maternity services at Musgrove Park Hospital, Yeovil District Hospital and the Mary Stanley midwife-led unit during 2024/25. We will continue to work with the CQC to address all of the points identified in the full inspection reports.

Environmental Sustainability including task force on climate-related disclosures (TFCD)

NHS England's NHS foundation trust annual reporting manual has adopted a phased approach to incorporating the TFCD recommended disclosures as part of sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury's TFCD aligned disclosure guidance for public sector annual reports. TCFD recommended disclosures as interpreted and adapted for the public sector by the HM Treasury TFCD aligned disclosure application guidance, will be implemented in sustainability reporting requirements on a phased basis up to the 2025/26 financial year. Local NHS bodies are not required to disclose scope 1, 2 and 3 greenhouse gas emissions under TFCD requirements as these are computed nationally by NHS England. The phased approach incorporates the disclosure requirements of the governance pillar for 2023/24.

Why is it necessary and even vital to maintain the global temperature increase below 1.5°C versus higher levels? Adaptation will be less difficult. Our world will suffer less negative impacts on intensity and frequency of extreme events, on resources, ecosystems, biodiversity, food security, cities, tourism, and carbon removal. IPCC Special report on impacts of global warming (2018)

A Green Plan has been developed and approved by the Trust Board in 2022. The Green Plan brings together the sustainability objectives of Somerset NHS Foundation Trust. Our Green Plan will provide buildings that utilise zero carbon energy, our services will minimise the use of resources and we will improve ecology and biodiversity on our sites to provide a haven of wellbeing for our patients, colleagues and visitors.

Our colleagues will be the driving force of changes in our clinical practice to improve sustainability. Colleague engagement activities will promote sustainable change with links to quality improvement processes and other change programmes at the trusts, to drive sustainable decision making.

The 2022-25 Green Plan sets nine strategic aims for improving sustainability and reducing carbon emissions. Objectives and actions have been set to drive the Trust towards achieving these aims and net zero target of 2040. The strategic aims are:

- A green whole organisation approach
- Net zero carbon buildings
- Reducing waste generated by our services
- Reducing emissions from travel
- Green anaesthesia and other medicine
- Working with our supply chain
- Sustainable catering and diets
- Transformation to digital healthcare
- Adaption to the impacts of healthcare



The strategic aims and objectives of the Green Plan are guiding the development of action plans to tackle the Trusts impact on the environment including the impact on air quality, climate change and single use plastics.

The Green Plan will be reviewed and updated in 2025. The update will include stakeholder engagement to set objectives to work towards in the coming years.

Challenges

Wholesale energy prices have reduced from the highs seen last year. The long-term purchasing strategy protected the Trust from the dramatic increase seen in domestic energy bills, though this also means that reductions in the current market are not reflected in our energy costs for this year.

Travel remains one of our biggest challenges. Reducing carbon emissions associated with not only the travel that is undertaken by staff for work, but also commuting and visitor travel to our sites. We continue to work with the Somerset Council on opportunities to improve public transport options to our sites and infrastructure for cyclists and pedestrians to promote active travel.

Funding to progress towards our net zero carbon targets is an ongoing challenge. When grant opportunities are available, we seek to apply for them. This primarily relates to decarbonising our estate. Other targets such as electric vehicles, waste and others need to be funded directly by the Trust.

Achievements

The following describes the Trust's successes in reducing the impact on the environment:

- The project to decarbonise heat at Wincanton Community Hospital has been completed. The oil boilers have been removed and the hospital has been heated by the combined heat pump and gas boiler systems over the 23/24 winter.
- Over the next 12 months monitoring will be undertaken to identify carbon emission reductions from these projects.

- The £10m grant funded decarbonisation work at Yeovil Hospital has been moving forward.
 - LED Lighting upgrade with improved controls has been completed.
 - An updated Building Management System to control heating, ventilation and hot water systems has been installed.
 - The gas-fired Combined Heat and Power plant has been removed and an Air Source Heat Pump has been installed pending commissioning when the electrical works are completed.
 - The ongoing installation of a brand-new High Voltage Ring Main, generators and increased electrical capacity in order to support the new occupied areas on the site.
- At Yeovil Hospital a new food waste processing machine has been installed. The machine dehydrates the food waste, significantly reducing the waste weight and volume, reducing the number of collections and cost.
- Frome Community Hospital completed its programme of sustainability events this year. A survey of colleagues at the hospital demonstrated that 83% were aware of the project and over 50% had taken action as a result.
- LED lighting continues to be installed at our sites as replacement for older fluorescent lighting. The Trust was successful in gaining funding from NHS England for new LED lighting in two buildings at Musgrove Park Hospital.
- The 'Infrastructure Study' for Musgrove Park Hospital has been completed. This provides a strategy for decarbonising heat at the hospital for the existing buildings on the site alongside the new net zero carbon buildings that will be constructed through the New Hospital Programme.
- Dr Bike sessions took place at various Trust sites. The sessions provided a free service for over 50 bikes to encourage people to use their bicycles for travel for work.

Governance, Monitoring and Performance

Our interim targets are to achieve a 47% reduction in the NHS carbon footprint, by 2032 at the latest and a reduction of 73% in the NHS carbon footprint plus by 2038 at the latest. The latest figures (for 21/22 currently available) show that after an increase in our carbon footprint between 19/20 and 20/21, our carbon footprint reduced in 21/22. Updated figures for 22/23 and 23/24 have been requested but are not yet available. Data for our carbon footprint plus is not currently available. Our carbon footprint and carbon footprint plus data is provided by NHS England through the pilot Green Plan Support Tool. We must achieve net zero by 2040 for the NHS carbon footprint and 2045 for the NHS carbon footprint plus.

In 2025 the Green Plan will be updated with new SMART objectives, allowing us to introduce KPIs to monitor performance and set targets for the Trust to achieve over the 3-year duration of the plan.

The Board receives a report twice a year on progress against the Green Plan. This highlights actions that have been taken across the Trust to reduce carbon emissions from the Trust. The report also includes ongoing actions and plans for the year ahead. The Strategic Sustainability Group provides governance over the sustainability topic and members, including executive directors, of the group have been given responsibility for leading on the topics of the Green Plan.



More detail on the Trust's Green Plan can be found on the public website [here](#).

Human Rights

We recognise our responsibilities under the European Convention on Human Rights (included in the Human Rights Act 1998 in the UK), which are relevant to health and social care. These rights include the:

- right to life;
- right not to be subjected to torture, inhuman or degrading treatment or punishment;
- right to liberty; and
- right to respect for private and family life.

The Trust is committed to ensuring it fully takes into account all aspects of Human Rights in its work, following on from the Human Rights in Healthcare: A Framework for Local Action (Department of Health, March 2007). This will ensure the Trust continues to meet its duty to respect human rights in all that it does.

Peter Lewis, Chief Executive, 25 June 2024



4. ACCOUNTABILITY REPORT

Financial Overview and Review

Overview

2023/24 was another challenging year for our organisation. Our colleagues and services were under sustained pressure as demand for our services remained exceptionally high and periods of industrial action disrupted service delivery throughout the year.

Operational and financial performance continued to be strong. We delivered a small financial surplus against our planned breakeven position, based upon the regime under which NHS England assesses the financial performance of organisations. Capital investment in infrastructure and equipment totalled over £79.7million in year and will help to ensure the Group has the buildings, equipment, and IT to continue to deliver high quality safe services for its patients.

The delivery of the financial plan becomes increasingly more challenging as demand continues to increase on us and our public sector partners. We will continue to face financial challenges in 2024/25 as we strive to deliver the NHS priorities:

- Maintain our focus on quality and safety, particularly in maternity and neonatal services.
- Improve waiting times in our A&E departments by supporting admission avoidance and hospital discharge while maintaining our acute hospital bed capacity.
- Continuing to reduce our elective long waits and improve performance against the core cancer and diagnostic standards.
- Make it easier for people to access community and primary care services, particularly general practice and dentistry.
- Improve access to mental services for people of all ages.
- Improve staff experience, retention and attendance.

We will work closely with our system partners as we seek to continue to improve our efficiency and productivity. We want to ensure our services are delivered as efficiently as possible and will continue to transform how our services are provided to the population of Somerset. This will require us to deliver a challenging efficiency programme as we continue our journey towards financial sustainability.

Going Concern

International Accounting Standards (IAS1) require the directors to assess, as part of the account's preparation process, the Foundation Trust's ability to continue as a going concern. In accordance with the NHS Foundation Trust Annual Reporting Manual paragraph 2.14:

“The anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents, is normally sufficient evidence of going concern.”



Whilst it is unlikely that an NHS body will be determined not to be a going concern, this interpretation does not exempt the management of NHS bodies from undertaking a going concern review.

The Trust has submitted detailed draft financial plans for the financial year to NHS England to the end of March 2025. Based on current assumptions, it is unlikely that the Trust will require additional cash support in the form of interim revenue loan support from the Department of Health and Social Care.

For these reasons and following assessment, the Directors consider it appropriate to continue to adopt the going concern basis in preparing the accounts.

Financial Instruments

It is Trust policy to avoid the use of financial instruments, when possible, thus minimising financial risk to the Trust. This means that the Trust's exposure to risks created by financial instruments is much lower than commercial organisations of the same size. The accounts state the Trust's accounting policies and the nature and value of the risk that the Trust faces.

Income Disclosure Statement

Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2022) requires that the income from the provision of goods and services for the purposes of the health service in England must be greater than its income from the provision of goods and services for any other purposes. The Trust confirms that income from health services is greater than income from any other source.

Statement on Compliance with Cost Allocation and Charging Guidance Issued by HM Treasury

Somerset NHS Foundation Trust has complied with the cost allocation and charging requirements set out in HM Treasury and Office of Public Sector Information Guidance.

Political Donations

Somerset NHS Foundation Trust has not made any political or charitable donations in 2023/24.

Better Payment Practice Code

The Better Payments Practice Code requires the Trust to aim to pay all undisputed invoices by the due date, or within 30 days of receipt of goods or receipt of invoice, or from the invoice date, whichever is the later. The results against this target for the financial year 2023/24 are shown below.



	Number	£
Total non-NHS trade invoices paid in period	169,303	536,229,154
Total non-NHS trade invoices paid within target	156,801	502,406,199
Percentage of non-NHS trade invoice paid within target	92.6%	93.7%
Total NHS trade invoices paid in period	2,939	54,150,101
Total NHS trade invoices paid within target	2,659	51,186,816
Percentage of NHS trade invoices paid within target	90.5%	94.5%

There were no amounts paid or payable under The Late Payment of Commercial Debts (Interest) Act 1998.

Financial Statements and Accounting Policies

The complete set of financial accounts is provided in full within this report. They have been prepared in accordance with International Financial Reporting Standards (IFRS), completed in accordance with directions given by NHS England, and are designed to show a true and fair view of the Trust's financial activities. The accounting policies used comply with the NHS Foundation Trust Annual Reporting Manual and form the basis on which the financial statements have been compiled.

Cost Improvement Plans (CIP)

In year, savings of £30,931k were delivered which were £2,869k below plan. 51% of cost improvement plans achieved were recurrent (£15,731k). This saving reflects 1.7% of turnover.

With continuing impact of COVID-19 and the efforts to increase capacity to recover the elective care waiting times, the achievement of recurrent plans was less than previous years. The level of non-recurrent savings reflects the way the organisation took short term opportunities to save costs.

Peter Lewis, Chief Executive, 25 June 2024



Directors' Report

Code of Governance for NHS Provider Trusts Disclosures

The directors are required to prepare an annual report and accounts for each financial year. The directors consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and stakeholders to assess Somerset NHS Foundation Trust's performance, business model and strategy.

The Code of Governance for NHS Provider Trusts was published in October 2022 and has been applicable since 1 April 2023. It replaces the previous NHS Foundation Trust Code of Governance issued by Monitor.

The Code of Governance for NHS Provider Trusts sets out a common overarching framework for the corporate governance of NHS providers (being NHS trusts and NHS foundation trusts), reflecting developments in UK corporate governance and the development of integrated care systems. Providers must comply with each of the provisions of the code or, where appropriate, explain in each case why the provider has departed from the code.

Somerset NHS Foundation Trust has applied the principles of the Code of Governance for NHS Provider Trusts on a comply or explain basis. The Board considers the Trust to be fully compliant with the principles of the Code of Governance for NHS Provider Trusts as well as the provisions of the code.

The Board

The membership, skills and expertise of the Board of Somerset NHS Foundation Trust during 2023/24, together with attendance at meetings, the commitments of the Board members are outlined below.

Non-Executive Directors

Colin Drummond OBE, DL **Chairman**
(Chair of the Nomination Committee)



Colin was previously chairman of Somerset NHS Foundation Trust from 1 April 2020 until the merger between Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust on 1 April 2023. He was chairman of Taunton and Somerset NHS Foundation Trust from 2014 and pro-chancellor and chair of governors of the University of Plymouth from 2016 - 2022.

From 1992 to 2013 Colin was chief executive of Viridor, one of the UK's leading recycling, renewable energy and waste management companies, and an executive director of Pennon Group PLC. He was then chairman of Viridor until the end of 2014. Prior to joining Pennon, Colin was chief executive of Coats Viyella Yarns Division, an executive director of Renold

Martyn Scrivens

Non-Executive Director (Deputy Chairman from 1 October 2023)



Martyn is a Fellow of the Institute of Chartered Accountants and chairs the Institute's Internal Audit Advisory Panel. He has 40 years of experience in audit and risk management, operating at board level with both the public and private sector. Over the last 15 years he has led the internal audit functions first at a major UK bank and then at a global investment and wealth management bank. From 2010 to 2012, he was a board member of the East Kent Hospitals NHS Trust. Martyn chairs the Trust's Financial Committee.

Martyn was previously a non-executive director and chairman at Yeovil District Hospital NHS Foundation Trust before the trusts merged in April 2023.

Appointed: 1 October 2021 as Associate Non-Executive Director and 1 November 2021 as Non-Executive Director	Public Board Attendance: 11/12
Re-appointed: 1 April 2024	Board Remuneration Committee Attendance: 1/1
Term Expires: 31 March 2027	Quality and Governance Assurance Committee: 6/12
	Audit Committee: 4/6
	Finance Committee: 12/12
	People Committee: 2/5

Graham Hughes

Non-Executive Director



Graham has over 40 years of experience in the financial and legal sectors and was previously an executive director of Bank and Clients PLC. Prior to this, in his capacity as managing partner and latterly chairman, he developed a legal practice to a multi office large employer. He has a deep understanding of commercial and risk management within the financial sector together with a thorough knowledge of the core strategic principles of heavily regulated and competitive sectors. He has also been involved in change management, developing policies for

large and complex organisations including whistle blowing, IT security and data protection and people policies. Graham joined the Trust Board of Yeovil District Hospital NHS Foundation Trust in April 2018 and subsequently joined the Trust Board of the merged trust in April 2023.

Appointed: 1 April 2023	Public Board Attendance: 10/12
Term Expires: 31 March 2026	Board Remuneration Committee Attendance: 0/1
	Quality and Governance Assurance Committee: 12/12
	Charitable Funds Committee: 6/6
	People Committee: 2/5



Paul Mapson **Non-Executive Director**



After a career spanning 41 years in the NHS, including 17 years as Director of Finance and Information at University Hospitals Bristol NHS Foundation Trust, Paul retired in June 2019. He became a non-executive director of Yeovil Hospital NHS Foundation Trust in March 2020 and joined the Trust Board of the merged trust in April 2023.

Appointed: 1 April 2023 Public Board Attendance: 11/12
Term Expires: 31 March 2026 Board Remuneration Committee Attendance: 1/1
Audit Committee: 5/6
Finance Committee: 11/12

Jan Hull **Non-Executive Director**
(Deputy Chair until 1 October 2023)



Jan spent the early part of her career with Unilever, in an international perfumery business covering sales, marketing and general management roles, including two years in the USA. She has over 20 years' experience of the NHS in Somerset, initially in public health and later as deputy chief executive for NHS Somerset, until she became managing director of the South, Central and West Commissioning Support Unit. Jan retired from this post in 2016. Jan has worked at senior level with all of the major health and social organisations in the county, including primary care, local authorities and the voluntary sector. She also has

significant experience of structural change, having led the merger of three commissioning support units in 2015. Jan was previously also a non-executive director at Yeovil District Hospital NHS Foundation Trust prior to the merger of the trusts in April 2023.

Appointed: 1 August 2017 Public Board Attendance: 11/12
Re-appointed: 1 August 2020 Board Remuneration Committee Attendance: 1/1
and 1 August 2023 Quality and Governance Assurance Committee:
Term Expires: 31 July 2024 12/12
People Committee: 3/5

Alexander Priest

Non-Executive Director



Following a degree and PhD in chemistry at Oxford University (where he used A.I. to design anti-cancer drugs), Alex started his career promoting apprentice partnerships as chief executive of an educational charity in London. In January 2016, he jumped from a successful career in intellectual property law to become chief executive of Mind (the mental health charity) in his home county of Somerset, where he now farms with his young family. Alex also holds various trusteeships and directorships in the property, education and third sectors. Alex was previously also a non-executive director at Yeovil District Hospital NHS Foundation Trust prior to the merger of the trusts in April 2023.

Appointed: 1 April 2020

Re-appointed: 1 April 2023

Term Expires: 31 March 2026

Public Board Attendance: 12/12

Board Remuneration Committee Attendance: 1/1

Charitable Funds Committee: 4/6

Audit Committee: 4/6

Finance Committee: 10/12

Barbara Gregory

Non-Executive Director



Barbara Gregory is a chartered accountant who has worked at senior management level in the NHS since 1993, including 15 years at board level in many different parts of the health system. She has an excellent working knowledge gained from first-hand experience of the health and social care system including working in strategic transformation programmes. Barbara has also worked closely with senior colleagues from local authorities on the integration of provision and commissioning and on the opportunities for the devolution of expenditure to providers as part of the potential development of accountable care organisations/systems.

Appointed: 1 August 2017

Re-appointed: 1 August 2020 and 1 August 2023

Term Expires: 31 July 2024

Public Board attendance: 9/12

Board Remuneration Committee Attendance: 1/1

Charitable Funds Committee: 5/6

Audit Committee: 4/6

Finance Committee: 10/12



Inga Kennedy CBE **Non-Executive Director**



Inga has spent a large part of her career working in the NHS in a range of nursing, midwifery and education roles, but also has extensive experience working in senior roles in the Royal Navy. Inga was appointed Inspector General of the Defence Medical Services where she designed and implemented a new healthcare governance framework. Subsequently she took on the role of Head of the Medical Service and Medical Director General for the Royal Navy. Inga is a trustee of the White Ensign Association, which provides independent advice to all serving and former members of the Royal Navy, Royal Marines, Royal Fleet

Auxiliary, and their families. Inga is currently a non-executive director for the Isle of Wight NHS Trust and the Portsmouth Hospital University NHS Trust and is a director of a private healthcare consultancy providing healthcare advice and reasonable challenge to executive teams with the aim of delivering enhanced governance and assurance.

Appointed: 1 October 2023 as Associate Non-Executive and 1 February 2024 as Non-Executive Director
Term Expires: 30 September 2027
Public Board Attendance: 6/7
Board Remuneration Committee Attendance: 1/1
Quality and Governance Assurance Committee: 5/7
Audit Committee: 1/2

Sube Banerjee **Non-Executive Director**



Professor Sube Banerjee is Executive Dean of the Faculty of Health and Professor of Dementia at the University of Plymouth and an Honorary Consultant in Psychiatry at Plymouth University Hospitals NHS Trust. Sube brings an extensive knowledge and understanding of dementia and older people’s health. He has worked on health policy and strategy internationally with the World Health Organisation and led the development of the National Dementia Strategy for England. He has extensive strategic and research experience at board level in the NHS and the university sector as an executive and clinical director.

Appointed: 1 May 2021 as Associate Non-Executive Director and 7 July 2021 as Non-Executive Director
Resigned: with effect from 1 February 2024
Public Board Attendance: 4/9
Board Remuneration Committee Attendance: 0/1
Charitable Funds Committee: 0/6

Tina Oakley

Associate Non-Executive Director



Tina has over 40 years of experience working in a number of senior human resources, recruitment and organisational development roles in large organisations, covering British Airways, RHM Premier Foods, P&O Ferries and Gatwick Airport Ltd. Tina ran large operations as a Duty Check-in Manager for Terminal 4 and General Manager for British Airways' worldwide call centres generating revenue and delivering customer service to passengers including specialist Executive Club service centres and the global customer relations operation dealing with customer complaints and service recovery.

Tina has also had involvement in crisis and emergency planning. Until recently Tina held the post of Amazon's HR Director of Operations for the UK and Ireland where she managed the speed of growth from 8,000 employees to 60,000 employees. In addition, Tina was previously a non-executive director for Frimley Health NHS Foundation Trust and is a Trustee and volunteer for the Trussell Trust Foodbank. The key focus in all her roles has been a passion for the employee and customer experience. Tina is currently a Parish Councillor for her local village.

Appointed: 1 October 2023

Term Expires: 30 September 2027

Public Board Attendance: 7/7

Board Remuneration Committee Attendance: 1/1

Quality and Governance Assurance Committee:

6/7

People Committee: 2/2

James Phipps

Associate Non-Executive Director



James began his career with Excalibur Communications Group in 1998, a provider of IT and communications for over 3,000 organisations largely in the south west. James was initially a sales adviser, before going on to hold various positions including managing director, CEO, owner, chairman, non-executive director and board advisor.

Alongside these commitments, between 2013 to 2015 James held a number of non-executive director and investor positions. James co-founded, and acted as trustee and chairman for the Younite Foundation, which he created to help build schools in Kenya and fund projects in Wiltshire.

Appointed: 1 October 2023

Resigned: with effect from 1 March 2024

Public Board Attendance: 5/5

Board Remuneration Committee Attendance: 1/1

Charitable Funds Committee: 1/2

Finance Committee: 3/3

People Committee: 2/2

Executive Directors

Peter Lewis

Chief Executive



Peter was the chief executive of both Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust before the trusts merged in April 2023. Peter joined one of our predecessor trusts, Taunton and Somerset NHS Foundation Trust which ran Musgrove Park Hospital, in 2005 as director of finance and performance. He then became deputy chief executive in 2008 and took on the responsibility of chief operating officer in 2010. Before Taunton and Somerset NHS Foundation Trust and Somerset Partnership NHS Foundation Trust merged in April 2020, Peter became chief executive of both organisations in November 2017. Prior to joining Taunton and Somerset NHS Foundation Trust, Peter was director of performance at Dorset and Somerset Strategic Health Authority, and also worked in both commissioning and provider organisations in Somerset prior to that. Peter is also a fellow of the Chartered Institute of Management Accountants.

Public Board Attendance: 12/12

Audit Committee: 1/1

Hayley Peters

Chief Nurse



Hayley was previously the chief nurse for both Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust before the trusts merged in April 2023. Prior to becoming an executive director, Hayley worked in senior clinical leadership roles in the southwest, London and the southeast. Hayley's early professional career centred in critical care, first as an intensive care nurse and later, following a period of training at Birmingham Medical School, as one of the very first physician's assistants to practise in the UK. As part of Hayley's role at Somerset NHS Foundation Trust, she has executive responsibility for safeguarding, patient safety and quality (jointly with the chief medical officer). Hayley is Trust Board safety champion for our armed forces, children, maternity, and neonates.

Public Board Attendance: 10/12

Quality and Governance Assurance Committee: 10/12

Charitable Funds Committee: 0/6

People Committee: 2/5

Pippa Moger

Chief Finance Officer



Pippa was previously the chief finance officer for both Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust before the trusts merged in April 2023. Pippa has over 20 years of experience in NHS finance and over thirteen years at deputy and director level. She has worked across regulator, commissioning and provider sectors and has a broad perspective on NHS finances.

Pippa joined Somerset Partnership NHS Foundation Trust in June 2013 as director of finance and business development.

She was then appointed as director of finance for Taunton and Somerset NHS Foundation Trust and Somerset Partnership NHS Foundation Trust in October 2017 before the two trusts merged in 2020. Pippa believes NHS resources must be used in the most efficient and effective way while ensuring patient safety is not compromised. Pippa is a fellow of the Association of Chartered Certified Accountants (ACCA).

Public Board Attendance: 9/12

Charitable Funds Committee: 4/6

Audit Committee: 6/6

Finance Committee: 11/12

Dan Meron

Chief Medical Officer until 1 April 2024



Daniel was previously the chief medical officer for both Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust before the trusts merged in April 2023. Daniel joined Somerset NHS Foundation Trust in December 2019 from his role of chief medical officer of Solent NHS Trust, which provides mental health, community and primary care services to people living in Southampton, Portsmouth, some parts of Hampshire and the Isle of Wight. He was also deputy medical director at University Hospital Southampton Foundation Trust, a large teaching hospital

providing secondary and tertiary acute services in Wessex. Daniel combined senior leadership roles with active front-line clinical work as a consultant in liaison psychiatry in Southampton General Hospital, as well as being actively engaged in research at the School of Medicine, University of Southampton. Dan retired on 31 March 2024.

Public Board Attendance: 8/12

Quality and Governance Assurance Committee: 6/12

People Committee: 3/5

Andy Heron

Chief Operating Officer and Deputy Chief Executive



Andy was one of two chief operating officers for Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust before the trusts merged in April 2023 and is now the single chief operating officer and deputy chief executive. Andy joined the NHS in Somerset in 2014 when he joined Somerset Partnership NHS Foundation Trust as chief operating officer. Having originally qualified as an occupational therapist, he worked in a number of clinical roles within mental health across the south west before moving into leadership roles during the 1990s. Andy played a role in the establishment of a new specialist NHS mental health trust serving the Avon and Wiltshire areas and became the general manager of mental health services. Following this, Andy gained a broad range of experience in London and the south west in senior commissioning and provider roles in the NHS, and also in social care, with most of his work being focused on service modernisation. Andy maintains a strong interest in care pathway redesign and service transformation and in recent years has taken on a number of system leadership roles within Somerset, centred on improving patient flow and working with partners in the development of successful community alternatives to hospital admission.

Public Board Attendance: 10/12

Quality and Governance Assurance Committee: 6/12

Finance Committee: 9/12

People Committee: 1/5

Isobel Clements

Chief of People and Organisational Development



Isobel was previously the chief of people and organisational development at both Somerset NHS Foundation Trust and Yeovil District Hospital, NHS Foundation Trust before the trusts merged in April 2023. Isobel started her career at Musgrove Park Hospital in 1988 and held several senior human resources and organisational development management roles, including at associate and deputy level, until she was appointed director of people and organisational development in 2018 for both Taunton and Somerset NHS Foundation Trust and Somerset Partnership NHS Foundation Trust before the two trusts merged. Isobel has played a key role in developing the trust's system of distributed leadership, ensuring that the organisation's values are brought to life in everyday behaviour. Isobel is a fellow member of the Chartered Institute of Personnel and Development (CIPD).

Public Board Attendance: 10/12

Quality and Governance Assurance Committee: 11/12

People Committee: 5/5

Non-voting Directors

David Shannon

Director of Strategy and Digital Development



David was previously the director of strategy and digital development for both Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust before the trusts merged in April 2023. David first joined Musgrove Park Hospital in 2016 as director of finance and went on to become the director of strategic development and improvement for both Taunton and Somerset NHS Foundation Trust and Somerset Partnership NHS Foundation Trust before the two trusts merged in 2020. David was previously director of operational finance at North Bristol NHS Trust from June 2014. Before that he spent six years at

Nottingham University Hospitals NHS Trust, most of them as assistant director of finance. He originally joined the NHS in 1998 on its graduate financial management training scheme.

Public Board Attendance: 11/12

Charitable Funds Committee: 5/6

Finance Committee: 10/12

Phil Brice

Director of Corporate Services



Phil was previously the director of corporate services for both Somerset NHS Foundation Trust and Yeovil District Hospital, NHS Foundation Trust before the trusts merged in April 2023. Phil joined Somerset Partnership NHS Foundation Trust in 2012, having worked in the NHS since 2000. He went on to become the director of governance and corporate development for both Taunton and Somerset NHS Foundation Trust and Somerset Partnership NHS Foundation Trust before the two trusts merged in April 2020. He worked for the Somerset Health Authority before becoming director of corporate services for Taunton Deane

Primary Care Trust and then director of corporate services and communications for NHS Somerset from 2006 – 2011. He previously worked for the Treasury Solicitor's department, the Parliamentary and Health Service Ombudsman and AXA PPP healthcare.

Public Board Attendance: 11/12

Quality and Governance Assurance Committee: 12/12

Audit Committee: 5/6

People Committee: 5/5

Further information on all Directors' declarations of interests are published within the Board of Directors meeting papers that are available on the Trust's website.



Statement of Disclosure to the Auditors

So far as the directors are aware, there is no relevant audit information of which the Trust's auditor is unaware. The directors have taken all steps that ought to have been taken as a director in order to make themselves aware of any relevant audit information and to establish that the Trust's auditor is aware of that information.

Modern Slavery and Human Trafficking Act 2015 Policy Statement

Section 54 of the Modern Slavery Act 2015 requires all organisations to set out the steps taken to ensure slavery and human trafficking is not taking place in any of its supply chains and in any part of its business. The Trust's statement is available on the public website.

Audit Function and Audit Committee Role

The Audit Committee has responsibility for providing assurance to the Board concerning the system of internal control, risk management, financial statements and compliance and governance. The Audit Committee oversees the effective operation of the internal and external audit programme and counter fraud activities.

BDO was the Trust's appointed internal auditor, and they undertook reviews for the level of assurance on the adequacy of internal control arrangements, including risk management and governance. The Trust's external auditor was KPMG which provided the Trust's statutory audit services.

During 2023/24, KPMG reviewed whether their general procedures support their independence and objectivity, including any matters related to the provision of non-audit services, and positive affirmation has been presented to the Audit Committee. This is in line with guidance from the National Audit Office, which states that the total fees for advisory services should not exceed 70% of the total fee for all audit work carried out a public body.

When considering the effectiveness of the external auditors, the Audit Committee:

- reviewed in detail the presentations, reports and communications from KPMG
- expected attendance from KPMG at every scheduled Audit Committee and
- received the external audit plan and kept it under review to ensure the quality of the external audit and to assess any risks of delivery against plan.

In addition, the non-executive director members of the Audit Committee, including the Chair of the Audit Committee, have the opportunity to meet with KPMG and BDO after each Audit Committee meeting to seek views about the executive directors, particularly the Chief Finance Officer, as to their effectiveness. KPMG and BDO also met regularly with members of the executive team to broaden their knowledge of the trust and to provide information on sector developments and examples of best practice. KPMG has built a strong and effective working relationship with the internal auditors to maximise assurance to the Audit Committee, avoid duplication and provide joint value for money. During the year, the Audit Committee considered the following significant audit risks identified by external audit:



- Fraud risk from expenditure recognition – completeness
- Management Override of Controls
- Valuation of Land and Buildings
- Merger accounting
- Consolidation of new subsidiaries

The Audit Committee also considered the financial statements risks identified by external audit through their risk assessment processes. KPMG issued an unqualified opinion on the Trust's financial statements audit for 2023/24. KPMG reported one significant weakness in relation to governance as part of their report on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources, which stemmed from the Care Quality Commission inspection as outlined within this report.

KPMG concluded that the Trust has completed a significant amount of work during the year in order to address the concerns identified through the CQC inspection surrounding maternity services in November 2023. Whilst progress has been made, due to the timing of the inspection a number of remedial actions had not been put in place by 31 March 2024 and the Trust were still working towards implementing a number of the required actions. Whilst the Trust have received confirmation from the CQC that they are satisfied with the progress made to date, the inspection findings were in place not originally captured as risks on maternity risk registers prior to the inspection being completed.

Due to the timing of the CQC inspection, and the finalised inspection reports not being published until May 2024, many of the remedial actions had not been in place for the full financial year and a number of actions had not yet been fully implemented as at year end. Therefore, KPMG considered this to be a significant weakness in the governance arrangements in place at the Trust and made the following recommendation:

The Trust should continue to maintain the current level of focus and direct resources to improve the levels of service provided by the maternity services at the Trust based on the Section 29A warning notice and the "Must Do" actions of the full CQC report.

This work continues to be overseen through the newly formed Maternity and Neonatal Action Group as outlined on pages 48-50.

[How the Board of Directors and the Council of Governors Operate \(Including the Handling of any Disputes\)](#)

The Trust's constitutional documents, relevant legislation and the regulatory framework set out how the Board and the Council of Governors exercise their functions. The Trust retained a register of interests for the Council of Governors and the Board, and these were reviewed at least annually. The register for all Board members is presented to the Board of Directors meeting at each meeting. The registers are also available, on request, from the Company Secretary. A list of interests of the Board is available within published Board papers.



The general duty of the Board and of each director individually is to act with a view to promoting the success of the Trust to maximise the benefits for its members and for the public. The Board of Directors' objectives are to govern the organisation effectively and to ensure that the Trust is providing safe, high quality, patient-centred care. The Board has the same role as that of any other unitary Board – to set strategic direction and to oversee the work of the executive to ensure that corporate objectives and performance targets are achieved. No individual on the Board has unfettered powers of decision. All powers which have not been retained by the Board or delegated to a committee of the Board are exercised on its behalf by the Chief Executive. If the Chief Executive is absent, powers delegated to him may be exercised by the Deputy Chief Executive. The Board remains accountable for all of its functions, including those that have been delegated.


The Board may appoint committees consisting wholly or partly of directors, or wholly or partly of persons who are not directors. The committees of the Board are: Audit Committee, Governance and Quality Assurance Committee, Finance Committee, People Committee and a Nomination and Remuneration Group (which approves the appointment of executive directors and reviews their performance annually along with their levels of remuneration).

The National Health Service Act 2006 gave the Council of Governors various statutory roles and responsibilities, and these were expanded, clarified and added to through both the 2012 and 2022 Health and Social Care Acts.

The Council of Governors is responsible for appointing and, if appropriate, removing the Chairman and non-executive directors (on the recommendation of the Remuneration and Nominations Group), for appointing the external auditors and for approving (or not) the appointment of the Chief Executive. It is responsible for deciding the remuneration and other terms and conditions of the Chairman and non-executive directors (on the recommendation of the Remuneration and Nominations Group), for receiving the annual accounts, any report of the auditor on them, and the annual report at a general meeting of the Council of Governors.

The Council of Governors is also responsible for holding the non-executive directors, individually and collectively, to account for the performance of the Board, representing the interests of members, approving significant transactions or any application by the Trust to enter into a merger, acquisition or dissolution, deciding whether its non-NHS work would significantly interfere with its NHS work, and reviewing amendments to the organisation's Constitution.

The Council of Governors comprises elected and appointed governors and is chaired by the Trust Chairman. The Council of Governors may not delegate any of its powers to a committee or sub-committee, but it may appoint committees or working groups consisting of governors, directors, and other persons to assist it in carrying out its functions. The committees and working groups of the Council of Governors in operation during 2023/24 were: Nomination and Remuneration Committee, Strategy and Planning Group, Membership, Involvement and Communications Group, Quality and Patient Experience Group and the People Group. Members of the Board, including the non-executive directors, regularly attend the Council of Governors and



working groups meetings and also attend part of the Governor Development Days. The Chairman and Chief Executive regularly meet with the governors who are also encouraged to attend and observe meetings of the Board and its assurance committees as part of their role.

During 2023/24, the Council of Governors discharged its statutory duties. The governors contributed to the development of the Trust's plans and reviewed key aspects of finance, performance and quality through its various activities. They received the Annual Accounts and the Annual Report at the Annual General Meeting. To comply with its role to hold the Non-Executive Directors to account, the Council of Governors regularly met with the Non-Executive Directors, requested updates and attended meetings of the Board and, where relevant, its assurance committees.

Where any disagreements between the Council of Governors and the Trust Board occur, the Trust policy "Policy and Procedure for Council of Governors: Raising Concerns" details the process by which these disagreements are resolved. A copy of the policy can be requested from the Secretary to the Trust by contacting foundationtrust@somersetft.nhs.uk. There were no disputes between the Council of Governors and the Board during 2023/24.

The Senior Independent Director is available to governors and members should they have concerns which they have not been able to resolve through the normal channels of communication via the Chairman and Chief Executive or for which such contact is inappropriate. To contact the Senior Independent Director, all correspondence, marked private and confidential, should be sent to the Secretary to the Trust at the Management Office, Yeovil District Hospital, Higher Kingston, Yeovil, BA21 4AT.

Governors and Membership Information

As part of the planning for the merger, the composition of the Council was reviewed in 2022 and the constitution was amended to increase the number of Governor positions in some constituencies to allow for greater representation in those areas following the merger. The latest change to the composition of the Council came into effect from 1 May 2023.

The Council of Governors meet on a quarterly basis and comprises of up to 42 Governors including 21 elected public governors, 12 elected staff governors, two local authority governors and one Somerset ICB governor. The partnership organisations eligible to nominate governors are:

- The Voluntary, community and Social Enterprise (VCSE) sector – two governors
- The Somerset Primary Care Board – one governor
- Universities – one governor
- Subsidiary companies – two governors in total

There are currently eight vacancies across the public and appointed sectors.



Members of the public who reside within the Trust's various constituencies can be elected as a public governor. Elected governors (public and staff) are usually appointed for three-year terms. Ian Hawkins stood down as Lead Governor and was replaced by Kate Butler in 2023/24.

Anyone aged 14 and over who lives in England may become a member of Somerset NHS Foundation Trust, subject to a small number of exclusions. The public constituency is divided into six areas, five of which cover core wards and districts served by the trust across Dorset and Somerset. The five areas are Mendip, Sedgemoor, South Somerset, Somerset West and Taunton, and Dorset. The sixth constituency (Outside Somerset and Dorset) acknowledges the interest of members from the wider catchment area.

As at 31 March 2024, membership of the public constituency was at 10,396. Public membership equates to approximately 4% of the Trust's catchment area. As at 31 March 2024 membership of the staff constituency was 16,341.

Continuous internal quality assurance assessments of membership data are undertaken to promote accuracy, remove duplicate records and resolve any other inconsistencies.

[Steps taken by Members of the Board in Understanding the Views of the Council of Governors and Membership](#)

All Board members are encouraged to attend Council of Governors' meetings and routinely do so, with the Chief Executive leading on standing agenda items and other Directors presenting agenda items and responding to questions as required.

As the majority of Board members attend the Council of Governors' meetings, feedback from the meetings can be taken into account immediately. In addition, representatives from the Council of Governors also attend the public Board meetings and governors are invited to attend the joint Board/Council of Governors away day held in December each year to discuss strategic issues. With exception of the Audit Committee, membership of the Board Committees includes a dedicated Governor.

The Chairman meets with the Lead and Deputy Lead Governor on a regular basis to discuss issues arising from Board meetings and governors' concerns. The Chairman and/or Chief Executive also meet with the Staff Governors on a regular basis. Governors meet with Non-Executive Directors on a quarterly basis.

During the year, three Governor Development sessions have been held. These development sessions covered: update on the time as a measure of success; update on acute home treatment; overview of subsidiaries, joint ventures and other contracts and the group governance structure, update on the green plan; and a presentation on Trust research. Alongside this, the Governors have created a Governor charter, looked at membership and engagement as part of a governor workshop on Membership, communication and involvement. Board members are invited to join the Development sessions and the agenda included Q&A sessions with a small number of Non-Executive Directors. Board members are not members of the Council but have a standing invitation to attend Council meetings.

Board Member Attendance at Council of Governors Meetings

		Meetings	
		Possible	Actual
Colin Drummond	Chairman	4	4
Jan Hull	Non-Executive Director	4	1
Barbara Gregory	Non-Executive Director	4	0
Kate Fallon	Non-Executive Director	4	1
Alexander Priest	Non-Executive Director	4	3
Sube Banerjee	Non-Executive Director	3	0
Martyn Scrivens	Non-Executive Director	4	2
Paul Mapson	Non-Executive Director	4	2
Graham Hughes	Non-Executive Director	4	3
Inga Kennedy	Non-Executive Director	2	0
Tina Oakley	Associate Non-Executive Director	2	0
James Phipps	Associate Non-Executive Director	2	1
Peter Lewis	Chief Executive	4	4
Daniel Meron	Chief Medical Officer	4	2
Pippa Moger	Chief of Finance	4	1
Phil Brice	Director of Corporate Services	4	4
Hayley Peters	Chief Nurse	4	1
Andy Heron	Chief Operating Officer	4	2
Isobel Clements	Chief of People and Organisational Development	4	4
David Shannon	Director of Strategy and Digital Development	4	3

Nominations and Remuneration Committee (Council of Governors)

The Council of Governors is required to approve the remuneration and terms of service of the Chairman and Non-Executive Directors and has established a Nominations and Remuneration Committee to do so, in accordance with the Trust's Constitution.

The role of the Committee is:

- to consider the Non-Executive Director or Chairman vacancies due in the next 12 months and make recommendations to the Council of Governors (Annex 4, para 4.2 of the Standing Orders in place during 2023/24); and
- to advise the Council of Governors as to the remuneration and allowances and of the Terms and Conditions of the office of the Chairman and other Non-Executive Directors (para 33.2 of the Constitution in place during 2023/4).

The Senior Independent Director, the Chairman and other Directors may be invited to attend meetings of this Committee.

The Committee met three times during the year on 19 May 2023, 5 December 2023 and 6 March 2024 to discuss:

- Feedback from the Non-Executive Directors appraisals and appraisal process for 2022/23;
- Chairman’s 360 degree appraisal feedback for 2022/23;
- Non-Executive and Chairman Remuneration;
- Chairman’s objectives and appraisal process for 2023/24;
- Re-appointment of a Non-Executive Director; and
- Non-Executive Director recruitment process and succession planning

The Committee’s attendance is set out below:

Nomination and Remuneration Committee – Attendance at meetings		
	Possible	Actual
Kate Butler (Chair)	3	3
Jeanette Keech	3	3
Paul Robathan	3	3
Shabnum Ali	3	2
Judith Goodchild	3	3

The Committee received feedback from the Non-Executive Directors performance reviews and concluded that all Non-Executive Directors had had a successful year, and all Non-Executive Directors had performed well above the standards required.

The Committee discussed feedback from the 360° degree Chairman’s performance review process and agreed that the Chairman’s performance during 2022/23 had been excellent.

The Committee further discussed the Chairman objectives for 2023/24 and recommended the approval of the objectives as well as the Chairman and Non-Executive Directors appraisal processes for 2023/24 to the Council of Governors.

The Committee carried out a recruitment campaign for three Associate Non-Executive Directors during 2023/24 following the plans for Non-Executive Directors’ succession. The Committee recommended the appointment of Inga Kennedy, Tina Oakley and James Phipps to the Council of Governors. The Committee further recommended the re-appointment of Martyn Scrivens and Kate Fallon for a further three years and one year’s term respectively. All appointments/re-appointments recommendations were based on the Board skills mix and previous appraisals.

The Committee reviewed the Non-Executive and Chairman remuneration during 2023/24 and recommended the proposed changes to Chairman and Non-Executive Director remuneration to the Council of Governors.

Elected Governors – Public Constituency

Name	Constituency	Date Elected	Attendance at Council of Governor Meetings 23/24
Bob Champion	Mendip	1 May 2016 1 May 2019 1 May 2022	3 / 4
Virginia Membrey	Mendip	1 May 2023	3 / 4
Judith Goodchild	Sedgemoor	1 May 2019 1 May 2022	3 / 4
Jack Torr	Sedgemoor	1 September 2021 1 April 2023	2 / 4
Eddie Nicolas	Sedgemoor	1 May 2022 1 May 2023	4 / 4
Martin Davidson	Sedgemoor	1 May 2023	3 / 4
Jeanette Keech	West Somerset and Taunton	1 May 20219 1 May 2022	4 / 4
Ian Aldridge	West Somerset and Taunton	1 May 2016 1 May 2022 1 May 2023	4 / 4
Kate Butler	West Somerset and Taunton	1 May 2019 1 May 2022	4 / 4
Jane Armstrong	West Somerset and Taunton	1 May 2020 1 May 2023	4 / 4
Erica Adams	West Somerset and Taunton	1 April 2020 1 April 2023	3 / 4
Ian Hawkins	South Somerset	1 May 2020 1 May 2023	4 / 4
Sue Steele	South Somerset	1 May 2020 1 May 2023	4 / 4
Mick Beales	South Somerset	1 May 2022	3 / 4
David Recardo	South Somerset	1 May 2022	0 / 4
Paull Robathan	South Somerset	1 May 2022	4 / 4
Alan Peak	Outside Somerset	1 May 2019 1 May 2022	2 / 4
Peter Shorland	Dorset	1 May 2023	3 / 4

There are two vacancies in the Mendip constituency and one vacancy in the South Somerset constituency.

Elected Governors - Staff Constituency

Name	Constituency	Date Elected	Attendance at Council of Governor Meetings 23/24
Joe Silsby	Staff	1 May 2022	4 / 4
Shabnum Ali	Staff	1 May 2022	1 / 4
Phil Hodgson-Purves	Staff	1 May 2023	1 / 3
Adekunle Akinola	Staff	1 May 2023	3 / 3
Halley Kimber	Staff	1 May 2023	0 / 3
Heather Sparks	Staff	1 April 2023	1 / 3
Jonathan Moore	Staff	1 April 2023	2 / 3
Sun Sander-Jackson	Staff	1 April 2023	2 / 3
Julie Reeve	Staff	1 April 2023	3 / 3
Nick Crow	Staff	1 April 2023	1 / 3
Mark Robinson	Staff	1 April 2023	0 / 3
Lydia Karamura	Staff	1 April 2023	2 / 3

Appointed Governors

Name	Stakeholder Organisation	Attendance at Council of Governor Meetings 23/24
Dirk Williamson	Simply Serve Limited	4 / 4
Heather Shearer	Somerset Council	3 / 4
Adam Dance	Somerset Council	1 / 2
Caroline Gamblin	ICB	2 / 4
Jos Latour	Universities	2 / 4

There are three vacancies in the voluntary, community and social enterprise (VCSE), Somerset GP Board and Symphony Health Services Ltd partnership organisations.

Public Membership

Constituency	Mendip	Sedgemoor	West Somerset and Taunton	South Somerset	Outside Somerset	Dorset	Total
31 March 2024	1234	1688	3208	2119	1843	300	10396

Staff Membership

Staff Membership	2023/24
31 March 2024	16,341



Engagement with members

We recognise the importance of having a strong and engaged membership. With circa 26,000 members (public and staff combined), the Trust has access to the local population, interaction with which helps to improve services.

The membership strategy for 2023/26 came into effect from 1 April 2023. The focus of the Trust's membership strategy is on improving meaningful engagement with its members and a key form of engagement is through the annual members' meeting held in September each year. Membership and membership engagement is monitored via the Membership, Involvement and Communications working group.

Engagement with members during 2023/24 has been a work in progress. The Membership, Involvement and Communications group developed a membership workshop to discuss, review and formulate a plan for meaningful engagement. The group decided on re-introducing Governor Surgeries, Medicine for Members, and governor attendance at other events out in the communities. These sessions will be re-introduced in 2024.

The Trust's membership is broadly representative of the population it serves. According to 2011 census data, the majority of Somerset residents are 'white British'. Somerset also has an increasingly older population, and the Trust's membership largely reflects this trend but there is an under representation of members in the 12-21 age group. There is also a slight under representation of male members.

The Membership, Involvement and Communications group has been actively involved in the development of new membership material and raising the profile of membership. Particular focus is being given to recruiting younger members and work is taking place to set up a Youth Forum and visiting Colleges to attract younger members.

Elected governors listen to and represent the opinion of the Trust members on a whole range of issues including the objectives, priorities, and strategy. The governors are given the opportunity to communicate those opinions expressed by members directly or via the Council's working groups. Appointed governors are able to present the views of their appointing bodies on the objectives, priorities and strategy directly to the Council of Governors.

Contact Information for Members

The Corporate Services Officer acts as the key point of contact for governors. Any member wishing to raise an issue with a director or governor can do so by writing, emailing or telephoning the individual at Yeovil District Hospital or by speaking to the governor in their constituency. Contact details for Directors, Governors and the Corporate Services Officer are available on the website.



Performance Evaluation of the Board/Governance Arrangements (Including Details of External Facilitation and the NHS England Well-Led Framework)

The Board was satisfied that the Trust applies those principles, systems and standards of good corporate governance that reasonably would be regarded as appropriate for a supplier of healthcare services to the NHS. The Trust had structured governance arrangements in place with clear lines of reporting from “ward to Board” across operational, quality, safety, patient experience and finance, through assurance committees, to the Board.

NHS Foundation Trusts are subject to the recommendations of the NHS Foundation Trust Code of Governance for NHS Providers (modelled on best practice UK governance principles) and the Well-Led Framework, which encourage Boards to conduct a formal evaluation of their own performance and that of its committees and directors. The Trust has robust structures in place to ensure that services are well-led, and these are described within this section and throughout the Annual Governance Statement from page 105 onwards. This includes an overview of the Trust’s internal control and assurance framework and any actions to improve governance of quality.

The Trust continuously reviews its Board governance structure, and this has most recently been reviewed as part of the planning for the merger from 1 April 2023 to ensure clear lines of accountability from the Board to all teams across the organisation and its subsidiaries.

The effectiveness of the Board of Directors meetings is reviewed at the end of each meeting and annually as part of an annual review of the Board’s Terms of Reference. Effectiveness of Board sub committees is monitored through the Board through quarterly reports and as part of the annual effectiveness review of the Committees’ compliance with their Terms of References.

On the basis of the expertise and experience described in the overview of Board members; and the review and updating of the Board skills mix analysis in 2023/24, the Trust is confident that the necessary range of knowledge and skills exists within the Board of Directors and that its balance, completeness and appropriateness to the requirements of the NHS Foundation Trust constitute a high performing and effective Board. No company directorships or other material interests in companies are held by any Board members where those companies or related parties are likely to do business, or are possibly seeking to do business, with the Trust. The Chairman has held no other significant commitments during 2023/24. A register of interests of Board members is available from the Secretary to the Trust and is also included in the Board papers published on the Trust’s website. Declarations can also be accessed through the publicly available Conflict of Interest system.

Non-Executive Directors are subject to regular and annual appraisals by the Chairman; unsatisfactory appraisals could result in termination of their appointment. The decision to remove Non-Executive Directors rests with the Council of Governors. During 2023/24 a 360-degree appraisal of the Chairman’s performance was undertaken and feedback from the appraisal process was presented to the Nomination and Remuneration Committee, discussed with the Chairman and



summarised feedback was presented to the Council of Governors. The Chairman's appraisal process is agreed with the Council of Governors on an annual basis.

The performance of Executive Directors is similarly reviewed through regular supervision and annual appraisals by the Chief Executive, whose performance is, in turn, reviewed and appraised by the Chairman, and reported to the Non-Executive Directors through the Nomination and Remuneration Committee.

The Board considers that during 2023/24 all the Non-Executive Directors are independent in character and judgement and there are no known circumstances or relationships which are likely to affect, or could appear to affect, the directors' judgement. The Board also considers that all Board members meet the Fit and Proper Persons test.

In assessing the Trust's performance, we take account of our delivery against the NHS Oversight framework and its five key themes of:

- Quality of care, access and outcomes
- Preventing ill-health and reducing inequalities
- People
- Finance and Use of Resources
- Leadership and capability

Our performance against these is set out in the Financial Overview and Review section of this report on page 54.

No material inconsistencies between the annual governance statement, corporate governance statement, annual report and reports from the Care Quality Commission have been identified.



Peter Lewis, Chief Executive, 25 June 2024



Remuneration Report

This report is made by the Board of Yeovil District Hospital NHS Foundation Trust in compliance with:

- Sections 420 to 422 of the Companies Act 2006 (that apply to NHS foundation trusts);
- Parts 2 and 4 of schedule 8 of the Regulations as adopted by NHS Improvement;
- Regulation 11 and parts 3 and 5 of Schedule 8 of the Large and Medium sized Companies and Groups (Accounts and Reports) Regulations 2008; and
- Elements of the Code of Governance for NHS Provider Trusts.

The term “senior manager” covers those who influence the decisions of the Trust as a whole, rather than the decisions of individual directorates or departments and the Board has decided that disclosures will be made in respect of Executive Directors and Non-Executive Directors.

Statement of Policy on the Remuneration of Senior Managers for Current and Future Years

The pay policy for Executive Director remuneration aims to deliver the main principles for director remuneration under Section E of the Code of Governance for NHS Provider Trusts.

Levels of remuneration should be sufficient to attract, retain and motivate directors of the quality required to run the NHS Foundation Trust successfully, but an NHS Foundation Trust should avoid paying more than is necessary for this purpose.

The Trust will set executive remuneration taking account of data on pay available elsewhere for each particular role within the benchmark data. The benchmark data will be reviewed annually and will be based on the Hay scores. The principal benchmark will be the national public sector and the foundation trusts with an annual turnover of a comparative level will be used as a secondary benchmark. Additional factors, as defined by the Nomination and Remuneration Committee, will also be taken into account.

Board Remuneration Committee

The Board Remuneration Committee of the Board comprises the non-executive directors and determines the level of remuneration, terms of service for the Chief Executive and other executive directors. It supports the work of the Chairman in assessing the size, structure and skill requirements of the Board. The remuneration element of the Committee is chaired by the Senior Independent Director, Kate Fallon, and the nomination element of the Committee is chaired by the Trust’s Chairman, Colin Drummond.

The Committee met once in the financial year 2023/24 and attendance is set out in the accountability report. There was no requirement for the Director of People and Organisational Development to attend this meeting to provide further advice.

Remuneration Packages for Non-Executive Directors

The remuneration packages for Non-Executive Directors in 2023/24 was:

Salary	£16,500 per annum for all non-executive directors
Salary	£55,000 per annum for the non-executive chairman
Salary	£3,000 per annum for the additional roles of Senior Independent Director, Deputy Chairman and Chairman of the Audit Committee.

Remuneration packages and any changes made to it for Executive Directors

Element	Rationale
Salary	The Board approved the Trust Strategy. These are delivered by the Directors. This success measure is one of the ways in which the Directors performance is monitored. All executive director remuneration is subject to satisfactory performance of duties in line with their employment and monitored through regular 1:1 with the Chief Executive and annual appraisal. The Chief Executive performance review is led by the Trust Chairman. There is no performance related pay and Directors receive 100% of their salary subject to the relevant deductions. Salary is benchmarked and there are no automatic rises for executive directors.
Taxable Benefits	Any taxable benefit is agreed by the Nomination and Remuneration Committee. This forms part of the recruitment and retention of executive directors by ensuring that the Trust remains competitive. There is no maximum amount payable.
Bonus	No bonus scheme operates at the Trust therefore the maximum that could be paid is £0.
Pension	Standard pension arrangements are in place for 2023/24.

The Chairman of the Nomination and Remuneration Committee confirms that for the 2023/24 financial year all Executive Directors received a 5% pay uplift. In addition, one executive director received an additional uplift to bring remuneration up to benchmark with equivalent sized trusts. No new components of the remuneration package were introduced in 2023/24.

In some cases, an additional responsibility payment may be paid where individual senior managers are required to take on significant responsibilities outside of their core role for an extended period. The allowance should be linked to the proportion of time spent on the additional responsibilities and would not normally exceed 10% of basic salary. Executive members of the Board are employed on contracts with no fixed or specified term, save for the Chief Medical Officer, who was subject to a three-year fixed term in respect of his executive role. Notice periods for executive members of the Board are set at six months. No provision is made for additional termination payments.



Expenditure on consultancy

A total of £70,000 was spent on consultancy in 2023/24 (2022/23: £298,000).

Off payroll arrangements

There were no off-payroll engagements of board members and/or senior officials with significant financial responsibility.

The Trust policy is not to use off-payroll engagements unless in exceptional circumstances, and then for the minimum time demanded by such circumstances.

Payments for loss of office (subject to audit)

The Nomination and Remuneration Committee is the body charged with determining payments for loss of office. There is no policy for such payments. Instead, the Committee makes individual decisions on the rare occasions where such payments may be warranted. These decisions relate to both the award of a loss of office payment and on the value of any such payment. The Committee is free to exercise its discretion, and bases its decisions on the circumstances of the loss of office, the performance of the office-holder, and any other factors deemed relevant.

This section includes information on any individuals who were a senior manager in the current or in a previous financial year that has received a payment for loss of office during the financial year. All payments made for loss of office were contractual payments as per the national NHS terms and conditions.

Acting Managing Director of Simply Serve Limited	£63,447.86
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This payment is made up from three elements: redundancy payment, lieu of notice and lieu of annual leave.

Payments to past senior managers (subject to audit)

There were no payments of money or other assets to any individual who was not a senior manager during the financial year but had previously been a senior manager at any time.

Statement on remuneration levels higher than the British Prime Minister

Following guidance from the Secretary of State the Trust is required to disclose the steps it has taken to satisfy itself that the remuneration is reasonable in cases where senior managers are paid more than £150,000 p.a. There are 4 senior managers currently employed by the Trust who were paid more than £150,000 p.a. (the Chief Executive, the Deputy Chief Executive/Chief Operating Officer, the Chief Medical Officer and the Chief Finance Officer). The salaries for these posts have been benchmarked and are commensurate with national, regional and local comparator roles within the NHS, reflecting the very high levels of responsibility associated with the posts.



Executive Directors allowed to work elsewhere as a Non-Executive

In the case of executive directors serving as a non-executive, earnings will not be retained by the relevant director. The Board does not agree to a full-time executive director taking on more than one non-executive directorship of an NHS foundation trust or another organisation of comparable size and complexity.

Employment Conditions of Other Employees

The Trust applies national pay rates, terms and conditions for other staff, both medical and non-medical and has not implemented any local conditions reflecting market forces or other factors.

All other employees' remuneration is based on the national terms and conditions appropriate to their contract of employment. While the Trust does not consult with staff on remuneration for directors, it is always mindful of the remuneration of staff when making decisions. When reviewing salary, the Board Remuneration Committee considers what is happening to staff pay across the sector, the comparison to the median ratio of the workforce and ensuring that the Committee continues to be financially prudent. NHS Providers produce an annual remuneration survey for benchmarking.

The future focus of activity for people services will relate to the People Strategy (continuing to deliver a range of resilience, stress management and health promotion initiatives placing the emphasis on prevention) alongside the creation of a new people services strategy, supporting the merger and working towards the delivery of the NHS People Promise.

Fair/Median Pay (subject to audit)

The Trust is required to disclose the relationship between the remuneration of the highest-paid director and the lower quartile, median and upper quartile remuneration of the workforce.

On 1 April 2023, Somerset NHS Foundation Trust merged with Yeovil District Hospital NHS Foundation Trust. The Median Pay comparative numbers (2022/23) relate only to employees of the legacy Somerset NHS Foundation Trust (pre-merger).

The banded remuneration of the highest paid director in the financial year 2023-24 was £230-235k (2022-23, £220-225k), which is a 6% change between years (2022-23 – 7%).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, pay award and healthcare assistant re-banding but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

For employees of the Trust as a whole, the range of remuneration in 2023-24 was £73 to £443,341 (2022-23, £78 to £426,517). The percentage change in average

employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is 4.0% (2022-23 – 10.1%). 126 employees received remuneration in excess of the highest-paid director in 2023-24 (2022-23 – 77 employees).

The remuneration of the employee at the 25th percentile, median and 75th percentile is set out below. The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce. The 2022/23 pay ratio for the highest paid director is reported net of recharges to Yeovil District Hospital where 2023/24 is gross (post-merger).

	25th percentile	Median	75th Percentile
Salary component of pay	£24,336 (22/23: £24,891)	£30,639 (22/23: £31,114)	£42,618 (22/23: £43,842)
Total pay and benefits excluding pension benefits	£28,273	£37,850 (22/23: £36,509)	£50,278
Pay and benefits excluding pension; pay ratio for highest paid director	8.3:1 (2022/23: 6:1)	6.2:1 (22/23: 4:1)	4.7:1 (2022/23: 3:1)

Expenses of the Governors

During 2023/24, the expenses paid to the members of the Council of Governors totalled £1445.30 compared to £244.70 for 2022/23.



Salary and Pension Entitlements of Senior Managers 2023/24 (subject to audit)

Total remuneration 2023/24	Note	Salary	Taxable benefits *	Pension related benefits **	Total Remuneration
Name and Title		(Bands of £5,000)	(To nearest £100)	(Bands of £2,500)	(Bands of £5,000)
		£000		£000	£000
Peter Lewis Chief Executive		230 – 235	300	0	230 – 235
Daniel Meron Chief Medical Officer		220 – 225	300	0	220 – 225
Andy Heron Deputy Chief Executive & Chief Operating Officer		165 – 170	400	50 – 52.5	220 – 225
Pippa Moger Chief Finance Officer		150 – 155	500	0	150 – 155
David Shannon Director of Strategy and Digital Development		140 – 145	400	0	140 – 145
Isobel Clements Chief of People and Organisational Development		140 – 145	500	0	140 – 145
Hayley Peters Chief Nurse		135 – 140	300	0	135 – 140
Phil Brice Director of Corporate Services		125 – 130	200	0	125 – 130
Clive Radestock SSL Managing Director	1	115 – 120	0	0	115 – 120
Katie Mattravers SSL Acting Managing Director	2	75 – 80	0	15 – 17.5	90 – 95
Berge Balian SHS, Medical Director		155 – 160	0	n/a	155 – 160
Kerry White SHS, Managing Director		115 – 120	0	n/a	115 – 120
Harvey Sampson SHS, Strategic Development Director	3	15 – 20	0	n/a	15 – 20
Maurice Dunster SHS, Chairman	4	5 – 10	0	n/a	5 – 10
Ian Wyer SHS, Director of Wider Primary Care	5	0 – 5	0	n/a	0 – 5
Colin Drummond Chairman		55 – 60	200	n/a	55 – 60



Total remuneration 2023/24	Note	Salary	Taxable benefits *	Pension related benefits **	Total Remuneration
Name and Title		(Bands of £5,000)	(To nearest £100)	(Bands of £2,500)	(Bands of £5,000)
		£000		£000	£000
Martyn Scrivens Non-Executive Director		20 – 25	0	n/a	20 – 25
Barbara Gregory Non-Executive Director		15 – 20	0	n/a	15 – 20
Kate Fallon Non-Executive Director		15 – 20	0	n/a	15 – 20
Jan Hull Non-Executive Director		15 – 20	200	n/a	15 – 20
Sube Banerjee Non-Executive Director	6	10 – 15	0	n/a	10 – 15
Alexander Priest Non-Executive Director		5 – 10	0	n/a	5 – 10
Paul Mapson Non-Executive Director		15 – 20	0	n/a	15 – 20
Graham Hughes Non-Executive Director		15 – 20	0	n/a	15 – 20
Inga Kennedy Non-Executive Director	7	5 – 10	0	n/a	5 – 10
Tina Oakley Associate Non-Executive Director	8	5 – 10	0	n/a	5 – 10
James Phipps Associate Non-Executive Director	9	5 – 10	0	n/a	5 – 10

Notes

1. To 31 December 2023. The salary includes exit package "other departure" costs of 60 - 65.
2. Director of Procurement to 10 September 2023, Acting Managing director from 11 September 2023.
3. To 31 January 2024.
4. To 31 January 2024.
5. To 31 October 2023.
6. To 1 February 2024.
7. Associate non-executive director from 1 October 2023 and non-executive director from 1 February 2024.
8. From 1 October 2023.
9. From 1 October 2023 to 1 March 2024.

*Taxable benefits are costs associated with travel expenses allowances that are subject to income tax.

**The value of pension related benefits is determined in accordance with the HMRC method, which incorporates pensions payable for a 20-year period. Individuals may have opted out of the NHS pension scheme and no other contributions are made.

Salary and Pension Entitlements of Senior Managers 2022/23 (subject to audit)

Total remuneration 2022/23	Note	Salary	Taxable benefits *	Pension related benefits **	Total Remuneration	Recharges Salary	Recharges Taxable Benefits *	Recharges pension related benefits	Remuneration Net of recharges ***
Name and Title		(Bands of £5,000)	(To nearest £100)	(Bands of £2,500)	(Bands of £5,000)	(Bands of £5,000)	(To nearest £100)	(Bands of £2,500)	(Bands of £5,000)
		£000		£000	£000	£000		£000	£000
Peter Lewis Chief Executive		220 – 225	400	0	220 – 225	(65 – 70)	(300)	0	155 – 160
Matthew Bryant Chief Operating Officer (Hospital Services)	1	125 – 130	0	10 – 12.5	140 – 145	(35 – 40)	0	(2.5 – 5)	95 – 100
Andy Heron Deputy Chief Executive & Chief Operating Officer	2	140 – 145	300	37.5 – 40	175 – 180	(40 – 45)	(100)	(10 – 12.5)	125 – 130
Phil Brice Director of Corporate Services		120 – 125	200	62.5 – 65	180 – 185	(35 – 40)	(100)	(17.5 – 20)	125 – 130
Pippa Moger Chief Finance Officer		140 – 145	500	80 – 82.5	220 – 225	(40 – 45)	(200)	(22.5 – 25)	155 – 160
Hayley Peters Chief Nurse		125 – 130	400	52.5 – 55	180 – 185	(35 – 40)	(100)	(15 – 17.5)	125 – 130
David Shannon Director of Strategy and Digital Development		130 – 135	500	47.5 – 50	180 – 185	(40 – 45)	(200)	(12.5 – 15)	125 – 130
Isobel Clements Chief of People and Organisational Development		130 – 135	600	70 – 72.5	200 – 205	(35 – 40)	(200)	(20 – 22.5)	140 – 145
Daniel Meron Chief Medical Officer		210 – 215	0	67.5 – 70	280 – 285	(60 – 65)	0	(20 – 22.5)	195 – 200
Shelagh Meldrum Chief Officer-Collaboration and Partnerships	3	n/a	n/a	n/a	n/a	5 – 10	0	n/a	5 – 10
Colin Drummond Chairman		50 – 55	0	n/a	50 – 55	n/a	0	n/a	50 – 55



Total remuneration 2022/23 (continued)	Note	Salary	Taxable benefits	Pension related benefits **	Total Remuneration	Recharges Salary	Recharges Taxable Benefits *	Recharges pension related benefits	Remuneration Net of recharges ***
Name and Title		(Bands of £5,000)	(To nearest £100)	(Bands of £2,500)	(Bands of £5,000)	(Bands of £5,000)	(To nearest £100)	(Bands of £2,500)	(Bands of £5,000)
		£000		£000	£000	£000		£000	£000
Barbara Gregory Non-Executive Director		15 – 20	0	n/a	15 – 20	n/a	0	n/a	15 – 20
Kate Fallon Non-Executive Director		15 – 20	0	n/a	15 – 20	n/a	0	n/a	15 – 20
Stephen Harrison Non-Executive Director		10 – 15	0	n/a	10 – 15	n/a	0	n/a	10 – 15
Jan Hull Non-Executive Director		20 – 25	0	n/a	20 – 25	(5 – 10)	0	n/a	10 – 15
Alexander Priest Non-Executive Director	4	5 – 10	0	n/a	5 – 10	(2.5 – 5)	0	n/a	5 – 10
Sube Banerjee Non-Executive Director		15 – 20	0	n/a	15 – 20	n/a	0	n/a	15 – 20
Martyn Scrivens Non-Executive Director		n/a	n/a	n/a	n/a	10 – 15	0	0	10 – 15

Notes

1. To 6 March 2023.
2. Deputy chief executive & Chief operating officer (Mental health & community services) to 26 Feb 2023.
Deputy chief executive & chief operating officer from 27 Feb 2023.
3. To 7 June 2022.
4. Joint Non-Executive Director from 10 June 2022.

*Taxable benefits are costs associated with travel expenses allowances that are subject to income tax.

**The value of pension related benefits is determined in accordance with the HMRC method, which incorporates pensions payable for a 20-year period.

Pension Benefits of Senior Managers 2023/24 (subject to audit)

Pension Benefits	Note	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2023	Lump sum at pension 60 related to accrued pension at 31 March 2023	Cash equivalent transfer value at 31 March 2023	Cash equivalent transfer value at 1 April 2022	Real increase in cash equivalent transfer value	Employer's contribution to stakeholder pension
Name and Title		(Bands of £2,500)	(Bands of £2,500)	(Bands of £5,000)	(Bands of £5,000)				
		£000	£000	£000	£000	£000	£000	£000	£000
Andy Heron Deputy Chief Executive & Chief Operating Officer		2.5 - 5	0 – 2.5	50 – 55	70 – 75	1141	894	134	n/a
Pippa Moger Chief Finance Officer	2	0	37.5 – 40	50 – 55	135 – 140	1153	870	174	n/a
Phil Brice Director of Corporate Services	2	0	17.5 – 20	35 – 40	100 – 105	953	777	80	n/a
Hayley Peters Chief Nurse	2	0	32.5 – 35	50 – 55	140 – 145	1156	894	152	n/a
David Shannon Director of Strategy and Digital development	2	0	32.5 – 35	45 – 50	125 – 130	975	740	141	n/a
Isobel Clements Chief of People and Organisational Development	2	0	30 – 32.5	60 – 65	165 – 170	1409	1085	195	n/a
Daniel Meron Chief Medical Officer	1&2	0	0	0	10 – 15	175	1467	0	n/a
Katie Mattravers SSL Acting Managing Director	2	0 – 2.5	0	5 – 10	0	112	69	29	n/a

Notes

Where individuals are not shown above, this is due to an opt-out of the NHS pension scheme and no other contributions are made.

1. Retired 10 January 2024 from the 1995 scheme and returned 12 January 2024 on the 2015 scheme.

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capitalised value of the pension scheme benefits accumulated by a member at a particular point in time. The benefits valued are the member's accumulated benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accumulated in their former scheme.

The pension figures shown relate to the benefits that the individual has accumulated as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS



pension scheme. They also include any additional pension benefit accumulated to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries. Real increase / (decrease) in CETV -This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accumulated pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period. No other directors are part of the NHS Pension Scheme hence non-inclusion in the above table.

2. NHS Pensions are using pension and lump sum data from their systems without any adjustment for a potential future legal remedy required as a result of the McCloud judgement. (This is a legal case concerning age discrimination over the manner in which UK public service pension schemes introduced a CARE benefit design in 2015 for all but the oldest members who retained a Final Salary design.). We believe this approach is appropriate given that there is still considerable uncertainty on how the affected benefits within the new NHS 2015 Scheme would be adjusted in future once legal proceedings are completed."

Where a senior manager is affected by 'rollback' into a previous pension scheme resulting from the remedy to previous age discrimination, this may result in a negative real increase in pension, lump sum, CETV values or pension related benefits. In such cases the negative value has been substituted with a zero. Colleagues affected by this "rollback" are indicated above.



Exit Packages

	2023/24	2023/24	2023/24	2022/23
	Compulsory redundancies	Other departures	Total Number	Total number
< £10,000	1	0	1	4
£10,001 - £25,000	1	3	4	5
£25,001 - £50,000	1	4	5	3
£50,001 - £100,000	2	5	7	2
£100,001 - £150,000	2	0	2	2
£150,001 - £200,000	0	0	0	0
>£200,000	0	0	0	0
Total Number	7	12	19	16
Total resource cost	£456,400	£549,900	£1,006,300	£654,000

The exit packages within the scope of this disclosure include, but are not limited to, those made under nationally agreed arrangements or local arrangements for which Treasury approval was required.



Peter Lewis, Chief Executive, 25 June 2024

People Report

Headcount and Full-Time Equivalent Colleagues

The Group employs the following people (as at 31 March 2024):

Headcount (Excluding Bank Employees)			
	Female	Male	Grand Total
Directors & Chief Executive	5	6	11
Non-Executives & Chairman	5	5	10
Other Senior Managers	44	32	76
All other employees	11601	3017	14618
Grand Total	11655	3060	14715

Headcount (Including Bank Employees)			
	Female	Male	Grand Total
Directors & Chief Executive	5	6	11
Non-Executives & Chairman	5	5	10
Other Senior Managers	44	32	76
All other employees	13560	3714	17370
Grand Total	13614	3757	17467

Full-Time Equivalent (Excluding Bank Employees)			
	Female	Male	Grand Total
Directors & Chief Executive	5.91	9.1	15.01
Non-Executives & Chairman	1.61	3.68	4.61
Other Senior Managers	42.91	32.23	75.13
All other employees	9899.11	2817	12715.82
Grand Total	9949.54	2862	12811.25

The average number of employees employed by the Group:

Average Number of Employees (Full-Time Equivalent)	2023/24			2022/23
	Permanent	Other	Total	Total
Medical and dental	1,062	104	1,166	829
Ambulance staff	19	-	19	4
Administration and estates	2,525	73	2,598	2,381
Healthcare assistants and other support staff	2,716	336	3,052	2,049
Nursing, midwifery and health visiting staff	3,643	271	3,914	3,623
Scientific, therapeutic and technical staff	1,358	78	1,436	475
Healthcare science staff	241	18	259	82
Other	-	-	-	14
Total Average Numbers	11,564	880	12,444	9,457



Staff Costs

Group	2023/24	2022/23
	Total	Total
	£000	£000
Salaries and wages	495,696	358,466
Social security costs	60,726	38,026
Apprenticeship levy	2,531	1,795
Employer's contributions to NHS pensions	93,155	63,451
Pension Cost – other	2,496	-
Termination benefits	1,006	-
Temporary staff	74,304	51,847
Total staff costs	729,914	513,585

Absence Data

Sickness absence rates has experienced fluctuation across the year, with an average sickness absence rate of 5% for 2023/24.

Further information on the Trust's sickness absence data is published as part of the national NHS Digital publications and is available here: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates>

Staff Turnover

In recent years, the Trust has seen a fluctuation in staff turnover rates. In March 2024, the staff turnover rate was 10.8%, which was a reduction from previous months. The People Team remains focussed on reviewing and understanding turnover, ensuring interventions are in place to replace to reduce the level of turnover by responding to the causes of colleagues leaving. Several interventions are also being developed as part of the focus on the NHS People Promise and retention programme. This includes a flexible working leadership development programme in conjunction with NHS England and Timewise undertaking a small national pilot.

Retirements due to ill-health

During 2023/24 there were 12 early retirements from the Trust agreed on the grounds of ill-health (2022/23: 13 early retirements). The estimated pension liabilities of this ill-health retirement was £1,175,219 (2022/23: £496,879).

The additional pension costs for individuals who retired early on ill-health grounds will be borne by the NHS Business Services Authority- Pensions Division.

Employees with disabilities

The Trust is committed to supporting colleagues with a disability or underlying health condition as part of our approach to create a just and inclusive culture.



The Trust takes part in the Workforce Disability Equality Standard (WDES) every year. The WDES provides specific measures to enable NHS organisations to understand the representation, progression, retention, and experience of disabled colleagues. The data from the WDES forms part of our new annual inclusion report which is presented and discussed at Board each year, and informed the development of the workforce inclusion plan 2023-2028.

In 2023/24, the Trust implemented a series of recommendations following an internal audit of our recruitment and employment practices of disabled colleagues. The audit assessed our progress against the national Disability Confident scheme. The Trust currently holds a Level 1 award (Disability Confident Committed) and aspires to apply for a Level 2 (Disability Confident Employer). Following this audit, a series of improvements have been developed and implemented. This work was developed in collaboration with teams across the Trust, and with our Disability Network and Neurodiversity Network. These improvements included a new policy and process for supporting reasonable adjustments, identifying pilot programmes of tailored support for neurodiverse colleagues, and improvements to our recruitment process to support applicants with disabilities.

[Information on diversity and inclusion, initiatives and longer-term ambitions](#)

Somerset NHS Foundation Trust reports every year under the Workforce Disability Equality Standard (WDES), Workforce Race Equality Standard (WRES) and Gender Pay Gap reporting. This data all forms part of our new annual inclusion report, which is presented and discussed at Board each year. Somerset NHS Foundation Trust also holds several accreditations including the Disability Confident Committed accreditation, we are committed to the Armed Forces Covenant, in 2022 received a Gold award under the Defence Employer Recognition Scheme, and in 2023, the Trust took part in the Rainbow Badge accreditation scheme.

As part of these accreditations, the Trust has committed to offering a guaranteed interview to applicants with a disability, or applicants who are a veteran or member of the armed forces, if they meet the minimum requirements for a role.

Data, insight, and recommendations from these accreditation and national standards inform our new annual inclusion report, which is presented and discussed at Board each year, and underpin the development of the workforce inclusion plan 2023-2028.

We have set out our ambitious in our 'Inclusion Roadmap'. Our roadmap outlines our short-term plan for creating the framework, governance structures and ways of working that we will put in place that will enable us to define and measure impact and create sustainable and systemic change. Our vision is to be a Trust where everyone knows that their unique skills and abilities are valued, and where each member of our community feels they belong. We want to be a Trust with a truly inclusive culture, and with policies and ways of working that are equitable.

Our approach is how we create change. Our actions address the cultures, behaviours, policies, and processes that create or maintain inequality. Our approach is to 'fix the system'.



This is fundamentally different from traditional approaches to inclusion that ‘fix people’ to fit into an existing system. We are moving away from one-off events or interventions that focus on the assumed deficits of underrepresented groups, towards actions that make our processes such as recruitment, development, retention, and progression inclusive and equitable.

Our approach also represents a significant shift in the role and purpose of an Inclusion Team. We have been moving from a ‘project’ based model, to providing consultation and advice for leaders and teams to embed inclusion within their work and behaviours.

The inclusion team has been working in collaboration with our Executive Team to develop a series of systemic inclusion objectives. We have also been running a series of development workshops for colleagues in leadership roles focusing on inclusive leadership skills and Allyship. These sessions have now reached over 400 people, and each member of the Executive has co-delivered allyship workshops.

There are six active colleague networks that welcome members from across Somerset NHS Foundation Trust. These networks provide a safe space for colleagues to share their experiences and to provide peer support. The networks also host events to help build engagement and awareness of inclusion and the experiences of underrepresented groups. Our networks include:

- Armed Forces and Veterans Network
- Disability Network
- LGBTQ+ Network
- Multicultural Network
- Neurodiversity Network
- Women’s Network

People Policies and Actions applied during the Financial Year

In 2023/2024 a transitional plan for the alignment of policies was implemented to ensure that colleagues from across both legacy trusts were being treated fairly. A people policy review group was developed with our trade union colleagues to ratify our new policies, in line with our just and restorative principles for our organisation. Several policies have been ratified through the group and a schedule for the remainder people policies to be developed throughout the coming year. At the same time National Policies are being developed and we have agreed that we will adopt and adapt these for our organisation.

Actions on Areas of Concern and Involvement of Staff in the Improvement of Performance

The Trust continues to foster a culture of openness and transparency where colleagues feel safe and able to speak up about any concerns including concerns impacting patient safety and/or experience or anything impacting colleagues experience at work. The Trust as Freedom to Speak up Guardians in place, who provide a simple and accessible route for all colleagues including learners to speak up in confidence.



The Guardians take every concern seriously and will explore options with individuals supporting and guiding them and working with others to find some form of resolution.

With the establishment of the Advisory Action Group and the Culture Strategy Group, themes are shared to ensure appropriate learning can be taken to support the Trust to address any concerns in a systemic way and mitigate these happening again.

Board Members participate in an annual review of Freedom to Speak up ensuring learning is taking place and there is progress in fostering the culture of a compassionate, inclusive and learning environment.

Health and Safety

There continues to be a positive health and safety culture within the organisation, and this is recognised by external regulators such as the Health and Safety Executive.

The Trust's Health and Safety Committee and the Safety Environment and Advisors Group (SEAG) are effective meetings that ensure structures and processes are in place to manage health and safety successfully. Safety topic leads report to SEAG either directly or via specialist safety meetings such as the Fire Safety Committee.

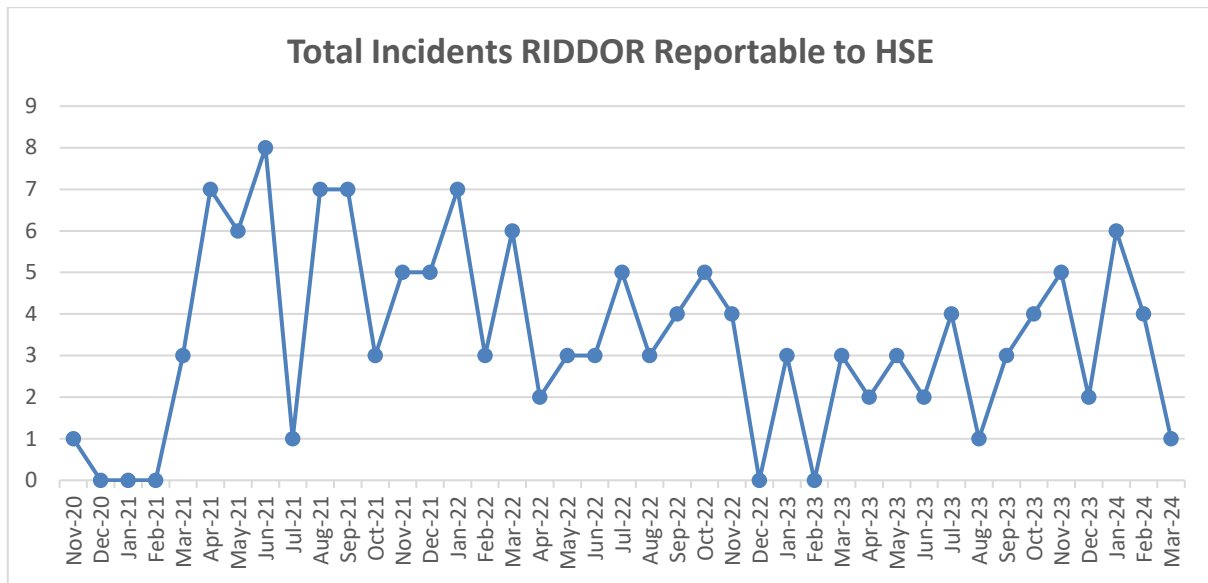
The Health and Safety Committee is in place to ensure appropriate consultation with colleagues on all issues affecting their health and safety. Terms of reference are in line with relevant health and safety legislation.

The Deputy Director of Integrated Governance is responsible for ensuring that a structure is in place to manage the health and safety functions for the 24 topic leads who report into SEAG. This includes policy consultation, development and approval, monitoring of policy implementation plans, policy monitoring and action plan updates. This work schedule aligns with the Quality Assurance Group (QAG).

Incidents report to the Health and Safety Executive (HSE) under RIDDOR

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulation 2013 (RIDDOR) requires the Trust to report deaths, certain types of injury, specified occupational diseases and dangerous occurrences that 'arise out of or in connection with their work'. An annual RIDDOR report is prepared and shared widely for consideration / action. All RIDDORs are fully investigated and monitored. An overview of all RIDDORs is a standing agenda item on the safety committees.

During 2023/24 the Trust reported 37 incidents to the Health and Safety Executive (HSE). This is a slight increase on 2022/23 of 35. The largest proportion of the incidents (29) were reported as over 7-day injuries with 13 of these being as a result of slips, trips and falls. Nearly half of the incidents (17) were reported with the mandatory reporting guidelines to the HSE.



Occupational Health

Somerset NHS Foundation Trust has an outsourced Occupational Health Service and a constructive relationship with the provider which has been developed over a number of years. A range of management information is provided which enables us to identify key areas in which support is needed. The Trust pays particular attention to the top three reasons for sickness absence, namely musculoskeletal, stress and mental health.

Our Colleague Support Service and wellbeing team, assists our people by offering specialist support on a range of topics such as counselling, financial wellbeing, stress management and Staff Support Post Incident (SSPI), to name a few. All our people are able to access the service via a freephone hotline, which is available 9am – 5pm Monday - Friday, or by using our colleague wellbeing and support intranet pages with comprehensive information and guidance.

Counter Fraud and Corruption

Somerset NHS Foundation Trust value our reputation for top quality patient care and financial probity, and we conduct our business in a fair and ethical manner.

Somerset NHS Foundation Trust supports the NHS Counter Fraud Authority strategy that aims to reduce fraud, bribery and corruption within the NHS. We are committed to the prevention, detection and investigation of any such allegations and will seek to apply criminal, disciplinary, regulatory and civil sanctions where allegations are upheld. This includes the recovery of identified financial losses to ensure that NHS resources are used for their intended purpose - the delivery of patient care.

We expect all organisations / contractors instructed by our organisation to demonstrate a comparable commitment in order to do business with us. This enables us to reassure our patients, members and stakeholders that public funds are protected and safeguarded.

The Trust employs Counter Fraud Managers who conduct both proactive and reactive



work in line with the requirements of the Government Functional Standard 013: Counter Fraud ('functional standards').

To limit our exposure to the risks of fraud, bribery, and corruption we also have a number of key policies and procedures which includes, but is not limited to anti-fraud, bribery and corruption policy/procedure, Raising Concerns policy and a Code of Conduct and Conflict of Interest policy. These policies apply to all colleagues and individuals who act on behalf of our organisation.

The success of our approach is dependent on colleagues, stakeholders, service users, visitors or anyone associated with the Trust to report suspicions of Fraud, Bribery and Corruption. We actively encourage reporting to the nominated Counter Fraud Managers, Chief Finance Officer or to the NHS Counter Fraud Authority.

During 2023/24 colleagues had the confidence to report concerns of suspected fraudulent activities. This enabled the Trust's Counter Fraud Managers to conduct comprehensive investigations, which led to a number of cases being submitted to the Crown Prosecution Service.

Engaging our People

Our aim is to ensure our colleagues are informed, engaged, that they feel connected to their team, their service, site, and the trust, and that their hard work is recognised.

Our shared values of Kindness, Respect and Teamwork govern how we behave and interact with colleagues, patients, their families and carers. These values were developed from extensive engagement with colleagues from both our legacy trusts before we merged, and they were launched on 1 April 2024. They are front and centre in our communications with our colleagues and in the visual elements of our communications.

At the start of April 2023, as part of the merger of our legacy trusts, we launched trust-wide internal communications channels aimed at all colleagues right across our new organisation, providing a regular drumbeat that keeps colleagues up to date about the trust's work. These include a weekly online newsletter, new intranet cover page, three-weekly online briefings with the chief executive and colleague emails or announcements to support large trust-wide announcements.

The Senior Leadership Forum is held once a quarter and brings together senior leaders and the executive team on a regular basis throughout the year to discuss, debate and agree an approach to quality, performance, operational, financial, and other issues. The Operational Leadership Team meets once a month and brings our senior leaders together.

Each service group, and professional networks such as our senior nurse and medical leadership, hold regular meetings at all levels across our service groups and services. Our aim is to ensure that teams are connected, work well together, understand how they contribute to the trust's work, and that team members are well supported.

This financial year we also launched our recognition framework across our new merged



trust, taking the best elements from both our legacy trust's frameworks. This framework provides opportunities for thanks and recognition of excellent work with thank you cards for teams to use; "everyday champions" which say well done when a colleague or team has done something above and beyond; our "star of the month" which enables teams to submit a nomination to be judged against others; and our annual awards process - the OSCAs (Our Somerset Colleague Awards). We also recognise long service and retirement.

Our colleagues have been through an enormous amount of organisational change – the majority of our workforce has worked through two organisational mergers in three years – and we have worked through a pandemic. Many of our clinical teams are still going through change processes.

We were therefore particularly interested in our NHS Staff Survey 2023 results to see overall how supported our colleagues feel, the teams that need more support, and the areas where we do not score as well as we would like. Just over 53% of colleagues completed the survey, providing us invaluable insight into our colleagues' experiences of working at our newly formed organisation. Both our legacy trusts started from good bases with high results, but this year's results have surpassed even the combined results of from 2022. When compared against our comparative trusts, we were amongst the highest scoring trusts for morale and colleague engagement.

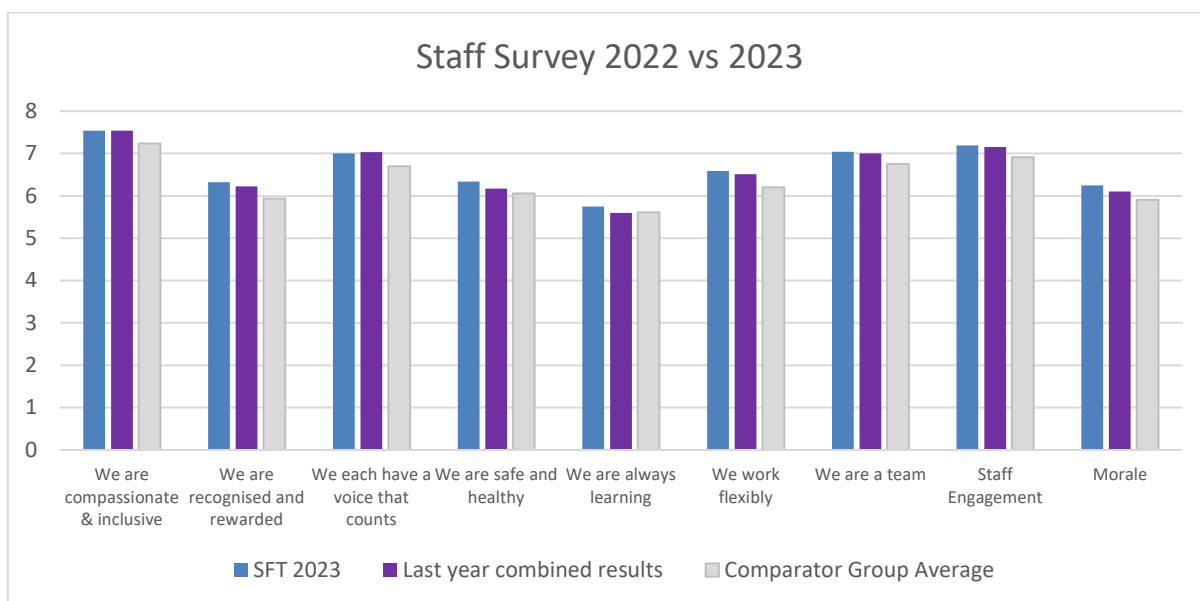
Despite these good overall scores, we know that we are not getting it right for every colleague and our plans for 2024/5 include:

- Building and embedding a 'just and restorative culture' with focus groups for colleagues taking place in April
- Focusing on violence and aggression prevention through training and communications campaigns
- Providing heatmaps with demographic data for service groups.
- Continuing the work in engaging and collaborating with our Colleague networks.

Staff Survey

The 2023 NHS Staff Survey was completed during October and November 2023 with a 53% response rate. This year was the third year that the staff survey was aligned to the themes of the NHS people promise and our first year as a newly merged Trust. Our results can be seen in the table below and include responses from Simply Serve Limited.

The table below highlights the overwhelmingly positive feedback from our people and in every theme the Trust scored higher than the benchmark group average. We are really encouraged that our results have remained so positive despite so many challenges, however the promise of 'we each have a voice that counts' fell slightly compared to the 2022 survey.



The strongest themes for the Trust in 2023 remain the People Promises of:


- We are compassionate and inclusive
- Staff engagement

The element of “we are always learning”, which is made up of the element of appraisals and development, is our lowest ranked and has made a slight improvement on last year's results (5.60 to 5.75). This was on the back of a significant improvement from the 2021 result in 2022.

In last year's report, the people promises of ‘we are safe and healthy’ and ‘morale’ were noted to have significantly lower scores than the 2021 survey. These promises have both increased in score in the 2023 survey.

The staff survey for 2023 was the third to be aligned to the national themes of the people promise, retaining staff engagement and morale themes from staff surveys before 2021. The comparator data against the previous years are shown in the following table:

People Promise Theme	2023		2022		2021		
	SFT Score	Benchmarking Group Score	SFT & YDH Score	Benchmarking Group Score	SFT Score	YDH Score	Benchmarking Group Score
We are compassionate and inclusive	7.54	7.24	7.54	7.2	7.5	7.7	7.1
We are recognised and rewarded	6.32	5.94	6.22	5.7	6.2	6.5	5.8
We each have a voice that counts	7.00	6.70	7.03	6.6	7.0	7.2	6.6
We are safe and healthy	6.34	6.06	6.17	5.9	6.1	6.4	5.9
We are always	5.75	5.61	5.60	5.3	5.2	5.6	5.2



learning							
We work flexibly	6.59	6.20	6.51	6.0	6.4	6.7	5.9
We are a team	7.04	6.75	7.00	6.6	6.9	7.1	6.5
Staff engagement	7.49	6.91	7.15	6.8	7.2	7.3	6.8
Morale	6.25	5.91	6.10	5.7	6.1	6.4	5.7

Score: 0 = low 10 = high

Benchmarking data for previous years is shown below.

Staff Survey Theme	2020			2019			
	SFT Score	YDH Score	Benchmark Group	TST Score	SomPar Score	YDH Score	Benchmark Group
Equality, diversity and inclusion	9.3	9.2	9.1	9.3	9.4	9.3	9.0
Health and wellbeing	6.5	6.9	6.1	6.3	6.3	6.7	5.9
Immediate managers	7.2	7.2	6.8	7.1	7.2	7.4	6.8
Morale	6.6	6.6	6.2	6.6	6.4	6.6	6.1
Quality of appraisals	n/a	n/a	n/a	5.7	5.0	5.9	5.6
Quality of care	7.5	7.7	7.5	7.6	7.3	7.7	7.5
Safe environment – B&H	8.2	8.4	8.1	8.3	8.1	8.3	7.9
Safe environment – violence	9.5	9.3	9.5	9.4	9.5	9.4	9.4
Safety culture	7.0	7.0	6.8	7.0	6.8	7.0	6.7
Staff engagement	7.3	7.4	7.0	7.4	7.2	7.4	7.0
Team working	6.8	6.7	6.5	n/a	6.9	7.0	n/a


Score: 0 = low 10 = high

Future

The People Strategy, released in 2023, provides a clear direction for the people priorities within the Trust and as part of the first year, nine workstream groups were created to drive the initial work forward. The groups are:

1. Violence and aggression
2. Just and restorative culture
3. Digital
4. Leadership capability
5. Engagement
6. Retention
7. Recruitment
8. Future workforce models
9. Strategic workforce planning

The result of the 2023 Staff Survey will support the measures of work within the people strategy as well as providing an opportunity to reflect if any plans need to be recalibrated. Reassuringly, the areas being highlighted are already under focus.



Appraisals remain an area of focus into 2024 and work continues to ensure that the quality of the conversation as well as numbers completed are a priority.

We note that whilst our staff survey scores are encouraging there are still colleagues within our organisation that do not have as positive an experience as others do. Work that has already been started but will continue to develop include:

- aligning the work of people services and network leads, with monthly meetings that are joining up crucial relationships between networks leads and Heads of Service within People Services.
- arrangements for co-design and co-delivery of training between the organisational development team and network members.
- Inclusion colleagues embedding themselves within the HR Advisory and organisational development teams to help create a thread of inclusion throughout the support that is provided to leaders, managers and colleagues.

Freedom to Speak up remains strong as a Trust score however, we recognise improvements can be made and survey data informs us that some colleagues feel less able to speak up than others more notably colleagues aged 51 and over, and colleagues reporting a disability or long-term condition. Further work to understand the barriers to enable improvements in the service are underway and one of the key actions taken is for the Freedom to Speak Up Guardians working alongside the networks and being a member of the group and regular meetings that take place. This work will be incorporated into the engagement workstream that is part of further work emanating from the people strategy. This is looking to provide a listening roadmap to ensure that feedback loops are completed, and the second year of this deliverable will look to operationalise this.

Future Priorities and Targets

The People Strategy 2023 – 2028 is designed around 5 commitments; care for our people, develop our people, compassionate and inclusive leadership, retain and attract talent and learning and transforming. Each commitment has several high-level ambitions which describe the commitment in more detail and is aligned to one or more elements of the NHS People Promise. The purpose of the strategy is to set out the framework for achieving corporate objective 6, Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture. The ambitions within the People Strategy support the core focus of improving retention and is supported by the Trust values, Respect, Kindness and Teamwork.

In the first year of the strategy the focus was on nine key deliverables, spanning reducing violence and aggression towards our colleagues, implementing a just and restorative culture for our people polices, creating a People Digital strategy, understand leadership capability and developing plans to support leaders to create an environment where colleagues thrive, development of a listening roadmap, improving talent management, moving to skills based inclusive recruitment practices, developing a resource strategy and improving approaches to workforce planning. It was an ambitious year one, with many of the workstreams continuing into year two of the strategy. In addition to embedding the year one focus, the second year of the strategy will focus on:

- How we ensure healthy working lives for our colleagues where we prioritise their physical and mental health equally, where we create roles where are colleagues thrive and through this support the population of Somerset to life healthy lives.
- Developing packages of support for leaders to ensure they are compassionate, overtly respect and value equity, quality, diversity and inclusion through engaging and empowering their teams.
- How we drive improvement through ensuring decision making is underpinned by evidence and where the research strategy is central to all we do, attracting and retaining colleagues.

Trade Union Disclosures

The table below sets out the amount of time our Staff Side Representatives have spent on Trades Unions activities:

	2023/24
Number of Staff Side Representatives (FTE)	27.25
Percentage of time spend on facility time	10.42%
0%	0
1%-50%	29
51%-99%	2
100%	0
Amount spend on facility time: <ul style="list-style-type: none"> • Total cost of facility time • Total pay bill 	£131,798.75 £707,327,407
Percentage of paid facility time spend on trade union activities calculated as (total cost of facility time/total pay bill) x 100	0.02%

Board Members and/or senior officials with significant financial responsibility

	2023/24
	Number of Engagements
Number of off-payroll engagement of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed "board members and/or senior officials with significant financial responsibility".	14



Statement Of the Chief Executive's Responsibilities as the Accounting Officer of Somerset NHS Foundation Trust

The NHS Act 2006 states that the Chief Executive is the Accounting Officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the *NHS Foundation Trust Accounting Officer Memorandum* issued by NHS England.

NHS England has given Accounts Directions which require Yeovil District Hospital NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Yeovil District Hospital NHS Foundation Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* (and the *Department of Health and Social Care Group Accounting Manual*) have been followed, and disclose and explain any material departures in the financial statements;
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance;
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy; and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the foundation trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information. To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the *NHS Foundation Trust Accounting Officer Memorandum*.



Peter Lewis, Chief Executive, 25 June 2024



9. ANNUAL GOVERNANCE STATEMENT

Scope of Responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

The Purpose of the System of Internal Control


The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Somerset NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Somerset NHS Foundation Trust for the year ended 31 March 2024 and up to the date of approval of the annual report and accounts.

Capacity to Handle Risk

As Accounting Officer, the Chief Executive is ultimately responsible for the leadership of risk management and for ensuring the organisation has adequate capacity in place to handle risk. The Board oversees that appropriate structures and robust systems of internal control are in place, supported by the Audit Committee and Governance and Quality Assurance Committee.

The Director of Corporate Services is the designated executive director with Board level accountability for clinical quality, safety and risk management. The Chief Medical Officer, Chief Nurse and Chief Executive support this role. Somerset NHS Foundation Trust has a designated Head of Risk (Deputy Director of Integrated Governance) and two Trust Risk Managers within the Integrated Governance Department together with governance leads within the Service Groups within the organisation. In addition, the Boards of the group's subsidiary companies are responsible for reviewing the risks associated with that entity, although Somerset NHS Foundation Trust is ultimately responsible for risk management.

The non-executive director who chairs the Audit Committee, supported by the Quality and Governance Assurance Committee, independently reports to the Board with assurance on the appropriateness and effectiveness of risk management and internal control processes. A Quality Assurance Group chaired by the Director of Corporate Services, reviews compliance against the Care Quality Commission and Health and



Safety Executive standards across the Trust's regulated activities. This process allows for a systematic review of compliance, providing assurance and highlighting areas of risk and focus for improvement.

To ensure that a risk management culture is embedded across the Trust, there are actions in place to guarantee that colleagues are clear as to their responsibilities with regard to risk management with communication of the risk management strategy amongst staff. Guidance and training are provided by the Deputy Director of Integrated Governance and the Trust's Risk Managers to all new senior members of staff on the risk management process at Somerset NHS Foundation Trust. Additional on-going training is also provided through supported team one-to-one or group department-led training sessions. The Deputy Director of Integrated Governance and the Trust's Risk Managers meet regularly with risk owners and service leads to ensure all risks on the risk register, and identified risks managed locally within departments, are scored, actioned and reviewed appropriately.


A review of the Corporate Risk Register and Board Assurance Framework (BAF) formats was undertaken to improve the monitoring processes and provide additional assurance on any mitigating actions. The BAF includes details of the principal risks that may affect the Trust achieving its objectives or core aims, how they are currently controlled and what sources of assurance the Board have that the risks are being addressed and managed appropriately. It also details actions to address the risks to reduce the risk rating to the target level and to meet the risk appetite set. Links to risks on the Corporate Risk Register are included within the BAF to demonstrate the relationship between operational risks to the delivery of the strategic objectives.

During the year, an internal audit report was commissioned to help ensure an effective risk management culture becomes embedded across the Trust, by highlighting areas where processes could be improved. This audit highlighted a number of areas of strength, including the Trust's detailed Risk Management Strategy, the clear risk appetite and risk tolerance statement, the Corporate Risk Register arrangements and the risk management arrangements within the various Service Groups.

Some areas for improvement were identified, of which the Trust was aware and had actions identified to address. These followed on from existing plans to fully integrate risk management processes following the merger of the two legacy organisations. Overall, the audit outlined that structures within the Trust relating to risk management are clearly described and the Trust's risk maturity is 'managed' within continuous improvement and 'defined' across the four domains: governance, risk assessment, risk management, and reporting. This is operating effectively in many areas but to be fully operating as designed it needs to focus on the areas for improvement. The Audit Committee is responsible for overseeing the risk management arrangements within the Trust and receives updates on progress on the identified actions.

Training

Risk management training is completed through various in-house channels at Somerset NHS Foundation Trust; this training is designed to equip staff with the necessary skills to enable them to manage risk effectively. For colleagues who are likely to be risk



owners or services lead, training is provided by the Deputy Director of Integrated Governance or the Trust's Risk Managers. In addition, and to act as a reminder, all members of staff are required to complete mandatory training. This training reflects the essential training needs and includes risk management processes such as fire, health and safety, manual handling, resuscitation, infection control, safeguarding and information governance. Skills and competencies are also assessed for medical device equipment and for blood transfusion to ensure safety in care. E-learning and workbooks support this programme and are provided as the preferred model of training.

The Trust has a number of trained investigators to undertake Patient Safety Incident Investigations (PSIIs). Additional training for managing safety alerts is provided on a needs basis. Learning from national and internal reports and from external and internal investigations is presented at the Board, the assurance committees and/or their sub-groups.

Somerset NHS Foundation Trust also understands the importance of audits and uses these to ensure that processes in place throughout the Trust are robust and of required standards. Where recommendations have been presented, the Trust reviews these through the relevant department and Board assurance committees to make further improvements in methods of working.

The Risk and Control Framework

The Board of Directors developed a risk management vision and risk management objectives for the new integrated organisation. The Risk Management Strategy was developed outlining how the organisation will meet its risk management vision and objectives and how these will ensure the Trust will achieve its strategic objectives. The Strategy includes the building blocks to achievement and a comprehensive implementation plan.

The Risk Management Strategy was approved by the Board of Directors at a meeting held in common with Somerset NHS Foundation Trust in March 2023 which came into immediate effect for both Yeovil District Hospital and Somerset NHS Foundation Trust. A Risk Management Policy, which will provide additional information on the risk management processes is out for consultation with stakeholders and is due to be approved and disseminated throughout the organisation in May 2024.

The Risk Management Strategy applied to Somerset NHS Foundation Trust, with the Trust's subsidiary companies Simply Serve Limited and Symphony Healthcare Services adopting the Somerset NHS Foundation Trust strategy. All risks across these subsidiary entities were managed through the implemented Ulysses Risk Management System during 2023/24. The Deputy Director of Integrated Governance is currently working with the Trust's subsidiary companies to develop separate strategies and policies based on the approved Trust Risk Management Strategy and Risk Management Policy.

During 2023/24 a pre-market engagement exercise was undertaken to award a contract to the successful supplier for the Risk Management System that would be in place across the Trust from April 2024.



The Risk Management Strategy demonstrates the organisational risk management structure, which details that all committees have a shared responsibility for managing risk across the organisation. The Trust recognises that there is an acceptable level of risk within the Trust; this may be defined as potential hazards that are either small enough to have an immaterial effect on the achievement of organisational objectives, or are significant risks that have been mitigated by the establishment of effective controls. The Trust’s risk appetite identifies what level of risk is acceptable at departmental level and at which point this risk is required to be escalated. Systematic identification of risks starts with a structured risk assessment with identified risks documented on departmental risk registers. These risks are analysed in order to determine their relative likelihood and consequence using risk matrix scoring.

During 2022/23 the Board of Directors supported by the Deputy Director of Integrated Governance, discussed and agreed the risk appetite and risk tolerance levels for the new integrated organisation. A risk appetite and risk tolerance statement were included within the Risk Management Strategy as approved in March 2023. The risk appetite and risk tolerance statement sets out the Board’s strategic approach to risk-taking by defining its boundaries and risk tolerance thresholds. This is reviewed on an annual basis by the Trust Board. The risk appetite and risk tolerance statement does not negate the opportunity to potentially take decisions that result in risk-taking that is outside of the risk appetite.

The risk appetite approved in March 2023 was based on the [Good Governance Institute Risk Appetite for NHS Organisations Matrix](#), for the Trust is:

Risk Appetite	Definition
None (0)	Avoidance of risk and uncertainty is a key organisational objective
Minimal (1)	Minimal (as little as reasonably possible). Preference for very safe delivery options that have a low degree of inherent risk and only for limited reward potential
Cautious (2)	Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward
Open (3)	Willing to consider all potential delivery options while also providing an acceptable level of reward (and value for money)
Seek (4)	Eager to be innovative and choose options offering potentially higher business rewards (despite greater inherent risk)
Significant (5)	Confident in setting high levels of risk appetite because of controls, forward scanning and responsiveness systems are robust

Strategic Objective	Risk Appetite
Improve the health and wellbeing of the population	Seek (4)
Provide the best care and support to people	Open (3)
Strengthen care and support in local communities	Seek (4)
Reduce inequalities	Seek (4)
Respond well to complex needs	Seek (4)
Support our colleagues to deliver the best care and	Seek (4)



support through a compassionate, inclusive and learning culture	
Live within our means and use our resources wisely	Financial Management - Open (3) Commercial – Seek (4)
Develop a high performing organisation delivering the vision of the trust	Seek (4)

Continuing risks affecting the organisation

The last few years have been extremely challenging for the NHS with continuing unprecedented levels of demand that have been reflected at Somerset NHS Foundation Trust, alongside industrial action taken by colleagues across different staff groups. These challenges are reflected within the wider region including North and West Dorset for which Somerset NHS Foundation Trust also provides services. The pressure of this is felt across the local health and social care economy, with ever-increasing demand, coupled with difficulties in having sufficient staff to deal with demand and complexity of patient conditions.

Notwithstanding the risks outlined above, the Trust still faces a number of risks continuing into 2024/25, including:

- Risk 2044 – Vacancies and absence rates within senior doctor workforce
- Risk 0004 – Demand
- Risk 0012 – Waiting times
- Risk 0862 – Use of escalation beds across the Trust
- Risk 0960 – Failure to deliver financial plan
- Risk 2192 – Symphony Healthcare Services not becoming financially self-sustaining

There are a number of mitigating actions and processes in place to reduce these risks. The Trust’s Corporate Risk Register is reviewed at least once a quarter by the Board and all of its sub-Committees. In addition, the Trust’s principal risks are captured and monitored within the Board Assurance Framework, which is published within the Trust’s Board of Directors papers on a quarterly basis.

Principles of Corporate Governance

The Board is satisfied that in 2023/24 Somerset NHS Foundation Trust applied those principles, systems and standards of good corporate governance, which reasonably would be regarded as appropriate for a supplier of healthcare services to the NHS. The Trust had structured governance arrangements in place with clear lines of reporting from “ward to Board” across operational, quality, safety, patient experience and finance, through assurance committees, to the Board.

To ensure compliance with Condition 4 (Condition FT4) of the Trust’s license with NHS Improvement which relates to governance, NHS foundation trusts are subject to the recommendations of the Code of Governance for NHS Provider Trusts (modelled on best practice UK governance principles) and the Well-Led and Use of Resources

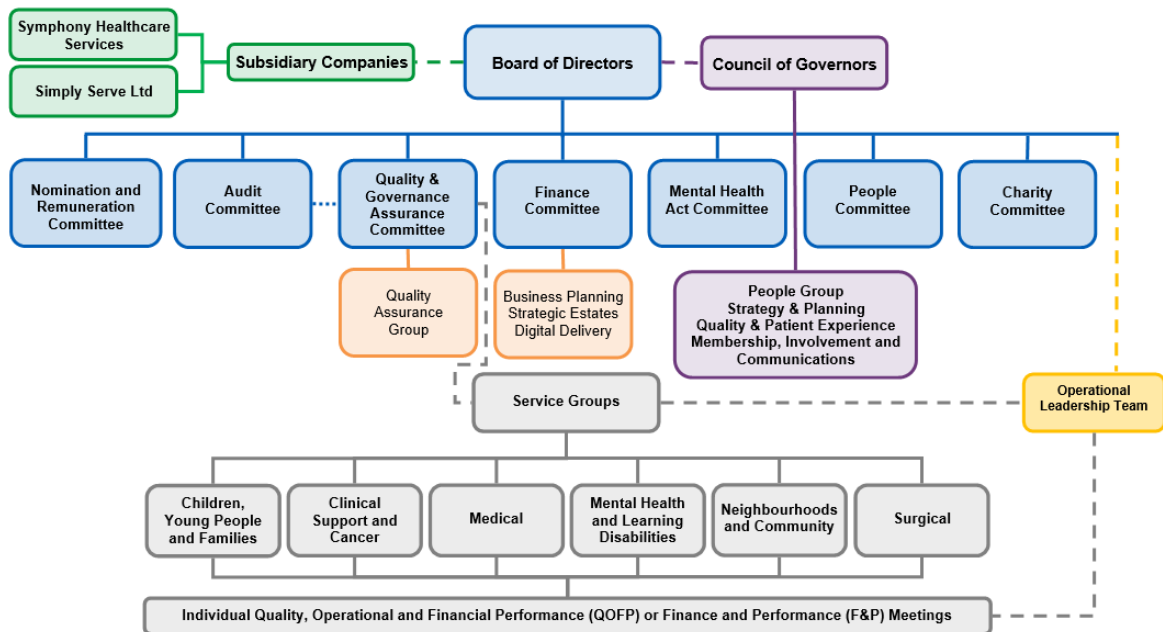
Frameworks.

The Trust had a standardised rolling agenda programme for the Board and its assurance committees. A clear Board Governance Structure was in place that outlined the reporting lines (see diagram below). This structure includes a number of Board assurance committees.

There are a range of mechanisms available to these committees to gain assurance that our systems are robust and effective. These include using internal and external audit, peer review, external inspection and review, management reporting and clinical audit.

The Board of Directors receives regular reports from its sub committees on business covered, risks identified and actions taken, based on the principle of exception reporting.

The Board Governance Structure in place during 2023/24 is shown below:



Version 1.0 – April 2023



The **Audit Committee** provides objective assurance to the Board and management as to the adequacy and effectiveness of the organisation’s risk management. The Committee is required to discharge a number of statutory duties and assists the Board with its responsibilities to strengthen and improve the risk management and controls framework. The Audit Committee considers the findings and recommendations of internal and external audit reports, counter fraud reports and monitors the Trust’s Assurance Framework. Membership of the Audit Committee comprises four Non-Executive Directors.

The Board’s sub-committee for quality and patient safety is the **Quality and Governance Assurance Committee (QGAC)**.



The QGAC receives reports covering three areas:

- risk, performance and quality assurance (including in its planning meetings the Corporate Risk Register and Assurance Framework and quality and performance dashboards);
- external reports and reviews (including CQC, PHSO and relevant national and regional reports);
- reports on topics covering all aspects of quality performance together with data security and protection, health safety, security and estates and patient and carer experience. In addition, each of the operational divisions within the Trust has their own devolved governance responsibilities and governance groups which report regularly to the IQAB.

The QGAC also receives exception reporting in relation to quality performance, based on identified key performance indicators. The QGAC triangulates performance information with clinical governance (patient safety, clinical effectiveness and patient experience) and workforce data to provide oversight of the quality of Trust services.

Membership of the QGAC comprises four Non-Executive Directors, two of which are also members of the Audit Committee, together with the Chief Nurse, Chief Medical Officer, Chief Operating Officer, the Chief of People and OD and the Director of Corporate Services.

The Committee hold a bi-monthly planning meeting at which it regularly receives:

- Issues identified to the Trust by the Care Quality Commission
- Quality and Performance exception reports and divisional dashboards
- Safer staffing information
- Serious Incident Review Group tracker report and other key information (including details of inquests and incidents reported under the RIDDOR regulations)
- Mortality surveillance and learning from deaths reports
- Exception reports from the IQAB for any high risk themes or topics which are assessed as amber or below for compliance over the year
- Information on results from national audits and national surveys
- Information on any data outliers

At its alternate bi-monthly meetings the QGAC also receives in-depth reports on areas of risk identified from these reports, setting out areas of risk identified, actions being taken to address and mitigate the risks and determines areas for which further assurance is required.

Issues and risks may be referred to the Audit Committee to request additional external assurance. The QGAC monitors all reports on Care Quality Commission (CQC) inspections of the Trust services and any action plans arising from them; and will consider relevant reports of investigations undertaken by the Parliamentary and Health Service Ombudsman, the Information Commissioner, HM Coroner and the Health and Safety Executive and all action plans arising from them.

The QGAC will also refer to and receive matters for consideration from the other Board sub-committees, including the People Committee, the Mental Health Act Committee and the Finance Committee.



The **Finance Committee** comprises four Non-Executive Directors, the Chief Finance Officer, the Deputy Chief Finance Officer, the Chief Operating Officer, and the Director of Strategy and Digital Development. The Committee focuses on the delivery by the Trust of its key financial targets, its management of capital and investment, including the IM&T and Estates strategies.

The **Mental Health Act Committee** focuses on compliance and monitoring of the Trust's approach to Mental Health legislation, including the Mental Health Act, Mental Capacity Act and Deprivation of Liberty Safeguards. The Committee comprises three Non-Executive Directors, the Chief Operating Officer, the Medical Director (mental health), the Director of Corporate Services, the Deputy Service Director for Mental Health and Learning Disabilities, Head of Mental Health Act Co-ordination, Director for Mental Health Placements and Specialist Services and the Mental Health Team Co-ordinator. Representatives from Somerset Council and from the Somerset Integrated Care Board also invited to attend meetings.

The **People Committee** oversees the development and delivery of the People Strategy. The Committee monitors development and performance against the core objectives of the policy relating to colleague engagement; leadership; learning and development and workforce planning. The Committee comprises non-executive directors; the Chief of People and Organisational Development, Deputy Chief People Officer, Chief Operating Officer, Director of Strategy and Digital Development or Director of Corporate Services and the Chief Medical Officer or Chief Nurse. Freedom to Speak Up Guardians; staff governors and staff side representatives also attend the meeting.

Representatives from the Council of Governors and their working committees attend all board sub-committees and report on their activities to the public meetings of the Council of Governors.

Individual Board meetings also take place within **Simply Serve Limited** and **Symphony Healthcare Services**. These Board meetings review the strategic and commercial direction of the respective organisations together with various key performance indicators across various categories, including performance, activity levels and workforce. These entities reported directly to the Trust Board of Directors Part B meetings on a quarterly basis with a highlight report outlining recent developments, activity, financial performance and strategic direction. In addition, data on the entities is reported to the Finance Committee on their financial and commercial performance.

There are constructive working relationships in place with key public stakeholders, including governors, NHS England, and the Somerset and Dorset Integrated Care Systems. Where specific issues arise, these are addressed through proactive and candid dialogue or via scheduled monitoring meetings.

Quality Governance is a key element of the overall governance arrangements of the Trust. At the heart of the Trust's commitment to quality is a clearly defined system of quality performance management, and a clear risk management process.

A Quality and Performance Report is presented to the Board at each meeting and highlights the key issues and trends, in relation to the provision of high-quality care and patient experience.



The Chief Executive is ultimately accountable for the clinical governance processes in the Trust. During the year, this responsibility was delegated to the Chief Nurse, working closely with the Chief Medical Officer and the Director of Corporate Services.

The Executive Directors are experienced in NHS settings and the Non-Executive Directors provide independent challenge and bring a range of senior level experience from the commercial and public sectors. They receive independent appraisals conducted by the Chief Executive and Chairman.

The Trust has an integrated structure for monitoring quality and safety including a committee structure which has executive and non-executive representation.

The Board monitors quality through the following processes:

- the monthly quality and performance report.
- the reporting of serious incidents and learning.
- a monthly quality assurance group (QAG) which focuses on compliance with statutory, regulatory and quality standards, reporting exceptions to the Quality and Governance Assurance Committee.

The Trust has a comprehensive clinical audit work plan covering both national and local audits. Findings from national clinical audits are regularly reported to the Quality and Governance Assurance Committee.

A framework exists for the management and accountability of data quality.

The foundation trust is fully compliant with the registration requirements of the Care Quality Commission.

The Trust has a Code of Conduct and Conflicts of Interest Policy in line with the national 'Managing Conflicts of Interest in the NHS' guidance provided by NHS England in 2017. In line with this policy and guidance, the Trust seeks declarations from all members of staff identified as a "decision maker". The interests of the Board of Directors are published within each set of Board meeting papers and are available on the public website. Additional procedures are in place to ensure that conflicts of interests were suitably managed or avoided during all procurement and tender processes.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the scheme's regulations are complied with. This included ensuring that deductions from salaries, employer's contributions and payments into the scheme are in accordance with the scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The foundation trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.



Public engagement with risk management

The Trust involves its key public stakeholders with managing the risks that affect them through the following mechanisms:

- Engagement with HealthWatch Somerset.
- The Council of Governors and Trust members are consulted on key issues and risks as part of the annual operating plan.
- Annual members' meeting.
- Engagement with patient and carer representative groups, including the voluntary sector and Leagues of Friends.
- Involvement with local patient representative groups.

Developing Workforce Safeguards

In October 2018 NHSI released 'Developing workforce safeguards – supporting providers to deliver high quality care through effective staffing'. The report made many recommendations and highlighted good practice to support Trusts make evidenced decisions about safe staffing levels across all clinical areas, covering all staffing groups.

The Trust has reviewed the safeguards and recommendations during the year and continues to have in place a series of measures to meet these requirements. Central to this is the resourcing principles, aims and plans set out in the Trust's People Strategy.

We have in place regular reviews of safe staffing for inpatient ward areas with key staffing data triangulated against outcomes such as incidents, red flag reports or any harm reported, professional opinion from clinical leaders about current risks or mitigation in all areas. There is a six-monthly report to the Trust Board on safer staffing in inpatient wards.


Any service changes, skill mix reviews and new roles are subject to a Quality Impact Assessment process that it shared with organisations across the county. Escalation processes are documented at a local level and as part of system-wide escalation needs.

Emergency Preparedness, Resilience and Response

Ahead of the merger a new Resilience Team was formed to lead and guide the Trust on Emergency Preparedness, Resilience and Response (EPRR) and to work closely with partner agencies in Somerset.

The NHS England Core Standards for EPRR are the minimum national standards which NHS organisations must meet in order to meet their legal requirements set as Category One responders under the Civil Contingencies Act. They enable the Trust to co-ordinate its EPRR activities, such as planning, training, exercising and learning from incidents.

The Trust self-assesses its EPRR activities against these standards on an annual basis. This year was therefore the first single assessment against the national standards since our merger in 2023. The previous 2022 assessment rated our legacy organisations as having achieved substantial compliance. The Trust was required to submit its self-assessment against the national core standards to the Somerset Integration Care Board



(ICB) which were discussed and agreed with the ICB at a joint confirm and challenge meeting with the ICB. The assessments set out the 68 core standards divided into ten domains to provide an overall compliance rating. Somerset NHS Foundation Trust achieved full compliance, being assessed as fully compliant against all the core standards.

Review of Economy, Efficiency and Effectiveness of the Use of Resources

The following key processes are in place to ensure that resources are used economically, efficiently and effectively:

- Scheme of Delegation and Reservation of Powers approved by the Board
- Standing Financial Instructions.
- The monitoring of spend in year using budgets and variance analysis against actuals, with regular monthly financial monitoring reports produced for each operational unit or segment. An organisational report is produced monthly and reported to the Board and discussed and reviewed in detail at the Finance Committee.
- Robust competitive processes used for procuring non-staff expenditure items.
- Cost improvement schemes, which are assessed for their impact on quality with local clinical ownership and accountability.
- Strict controls on vacancy management and recruitment.
- Contract monitoring arrangements with key commissioners which provide evidence that key requirements have been delivered.

Staff have a responsibility to identify and assess risk and to take action to ensure controls are in place to reduce and or mitigate risks whilst acknowledging need for economy, efficiency and effectiveness of the use of resources. All budget managers have a responsibility to manage their budgets and systems of internal control effectively and efficiently. These processes are not only reviewed on an ongoing basis by managers themselves but are also examined by internal and external audit as part on their annual plans.

A local counter fraud specialist and procedures are in place for work related to fraud and corruption as required by NHS Protect.

The Trust Board gains assurance from the Finance Committee in respect of financial and budgetary management across the organisation and the Audit Committee, which receives reports regarding Losses and Special payments and the Write-Off of Bad Debts.

There are a range of internal and external audits that provide further assurance on economy, efficiency and effectiveness, including internal audit reports on creditors, financial reporting and budgetary control and cost improvement programmes.

The Audit Committee receives reports from directors of the Trust as well as internal audit, external audit and the Counter Fraud specialist on the work undertaken to review the Trust's systems of control including economy, efficiency and effectiveness of the use of resources. Action plans are agreed from these reports to improve controls where necessary.



NHS England undertook a quality and financial governance review as part of their assurance work in light of the merger between Yeovil District Hospital NHS Foundation Trust and Somerset NHS Foundation Trust. These reviews were conducted against their published guidance *Assuring and supporting complex change - Statutory transactions, including mergers and acquisitions*.

For both reviews, NHS England considered current processes and, where possible, proposals for future processes in the enlarged organisation. In order to carry out the work, NHS England observed a Board meeting and relevant committees as well as reviewing a sample of committee papers and speaking to a selection of trust executives and non-executives.

The quality and financial governance reviews did not highlight any material concerns in relation to governance that needed to be addressed before the transaction could proceed.

NHS England review found the Board to be an effective and unified team, with a thoughtful and forward-thinking approach to leadership. They observed a collegiate and respectful culture, with a clear patient focus. The review also evidenced an effective approach to quality governance over the broad range of activities that are overseen by the Boards in common of the two Trusts. While quality issues were discussed in depth, observations suggested that more time could be given to detailed challenge of finances at Board level. However, NHS England also heard from trust leadership during our review about the positive impact of changes made to strengthen financial governance to date, as well as appropriate areas of focus going forwards.

The Trust developed an action plan against the recommendations outlined as part of the review and is able to confirm that all actions identified have been completed.

As described in this report, the Trust was inspected by the Care Quality Commission during 2023/24, where the Trust was issued with a Section 29a notice. This outlined a conclusion that the quality of health care provided by the Trust for maternity services requires significant improvement. The actions taken to address this are outlined on pages 48-50. As a consequence, KPMG identified one significant weakness in the Trust's arrangements in relation to governance. Further information can be found on pages 68-69.

Information Governance

The Trust recognises data security and information governance as a high priority and continues to ensure that high standards are met throughout the organisation.

The NHS Digital Data Security & Protection Toolkit (DSPT) is an annual self-assessment tool that requires the Trust to provide evidence of compliance with the standards laid down by the National Data Guardian's (NDG) review published in 2016. The Trust's Data Security and Protection Toolkit submission for 2023/24 will be completed in June 2024. It is expected that all mandatory evidence items will be reached, with an assessment status of 'standards exceeded.'



In line with the DSPT reporting tool, 7 incidents were reported to the ICO in 2023/24. The ICO has acknowledged the reported incidents, and no further action has been taken. All incidents are fully investigated; action plans created where appropriate and additional targeted IG training sessions made available. Data security and information governance breaches are reported and monitored through the Data Security and Protection Group, which, in turn, reports to the Quality Assurance Committee.

The Senior Information Risk Owner position is held by the Director of Strategy and Digital Development.

Data Quality and Governance

The following steps were put in place during the year to assure the Board that there are appropriate controls in place to ensure the accuracy of data:

- The information provided is subject to robust checking and scrutiny through the Trust's governance groups and the Operational Leadership Team meetings. The information is further integrated and tested by the Quality and Governance Assurance Committee and by the Board itself.
- The Trust ensures key areas of performance are included within the annual internal audit programme.
- Data quality and information governance are reviewed through regular quarterly reports to the Data Security and Protection Group and through Board monitoring of the Data Security and Protection Toolkit.

The Trust's integrated governance model uses a full range of corporate, clinical, and information governance assurances to inform the Board in relation to operations and compliance. This includes formal 'topic-based reporting to the Quality Assurance Group and specialist governance sub groups for data security and protection, health safety, security and estates, equality and inclusion, and quality and patient experience. In addition, each of the Service Groups within the Trust has their own devolved governance responsibilities and governance groups which report to the Quality Assurance Group.

Controls are in place to ensure that all the Trust's employees have the appropriate skills and expertise to perform their duties. This includes the provision of relevant training and helps to ensure the accuracy and reliability of data collected and prepared by employees and which is used to assess the quality of the Trust's performance.

The quality metrics relied on by the Board have been regularly reported through Trust governance structures, including the Quality and Governance Assurance Committee, Trust Board and Council of Governors where appropriate.

Data quality issues are addressed through the Trust's information governance systems in line with its relevant policies.

The metrics include key measures developed with the Trust's principal commissioners, the Somerset Integrated Care Board, to provide them with assurance that the Trust is providing high quality care. Additional measures relating to patient experience are



provided by the monthly assessments that the Trust has established, overseen by the Trust's Quality and Patient Experience Group.


Review of Effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within Somerset NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee, the Governance and Quality Assurance Committee and Risk Assurance Group; a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Trust's Risk Management Strategy outlines the process for maintaining the effectiveness of the system of internal control. Assurance as to the effectiveness of the system of internal control is primarily overseen by the Audit Committee, which reports to the Board, supported by the Quality and Governance Assurance Committee. Where weaknesses are identified, recommendations are made and action plans for improvement monitored through this assurance process to ensure continuous improvement of the system in place. The Quality and Governance Assurance Committee also reviews the Quality Assurance Group work plan and governance framework in respect of their assigned risk review areas, reporting directly to the Board.

The Trust's Head of Internal Audit Opinion outlines that BDO can provide moderate assurance that there is a sound system of internal controls, designed to meet the Trust's objectives, and that controls are being applied consistently across various services. In forming their view BDO took into account that:

- The effects of any significant changes in the organisation's objectives, systems, and governance. On 1 April 2023 legacy Somerset NHS FT and legacy Yeovil District Hospital NHS FT merged to form Somerset NHS FT. The Executive Team were already in place as at January 2023, and a merged governance framework (e.g. committees in common) prior to the official merger date. This ensured a successful merger process, and BDO have reported no control issues emerging as a result of the merger. In particular, BDO evidenced a strengthening of the Trust's two subsidiaries governance and oversight arrangements as a result of the merger.
- BDO were directed to a significant number of the audit reviews within the agreed audit plan, defining the scope based on areas of concern where BDO could add value in identifying the root cause of the issue. This has been reflected in the higher proportion of high priority findings in year.
- Two reviews provided substantial assurance for design of controls and operational effectiveness, including Key Financial Systems and Freedom to Speak Up.
- BDO have been able to sign all recommendations as complete from the Symphony Key Financial Systems audit that reported limited assurance in both design and operational effectiveness.

- 
- BDO have been able to fully sign off all recommendations from three audits completed in year: Symphony Governance, Symphony Key Financial Systems and Research and Development. Good progress has been reported on the remaining audits. All 77 high and medium priority recommendations from the 2022/23 audits have been signed off as complete as at 31 March 2024.
 - All significant recommendations and the consequent risks have been accepted by management.
 - BDO have excellent engagement with the whole Executive team and Trust staff, from audit planning, scoping audit review and follow up of audit recommendations.
 - The Trust's maternity service at Musgrove Park Hospital, Yeovil District Hospital and Bridgwater Community Hospital were inspected in November/December 2023 and the Trust received these reports in May 2024. Both Acute sites were rated as Inadequate and the Community Hospital as Requires Improvement by the CQC, leading to a reduction from Good to Requires Improvement in the Trust's overall rating.
 - Any limitations which may have been placed on the scope of internal audit – no restrictions were placed on their work.
 - The Trust ended the financial year with a small surplus of £23k, a small favourable position compared with the breakeven plan.

Conclusion

I am satisfied that there are systems of internal control are in place and that the culture of risk management is embedded at Somerset NHS Foundation Trust. As described on pages 68-69, one significant weakness was identified in relation to governance, stemming from the Care Quality Commission inspection of maternity services.



Peter Lewis, Chief Executive, 25 June 2024

Somerset NHS Foundation Trust

Annual accounts for the year ended 31 March 2024

Foreword to the accounts

Somerset NHS Foundation Trust

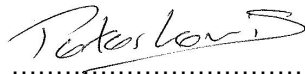
These accounts, for the year ended 31 March 2024, have been prepared by Somerset NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

On 1 April 2023, Somerset NHS Foundation Trust acquired (transfer by absorption) Yeovil District Hospital NHS Foundation Trust and the combined organisation became known as Somerset NHS Foundation Trust.

Somerset NHS Foundation Trust (pre-merger) provided community, mental health and learning disability services to the whole of Somerset and acute hospital services in the North, West and Central Somerset, whilst Yeovil District Hospital NHS Foundation Trust provided acute services to the population of South Somerset, North and West Dorset and parts of Mendip.

These accounts cover 1 April 2023 to 31 March 2024 for services provided by the merged Somerset NHS Foundation Trust. The comparator figures (2022/23) relate only to the services provided by Somerset NHS Foundation Trust (pre-merger).

Signed



Name Peter Lewis
Job title Chief Executive
Date 25 June 2024

INDEPENDENT AUDITOR’S REPORT TO THE COUNCIL OF GOVERNORS OF SOMERSET NHS FOUNDATION TRUST

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of Somerset NHS Foundation Trust (“the Trust”) for the year ended 31 March 2024 which comprise the Group and Trust Statements of Comprehensive Income, Group and Trust Statements of Financial Position, Group and Trust Statements of Changes in Taxpayers Equity and Group and Trust Statements of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the financial position of the Group and the Trust as at 31 March 2024 and of the Group’s and the Trust’s income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by NHS England with the consent of the Secretary of State in February 2024 as being relevant to NHS Foundation Trusts and included in the Department of Health and Social Care Group Accounting Manual 2023/24; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (“ISAs (UK)”) and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Group in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Going concern

The Accounting Officer has prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to either cease the Group and the Trust’s services or dissolve the Group and the Trust without the transfer of their services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over their ability to continue as a going concern for at least a year from the date of approval of the financial statements (“the going concern period”).

In our evaluation of the Accounting Officer’s conclusions, we considered the inherent risks associated with the continuity of services provided by the Group and the Trust over the going concern period.

Our conclusions based on this work:

- we consider that the Accounting Officer’s use of the going concern basis of accounting in the preparation of the financial statements is appropriate; and
- we have not identified and concur with the Accounting Officer’s assessment that there is not, a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the Group’s and the Trust’s ability to continue as a going concern for the going concern period.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the above conclusions are not a guarantee that the Group and the Trust will continue in operation.

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud (“fraud risks”) we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management, the Audit Committee and internal audit and inspection of policy documentation as to the Group’s high-level policies and procedures to prevent and detect fraud, including the internal audit function, and the Group’s channel for “whistleblowing”, as well as whether they have knowledge of any actual, suspected, or alleged fraud.
- Reading Board and Audit Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, we performed procedures to address the risk of management override of controls in particular the risk that Group management may be in a position to make inappropriate accounting entries. On this audit we did not identify a fraud risk related to revenue recognition due to the nature of the funding provided to the Group and the Trust during the year. We therefore assessed that there was limited opportunity for the Group and the Trust to manipulate the income that was reported.

In line with the guidance set out in Practice Note 10 Audit of Financial Statements of Public Sector Bodies in the United Kingdom we also recognised a fraud risk related to non-pay expenditure recognition, particularly in relation to year-end accruals.

We performed procedures including:

- Identifying journal entries to test based on risk criteria and comparing the identified entries to supporting documentation. These included unexpected account pairings with revenue, expenditure, accruals, borrowings and post close journals.
- For a selection of cash payments and purchase invoices in the period post 31 March 2024, verifying that the expenditure had been recognised in the correct accounting period to which the expenditure related.
- Performing a year on year review of accruals to identify whether the accruals balance at 31 March 2024 is complete.

Identifying and responding to risks of material misstatement related to compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the Accounting Officer and other management (as required by auditing standards), and discussed with the Accounting Officer and other management the policies and procedures regarding compliance with laws and regulations.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

The Trust is subject to laws and regulations that directly affect the financial statements, including the financial reporting aspects of NHS legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Whilst the Trust is subject to many other laws and regulations, we did not identify any others where the consequences of non-compliance alone could have a material effect on amounts or disclosures in the financial statements.

Context of the ability of the audit to detect fraud or breaches of law or regulation

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have

properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

Other information in the Annual Report

The Accounting Officer is responsible for the other information, which comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information; and
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Annual Governance Statement

We are required by the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the "Code of Audit Practice") to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2023/24. We have nothing to report in this respect.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared, in all material respects, in accordance with the NHS Foundation Trust Annual Reporting Manual 2023/24.

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 104, the Accounting Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Group's and the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to either cease the services provided by the Group and the Trust or dissolve the Group and the Trust without the transfer of their services to another public sector entity.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities.

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the Trust to secure economy, efficiency and effectiveness in its use of resources.

Significant Weakness 1 – Governance

During the year to 31 March 2024 the Trust was subject to a CQC inspection of its maternity services.

As a result of the inspection and findings identified throughout the visit, a Section 29 notice was issued under the Health and Social Care Act 2006 relating to the quality of maternity services and care being provided. The most significant findings identified by the CQC related to:

- The lack of clear triage in place at Musgrove Park Hospital to ensure the safety of women, birthing people and babies, which was not included on the relevant maternity risk register;
- The service not having a regular program of audits to ensure the safety and quality of the service is monitored and processes to learn from incidents were not found to be effective;
- Leadership systems were found to be ineffective to improve quality of the service or maintain clear oversight of maternity services to keep women, birthing people and babies safe; and
- The service did not ensure that Policies and Procedures were in place to provide staff with relevant guidance.

In addition to the above, as a result of the maternity inspection, management were also issued with a Section 31 Health and Social Care Act 2008 notice in December 2023. This related to concerns raised as part of the inspection process with regards to the security of the maternity wards at Musgrove Park Hospital. Management was given 48 hours to rectify the issues and this notice has since been withdrawn.

The final CQC report was published in May 2024, with the service being rated as "inadequate".

In response to the CQC report and warning notice, the Trust developed an improvement plan which identified "must-do" and "should do" actions, with reporting of the progress of the plan to both the Quality Committee and Trust Board. Due to the timing of the CQC inspection, many of the remedial actions had not been in place for the whole financial year and a number of actions had not been fully implemented at the year end.

Recommendation:

The following recommendation is raised in respect of the significant weakness above:

- Whilst we recognise the Trust has taken action in response to the warning notice, the timing of the notification means that the Trust has not been able to demonstrate sufficient action within the period. The Trust should continue to maintain the current level of focus and direct resources to improve the levels of service provided by the maternity services at the Trust based on the Section 29A warning notice and the 'Must Do' Actions of the full CQC Report.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

As explained more fully in the statement set out on page 115, the Accounting Officer is responsible for ensuring that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Under Section 62(1) and paragraph 1(d) of Schedule 10 of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We planned our work and undertook our review in accordance with the Code of Audit Practice and related statutory guidance, having regard to whether the Trust had proper arrangements in place to ensure financial sustainability, proper governance and to use information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice to report to you if any reports to the Regulator have been made under paragraph 6 of Schedule 10 of the National Health Service Act 2006 because we have reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of expenditure which is unlawful, or is about to take, or has taken, a course of action which, if pursued to its conclusion, would be unlawful and likely to cause a loss or deficiency.

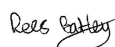
We have nothing to report in this respect.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of Somerset NHS Foundation Trust for the year ended 31 March 2024 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice.



Rees Batley

for and on behalf of KPMG LLP

Chartered Accountants

66 Queen Square

Bristol

BS1 4BE

27 June 2024

Consolidated Statement of Comprehensive Income

	Note	Group		Trust	
		2023/24	2022/23	2023/24	2022/23
		£000	£000	£000	£000
Operating income from patient care activities	3	999,065	682,669	962,187	682,669
Other operating income	4	75,555	61,783	80,598	61,783
Operating expenses	6, 8	(1,065,645)	(775,422)	(1,035,506)	(775,422)
Operating surplus/(deficit) from continuing operations		8,975	(30,970)	7,279	(30,970)
Finance income	9	4,598	983	4,176	983
Finance expenses	10	(5,335)	(1,777)	(5,249)	(1,777)
PDC dividends payable		(7,561)	(6,933)	(7,563)	(6,933)
Net finance costs		(8,298)	(7,727)	(8,636)	(7,727)
Other gains / (losses)	11	(282)	249	(282)	249
Share of profit of associates / joint arrangements	19	-	379	-	379
Gains arising from transfers by absorption	38	90,043	-	83,459	-
Corporation tax expense		(347)	-	-	-
Surplus / (deficit) for the year		90,091	(38,069)	81,820	(38,069)
Other comprehensive income					
Will not be reclassified to income and expenditure:					
Impairments	7	(345)	(29,896)	-	(29,896)
Revaluations	17	-	12,794	-	12,794
Fair value losses on equity instruments designated at fair value through OCI	20	-	(147)	-	(147)
Other reserve movements		1,363	-	-	-
May be reclassified to income and expenditure when certain conditions are met:					
Total comprehensive income / (expense) for the period		91,109	(55,318)	81,820	(55,318)
Surplus/ (deficit) for the period attributable to:					
Non-controlling interest, and		548	-	-	-
Somerset NHS Foundation Trust		89,543	(38,069)	81,820	(38,069)
TOTAL		90,091	(38,069)	81,820	(38,069)
Total comprehensive income/ (expense) for the period attributable to:					
Non-controlling interest, and		548	-	-	-
Somerset NHS Foundation Trust		90,561	(55,318)	81,820	(55,318)
TOTAL		91,109	(55,318)	81,820	(55,318)

The notes on pages 8 to 73 form part of these accounts.

Statements of Financial Position

	Note	Group		Trust	
		31 March 2024 £000	31 March 2023 £000	31 March 2024 £000	31 March 2023 £000
Non-current assets					
Intangible assets	12,13	30,963	21,127	30,845	21,127
Property, plant and equipment	14,15	425,266	292,186	394,373	292,186
Right of use assets	18	83,669	25,943	92,852	25,943
Investments in associates and joint ventures	19,21	14	282	14,988	282
Other investments / financial assets	20	14	14	14	14
Receivables	23	2,957	2,369	19,042	2,369
Total non-current assets		542,882	341,921	552,114	341,921
Current assets					
Inventories	22	11,005	7,391	9,172	7,391
Receivables	23	32,013	44,446	27,703	44,446
Non-current assets held for sale	24	466	-	466	-
Cash and cash equivalents	25	76,580	42,510	69,417	42,510
Total current assets		120,065	94,347	106,758	94,347
Current liabilities					
Trade and other payables	26	(110,601)	(94,749)	(107,228)	(94,749)
Borrowings	28	(13,329)	(7,086)	(14,653)	(7,086)
Provisions	29	(7,281)	(1,836)	(5,844)	(1,836)
Other liabilities	27	(16,340)	(8,783)	(16,025)	(8,783)
Total current liabilities		(147,551)	(112,454)	(143,750)	(112,454)
Total assets less current liabilities		515,396	323,814	515,122	323,814
Non-current liabilities					
Borrowings	28	(112,884)	(45,121)	(121,888)	(45,121)
Provisions	29	(3,597)	(2,544)	(3,597)	(2,544)
Other liabilities	27	(1,682)	(1,941)	(1,682)	(1,941)
Total non-current liabilities		(118,163)	(49,606)	(127,167)	(49,606)
Total assets employed		397,233	274,208	387,954	274,208
Financed by					
Public dividend capital		363,753	232,022	363,752	232,022
Revaluation reserve		77,897	60,493	77,573	60,493
Financial assets reserve		(2,472)	(2,472)	(2,471)	(2,472)
Other reserves		(4,441)	-	-	-
Income and expenditure reserve		(38,051)	(15,835)	(50,900)	(15,835)
Non-controlling Interest		548	-	-	-
Total taxpayers' equity		397,233	274,208	387,954	274,208

The notes on pages 8 to 73 form part of these accounts.



Name: Peter Lewis
Position: Chief Executive
Date: 25 June 2024

Consolidated Statement of Changes in Equity for the year ended 31 March 2024

Group	Public dividend capital £000	Revaluation reserve £000	Financial assets reserve £000	Other reserves £000	Income and expenditure reserve £000	Non-controlling interest £000	Total £000
Taxpayers' and others' equity at 1 April 2023 - brought forward	232,022	60,493	(2,472)	-	(15,835)	-	274,207
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023	-	-	-	-	(9,771)	-	(9,771)
Surplus for the year	-	-	-	-	89,543	548	90,091
Transfers by absorption: transfers between reserves (Nota a)	90,043	15,601	-	-	(105,644)	-	-
Impairments	-	(345)	-	-	-	-	(345)
Public dividend capital received	41,688	-	-	-	-	-	41,688
Other reserve movements	-	2,148	-	(4,441)	3,656	-	1,363
Taxpayers' and others' equity at 31 March 2024	363,753	77,897	(2,472)	(4,441)	(38,051)	548	397,233

Note a

2023/24: On 1 April 2023, Somerset and Yeovil NHS Foundation Trusts merged forming Somerset NHS Foundation Trust. The transaction was accounted for as a transfer by absorption. The assets and liabilities transferred are recognised in the accounts using the book value as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition. The net gain £90,043k corresponding to the net assets transferred was recognised within the Statement of Comprehensive Income, but not within operating activities.

100% of the Public Dividend Capital (PDC) recreation from the Income & Expenditure reserve was reflected in the Trust accounts. The Trusts has recognised an absorption gain of £83,459k but the transfer to recreate PDC in the Statement of Changes in Equity (SOCITE) is the full £90,043k. The group recognised the further absorption gain: £6,584k relating to the subsidiaries but no further PDC recreation in reserves because the subsidiaries do not hold the PDC.

Consolidated Statement of Changes in Equity for the year ended 31 March 2023

Group	Public dividend capital £000	Revaluation reserve £000	Financial assets reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2022 - brought forward	212,589	77,595	(2,325)	22,125	309,984
Implementation of IFRS 16 on 1 April 2022	-	-	-	109	109
(Deficit) for the year	-	-	-	(38,069)	(38,069)
Impairments	-	(29,896)	-	-	(29,896)
Revaluations	-	12,794	-	-	12,794
Fair value (losses) on equity instruments designated at fair value through OCI	-	-	(147)	-	(147)
Public dividend capital received	19,433	-	-	-	19,433
Taxpayers' and others' equity at 31 March 2023	232,022	60,493	(2,472)	(15,835)	274,208

The notes on pages 8 to 73 form part of these accounts.

Statement of Changes in Equity for the year ended 31 March 2024

Trust	Public dividend capital £000	Revaluation reserve £000	Financial assets reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2023 - brought forward	232,021	60,493	(2,472)	(15,834)	274,208
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023	-	-	-	(9,771)	(9,771)
Surplus for the year	-	-	-	81,820	81,820
Transfers by absorption: transfers between reserves (Note a)	83,459	17,154	-	(100,613)	-
Public dividend capital received	41,688	-	-	-	41,688
Other reserve movements (Note a)	6,584	(74)	1	(6,502)	9
Taxpayers' and others' equity at 31 March 2024	363,752	77,573	(2,471)	(50,900)	387,954

Note a

2023/24: On 1 April 2023, Somerset and Yeovil NHS Foundation Trusts merged forming Somerset NHS Foundation Trust. The transaction was accounted for as a transfer by absorption. The assets and liabilities transferred are recognised in the accounts using the book value as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition. The net gain £90,043k corresponding to the net assets transferred is recognised within the Statement of Comprehensive Income, but not within operating activities.

100% of the Public Dividend Capital (PDC) recreation from the Income & Expenditure reserve has been reflected in the Trust accounts. The Trust has recognised an absorption gain of £83,459k but the transfer to recreate PDC in the Statement of Changes in Equity (SOCITE) will be the full £90,043k. The group has recognised the further absorption gain: £6,584k relating to the subsidiaries but no further PDC recreation in reserves because the subsidiaries do not hold the PDC.

Statement of Changes in Equity for the year ended 31 March 2023

Trust	Public dividend capital £000	Revaluation reserve £000	Financial assets reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2022 - brought forward	212,588	77,595	(2,325)	22,126	309,983
Implementation of IFRS 16 on 1 April 2022	-	-	-	109	109
(Deficit) for the year	-	-	-	(38,069)	(38,069)
Impairments	-	(29,896)	-	-	(29,896)
Revaluations	-	12,794	-	-	12,794
Recycling (losses) on disposal of financial assets mandated at fair value through OCI	-	-	(147)	-	(147)
Public dividend capital received	19,433	-	-	-	19,433
Taxpayers' and others' equity at 31 March 2023	232,021	60,493	(2,472)	(15,834)	274,207

The notes on pages 8 to 73 form part of these accounts.

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to Trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health and Social Care as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Financial assets reserve

This reserve comprises changes in the fair value of financial assets measured at fair value through other comprehensive income. When these instruments are derecognised, cumulative gains or losses previously recognised as other comprehensive income or expenditure are recycled to income or expenditure, unless the assets are equity instruments measured at fair value through other comprehensive income as a result of irrevocable election at recognition.

Merger reserve

This legacy reserve reflects balances formed on previous mergers of NHS bodies.

Other reserve

This reserve relates to the Trusts' shareholdings in Southwest Pathology Services LLP, SPS Facilities LLP and SW Path Services LLP.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the Trust.

Non-controlling interest reserve

This reserve represents the amount of equity a consolidated subsidiary that is not attributable directly or indirectly to the Trust.

Statements of Cash Flows

	Note	Group		Trust	
		2023/24 £000	2022/23 £000	2023/24 £000	2022/23 £000
Cash flows from operating activities					
Operating surplus / (deficit)		8,975	(30,970)	7,279	(30,970)
Non-cash income and expense:					
Depreciation and amortisation	6.1	37,606	26,777	37,305	26,777
Net impairments	7	-	38,644	-	38,644
Income recognised in respect of capital donations	4	(3,159)	(1,647)	(3,159)	(1,647)
Amortisation of PFI deferred credit		(259)	(259)	(259)	(259)
(Increase) / decrease in receivables and other assets		30,476	(22,671)	37,096	(22,671)
(Increase) / decrease in inventories		(172)	(1,668)	94	(1,668)
Increase / (decrease) in payables and other liabilities		(16,248)	28,020	(19,822)	28,020
Increase / (decrease) in provisions		2,285	683	1,764	683
Tax (paid) / received		(82)	-	-	-
Net cash flows from / (used in) operating activities		59,422	36,909	60,298	36,909
Cash flows from investing activities					
Interest received		4,598	983	4,176	983
Purchase of intangible assets		(11,686)	(5,927)	(11,686)	(5,927)
Purchase of PPE and investment property		(61,209)	(54,099)	(59,228)	(54,099)
Sales of PPE and investment property		-	693	-	693
Receipt of cash donations to purchase assets		2,048	1,193	2,048	1,193
Net cash flows from / (used in) investing activities		(66,249)	(57,157)	(64,690)	(57,157)
Cash flows from financing activities					
Public dividend capital received		41,688	19,433	41,688	19,433
Movement on loans from DHSC		(848)	(848)	(848)	(848)
Movement on other loans		(976)	(893)	(893)	(893)
Capital element of lease liability repayments		(7,598)	(2,964)	(7,272)	(2,964)
Capital element of PFI, LIFT and other service concession payments		(3,085)	(2,060)	(3,085)	(2,060)
Interest on loans		(199)	(217)	(199)	(217)
Interest paid on lease liability repayments		(747)	(277)	(1,712)	(277)
Interest paid on PFI, LIFT and other service concession obligations		(1,457)	(1,281)	(1,457)	(1,281)
PDC dividend (paid) / refunded		(7,759)	(7,757)	(7,759)	(7,757)
Cash flows from (used in) other financing activities		-	893	-	893
Net cash flows from / (used in) financing activities		19,019	4,029	18,463	4,029
Increase / (decrease) in cash and cash equivalents		12,192	(16,219)	14,071	(16,219)
Cash and cash equivalents at 1 April - brought forward		42,510	58,729	42,510	58,729
Cash and cash equivalents transferred under absorption accounting	38	21,878	-	12,836	-
Cash and cash equivalents at 31 March	25	76,580	42,510	69,417	42,510

The notes on pages 8 to 73 form part of these accounts.

Notes to the Accounts

Note 1 Group accounting policies and other information

Note 1.1 Basis of preparation

NHS England has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2023/24 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards (IFRS) to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual (FRoM), defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

The Trust has prepared its financial plans and cash flow forecasts for the coming year on the assumption that funding will be received from the Department of Health and Social Care. Discussions to date indicate this funding will be forthcoming. These funds are expected to be sufficient to enable the Trust to meet its obligations as they fall due; and will be accessed through the nationally agreed process published by NHS England and the Department of Health and Social Care.

There has been no application to the Secretary of State for Health and Social Care for the dissolution of the Trust and following the preparation of detailed financial plans for 2024/25, no such application is planned.

The Board of Directors has therefore concluded that these financial statements should be prepared on a going concern basis as there is a reasonable expectation that the Trust will have adequate resources to continue in operational existence for the next 12 months from the date of signing the accounts (25 June 2024).

Note 1.3 Consolidation

Other subsidiaries

Subsidiary entities are those over which the Group is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity.

The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines. The capital and reserves attributable to minority interests are included as a separate item in the Statement Of Financial Position.

The Group wholly owns:

Symphony Healthcare Services Ltd which forms part of the consolidated accounts. Symphony Healthcare Services Ltd provides primary care services and turnover for the period ended 31 March 2024 was £35.4m (Period ended 31 March 2023: £29.3m).

Simply Serve Ltd which provides Estates and Facilities services; turnover for the period ended 31 March 2024 was £40.2m (31 March 2023: £36.6m) and forms part of the consolidated accounts.

The Group also owns a 67% share in each of Southwest Pathology Services LLP (SPS LLP), Southwest Path Services LLP (Services LLP) and SPS Facilities LLP (LLP) and is accounted for as full consolidation. The Southwest Pathology Services LLP (SPS LLP), was established to deliver and develop laboratory based pathology services throughout the region. Laboratory processing of tests is carried out by SPS LLP, whilst responsibility for the interpretation of the test results remains with the Trust.; turnover for the period ended 31 March 2024 was £27.3m and forms part of the consolidated accounts. (31 March 2023, the Trust accounted for this by the equity method). The change in accounting treatment is due to the merger with Yeovil District Hospital NHS Foundation Trust (transfer by absorption).

Somerset NHS Charitable Funds is not consolidated into the SFT Group Accounts on the grounds of materiality.

Note 1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

In 2023/24, the Trust has accrued the £397k funding received from NHS England associated with the consultant pay award.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care Board (IC) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS) which replaced the National Tariff Payment System on 1 April 2023. The NHSPS sets out rules to establish the amount payable to Trusts for NHS-funded secondary healthcare.

Aligned payment and incentive contracts (API) form the main payment mechanism under the NHSPS. In 2023/24 API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

High costs drugs and devices excluded from the calculation of national prices are reimbursed by NHS England based on actual usage or at a fixed baseline in addition to the price of the related service.

In 2022/23 fixed payments were set at a level assuming the achievement of elective activity targets within aligned payment and incentive contracts. These payments are accompanied by a variable-element to adjust income for actual activity delivered on elective services and advice and guidance services. Where actual elective activity delivered differed from the agreed level set in the fixed payments, the variable element either increased or reduced the income earned by the Trust at a rate of 75% of the tariff price.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner and accounted for as variable consideration under IFRS 15. Payment for CQUIN and BPT on non-elective services is included in the fixed element of API contracts with adjustments for actual achievement being made at the end of the year. BPT earned on elective activity is included in the variable element of API contracts and paid in line with actual activity performed.

Where the relationship with a particular Integrated Care Board is expected to be a low volume of activity (annual value below £0.5m), an annual fixed payment is received by the provider as determined in the NHSPS documentation. Such income is classified as 'other clinical income' in these accounts.

Elective recovery funding provides additional funding to Integrated Care Boards to fund the commissioning of elective services within their systems. In 2023/24, Trusts do not directly earn elective recovery funding, instead earning income for actual activity performed under API contract arrangements as explained above. The level of activity delivered by the Trust contributes to system performance and therefore the availability of funding to the Trust's commissioners. In 2022/23 elective recovery funding for providers was separately identified within the aligned payment and incentive contracts.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.5 Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or Trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants are used to fund capital expenditure, it is credited to the Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.6 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the employer contribution rate will increase to 23.7% of pensionable pay from 1 April 2024 (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

Note 1.7 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.8 Discontinued operations

Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of Whole of Government Accounts are ‘machinery of government changes’ and treated as continuing operations.

Note 1.9 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably;
- the item has cost of at least £5,000, or (£500 in Symphony Healthcare Services);
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use;
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the Trust's Private Finance Initiative (PFI) scheme where the construction is completed by a special purpose vehicle and the costs have recoverable VAT for the Trust.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual using Build Cost Information published by the RICS Building Cost Information Service. During 2023/24, a desktop valuation exercise to update the latest carrying values as at 31 March 2024 was undertaken by Cushman & Wakefield DTZ. The last full valuation took place as at 31 March 2023.

No revaluation was booked in the accounts in March 2024 as management decided it was not material to the financial statements (net impairments to operating surplus (£320k) and net impairments to revaluation reserve £2,032k). The impairment above relates to corrections to previously impaired assets in 2022/23 in the YDH Group accounts.

A 1% change in the valuation would have a £2.3m impact on the Statement Of Financial Position (2022/23: £1.8m) with a £40k change on the PDC dividend due to be paid next year (2022/23: £32k).

Value of land, buildings and dwellings £227,439,000 (2022/23 £177,178,000). This is the most significant estimate in the accounts and is based on the professional judgement of the Trust's independent valuer; Cushman & Wakefield with extensive knowledge of the physical estate and market factors. No revaluation was booked in the Accounts in March 2024 as management decided it was not material to the financial statements.

The key judgements driving Land, buildings and dwellings valuations are:

- Building cost index reduction;
- Increased obsolescence factors, ventilation health regulation in healthcare patient flow areas;
- Updated MEA,

Of the £227m net book value of land, buildings and dwellings subject to valuation (2022/23: £177m), £217m relates to specialised assets valued on a depreciated replacement cost basis (2022/23: £173 m). Here the valuer bases their assessment on the cost to the Trust of replacing the service potential of the assets. The uncertainty explained above relates to the estimated cost of replacing the service potential, rather than the extent of the service potential to be replaced.

The value of land for existing use purposes is assessed at existing use value. For non-operational properties including surplus land, the valuations are carried out at open market value. Cushman & Wakefield DTZ has supplied amended estimates of the diminution in value relating to operational buildings scheduled for imminent closure and subsequent demolition. These buildings have been written down in the accounts to these values. Open market values have also been provided for land and residences.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement Of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

PFI and LIFT transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-Statement Of Financial Position' by the Trust. Annual contract payments to the operator (the unitary charge) are apportioned between the repayment of the liability including the finance cost, the charges for services and lifecycle replacement of components of the asset.

Initial recognition

In accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Initial measurement of the asset and liability are in accordance with the initial measurement principles of IFRS 16 (see leases accounting policy).

Subsequent measurement

Assets are subsequently accounted for as property, plant and equipment and/or intangible assets as appropriate.

The liability is subsequently reduced by the portion of the unitary charge allocated as payment for the asset and increased by the annual finance cost. The finance cost is calculated by applying the implicit interest rate to the opening liability and is charged to finance costs in the Statement of Comprehensive Income. The element of the unitary charge allocated as payment for the asset is split between payment of the finance cost and repayment of the net liability.

Where there are changes in future payments for the asset resulting from indexation of the unitary charge, the Trust remeasures the PFI liability by determining the revised payments for the remainder of the contract once the change in cash flows takes effect. The remeasurement adjustment is charged to finance costs in the Statement of Comprehensive Income.

The service charge is recognised in operating expenses in the Statement of Comprehensive Income.

Initial application of IFRS 16 liability measurement principles to PFI and LIFT liabilities

IFRS 16 liability measurement principles have been applied to PFI, LIFT and other service concession arrangement liabilities in these financial statements from 1 April 2023. The change in measurement basis has been applied using a modified retrospective approach with the cumulative impact of remeasuring the liability on 1 April 2023 recognised in the income and expenditure reserve.

Comparatives for PFI, LIFT and other service concession arrangement liabilities have not been restated on an IFRS 16 basis, as required by the DHSC Group Accounting Manual. Under IAS 17 measurement principles which applied in 2022/23 and earlier, movements in the liability were limited to repayments of the liability and the annual finance cost arising from application of the implicit interest rate. The cumulative impact of indexation on payments for the asset was charged to finance costs as contingent rent as incurred.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life	Max life
	Years	Years
Buildings, excluding dwellings	36	76
Dwellings	55	58
Plant & machinery	2	20
Transport equipment	3	10
Information technology	3	30
Furniture & fittings	3	15

Symphony Healthcare Services buildings range from 1 to 50 years and Furniture & Fittings 5 to 10 Years.

Note 1.10 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently, intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Software licences	2	10

Note 1.11 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method [or] the weighted average cost method.

The Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department of Health and Social Care.

Note 1.12 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.13 Financial assets and financial liabilities**Recognition**

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets and Financial liabilities are classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Financial assets measured at fair value through other comprehensive income

A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition. The Trust recognise our shareholding in Sensyne PLC.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement Of Financial Position.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.14 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The Trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a lessee

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 3.51% applied to new leases commencing in 2023 and 4.72% to new leases commencing in 2024.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term or other systematic basis. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as a lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Initial application of IFRS 16 in 2022/23

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury was applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaced *IAS 17 Leases*, *IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations.

The standard was applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 were only applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments were not revisited.

The Trust as lessee

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the Statement Of Financial Position immediately prior to initial application. Hindsight was used in determining the lease term where lease arrangements contained options for extension or earlier termination.

No adjustments were made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets had a value below £5,000. No adjustments were made in respect of leases previously classified as finance leases.

The Trust as lessor

Leases of owned assets where the Trust was lessor were unaffected by initial application of IFRS 16. For existing arrangements where the Trust was an intermediate lessor, classification of all continuing sublease arrangements was been reassessed with reference to the right of use asset.

Note 1.15 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement Of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2024:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	4.26%	3.27%
Medium-term	After 5 years up to 10 years	4.03%	3.20%
Long-term	After 10 years up to 40 years	4.72%	3.51%
	Exceeding 40 years	4.40%	3.00%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2024:

	Inflation rate	Prior year rate
Year 1	3.60%	7.40%
Year 2	1.80%	0.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.45% in real terms (prior year: 1.70%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at Note 29.2 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.16 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in Note 30 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in Note 30, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.17 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State for Health and Social Care can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-Trusts-and-foundation-Trusts>.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.18 Value added tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.19 Corporation tax

The Trust does not have a corporation tax liability for the year 2023/24. Tax may be payable on activities as described below:

- the activity is not related to the provision of core healthcare as defined under Section 14(1) of the HSCA. Private healthcare falls under this legislation and is not therefore taxable;
- the activity is commercial in nature and competes with the private sector. In house trading activities are normally ancillary to the core healthcare objectives and are therefore not subject to tax;
- the activity must have annual profits of over £50,000.

Within the reporting group of Somerset NHS Foundation Trust subsidiary companies will have a corporation tax liability for 2023/24 financial year.

The net amount of any corporation tax payable by the subsidiaries for the period is immaterial to the Group accounts. Tax payable is disclosed in full in the notes to the subsidiaries individual statutory accounts.

Note 1.20 Foreign exchange

The functional and presentational currency of the Trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Trust has assets or liabilities denominated in a foreign currency at the Statement Of Financial Position date:

- Monetary items are translated at the spot exchange rate on 31 March;
- Non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and;
- Non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement Of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

Note 1.21 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.22 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

Note 1.23 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.24 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.25 Transfers of functions to other NHS bodies

For functions that have been transferred to the Trust from another NHS body, the transaction is accounted for as a transfer by absorption. The assets and liabilities transferred are recognised in the accounts using the book value as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition. The net gain corresponding to the net assets transferred is recognised within The Statement of Comprehensive Income, but not within operating activities.

For property, plant and equipment assets and intangible assets, the cost and accumulated depreciation / amortisation balances from the transferring entity's accounts are preserved on recognition in the Trust's accounts. Where the transferring body recognised revaluation reserve balances attributable to the assets, the Trust makes a transfer from its income and expenditure reserve to its revaluation reserve to maintain transparency within public sector accounts.

On 1 April 2023, Somerset and Yeovil District Hospital NHS Foundation Trusts merged forming Somerset NHS Foundation Trust. Reporting for 2023/24 will show on this basis and the equivalent disclosure for 2022/23 will show the primary statements and accompanied notes for Somerset NHS Foundation Trust (pre-merger) only.

Note 1.26 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2023/24.

Note 1.27 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 18 was issued in April 2024 and applies to periods beginning on or after 1 January 2027. The standard has not yet been adopted by FRAB for inclusion within the FREM and therefore it is not yet possible to confirm how this will impact on the Trust accounts in the future.

Note 1.28 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

International accounting standard IAS1 requires estimates, assumptions and judgements to be continually evaluated and to be based on historical experience and other factors including expectation of future events that are believed to be reasonable under the circumstances. Actual results may differ from these estimates.

It should be noted that while management must make judgements in relation to applying the recognition of balance sheet items (trade payables; provisions, deferred and accrued income) these are not considered significant judgements.

The purpose of evaluation is to consider whether there may be a significant risk of causing material adjustment to the carrying value of assets and liabilities within the next financial year, compared to the carrying value in these accounts. The following significant assumptions and areas of estimation and judgement have been considered in preparing these financial statements.

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

Land, buildings and dwellings

Value of land, buildings and dwellings £227,439,000 (2022/23 £177,178,000). This is the most significant estimate in the accounts and is based on the professional judgement of the Trust's independent valuer; Cushman & Wakefield with extensive knowledge of the physical estate and market factors. No revaluation was booked in the Accounts in March 2024 as management decided it was not material to the financial statements.

The value does not take into account potential future changes in market value which cannot be predicted with any certainty.

The majority of the Trusts estate is considered to be specialised assets as there is no open market for an acute, community and mental health facilities . The modern equivalent asset valuation is based on the assumption that a replacement facilities would be built on alternative site, within the surrounding area of Somerset.

The model is owned by the Trust and we are able to adjust where events occur during 2023/24 and beyond. There are currently three MEA models, one 3 hub model for community and mental health, a model at Musgrove Park Hospital and another model at Yeovil District Hospital.

The key judgements driving Land, buildings and dwellings valuations are:

- Building cost index reduction;
- Increased obsolescence factors, ventilation health regulation in healthcare patient flow areas;
- Updated MEA,

Revisions to accounting estimates are recognised in the period in which the estimate is revised.

Note 2 Operating Segments

Operating segments are reported in a manner consistent with the internal reporting provided to the Chief Operating Decision Maker. The Chief Operating Decision Maker, who is responsible for allocating resources and assessing performance of the operating segments, has been identified as the Board that makes strategic decisions. The Somerset NHS Foundation Trust is managed by the Board of Directors, which is made up of both Executive and Non-Executive Directors. The Board is responsible for strategically and operationally leading the work of the Trust. The Non-Executive Directors bring external expertise to the organisation and provide advice and guidance to the Executive Directors. The Executive Directors take care of the day to day running of the Trust.

The Board is therefore considered to be the Chief Operating Decision Maker (CODM) of the Trust.

The monthly financial information presented to the Board includes a Trust level Statement of Comprehensive Income, a Statement Of Financial Position, a Statement of Cash flows and a number of other financial indicators including, capital expenditure, performance against cost improvement plans, agency spend and debt analysis. The segmental expenditure data is included by way of a separate note reporting achievement against planned expenditure inclusive of any service group specific income and highlighting any variances. It is acknowledged that the analysis of figures included below is different to that used for the remainder of the financial statements. The detail includes current budget and year to date data, in each case comparing actual data to plan. The commentary also includes the service group's contribution to Trust wide initiatives, such as cost improvement programmes. Other information reported to the Board is specifically analysed for its purpose, for example Trust pay spend against budget analysed by employee groups and income stream expectations by type (NHS Clinical, non NHS etc) compared to actual achieved. Information such as delivery of the savings plan is a Trust wide position paper but detailed into the areas tasked with implementing savings.

The Trust has used three key factors in its identification of its reportable operating segments. The key factors are that the reportable operating segment:

- a) Engages in activities from which it earns revenues and incurs expenses;
- b) Reports financial results which are regularly reviewed by the Trust's Board of Directors to make decisions about allocation of resources to the segment and to assess its performance; and
- c) Has discrete financial information.

The Trust's reportable segments and services provided are:

Medical Services

The services provided by this operating segment include A&E, MIU, Cardiology, Care of the Elderly, Endocrinology, Neurology, Dermatology, Rehabilitation, Respiratory and Stroke services.

Surgical Services

The services provided by this operating segment include Gastroenterology, Upper and Lower GI Surgery, Vascular, Breast Care Centre, Urology, Orthopaedics, Theatres, ITU/HDU, Anaesthetics, Sterile Services, Pre-op Assessment, Surgical Admissions, General Outpatients and Orthopaedic Services.

Clinical Support and Cancer Services

The services provided by this operating segment include the dedicated Cancer Centre, Haematology & Oncology, Pharmacy, Therapies, Pathology, Imaging, Speech and Language Therapy and other diagnostic testing.

Corporate Support Services

This segment provides corporate management for the Trust and includes the administrative aspects of governance and professional management of all clinical staff, the Trust Board, Finance, Information and IT, People Services, Organisational Development, Performance Management, Operational Management, Education and Training, central clinical functions of operational managers, clinical site managers, discharge coordination, patient transport and winter response actions. It also includes the centralised estates and facilities along with subsidiaries.

Children & Young People and Families Services

The services provided by this operating segment include Reproductive Medicine, EPAC, Gynaecology, Maternity and Paediatrics (including Somerset Neo-Natal Intensive Care Unit), Child and Adolescent Mental Health Services, Primary Care Dental Service and Community Services.

Mental Health and Learning Disabilities services

The services provided by this operating segment include inpatient services for adult acute including Psychiatric Intensive Care Unit (PICU), Section 136 health based places of safety; rehabilitation and older peoples mental health inpatient, commissioned inpatient services of low secure and CAMHS Tier 4; Home Treatment/Crisis services; Perinatal; Psychiatric Liaison; Community mental health services including open mental health working in collaboration with voluntary VSC; forensic liaison services; Assertive Outreach; Talking Therapies and Learning Disability services.

Neighbourhoods Services

The services provided by this operating segment include District Nursing & Rehab services, provision of dementia and older peoples mental health services, Intermediate Care Model, Community Hospitals and the newly created Virtual Wards which include respiratory, frailty, rapid response and digital.

Note 2 Operating Segments (cont-d)

The table below summarises details reported to the Board

	Group		Trust	
	2023/24	2022/23	2023/24	2022/23
	£'000	£'000	£'000	£'000
Operating Income	874,061	661,001	874,061	661,001
Total Corporate Income	874,061	661,001	874,061	661,001
Expenditure less sundry income				
Neighbourhoods Services	(96,759)	(76,177)	(96,763)	(76,177)
Children, Young People and Families Services	(81,465)	(55,866)	(81,036)	(55,866)
Mental Health and Learning Disability Services	(76,559)	(71,928)	(76,559)	(71,928)
Medical Services	(154,116)	(91,586)	(153,121)	(91,586)
Surgical Services	(182,093)	(120,098)	(176,593)	(120,098)
Clinical Support and Cancer Services	(123,992)	(96,137)	(147,978)	(96,137)
TOTAL OPERATING SERVICE GROUPS	(714,984)	(511,792)	(732,050)	(511,792)
Corporate Support Services	(150,102)	(180,179)	(134,732)	(180,179)
TOTAL OTHER SERVICES	(150,102)	(180,179)	(134,732)	(180,179)
Total Operating Expenditure	(865,086)	(691,971)	(866,782)	(691,971)
Trust EBITDA	8,975	(30,970)	7,279	(30,970)
Net Finance Costs	(8,927)	(7,099)	(8,918)	(7,099)
Gains arising from transfers by absorption	90,043	-	83,459	-
(Deficit)/Surplus for the year from continuing operations	90,091	(38,069)	81,820	(38,069)

Remove Capital Donations/grants I&E impact	(1,951)	(575)	(1,951)	(575)
Remove Impairments	-	38,644	-	38,644
Remove net impact of consumables	242	-	242	-
IFRIC 12 Finance Costs/forecast interest on IAS17 basis	2,089	-	2,089	-
Remove PDC dividend benefit arising from PFI liability remeasurement	(404)	-	(404)	-
Performance on a control total basis	90,067	-	81,796	-

Other comprehensive income

Will not be reclassified to income and expenditure:

Impairments	(345)	(29,896)	-	(29,896)
Revaluations	-	12,794	-	12,794
Fair value (losses) on equity instruments designated at fair value through OCI	-	(147)	-	(147)
Other reserve movements	1,078	-	-	-
Total comprehensive income / (expense) for the period	90,824	(55,318)	81,820	(55,318)

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

Note 3.1 Income from patient care activities (by nature)	Group		Trust	
	2023/24 £000	2022/23 £000	2023/24 £000	2022/23 £000
Acute services				
Income from commissioners under API contracts - variable element*	110,164	-	110,164	-
Income from commissioners under API contracts - fixed element*	496,306	353,911	496,306	353,911
High cost drugs income from commissioners	59,651	40,895	59,651	40,895
Mental health services				
Income from commissioners under API contracts*	97,065	93,207	97,065	93,207
Services delivered under a mental health collaborative	8,606	9,202	7,841	9,202
Community services				
Income from commissioners under API contracts*	116,470	114,552	116,470	114,552
Income from other sources (e.g. local authorities)	32,440	14,220	32,440	14,220
All services				
Private patient income	7,762	2,339	7,762	2,339
Elective recovery fund	-	8,811	-	8,811
National pay award central funding**	397	17,784	397	17,784
Additional pension contribution central funding***	26,938	19,235	26,938	19,235
Other clinical income	43,266	8,513	7,153	8,513
Total income from activities	999,065	682,669	962,187	682,669

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2023/25 NHS Payment Scheme documentation.

<https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/>

** Additional funding was made available by NHS England in 2023/24 for implementing the backdated element of pay awards where government offers were made at the end of the financial year. 2023/24: In March 2024, the government announced a revised pay offer for consultants, reforming consultant pay scales with an effective date of 1 March 2024. Trade Unions representing consultant doctors accepted the offer in April 2024.

2022/23: In March 2023, the government made a pay offer for staff on agenda for change terms and conditions which was later confirmed in May 2023. The additional pay for 2022/23 was based on individuals in employment at 31 March 2023.

*** The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

Note 3.2 Income from patient care activities (by source)

Note 3.2 Income from patient care activities received from:	Group		Trust	
	2023/24 £000	2022/23 £000	2023/24 £000	2022/23 £000
Income from patient care activities received from:				
NHS England	123,020	126,734	100,917	126,734
Clinical commissioning groups	-	125,255	-	125,255
Integrated Care Boards	813,644	398,313	780,766	398,313
Department of Health and Social Care	-	2	-	2
Other NHS providers	10,249	10,279	9,527	10,279
NHS other	426	-	3,023	-
Local Authorities	32,440	14,851	32,440	14,851
Non-NHS: private patients	7,762	2,339	7,762	2,339
Non-NHS: overseas patients (chargeable to patient)	136	148	21	148
Injury cost recovery scheme	849	1,273	793	1,273
Non NHS: other	10,539	3,475	-	3,475
Total income from activities	999,065	682,669	935,249	682,669
Of which:				
Related to continuing operations	999,065	682,669	935,249	682,669

Note 3.3 Overseas visitors (relating to patients charged directly by the provider) Group

	2023/24	2022/23
	£000	£000
Income recognised this year	136	148
Cash payments received in-year	110	57
Amounts written off in-year	26	-

Note 4 Other operating income	Group					
	2023/24			2022/23		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	3,518	-	3,518	2,974	-	2,974
Education and training	45,759	-	45,759	29,399	-	29,399
Non-patient care services to other bodies	14,551	-	14,551	15,508	-	15,508
Reimbursement and top up funding	-	-	-	4,897	-	4,897
Income in respect of employee benefits accounted on a gross basis	1,507	-	1,507	2,201	-	2,201
Receipt of capital grants and donations and peppercorn leases	-	3,159	3,159	-	1,647	1,647
Charitable and other contributions to expenditure	-	234	234	-	1,105	1,105
Revenue from operating leases	-	379	379	-	325	325
Amortisation of PFI deferred credits	-	259	259	-	259	259
Other income (Note a)	6,188	1	6,189	3,468	-	3,468
Total other operating income	71,523	4,032	75,555	58,447	3,336	61,783
Of which:						
Related to continuing operations			75,555			61,783

Note a

Other income includes £1.6m car parking income, £1.1m catering income, £1.8m staff accommodation rental and £0.2m pharmacy sales. (2022/23; £1.0m merger management and service charge to YDH, £0.9m Somerset County Council Mental Health Rethink funding, £0.3m private patient and £0.2m Cancer services income).

Note 4 Other operating income	Trust					
	2023/24			2022/23		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	3,518	-	3,518	2,974	-	2,974
Education and training	45,759	-	45,759	29,399	-	29,399
Non-patient care services to other bodies	14,287	-	14,287	15,508	-	15,508
Reimbursement and top up funding	-	-	-	4,897	-	4,897
Income in respect of employee benefits accounted on a gross basis	1,508	-	1,508	2,201	-	2,201
Receipt of capital grants and donations and peppercorn leases	-	3,159	3,159	-	1,647	1,647
Charitable and other contributions to expenditure	-	234	234	-	1,105	1,105
Support from the Department of Health and Social Care for mergers	-	-	-	-	-	-
Revenue from finance leases	-	-	-	-	-	-
Revenue from operating leases	-	379	379	-	325	325
Amortisation of PFI deferred income / credits	-	259	259	-	259	259
Charitable fund incoming resources	-	-	-	-	-	-
Other income (Note a)	11,495	-	11,495	3,468	-	3,468
Total other operating income	76,567	4,031	80,598	58,447	3,336	61,783
Of which:						
Related to continuing operations			80,598			61,783

Note a

Other income includes £5.3m pharmacy sales, £1.8m staff accommodation rental, £1.6m car parking income, £1.1m international recruitment, £0.7m SSL recharge and £0.2m catering income; (2022/23; £1.0m merger management and service charge to YDH, £0.9m Somerset County Council Mental Health Rethink funding, £0.3m private patient and £0.2m Cancer services income).

Note 4.1 Income from activities arising from commissioner requested services

The Trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	Group		Trust	
	2023/24	2022/23	2023/24	2022/23
	£000	£000	£000	£000
Income from services designated as commissioner requested services	984,053	660,042	926,673	660,042
Income from services not designated as commissioner requested services	90,567	84,410	116,112	84,410
Total	1,074,620	744,452	1,042,785	744,452

Note 4.2 Profits and losses on disposal of property, plant and equipment

During 2022/23/24, there were no gains on disposal of assets.

(During 2022/23, the gain on disposal related to building and equipment disposals. Two buildings were sold (held within "Assets held for sale")):

Building 1, not fit for purpose and the service reinstated elsewhere within Somerset: proceeds £199,000, cost of sale £5,000, net book value £15,000 with a gain on disposal of £179,000.

Building 2, not fit for purpose with a replacement building purchased: proceeds £114,000, net book value £76,000 with a gain on disposal of £38,000.

Telephony equipment sold back to the manufacturer: proceeds £114,000, net book value £76,000 with a gain on disposal £38,000.

Note 5 Operating leases - Somerset NHS Foundation Trust as lessor

This note discloses income generated in operating lease agreements where Somerset NHS Foundation Trust is the lessor.

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis. This includes a different maturity analysis of future minimum lease receipts under IAS 17 compared to IFRS 16.

Note 5.1 Operating leases income (Group & Trust)

	2023/24	2022/23
	£000	£000
Lease receipts recognised as income in year:		
Minimum lease receipts	379	-
Variable lease receipts / contingent rents	-	325
Total in-year operating lease income	379	325

Note 5.2 Future lease receipts (Group & Trust)

	31 March	31 March
	2024	2023
	£000	£000
Future minimum lease receipts due in:		
- not later than one year	379	325
Total	379	325

Note 6.1 Operating expenses

	Group		Trust	
	2023/24	2022/23	2023/24	2022/23
	£000	£000	£000	£000
Purchase of healthcare from NHS and DHSC bodies	33	1,353	21	1,353
Purchase of healthcare from non-NHS and non-DHSC bodies	16,031	28,301	48,696	28,301
Staff and executive directors costs	723,488	508,976	689,679	508,976
Remuneration of non-executive directors	190	115	190	115
Supplies and services - clinical (excluding drugs costs)	73,717	39,484	75,350	39,484
Supplies and services - general	37,068	24,100	29,262	24,100
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	84,906	48,137	76,523	48,137
Consultancy costs	70	298	42	298
Establishment	14,391	9,477	12,411	9,477
Premises	27,854	16,139	20,602	16,139
Transport (including patient travel)	2,151	1,811	2,014	1,811
Depreciation on property, plant and equipment and ROU assets	30,024	21,638	28,345	21,638
Amortisation on intangible assets	7,582	5,139	7,531	5,139
Net impairments	-	38,644	-	38,644
Movement in credit loss allowance: contract receivables / contract assets	(116)	30	(116)	30
Movement in credit loss allowance: all other receivables and investments	769	190	769	190
Increase/(decrease) in other provisions	3,459	-	3,459	-
Change in provisions discount rate(s)	(389)	(405)	(389)	(405)
Fees payable to the external auditor				
audit services- statutory audit	237	139	198	139
Internal audit costs	184	101	184	101
Clinical negligence	19,619	13,933	19,619	13,933
Legal fees	1,200	713	1,089	713
Insurance	1,033	529	758	529
Research and development	6	-	-	-
Education and training	3,102	2,474	2,950	2,474
Expenditure on short term leases	1,197	396	1,221	396
Redundancy	1,006	654	943	654
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	4,476	3,558	4,476	3,558
Car parking & security	335	247	335	247
Hospitality	31	30	31	30
Losses, ex gratia & special payments	178	541	178	541
Subscriptions	550	393	550	393
Interpreting costs	777	562	777	562
Other (Note a)	10,486	7,725	7,808	7,725
Total	1,065,645	775,422	1,035,506	775,422
Of which:				
Related to continuing operations	1,065,645	775,422	1,035,506	775,422

Note a (Group)

Other expenditure includes £3.2m Mental Health Investment (2022/23: £3.3m), £3.0m Discharge to Assess intermediate care (2022/23: £1.7m), £1.1m of Surgical services for the Independent Sector (2022/23: £0.8m), £0.7m Homefirst, (2022/23: £0.8m), £0.8m Staff occupational health (2022/23: £0.5m), £0.2m health research (2022/23: £0.5m), and £0.4m Nuclear medicine services recharge from University Hospital Bristol & Weston (2022/23: £0.3m).

Note a (Trust)

Other expenditure includes £3.2m Mental Health Investment (2022/23: £3.3m), £3.0m Discharge to Assess intermediate care (2022/23: £1.7m).

Note 6.2 Limitation on auditor's liability (Group)

The limitation on auditor's liability for external audit work is £1 million (2022/23: £1 million).

Note 7 Impairment of assets (Group)

	2023/24	2022/23
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	-	38,644
Total net impairments charged to operating surplus / deficit	-	38,644
Impairments charged to the revaluation reserve	345	29,896
Total net impairments	345	68,540

During 2023/24; no revaluation was booked in the accounts in March 2024 as management decided it was not material to the financial statements (net impairments to operating surplus (£320k) and net impairments to revaluation reserve £2,032k). The impairment above relates to corrections to previously impaired assets in 2022/23 in the YDH Group accounts.

In 2022/23, the Trust's land, buildings and dwellings were revalued by Cushman & Wakefield DTZ as at 31 March 2023. The Trust's specialised buildings and associated land were valued using the depreciated replacement cost method, based upon provision of a modern equivalent asset (MEA). The Changes in Market price £38,644k) was amended to draw out the MEA changes, there are currently three MEA models, one 3 hub model for community and mental health, a model at Musgrove Park Hospital and another model at Yeovil District Hospital.

Note 8 Employee benefits

	Group		Trust	
	2023/24	2022/23	2023/24	2022/23
	Total	Total	Total	Total
	£000	£000	£000	£000
Salaries and wages	495,696	358,466	475,941	358,466
Social security costs	60,726	38,026	55,671	38,026
Apprenticeship levy	2,531	1,795	2,209	1,795
Employer's contributions to NHS pensions *	93,155	63,451	88,369	63,451
Pension cost - other	2,496	-	151	-
Termination benefits	1,006	-	943	-
Temporary staff (including agency)	74,304	51,847	67,338	51,847
Total staff costs	729,914	513,585	690,622	513,585
Of which				
Costs capitalised as part of assets	5,420	3,955	5,390	3,955

* The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

Note 8.1 Retirements due to ill-health (Group)

During 2023/24 there were 12 early retirements from the Trust agreed on the grounds of ill-health (13 in the year ended 31 March 2023). The estimated additional pension liabilities of these ill-health retirements is £1,175k (£497k in 2022/23).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 9 Finance income

Finance income represents interest received on assets and investments in the period.

	Group		Trust	
	2023/24	2022/23	2023/24	2022/23
	£000	£000	£000	£000
Interest on bank accounts	3,720	983	3,298	983
Interest on other investments / financial assets	878	-	878	-
Total finance income	4,598	983	4,176	983

Note 10.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	Group		Trust	
	2023/24	2022/23	2023/24	2022/23
	£000	£000	£000	£000
Interest expense:				
Interest on loans from the Department of Health and Social Care	125	145	125	145
Interest on other loans	35	103	338	103
Interest on lease obligations	747	277	438	277
Finance costs on PFI, LIFT and other service concession arrangements:				
Main finance costs	1,457	1,281	1,457	1,281
Remeasurement of the liability resulting from change in index or rate*	3,225	-	3,225	-
Total interest expense	5,589	1,806	5,583	1,806
Unwinding of discount on provisions	(334)	(29)	(334)	(29)
Other finance costs	80	-	0	-
Total finance costs	5,335	1,777	5,249	1,777

* From 1 April 2023, IFRS 16 liability measurement principles are applied to PFI, LIFT and other service concession liabilities. Increases to imputed lease payments arising from inflationary uplifts are now included in the liability, and contingent rent no longer arises. More information is provided in Note 34.

Note 11 Other (losses)/gains

	Group		Trust	
	2023/24	2022/23	2023/24	2022/23
	£000	£000	£000	£000
Gains on disposal of assets (Note a)	-	249	-	249
Total gains / (losses) on disposal of assets	-	249	-	249
Other (losses) (Note b)	(282)	-	(282)	-
Total other gains / (losses)	(282)	249	(282)	249

Note a

During 2022/23, there were no gains on disposal of assets.

(During 2022/23, the gain on disposal related to building and equipment disposals. Two buildings were sold (held within "Assets held for sale")):

Building 1, not fit for purpose and the service reinstated elsewhere within Somerset: proceeds £199,000, cost of sale £5,000, net book value £15,000 with a gain on disposal of £179,000.

Building 2, not fit for purpose with a replacement building purchased: proceeds £114,000, net book value £76,000 with a gain on disposal of £38,000.

Telephony equipment sold back to the manufacturer: proceeds £114,000, net book value £76,000 with a gain on disposal £38,000.

Note b

On 1 April 2023, Somerset NHS Foundation Trust acquired (transfer by absorption) Yeovil District Hospital NHS Foundation Trust's share in Southwest Pathology Services LLP, SPS Facilities LLP and SW Path Services LLP bringing their shareholding and voting rights to 66.7%. At 31 March 2024, the Trust has accounted for these subsidiaries using the full consolidation method, (2022/23, the Trust accounted for this using equity accounting; shareholding and voting rights 51.4%).

The Trust has de-recognised the joint venture investment in other losses, representing the loss on initial consolidation of the Trusts' share of the cumulative historic joint venture position.

Note 12 Intangible assets - 2023/24

Group	Software licences £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2023 - brought forward	34,302	10,038	44,340
Transfers by absorption	8,972	1,122	10,094
Additions	9,147	2,539	11,686
Reclassifications	5,772	(4,055)	1,717
Valuation / gross cost at 31 March 2024	58,193	9,643	67,837
Amortisation at 1 April 2023 - brought forward	23,213	-	23,213
Transfers by absorption	6,079	-	6,079
Provided during the year	7,582	-	7,582
Amortisation at 31 March 2024	36,874	-	36,874
Net book value at 31 March 2024	21,319	9,643	30,963
Net book value at 1 April 2023	11,089	10,038	21,127

Note 12.1 Intangible assets - 2022/23

Group	Software licences £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2022 - as previously stated	33,238	5,175	38,413
Additions	4	5,923	5,927
Reclassifications	1,060	(1,060)	-
Valuation / gross cost at 31 March 2023	34,302	10,038	44,340
Amortisation at 1 April 2022 - as previously stated	18,074	-	18,074
Provided during the year	5,139	-	5,139
Amortisation at 31 March 2023	23,213	-	23,213
Net book value at 31 March 2023	11,089	10,038	21,127
Net book value at 1 April 2022	15,164	5,175	20,339

Note 13 Intangible assets - 2023/24

Trust	Software licences £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2023 - brought forward	34,302	10,038	44,340
Transfers by absorption	7,762	-	7,762
Additions	9,155	2,540	11,695
Reclassifications	5,719	(3,323)	2,396
Valuation / gross cost at 31 March 2024	56,938	9,255	66,193
Amortisation at 1 April 2023 - brought forward	23,213	-	23,213
Transfers by absorption	4,825	-	4,825
Provided during the year	7,533	-	7,533
Reclassifications	(223)	-	(223)
Amortisation at 31 March 2024	35,348	-	35,348
Net book value at 31 March 2024	21,590	9,255	30,845
Net book value at 1 April 2023	11,089	10,038	21,127

Note 13.1 Intangible assets - 2022/23

Trust	Software licences £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2022 - as previously stated	33,238	5,175	38,413
Additions	4	5,923	5,927
Reclassifications	1,060	(1,060)	-
Valuation / gross cost at 31 March 2023	34,302	10,038	44,340
Amortisation at 1 April 2022 - as previously stated	18,074	-	18,074
Provided during the year	5,139	-	5,139
Amortisation at 31 March 2023	23,213	-	23,213
Net book value at 31 March 2023	11,089	10,038	21,127
Net book value at 1 April 2022	15,164	5,175	20,339

Note 14 Property, plant and equipment - 2023/24

Group	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2023 - brought forward	7,428	164,617	5,496	73,555	85,399	116	28,057	7,301	371,968
Transfers by absorption	2,319	56,439	2,231	24,833	30,214	10	4,942	1,694	122,682
Additions	-	8,229	16	45,078	12,505	-	1,776	378	67,982
Impairments (Note a)	(51)	(164)	-	-	-	(2)	(128)	-	(345)
Reclassifications (Note b)	-	3,940	-	(13,631)	5,464	-	2,636	162	(1,429)
Transfers to / from assets held for sale	(141)	-	(329)	-	-	-	-	-	(470)
Valuation/gross cost at 31 March 2024	9,555	233,061	7,414	129,836	133,582	124	37,283	9,535	560,389
Accumulated depreciation at 1 April 2023 - brought forward	-	360	3	-	50,752	74	22,484	6,112	79,784
Transfers by absorption	-	10,177	719	-	18,819	7	2,993	978	33,693
Provided during the year	-	7,282	266	-	10,612	11	2,915	564	21,650
Transfers to / from assets held for sale	-	-	(4)	-	-	-	-	-	(4)
Accumulated depreciation at 31 March 2024	-	17,819	984	-	80,183	92	28,392	7,654	135,123
Net book value at 31 March 2024	9,555	215,243	6,430	129,836	53,399	32	8,891	1,881	425,266
Net book value at 1 April 2023	7,428	164,257	5,493	73,555	34,647	42	5,573	1,189	292,185

Note a

During 2023/24; no revaluation was booked in the accounts in March 2024 as management decided it was not material to the financial statements (net impairments to operating surplus (£320k) and net impairments to revaluation reserve £2,032k). The impairment above relates to corrections to previously impaired assets in 2022/23 in the YDH Group accounts.

Note 14.1 Property, plant and equipment - 2022/23

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2022 - as previously stated	13,301	194,531	5,457	63,582	81,564	116	27,300	7,301	393,152
IFRS 16 implementation - reclassification to right of use assets	-	-	-	-	(218)	-	-	-	(218)
Additions	-	599	-	38,310	3,646	-	-	-	42,555
Impairments	(6,221)	(73,113)	(268)	-	-	-	-	-	(79,602)
Reversals of impairments	266	8,505	-	-	-	-	-	-	8,771
Revaluations	184	7,168	459	-	-	-	-	-	7,811
Reclassifications	-	26,927	103	(28,337)	550	-	757	-	-
Transfers to / from assets held for sale	(103)	-	(255)	-	-	-	-	-	(358)
Disposals / derecognition	-	-	-	-	(143)	-	-	-	(143)
Valuation/gross cost at 31 March 2023	7,428	164,617	5,496	73,555	85,399	116	28,057	7,301	371,971
Accumulated depreciation at 1 April 2022 - as previously stated	-	9	3	-	44,337	63	19,593	5,254	69,258
IFRS 16 implementation - reclassification to right of use assets	-	-	-	-	(145)	-	-	-	(145)
Provided during the year	-	7,393	234	-	6,627	11	2,891	858	18,014
Impairments	-	(1,887)	(56)	-	-	-	-	-	(1,943)
Reversals of impairments	-	(355)	-	-	-	-	-	-	(355)
Revaluations	-	(4,800)	(176)	-	-	-	-	-	(4,976)
Transfers to / from assets held for sale	-	-	(2)	-	-	-	-	-	(2)
Disposals / derecognition	-	-	-	-	(67)	-	-	-	(67)
Accumulated depreciation at 31 March 2023	-	360	3	-	50,752	74	22,484	6,112	79,785
Net book value at 31 March 2023	7,428	164,257	5,493	73,555	34,647	42	5,573	1,189	292,182
Net book value at 1 April 2022	13,301	194,522	5,454	63,582	37,227	53	7,707	2,047	323,891

Note 14.2 Property, plant and equipment financing - 31 March 2024

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	9,554	192,542	6,430	119,194	37,907	25	8,890	1,650	376,191
On-SoFP PFI contracts and other service concession arrangements	-	16,594	-	-	10,375	-	-	-	26,969
Owned - donated/granted	-	6,105	-	10,647	5,117	6	-	231	22,106
NBV total at 31 March 2024	9,554	215,241	6,430	129,841	53,399	31	8,890	1,881	425,266

Note 14.3 Property, plant and equipment financing - 31 March 2023

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	7,427	138,654	5,493	73,560	25,647	41	5,572	981	257,375
On-SoFP PFI contracts and other service concession arrangements	-	18,720	-	-	5,934	-	-	-	24,654
Owned - donated/granted	-	6,881	-	-	3,066	-	-	208	10,157
NBV total at 31 March 2023	7,427	164,255	5,493	73,560	34,647	41	5,572	1,191	292,186

Note 14.4 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2024

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Subject to an operating lease	-	-	-	-	-	-	-	-	-
Not subject to an operating lease	9,554	215,241	6,430	129,841	53,399	31	8,890	1,881	425,266
NBV total at 31 March 2024	9,554	215,241	6,430	129,841	53,399	31	8,890	1,881	425,266

Note 14.5 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2023

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Subject to an operating lease	-	1,666	-	-	-	-	-	-	1,666
Not subject to an operating lease	7,427	162,589	5,493	73,560	34,647	41	5,572	1,191	290,521
NBV total at 31 March 2023	7,427	164,255	5,493	73,560	34,647	41	5,572	1,191	292,187

Note 15 Property, plant and equipment - 2023/24

Trust	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2023 - brought forward	7,428	164,617	5,496	73,555	85,399	116	28,057	7,301	371,969
Transfers by absorption	2,078	18,435	1,630	25,801	17,590	-	2,834	628	68,996
Additions	-	8,293	17	44,968	12,224	-	1,767	228	67,497
Reclassifications (Note a)	(1,120)	3,822	(119)	(14,351)	1,611	1	2,407	(166)	(7,915)
Transfers to / from assets held for sale	(141)	-	(329)	-	-	-	-	-	(470)
Valuation/gross cost at 31 March 2024	8,245	195,167	6,695	129,973	116,824	117	35,065	7,991	500,077
Accumulated depreciation at 1 April 2023 - brought forward	-	360	3	-	50,752	74	22,484	6,112	79,784
Transfers by absorption	-	8	118	-	6,321	-	1,447	365	8,259
Provided during the year	-	6,293	266	-	10,465	10	2,884	427	20,345
Reclassifications	-	(12)	(121)	-	(2,070)	2	(227)	(252)	(2,680)
Transfers to / from assets held for sale	-	-	(4)	-	-	-	-	-	(4)
Accumulated depreciation at 31 March 2024	-	6,649	262	-	65,468	86	26,588	6,652	105,704
Net book value at 31 March 2024	8,245	188,518	6,433	129,973	51,356	31	8,477	1,339	394,373
Net book value at 1 April 2023	7,428	164,257	5,493	73,555	34,647	42	5,573	1,189	292,185

Note a

Reclassifications within PPE in year and reclassifications between PPE and ROU for the Trust sale and leaseback assets.

During 2023/24; no revaluation was booked in the accounts in March 2024 as management decided it was not material to the financial statements (net impairments to operating surplus (£320k) and net impairments to revaluation reserve £2,032k). The impairment above relates to corrections to previously impaired assets in 2022/23 in the YDH Group accounts.

Note 15.1 Property, plant and equipment - 2022/23

Trust	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 April 2022 - as previously stated	13,301	194,531	5,457	63,582	81,564	116	27,300	7,301	393,152
IFRS 16 implementation - reclassification of existing leased assets to right of use assets	-	-	-	-	(218)	-	-	-	(218)
Additions	-	599	-	38,310	3,646	-	-	-	42,555
Impairments	(6,221)	(73,113)	(268)	-	-	-	-	-	(79,602)
Reversals of impairments	266	8,505	-	-	-	-	-	-	8,771
Revaluations	184	7,168	459	-	-	-	-	-	7,811
Reclassifications	-	26,927	103	(28,337)	550	-	757	-	-
Transfers to / from assets held for sale	(103)	-	(255)	-	-	-	-	-	(358)
Disposals / derecognition	-	-	-	-	(143)	-	-	-	(143)
Valuation/gross cost at 31 March 2023	7,428	164,617	5,496	73,555	85,399	116	28,057	7,301	371,971
Accumulated depreciation at 1 April 2022 - as previously stated	-	9	3	-	44,337	63	19,593	5,254	69,259
IFRS 16 implementation - reclassification of existing leased assets to right of use assets	-	-	-	-	(145)	-	-	-	(145)
Provided during the year	-	7,393	234	-	6,627	11	2,891	858	18,014
Impairments	-	(1,887)	(56)	-	-	-	-	-	(1,943)
Reversals of impairments	-	(355)	-	-	-	-	-	-	(355)
Revaluations	-	(4,800)	(176)	-	-	-	-	-	(4,976)
Transfers to / from assets held for sale	-	-	(2)	-	-	-	-	-	(2)
Disposals / derecognition	-	-	-	-	(67)	-	-	-	(67)
Accumulated depreciation at 31 March 2023	-	360	3	-	50,752	74	22,484	6,112	79,785
Net book value at 31 March 2023	7,428	164,257	5,493	73,555	34,647	42	5,573	1,189	292,186
Net book value at 1 April 2022	13,301	194,522	5,454	63,582	37,227	53	7,707	2,047	323,891

Note 15.2 Property, plant and equipment financing - 31 March 2024

Trust	Land £000	Buildings excluding dwellings	Dwellings £000	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total £000
		£000		£000	£000	£000	£000	£000	
Owned - purchased	8,245	165,819	6,433	119,326	35,864	25	8,477	1,108	345,298
On-SoFP PFI contracts and other service concession arrangements	-	16,594	-	-	10,375	-	-	-	26,969
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	-	-
Owned - donated / granted	-	6,105	-	10,647	5,117	6	-	231	22,106
Total net book value at 31 March 2024	8,245	188,518	6,433	129,973	51,356	31	8,477	1,339	394,373

Note 15.3 Property, plant and equipment financing - 31 March 2023

Trust	Land £000	Buildings excluding dwellings	Dwellings £000	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total £000
		£000		£000	£000	£000	£000	£000	
Owned - purchased	7,427	138,654	5,493	73,560	25,647	41	5,572	980	257,375
On-SoFP PFI contracts and other service concession arrangements	-	18,720	-	-	5,934	-	-	-	24,654
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	-	-
Owned - donated / granted	-	6,881	-	-	3,066	-	-	210	10,157
Total net book value at 31 March 2023	7,427	164,255	5,493	73,560	34,647	41	5,572	1,190	292,186

Note 15.4 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2024

Trust	Land £000	Buildings excluding dwellings	Dwellings £000	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total £000
		£000		£000	£000	£000	£000	£000	
Not subject to an operating lease	8,245	188,518	6,433	129,973	51,356	31	8,477	1,339	394,373
Total net book value at 31 March 2024	8,245	188,518	6,433	129,973	51,356	31	8,477	1,339	394,373

Note 15.5 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2023

Trust	Land £000	Buildings excluding dwellings	Dwellings £000	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total £000
		£000		£000	£000	£000	£000	£000	
Subject to an operating lease	-	1,666	-	-	-	-	-	-	1,666
Not subject to an operating lease	7,427	162,589	5,493	73,560	34,647	41	5,572	1,191	290,521
Total net book value at 31 March 2023	7,427	164,255	5,493	73,560	34,647	41	5,572	1,191	292,187

Note 16 Donations of property, plant and equipment

During 2023/24, donations of £3,159,000 were donated to the Trust, £1,400,000 donated for the Breast Care Centre, Yeovil, £1,400,000 for the Surgical Robot with the balance relating to equipment (2022/23: £1,647,000, £1,195,000 donated by Salix for the energy performance grant).

There were no restrictions on the use of donated assets.

Note 17 Revaluations of property, plant and equipment

Valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual. No revaluation was booked in the accounts in March 2024 as management decided it was not material to the financial statements (2022/23, a desktop valuation exercise to update the latest carrying values of Land, Buildings and Dwellings as at 31 March 2023 was undertaken by Cushman & Wakefield DTZ).

The valuation exercise was carried out in March 2024 with a valuation date of 31 March 2024. The COVID-19 pandemic and measures to tackle it continue to affect economies and real estate markets globally. Nevertheless, as at the valuation date property markets are mostly functioning, with transaction volumes and other relevant evidence at levels where enough market evidence exists upon which to base opinions of value.

Note 18 Right of use assets - 2023/24

Group	Property	Plant &	Transport	Total	Of which:
	(land and	machinery	equipment		£000
	buildings)			£000	£000
Valuation / gross cost at 1 April 2023 - brought forward	29,320	286	105	29,711	14,447
Transfers by absorption	57,725	2,197	122	60,044	1,900
Additions	3,709	-	-	3,709	-
Remeasurements of the lease liability	6,479	-	-	6,479	846
Reclassifications	(288)	-	-	(288)	-
Valuation/gross cost at 31 March 2024	96,945	2,483	227	99,655	17,193
Accumulated depreciation at 1 April 2023 - brought forward	3,520	208	40	3,768	-
Transfers by absorption	3,387	404	53	3,844	380
Provided during the year	8,374	-	-	8,374	3,332
Accumulated depreciation at 31 March 2024	15,281	612	93	15,986	3,712
Net book value at 31 March 2024	81,664	1,871	134	83,669	13,481
Net book value at 1 April 2023	25,800	78	65	25,943	14,447
Net book value of right of use assets leased from other NHS providers					1,113
Net book value of right of use assets leased from other DHSC group bodies					12,089

Note 18.1 Right of use assets - 2022/23

Group	Property	Plant &	Transport	Total	Of which:
	(land and buildings)	machinery	equipment		leased from DHSC group bodies
	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2022 - brought forward	-	-	-	-	-
IFRS 16 implementation - reclassification of existing leased assets from PPE or intangible assets	-	218	-	218	-
IFRS 16 implementation - adjustments for existing operating leases / subleases	28,944	68	91	29,103	14,447
Additions	487	-	14	501	-
Remeasurements of the lease liability	(110)	-	-	(110)	-
Impairments	(8)	-	-	(8)	-
Revaluations	7	-	-	7	-
Valuation/gross cost at 31 March 2023	29,320	286	105	29,711	14,447
Accumulated depreciation at 1 April 2022 - brought forward	-	-	-	-	-
IFRS 16 implementation - reclassification of existing leased assets from PPE or intangible assets	-	145	-	145	-
Provided during the year	3,521	63	40	3,624	-
Impairments	(1)	-	-	(1)	-
Accumulated depreciation at 31 March 2023	3,520	208	40	3,768	-
Net book value at 31 March 2023	25,800	78	65	25,943	14,447
Net book value at 1 April 2022	-	-	-	-	-
Net book value of right of use assets leased from other DHSC group bodies					14,447

Note 18.2 Right of use assets - 2023/24

Trust	Property	Plant &	Transport	Information	Furniture &	Total	Of which:
	(land and buildings)	machinery	equipment	technology	fittings		leased from DHSC group bodies
	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - brought forward	29,320	286	105	-	-	29,711	14,447
Transfers by absorption	65,931	2,752	-	-	-	68,683	1,901
Additions	37	-	263	-	-	300	-
Remeasurements of the lease liability	6,298	-	-	-	-	6,298	846
Reclassifications (Note a)	1,119	3,707	-	227	268	5,321	-
Valuation/gross cost at 31 March 2024	102,705	6,745	368	227	268	110,313	17,194
Accumulated depreciation at 1 April 2023 - brought forward	3,520	208	40	-	-	3,768	
Transfers by absorption	2,505	483	-	-	-	2,988	380
Provided during the year	7,382	467	121	-	30	8,000	2,299
Reclassifications	-	2,276	-	227	202	2,705	-
Accumulated depreciation at 31 March 2024	13,407	3,434	161	227	232	17,461	2,679
Net book value at 31 March 2024	89,298	3,311	207	-	36	92,852	14,515
Net book value at 1 April 2023	25,800	78	65	-	-	25,943	14,447
Net book value of right of use assets leased from other NHS providers							1,113
Net book value of right of use assets leased from other DHSC group bodies							12,089

Note a

Reclassifications within PPE in year and reclassifications between PPE and ROU for the Trust sale and leaseback assets.

Note 18.3 Right of use assets - 2022/23

Trust	Property (land and buildings) £000	Plant & machinery £000	Transport equipment £000	Total £000	Of which: leased from DHSC group bodies £000
Valuation / gross cost at 1 April 2022 - brought forward	-	-	-	-	-
IFRS 16 implementation - reclassification of existing finance leased assets from PPE or intangible assets	-	218	-	218	-
IFRS 16 implementation - adjustments for existing operating leases / subleases	28,944	68	91	29,103	14,447
Additions	487	-	14	501	-
Remeasurements of the lease liability	(110)	-	-	(110)	-
Impairments	(8)	-	-	(8)	-
Revaluations	7	-	-	7	-
Valuation/gross cost at 31 March 2023	29,320	286	105	29,711	14,447
Accumulated depreciation at 1 April 2022 - brought forward	-	-	-		
IFRS 16 implementation - reclassification of existing finance leased assets from PPE or intangible assets	-	145	-	145	-
Provided during the year	3,521	63	40	3,624	-
Impairments	(1)	-	-	(1)	-
Accumulated depreciation at 31 March 2023	3,520	208	40	3,768	-
Net book value at 31 March 2023	25,800	78	65	25,943	14,447
Net book value at 1 April 2022	-	-	-		-
Net book value of right of use assets leased from other DHSC group bodies					14,447

Note 18.4 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the Statement of Financial Position. A breakdown of borrowings is disclosed in note 28.1.

	Group		Trust	
	2023/24	2022/23	2023/24	2022/23
	£000	£000	£000	£000
Carrying value at 1 April	26,068	51	26,068	51
IFRS 16 implementation - adjustments for existing operating leases	-	28,590	-	28,590
Transfers by absorption	56,001	-	70,910	-
Lease additions	3,709	501	279	501
Lease liability remeasurements	6,479	(110)	5,755	(110)
Interest charge arising in year	747	277	1,712	277
Early terminations	(1,264)	-	-	-
Lease payments (cash outflows)	(8,345)	(3,241)	(8,984)	(3,241)
Other changes	-	-	(1,044)	-
Carrying value at 31 March	83,395	26,068	94,696	26,068

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 6.1. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

Note 18.5 Maturity analysis of future lease payments at 31 March 2024

	Group		Trust	
	Total	Of which leased from DHSC group bodies:	Total	Of which leased from DHSC group bodies:
	31 March	31 March	31 March	31 March
	2024	2024	2024	2024
	£000	£000	£000	£000
Undiscounted future lease payments payable in:				
- not later than one year;	7,881	1,870	4,159	1,870
- later than one year and not later than five years;	21,204	6,122	53,151	6,122
- later than five years.	59,898	6,858	39,484	6,858
Total gross future lease payments	88,983	14,850	96,794	14,850
Finance charges allocated to future periods	(5,588)	(590)	(2,098)	(590)
Net lease liabilities at 31 March 2024	83,395	14,260	94,696	14,260
Of which:				
Leased from other NHS providers		1,207		1,207
Leased from other DHSC group bodies		13,053		13,053

Note 18.6 Maturity analysis of future lease payments at 31 March 2023

	Group		Trust	
	Total	Of which leased from DHSC group bodies:	Total	Of which leased from DHSC group bodies:
	31 March 2023 £000	31 March 2023 £000	31 March 2023 £000	31 March 2023 £000
Undiscounted future lease payments payable in:				
- not later than one year;	3,342	1,375	3,342	1,375
- later than one year and not later than five years;	24,251	12,527	24,251	12,527
Total gross future lease payments	27,593	13,902	27,593	13,902
Finance charges allocated to future periods	(1,525)	(661)	(1,525)	(661)
Net finance lease liabilities at 31 March 2023	26,068	13,241	26,068	13,241
Of which:				
Leased from other NHS providers		13,241		13,241
Leased from other DHSC group bodies				

Note 19 Investments in associates and joint ventures

	Group		Trust	
	2023/24	2022/23	2023/24	2022/23
	£000	£000	£000	£000
Carrying value at 1 April - brought forward	282	797	282	797
Transfers by absorption	14	-	-	-
Share of profit / (loss)	-	379	-	379
Disbursements / dividends received	-	(894)	-	(894)
Disposals (Note a)	(282)	-	(282)	-
Carrying value at 31 March	14	282	-	282

Note a

On 1 April 2023, Somerset NHS Foundation Trust acquired (transfer by absorption) Yeovil District Hospital NHS Foundation Trust's share in Southwest Pathology Services LLP, SPS Facilities LLP and SW Path Services LLP bringing their shareholding and voting rights to 66.7%. At 31 March 2024, the Trust has accounted for these subsidiaries using the full consolidation method, (2022/23, the Trust accounted for this using equity accounting; shareholding and voting rights 51.4%).

The Trust has de-recognised the JV investment in other losses, representing the loss on initial consolidation of the Trusts' share of the cumulative historic JV position.

Note 20 Other investments / financial assets (non-current)

	Group		Trust	
	2023/24	2022/23	2023/24	2022/23
	£000	£000	£000	£000
Carrying value at 1 April - brought forward (Note a)	14	161	14	161
Movement in fair value through OCI	-	(147)	-	(147)
Carrying value at 31 March	14	14	14	14

Note a

On 4 May 2021 the Trust received 1,428,571 of ordinary shares in Sensyne Plc. The agreement allows for the Trust to provide anonymised datasets, compliant to Information Commissioner Officer's standards, and to undertake jointly funded research across all parties. The share price at the Initial Price Offering (IPO) was 174p per share giving the Trust an investment value of £2,485,714 however the Trust is locked into holding the shares for up to 2 years. The Trust has made the decision to recognise the investment as Fair Value through other comprehensive income (FVOCI) given the equities are not held for trading and as part of a long term strategic relationship. The Trust has recognised the initial investment, under IFRS 15, fully as revenue in 2021/22 as the Trust has received the shares and satisfied all explicit performance obligations contained within the Strategic Relationship Agreement and continue to work in partnership with Sensyne Plc. The Trust will treat any subsequent gains or losses through the Financial Assets reserve.

During 2023/24; there were no changes to the business or share valuation (during 2022/23, Sensyne re-financed the business, divesting parts of the business that were not wholly focused on the use of data for research purposes. This resulted in a dilution of member shareholding which in turn reduced the Trusts' share value to £14,000).

Note 21 Movement in Investment in Subsidiary Undertakings

	Group		Trust	
	2023/24	2022/23	2023/24	2022/23
	£000	£000	£000	£000
			(Note a)	
Transfer by absorption > 1 year	-	-	14,988	-
	-	-	14,988	-
Transfer by absorption < 1 year	-	-	2,841	-
	-	-	2,841	-

Note a

On 1 April 2023, Somerset NHS Foundation Trust acquired (transfer by absorption) Yeovil District Hospital NHS Foundation Trust's group structure. Simply Serve Limited (SSL) was set up using a loan enabling SSL to buy the leasehold right of use of the main hospital building. 30%; (£14,988k) was deemed to be equity with the remaining 70% sale and leaseback loan repayable to the Trust; £16,070k > 1 year and £2,841k < 1 year (eliminated on consolidation for the Group accounts).

Note 22 Inventories

	Group		Trust	
	31 March 2024 £000	31 March 2023 £000	31 March 2024 £000	31 March 2023 £000
Drugs	4,188	1,940	3,584	1,940
Consumables	6,684	22	5,460	22
Energy	134	198	128	198
Other	-	5,231	-	5,231
Total inventories	11,005	7,391	9,172	7,391

Inventories recognised in expenses for the year were £77,031k (2022/23: £61,261k). Write-down of inventories recognised as expenses for the year were £0k (2022/23: £0k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2023/24 the Trust received £193k of items purchased by DHSC (2022/23: £1,089k).

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

Note 23 Receivables

	Group		Trust	
	31 March	31 March	31 March	31 March
	2024	2023	2024	2023
	£000	£000	£000	£000
Current				
Contract receivables	19,414	35,071	13,166	35,071
Amounts owed by group undertakings	-	-	5,161	-
Capital receivables	1,427	454	1,428	454
Allowance for impaired contract receivables / assets	(160)	(116)	(160)	(116)
Allowance for other impaired receivables	(1,212)	(478)	(1,212)	(478)
Prepayments (non-PFI)	6,896	5,733	5,286	5,733
PDC dividend receivable	1,244	710	1,244	710
VAT receivable	3,123	966	1,528	966
Corporation and other taxes receivable	30	-	-	-
Other receivables	1,251	2,106	1,262	2,106
Total current receivables	32,013	44,446	27,703	44,446
Non-current				
Contract receivables	2,565	1,872	2,834	1,872
Amount owed by group undertakings	-	-	16,085	-
Allowance for impaired contract receivables / assets	(620)	(465)	(529)	(465)
Allowance for other impaired receivables	-	-	(93)	-
Other receivables	1,012	962	745	962
Total non-current receivables	2,957	2,369	19,042	2,369
Of which receivable from NHS and DHSC group bodies:				
Current	9,344	30,658		30,658
Non-current	1,012	962		962

Note 23.1 Allowances for credit losses - 2023/24

	Group		Trust	
	Contract	All other	Contract	All other
	receivables		receivables	
	and contract	receivables	and contract	receivables
assets	£000	assets	£000	
Allowances as at 1 Apr 2023 - brought forward	581	478	581	478
Transfers by absorption	315	30	315	30
New allowances arising	160	665	160	665
Changes in existing allowances	(41)	121	(41)	121
Reversals of allowances	(235)	(17)	(235)	(17)
Utilisation of allowances (write offs)	-	(65)	-	(65)
Allowances as at 31 Mar 2024	780	1,212	780	1,212

Note 23.2 Allowances for credit losses - 2022/23

	Group		Trust	
	Contract	All other	Contract	All other
	receivables		receivables	
	and contract	receivables	and contract	receivables
assets	£000	assets	£000	
Allowances as at 1 Apr 2022 - as previously stated	551	638	551	638
New allowances arising	116	478	116	478
Changes in existing allowances	25	-	25	-
Reversals of allowances	(111)	(288)	(111)	(288)
Utilisation of allowances (write offs)	-	(350)	-	(350)
Allowances as at 31 Mar 2023	581	478	581	478

Note 24 Non-current assets held for sale and assets in disposal groups

	Group		Trust	
	2023/24	2022/23	2023/24	2022/23
	£000	£000	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April	-	15	-	15
Assets classified as available for sale in the year	466	356	466	356
Assets sold in year	-	(371)	-	(371)
NBV of non-current assets for sale and assets in disposal groups at 31 March	466	0	466	0

During 2023/24: The Trust has a building held for sale; the building was purchased in 2022 to provide Mental Health facilities; the condition and layout has deteriorated meaning utilisation is not fit for purpose and needs replacing.

(During 2022/23, the Trust sold two buildings:

Building 1, not fit for purpose and the service reinstated elsewhere within Somerset;
 Proceeds £199,000,
 Cost of sale £5,000
 Net book value £15,000
 Gain on disposal of £179,000

Building 2, not fit for purpose with a replacement building purchased:

Proceeds £114,000,
 Net book value £76,000
 Gain on disposal of £38,000

Note 25.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	Group		Trust	
	2023/24 £000	2022/23 £000	2023/24 £000	2022/23 £000
At 1 April	42,510	58,729	42,510	58,729
Transfers by absorption	21,878	-	12,836	-
Net change in year	12,192	(16,219)	14,071	(16,219)
At 31 March	76,580	42,510	69,417	42,510
Broken down into:				
Cash at commercial banks and in hand	7,509	54	571	54
Cash with the Government Banking Service	69,071	42,456	68,846	42,456
Total cash and cash equivalents as in SoFP	76,580	42,510	69,417	42,510
Total cash and cash equivalents as in SoCF	76,580	42,510	69,417	42,510

Note 25.2 Third party assets held by the Trust

Somerset NHS Foundation Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	Group and Trust	
	31 March 2024 £000	31 March 2023 £000
Bank balances	67	47
Total third party assets	67	47

Note 26.1 Trade and other payables

	Group		Trust	
	31 March 2024 £000	31 March 2023 £000	31 March 2024 £000	31 March 2023 £000
Current				
Trade payables	3,860	5,508	19,665	5,508
Amounts owed by group undertakings		-	136	-
Capital payables	14,160	6,736	12,900	6,736
Accruals	60,025	52,586	49,850	52,586
Social security costs	9,711	9,166	6,489	9,166
Other taxes payable	8,419	-	6,384	-
Pension contributions payable	8,955	6,118	8,525	6,118
Other payables	5,471	14,635	3,279	14,635
Total current trade and other payables	110,601	94,749	107,228	94,749
Of which payables from NHS and DHSC group bodies:				
Current	5,150	2,601	5,150	2,601

Note 27 Other liabilities

	Group		Trust	
	31 March 2024 £000	31 March 2023 £000	31 March 2024 £000	31 March 2023 £000
Current				
Deferred income: contract liabilities	16,081	8,524	15,766	8,524
Deferred PFI credits	259	259	259	259
Total other current liabilities	16,340	8,783	16,025	8,783
Non-current				
Deferred PFI credits	1,682	1,941	1,682	1,941
Total other non-current liabilities	1,682	1,941	1,682	1,941

Deferred PFI credits relate to a public private partnership project (PPP) for the building of a car park (completed in October 2006) and the provision of services for 25 years. The ownership of the building will pass to the Trust after the 25 year concession period. The residual value (assessed by professional valuation) is £4,468,000. Throughout this period, the operator pays an agreed proportion of the car parking fees to the Trust; no other financial transactions take place. Since 2009/10, this has been accounted for under International Financial Reporting Standards and the asset together with the outstanding liability is required to be accounted for in the Statement of Financial Position.

Note 28.1 Borrowings

	Group		Trust	
	31 March 2024 £000	31 March 2023 £000	31 March 2024 £000	31 March 2023 £000
Current				
Loans from DHSC	781	885	781	885
Other loans	39	928	-	928
Lease liabilities	7,881	3,342	5,237	3,342
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	4,628	1,931	8,635	1,931
Total current borrowings	13,329	7,086	14,653	7,086
Non-current				
Loans from DHSC	4,224	4,972	4,224	4,972
Other loans	933	-	-	-
Lease liabilities	75,514	22,726	89,459	22,726
Obligations under PFI, LIFT or other service concession contracts	32,213	17,423	28,205	17,423
Total non-current borrowings	112,884	45,121	121,888	45,121

Note 28.2 Reconciliation of liabilities arising from financing activities (Group)

	Loans from DHSC £000	Other loans £000	Lease liabilities £000	PFI and LIFT schemes £000	Total £000
Group - 2023/24					
Carrying value at 1 April 2023	5,857	928	26,068	19,354	52,207
Cash movements:					
Financing cash flows - payments and receipts of principal	(848)	(976)	(7,598)	(3,085)	(12,507)
Financing cash flows - payments of interest	(129)	(70)	(747)	1,136	190
Non-cash movements:					
Transfers by absorption	-	1,055	56,001	4,153	61,209
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023	-	-	-	9,771	9,771
Additions	-	-	3,709	830	4,539
Lease liability remeasurements	-	-	6,479	-	6,479
Remeasurement of PFI / other service concession liability resulting from change in index or rate	-	-	-	3,225	3,225
Application of effective interest rate	125	35	747	1,457	2,364
Early terminations	-	-	(1,264)	-	(1,264)
Carrying value at 31 March 2024	5,005	972	83,395	36,841	126,213
Group - 2022/23					
Carrying value at 1 April 2022	6,710	1,785	51	18,036	26,582
Cash movements:					
Financing cash flows - payments and receipts of principal	(848)	(893)	(2,964)	(2,060)	(6,765)
Financing cash flows - payments of interest	(150)	(67)	(277)	(1,281)	(1,775)
Non-cash movements:					
IFRS 16 implementation - adjustments for existing operating leases / subleases	-	-	28,590	-	28,590
Additions	-	-	501	3,470	3,971
Lease liability remeasurements	-	-	(110)	-	(110)
Application of effective interest rate	145	103	277	1,281	1,806
Other changes	-	-	-	(92)	(92)
Carrying value at 31 March 2023	5,857	928	26,068	19,354	52,207

Note 28.3 Reconciliation of liabilities arising from financing activities

Trust - 2023/24	Loans from DHSC £000	Other loans £000	Lease liabilities £000	PFI and LIFT schemes £000	Total £000
Carrying value at 1 April 2023	5,857	928	26,068	19,354	52,207
Cash movements:					
Financing cash flows - payments and receipts of principal	(848)	(893)	(7,272)	(3,085)	(12,098)
Financing cash flows - payments of interest	(129)	(70)	(1,712)	1,136	(775)
Non-cash movements:					
Transfers by absorption	-		70,910	4,153	75,063
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023	-	-		9,771	9,771
Additions	-		279	830	1,109
Lease liability remeasurements	-		5,755	-	5,755
Remeasurement of PFI / other service concession liability resulting from change in index or rate	-			3,225	3,225
Application of effective interest rate	-			1,457	1,457
Change in effective interest rate	125	35		-	160
Changes in fair value	-			-	-
Early terminations	-			-	-
Other changes	-		668		668
Carrying value at 31 March 2024	5,005	-	94,696	36,841	136,542

Trust - 2022/23	Loans from DHSC £000	Other loans £000	Lease liabilities £000	PFI and LIFT schemes £000	Total £000
Carrying value at 1 April 2022	6,710	1,785	51	18,036	26,582
Cash movements:					
Financing cash flows - payments and receipts of principal	(848)	(893)	(2,964)	(2,060)	(6,765)
Financing cash flows - payments of interest	(150)	(67)	(277)	(1,281)	(1,775)
Non-cash movements:					
IFRS 16 implementation - adjustments for existing operating leases / subleases	-	-	28,590	-	28,590
Additions	-	-	501	3,470	3,971
Lease liability remeasurements	-	-	(110)	-	(110)
Application of effective interest rate	145	103	277	1,281	1,806
Other changes	-	-	-	(92)	(92)
Carrying value at 31 March 2023	5,857	928	26,068	19,354	52,207

Note 29 Provisions for liabilities and charges analysis (Group)

Group	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2023	558	1,176	121	-	2,525	4,380
Transfers by absorption	-	685	32	213	3,617	4,547
Change in the discount rate	-	(389)	-	-	(225)	(614)
Arising during the year	20	752	27	-	2,736	3,535
Utilised during the year	(59)	(188)	(61)	(188)	(64)	(560)
Reversed unused	-	(34)	(17)	(25)	(67)	(143)
Unwinding of discount	10	(324)	-	-	47	(267)
At 31 March 2024	529	1,678	102	-	8,569	10,878
Expected timing of cash flows:						
- not later than one year;	67	143	51	-	7,020	7,281
- later than one year and not later than five years;	255	538	51	-	433	1,277
- later than five years.	207	997	0	-	1,116	2,320
Total	529	1,678	102	-	8,569	10,878

Pensions: early departure costs

Pensions - early departure costs relate to Pre1995 early retirements. These are calculated on figures supplied by the NHS Pensions Agency and a significant amount of the payments are expected to be greater than one year.

Pensions: injury benefits

Injury Benefit provisions are based on figures supplied by the NHS Pensions Agency. A significant amount of the payments are expected to be for a period greater than 1 year.

Legal Claims

The provisions are based on the expected values and probabilities quantified by NHS Resolution. The outcome of these cases are inherently uncertain and the timing of payments is dependant on the progression of each case. The figures included in the summary are based purely on the Trust's excess reflecting the fact that the NHS Resolution makes the majority of payments direct. See also note 29.2.

Other

Provisions arising in year include clinical pension tax reimbursement (NHS England and the Government fully fund these payments) and potential workforce pension liabilities.

Note 29.1 Provisions for liabilities and charges analysis (Trust)

Trust	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2023	558	1,176	121	-	2,525	4,380
Transfers by absorption	-	685	32	213	2,614	3,544
Change in the discount rate	-	(389)	-	-	(225)	(614)
Arising during the year	20	752	27	-	2,279	3,078
Utilised during the year	(59)	(188)	(61)	(188)	(62)	(558)
Reclassified to liabilities held in disposal groups	-	-	-	-	-	-
Reversed unused	-	(34)	(17)	(25)	(66)	(142)
Unwinding of discount	10	(324)	-	-	67	(247)
At 31 March 2024	529	1,678	102	-	7,132	9,441
Expected timing of cash flows:						
- not later than one year;	67	143	51	-	5,583	5,844
- later than one year and not later than five years;	255	538	51	-	433	1,277
- later than five years.	207	997	0	-	1,116	2,320
Total	529	1,678	102	-	7,132	9,441

Pensions: early departure costs

Pensions - early departure costs relate to Pre1995 early retirements. These are calculated on figures supplied by the NHS Pensions Agency and a significant amount of the payments are expected to be greater than one year.

Pensions: injury benefits

Injury Benefit provisions are based on figures supplied by the NHS Pensions Agency. A significant amount of the payments are expected to be for a period greater than 1 year.

Legal Claims

The provisions are based on the expected values and probabilities quantified by NHS Resolution. The outcome of these cases are inherently uncertain and the timing of payments is dependant on the progression of each case. The figures included in the summary are based purely on the Trust's excess reflecting the fact that the NHS Resolution makes the majority of payments direct. See also note 28.

Other

Provisions arising in year include clinical pension tax reimbursement (NHS England and the Government fully fund these payments) and potential workforce pension liabilities.

Note 29.2 Clinical negligence liabilities

At 31 March 2024, £321,059k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Somerset NHS Foundation Trust (31 March 2023: £296,663k).

Note 30 Contingent assets and liabilities

	Group		Trust	
	31 March 2024 £000	31 March 2023 £000	31 March 2024 £000	31 March 2023 £000
Value of contingent liabilities				
NHS Resolution legal claims	(47)	(36)	(47)	(36)
Gross value of contingent liabilities	(47)	(36)	(47)	(36)

Note 31 Contractual capital commitments

	Group		Trust	
	31 March 2024 £000	31 March 2023 £000	31 March 2024 £000	31 March 2023 £000
Property, plant and equipment	34,731	40,919	34,731	40,919
Intangible assets	335	401	335	401
Total	35,066	41,320	35,066	41,320

Note 32 On-SoFP PFI, LIFT or other service concession arrangements

Note 32.1 The Beacon Centre

The project agreement is with the Taunton Linac Company Limited (the operator) for the provision of an Oncology and Haematology Centre on the Musgrove Park Hospital site (The Beacon Centre) including the supply and maintenance of the building and major medical equipment within the facility. The facility opened in May 2009 and provides state of the art non-surgical cancer services to the residential population of Somerset, in a suitable location and setting at Somerset NHS Foundation Trust. The new Oncology and Haematology Centre provides:

- Two Linear Accelerators (a third has been purchased by the Trust);
- One simulation suite with processing and treatment planning facilities;
- 18 bed Oncology Ward;
- Chemotherapy suite for 22 day patients;
- Outpatients suite with 4 consulting and 8 examination rooms.

Key Features of the Scheme:

In return for an agreed monthly payment, the following facilities are provided to the Trust by the Operator plus associated hard Facilities Management and asset renewal services:

- Inpatient and Outpatient facilities;
- Radiotherapy treatment area;
- Administrative offices;
- Public spaces.

Under the Project Agreement, the above facilities are provided at a pre-determined level of quality for the 30 year term (excluding the construction period).

The operator has also procured, installed, and will maintain and replace major medical equipment for the full 30 years of the operating period. The major equipment requirements include two Linear Accelerators. However, soft Facilities Management services such as portering, catering and cleaning are provided by the Trust and are outside the scope of this PFI project.

Nature of Payment

The Operator provides the services in return for an annual service charge. In covering payment for facilities, other services and financing, the annual service charge is unitary in nature. The Trust has agreed a payment mechanism that incorporates the principles of the NHS Standard Form contract. This relates payment to the successful (or otherwise) achievement of the service and quality standards set out in the output specification. The unitary payment can be abated for instances of non-performance against the standards in the output specification up to a maximum of 100% of the unitary fee, which fall into three areas:

- i) Failure events – where there is a failure to meet a specific service standard relating to a particular area of the hospital;
- ii) Failure events – relating to the Radiotherapy Equipment;
- iii) Quality failures – where there is a failure to supply a service across a wider range of parameters, which cannot be attributed to a specific area of the hospital.

The unitary payment relating to the Beacon Centre is set by the contract between the Trust and the operator and is subject to an inflationary uplift based on the Retail Price Index (RPI). The total unitary payment for 2023/24 amounted to £3,984,387 (2022/23: £3,984,387) and for 2024/25 will be £3,984,387. The value of the liability at 31 March 2024 was £21,121,162 (31 March 2023: £10,762,459); the increase has changed due to IFRS16 liability re-measurement uplifted for inflation. The net book value of the assets was £7,875,000 (31 March 2023: £7,875,000).

Property ownership

The site on which the new Oncology facilities have been built is in the freehold ownership of the Trust.

Expiry of contract

On expiry of the contract (May 2039), the facility will revert to the ownership of the Trust for no payment.

Note 32.2 Provision of Multi-Storey Car Park

This is a public private partnership project (PPP). It relates to the building of a car park (completed in October 2006) and the provision of services for 25 years. The ownership of the building will pass to the Trust after the 25 year concession period. The residual value (assessed by professional valuation) is £4,468,000. Throughout this period, the operator pays an agreed proportion of the car parking fees to the Trust; no other financial transactions take place. The asset and outstanding liability is reported in the Statement Of Financial Position and summarised summarised below:

	31 March 2024 £000	31 March 2023 £000
Net Book Value of asset (included in property, plant and equipment, note 15)	8,929	9,100
Liability (see deferred PFI income, note 27)	1,941	2,200

Note 32.3 Managed Equipment Solution for Diagnostic Imaging

The Trust has two Managed Equipment Solution contracts.

- 1) On 20 July 2017 (previously held under Taunton and Somerset NHS FT and merged into Somerset NHS FT upon merger 1 April 2020) and;
- 2) On 1 April 2019, (previously held under Yeovil District Hospital NHS FT and merged into Somerset NHS FT upon merger 1 April 2023)

The contracts are for the following services:

- A Facilities Infrastructure Replacement Programme (FIRP), which includes the replacement, installation and decommissioning of all assets within the department along with an increase of modalities for ultrasound, MRI and CT scanning;
- The provision of a fully inclusive "Gold Standard" maintenance cover for the department, that includes all parts, durables and labour;
- The provision of a guaranteed uptime availability of the facility to perform diagnostic testing and reporting;
- A consumables management service;
- A full inventory management service;
- Technical training for all modalities;
- Professional training availability for radiographer reporting courses;
- Data collection and analysis to allow for patient level costing within the department;
- Market, professional, technical and analytical intelligence to work in partnership with the Trust, for the purposes of delivering continual improvement in quality and practice across the diagnostic imaging department.

The service provider receives payment in two elements:

- A managed facility service paid for through a unitary payment fixed for the duration of the contract apart from annual RPI indexation, paid quarterly in advance,
- A consumables management service paid for through a quarterly payment in advance based on an estimate of annual consumption. An assessment of actual consumables provided is made each quarter and either a balancing invoice or credit note raised as appropriate.

A set of performance parameters has been agreed with the managed service provider. Penalties will apply if performance failures are not corrected within the agreed remedial period.

The accountancy treatment is that ownership of the Trust's existing asset portfolio within the scope of the managed service has been transferred to the managed service provider at fair market value. The assets have been recapitalised to the balance sheet under IFRIC 12. New equipment bought by the service provider has been capitalised under IFRIC 12 where their useful lives are fully utilised during the 10 years of the managed equipment solution agreement. Where new asset lives extend beyond the 10 years of the agreement equipment has been accounted for as operating leases.

IFRS 16 liability measurement principles have been applied to PFI, LIFT and other service concession arrangement liabilities from 1 April 2023. When payments for the asset are uplifted for inflation, the imputed lease liability recognised on the SoFP is remeasured to reflect the increase in future payments. Such increases were previously recognised as contingent rent as incurred.

The change in measurement basis has been applied retrospectively without restatement of comparatives and with the cumulative impact on 1 April 2023 recognised in the income and expenditure reserve. The incremental impact of applying the new accounting policy on (a) the allocation of the unitary charge in 2023/24 and (b) the primary statements in 2023/24 is set out in the disclosures in Note 34.1.

The total unitary payment made to the managed equipment solution providers during the 2023/24 financial year for the managed facility services was £5,258,309 (2022/23: £2,909,436). The total unitary payment for 2024/25 will be £5,258,309. The value of the liability at 31 March 2024 was £15,720,552 (31 March 2023: £8,592,292) and the net book value of the assets was £10,375,000 (31 March 2023 £2,469,584). The increase has changed due to IFRS16 liability re-measurement uplifted for inflation.

Note 33 On-SoFP PFI, LIFT or other service concession arrangements

Note 33.1 On-SoFP PFI, LIFT or other service concession arrangement obligations

The following obligations in respect of the PFI, LIFT or other service concession arrangements are recognised in the Statement Of Financial Position:

	Group		Trust	
	31 March 2024 £000	31 March 2023 £000	31 March 2024 £000	31 March 2023 £000
Gross PFI, LIFT or other service concession liabilities	70,483	31,104	70,483	31,104
Of which liabilities are due				
- not later than one year;	6,100	3,219	6,100	3,219
- later than one year and not later than five years;	27,286	14,601	27,286	14,601
- later than five years.	37,097	13,284	37,097	13,284
Finance charges allocated to future periods	(33,642)	(11,750)	(33,642)	(11,750)
Net PFI, LIFT or other service concession arrangement obligation	36,841	19,354	36,841	19,354
- not later than one year;	4,628	1,931	4,628	1,931
- later than one year and not later than five years;	15,056	10,313	15,056	10,313
- later than five years.	17,157	7,110	17,157	7,110

Note 33.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future commitments under these on-SoFP schemes are as follows:

	Group		Trust	
	31 March 2024 £000	31 March 2023 £000	31 March 2024 £000	31 March 2023 £000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	129,097	79,215	129,097	79,215
Of which payments are due:				
- not later than one year;	12,033	7,562	12,033	7,562
- later than one year and not later than five years;	48,013	27,558	48,013	27,558
- later than five years.	69,051	44,095	69,051	44,095

Note 33.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	Group		Trust	
	2023/24 £000	2022/23 £000	2023/24 £000	2022/23 £000
Unitary payment payable to service concession operator	9,018	6,899	9,018	6,899
Consisting of:				
- Interest charge	1,457	1,281	1,457	1,281
- Repayment of balance sheet obligation	3,085	2,060	3,085	2,060
- Service element and other charges to operating expenditure	4,476	3,558	4,476	3,558
Total amount paid to service concession operator	9,018	6,899	9,018	6,899

Note 34 Impact of change in accounting policy for on-SoFP PFI, LIFT and other service concession liabilities

IFRS 16 liability measurement principles have been applied to PFI, LIFT and other service concession arrangement liabilities from 1 April 2023. When payments for the asset are uplifted for inflation, the imputed lease liability recognised on the SoFP is remeasured to reflect the increase in future payments. Such increases were previously recognised as contingent rent as incurred.

The change in measurement basis has been applied retrospectively without restatement of comparatives and with the cumulative impact on 1 April 2023 recognised in the income and expenditure reserve. The incremental impact of applying the new accounting policy on (a) the allocation of the unitary charge in 2023/24 and (b) the primary statements in 2023/24 is set out in the disclosures below.

Note 34.1 Impact of change in accounting policy on the allocation of unitary payment

	IFRS 16 basis (new basis) 2023/24 £000	IAS 17 basis (old basis) 2023/24 £000	Impact of change 2023/24 £000
Unitary payment payable to service concession operator	9,018	9,018	-
Consisting of:			
- Interest charge	1,457	1,101	356
- Repayment of balance sheet obligation	3,085	1,949	1,136
- Service element	4,476	4,476	-
- Contingent rent	-	1,492	(1,492)

Note 34.2 Impact of change in accounting policy on primary statements

Impact of change in PFI accounting policy on 31 March 2024 Statement Of Financial Position:	£000
Increase in PFI / LIFT and other service concession liabilities	(11,860)
Decrease in PDC dividend payable / increase in PDC dividend receivable	404
Impact on net assets as at 31 March 2024	(11,456)

Impact of change in PFI accounting policy on 2023/24 Statement of Comprehensive Income:	£000
PFI liability remeasurement charged to finance costs	(3,225)
Increase in interest arising on PFI liability	(356)
Reduction in contingent rent	1,492
Reduction in PDC dividend charge	404
Net impact on (deficit)	(1,685)

Impact of change in PFI accounting policy on 2023/24 Statement of Changes in Equity:	£000
Adjustment to reserves for the cumulative retrospective impact on 1 April 2023	(9,771)
Net impact on 2023/24 (deficit)	(1,685)
Impact on equity as at 31 March 2024	(11,456)

Impact of change in PFI accounting policy on 2023/24 Statement of Cash Flows:	£000
Increase in cash outflows for capital element of PFI / LIFT	(1,136)
Decrease in cash outflows for financing element of PFI / LIFT	1,136
Net impact on cash flows from financing activities	-

Note 35 Financial instruments

Note 35.1 Financial risk management

IFRS 9, dealing with financial instruments, require disclosure of the role that financial instruments have had during the year in creating or changing the risks the Trust faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with local Integrated Care Boards and the way those Integrated Care Boards are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of the listed companies to which these standards mainly apply.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest-rate risk

The Trust has the power to borrow for capital expenditure subject to affordability as confirmed by NHS England, the independent regulator. Some of the financial instruments have a fixed interest rate which means the Trust is exposed to interest rate risk. If the interest rate moves interest paid could be higher than the market rates, and/or interest received could be lower than the market rates.

Credit risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2024 are in receivables from customers, as disclosed in the Receivables note (Note 23).

Cash deposited with financial institutions outside the Government Banking Service at 31 March 2024 was £426,531 (2022/23: £5,000). These balances relate to the Private Patient wings.

Liquidity risk

The Trust's net operating costs are incurred under contracts with local Integrated Care Boards, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from retained surpluses and funds obtained from the Independent Trust Financing Facility or central funding from the Department of Health and Social Care in the form of Public Dividend Capital. The Trust has undertaken a going concern review involving a year's future cash flow assessment. Following this review, the Trust has concluded that it is not exposed to significant liquidity risks.

The Trust's operating costs are incurred under contracts with Integrated Care Boards and Specialist Commissioners, which are financed from resources voted annually by Parliament .

The Trust currently finances its capital expenditure from funds made available from cash surpluses generated by the Trust's activities. The PFI project relating to the Beacon Centre has created liabilities on the Statement Of Financial Position that the Trust is committed to meeting for the duration of the service concession. This liability is subject to an annual inflationary uplift. The Trust has also entered into radiology managed facility services; both for periods of 10 years and the Trust is committed to meeting the liabilities created on the Statement Of Financial Position for the duration of the agreement. In addition, the Trust completed the new surgical ward development (the Jubilee Building) during 2013/14 and supported existing cash reserves to fund this development by drawing against a £12 million loan facility from the Foundation Trust Financing Facility. The approval of major capital projects such as the Jubilee Building are subject to comprehensive project development processes involving the creation of separate project Boards, continuous scrutiny by the Trust Board and also through the involvement of NHS partners including the Trust's principal Integrated Care Board and NHS England.

Investment risk

The Trust has the ability to invest surplus cash; the risks resulting from transactions of this nature are mitigated by the Trust's treasury and investment policies and protocols and by the reporting of performance against financial targets to NHS England.

Note 35.2 Carrying values of financial assets (Group)

Carrying values of financial assets as at 31 March 2024	Held at	Total book
	amortised	value
	cost	
	£000	£000
Trade and other receivables excluding non financial assets	23,707	23,707
Other investments / financial assets	14	14
Cash and cash equivalents	76,580	76,580
Total at 31 March 2024	100,301	100,301

Carrying values of financial assets as at 31 March 2023	Held at	Held at fair	Total book
	amortised	value	value
	cost	through	
	£000	OCI	£000
Trade and other receivables excluding non financial assets	38,409	-	38,409
Other investments / financial assets	-	14	14
Cash and cash equivalents	42,510	-	42,510
Total at 31 March 2023	80,919	14	80,933

Note 35.3 Carrying values of financial assets (Trust)

Carrying values of financial assets as at 31 March 2024	Held at	Total book
	amortised	value
	cost	
	£000	£000
Trade and other receivables excluding non financial assets	38,687	38,687
Other investments / financial assets	14	14
Cash and cash equivalents	69,417	69,417
Total at 31 March 2024	108,118	108,118

Carrying values of financial assets as at 31 March 2023	Held at	Held at fair	Total book
	amortised	value	value
	cost	through	
	£000	OCI	£000
Trade and other receivables excluding non financial assets	38,409	-	38,409
Other investments / financial assets	-	14	14
Cash and cash equivalents	42,510	-	42,510
Total at 31 March 2023	80,919	14	80,933

Note 35.4 Carrying values of financial liabilities (Group)

	Held at amortised cost £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2024		
Loans from the Department of Health and Social Care	5,005	5,005
Obligations under leases	83,395	83,395
Obligations under PFI, LIFT and other service concessions	36,841	36,841
Other borrowings	972	972
Trade and other payables excluding non financial liabilities	86,021	86,021
Total at 31 March 2024	212,234	212,234

	Held at amortised cost £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2023		
Loans from the Department of Health and Social Care	5,857	5,857
Obligations under leases	26,068	26,068
Obligations under PFI, LIFT and other service concessions	19,354	19,354
Other borrowings	928	928
Trade and other payables excluding non financial liabilities	85,583	85,583
Total at 31 March 2023	137,790	137,790

Note 35.5 Carrying values of financial liabilities (Trust)

	Held at amortised cost £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2024		
Loans from the Department of Health and Social Care	5,005	5,005
Obligations under leases	94,696	94,696
Obligations under PFI, LIFT and other service concessions	36,841	36,841
Trade and other payables excluding non financial liabilities	87,905	87,905
Total at 31 March 2024	224,447	224,447

	Held at amortised cost £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2023		
Loans from the Department of Health and Social Care	5,857	5,857
Obligations under leases	26,068	26,068
Obligations under PFI, LIFT and other service concessions	19,354	19,354
Other borrowings	928	928
Trade and other payables excluding non financial liabilities	85,583	85,583
Total at 31 March 2023	137,790	137,790

Note 35.6 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the Statement Of Financial Position which are discounted to present value.

	Group		Trust	
	31 March 2024 £000	31 March 2023 £000	31 March 2024 £000	31 March 2023 £000
In one year or less	101,835	94,060	91,882	94,060
In more than one year but not more than five years	51,371	41,877	43,796	41,877
In more than five years	98,684	15,656	88,769	15,656
Total	251,890	151,593	224,447	151,593

Note 36 Losses and special payments

Group and Trust	Group				Trust			
	2023/24		2022/23		2023/24		2022/23	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses								
Cash losses	4	-	-	-	4	-	-	-
Fruitless payments and constructive losses	-	-	1	1	-	-	1	1
Bad debts and claims abandoned	191	65	201	463	191	65	201	463
Stores losses and damage to property	7	1	2	-	7	1	2	-
Total losses	202	66	204	464	202	66	204	464
Special payments								
Ex-gratia payments	70	111	61	77	70	111	61	77
Total special payments	70	111	61	77	70	111	61	77
Total losses and special payments	272	177	265	541	272	177	265	541

Note 37 Related parties

Transactions between the Trust and its related parties are reviewed each year and declared below.

During the year, there were no related party transactions relating to Board members or members of the key management staff or parties related to them.

The individuals and entities that the Department of Health and Social Care identifies as meeting the definition of Related Parties set out in IAS 24 (Related Party Transactions) are also deemed to be related parties of entities within the Departmental Group.

This note therefore sets out the individuals and entities which we have assessed as meeting the IAS 24 definition of Related Parties for the year ending 31 March 2024 to assist group bodies in preparing disclosures compliant with IAS 24.

	Payments to related party	Receipts from related party	Amounts owed to related party	Amounts due from related party
	2023/24 £000	2023/24 £000	31/03/2024 £000	31/03/2024 £000
NHS England	35	147,224	1,671	3,521
NHS Somerset ICB	170	768,219	185	633
NHS Bath and North East Somerset, Swindon and Wiltshire ICB	-	2,021	157	178
NHS Bristol, North Somerset and South Gloucestershire ICB	-	2,337	152	157
NHS Dorset ICB	511	25,260	511	-
NHS Cornwall and the Isles of Scilly ICB	-	258	-	3
NHS Devon ICB	-	11,985	42	134
Devon Partnership NHS Trust	26	7,936	-	1,712
North Bristol NHS Trust	477	579	379	171
Royal United Hospitals Bath NHS Foundation Trust	314	426	70	7
Dorset County Hospitals NHS Foundation Trust	873	162	111	118
Dorset Healthcare University NHS Foundation Trust	543	4	40	3
Gloucester Hospitals NHS Foundation Trust	42	1	-	1
Great Western Hospitals NHS Foundation Trust	-	32	15	-
Royal Devon University Healthcare NHS Foundation Trust	674	3,001	235	444
Avon & Wiltshire Mental Health NHS Trust	7	806	-	-
University Hospitals Bristol and Weston NHS Foundation Trust	818	305	189	55
NHS Resolution	20,043	-	5	-
NHS Property Services	3,116	-	479	-
Other NHS bodies	2,510	8,069	562	933
Charitable Funds	33	387	-	33
Simply Serve Ltd	70,773	9,195	126	2,178
Symphony Healthcare Services Ltd	806	760	-	6
IPP Facilities	-	1,106	3	94
SPS Facilities	14,805	313	-	11
South West Pathology Services LLP	-	306	7	31
In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies.				
NHS Pension Scheme	93,155	-	8,955	-
HM Revenue & Customs	63,604	3,123	18,130	3,123
Somerset County Council	6,417	36,730	287	292
Ministry Of Defence	136	-	-	-
Other central and local government bodies	411	619	347	776

The equivalent disclosures made for 2022/23 were as follows:

	Payments to related 2022/23 £000	Receipts from 2022/23 £000	Amounts owed to 31/03/2023 £000	Amounts due from 31/03/2023 £000
Department of Health and Social Care	-	930	-	367
NHS England	53	113,929	1,077	19,558
Health Education England	-	29,895	-	279
CCG	-	196	n/a	n/a
NHS Bristol, North Somerset and South Gloucestershire CCG	-	485	n/a	n/a
NHS Dorset CCG	-	337	n/a	n/a
NHS Kernow CCG	-	64	n/a	n/a
NHS Devon CCG	-	2,509	n/a	n/a
NHS Somerset CCG	-	121,063	n/a	n/a
NHS Somerset ICB	-	385,217	-	4,037
ICB	-	633	-	4
NHS Bristol, North Somerset and South Gloucestershire ICB	1	1,842	7	11
NHS Dorset ICB	-	1,047	-	5
NHS Cornwall and the Isles of Scilly ICB	-	186	-	6
NHS Devon ICB	-	7,730	-	14
Devon Partnership NHS Trust	3	8,119	1,735	4,625
North Bristol NHS Trust	886	225	477	57
Royal United Hospitals Bath NHS Foundation Trust	304	401	110	3
Dorset County Hospitals NHS Foundation Trust	451	24	204	3
Dorset Healthcare University NHS Foundation Trust	181	17	-	18
Gloucester Hospitals NHS Foundation Trust	167	4	143	-
Great Western Hospitals NHS Foundation Trust	-	24	-	-
Royal Devon University Healthcare NHS Foundation Trust	307	1,988	128	94
Avon & Wiltshire Mental Health NHS Trust	10	752	8	-
University Hospitals Bristol and Weston NHS Foundation Trust	827	309	463	93
Yeovil District Hospital NHS Foundation Trust	5,749	6,040	332	498
NHS Resolution	14,260	-	-	-
NHS Property Services	3,116	-	479	-
Other NHS bodies	1,838	6,106	1,069	241
Charitable Funds	10	166	-	49

In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies.

NHS Pension Scheme	63,451	-	6,143	-
HM Revenue & Customs	39,821	3,123	9,166	3,123
Somerset County Council	841	16,485	148	552
Ministry Of Defence	72	-	-	-
Other central and local government bodies	1,843	466	2,996	260
Other related parties				
SPS Facilities Limited	10,771	219	-	17
Integrated Pathology Partnerships Limited	-	-	-	-
South West Pathology Services LLP	9,393	202	-	34

On 1 July 2022, integrated care Boards (ICBs) became legally established through the Health and Care Act 2022 and CCGs were closed down. ICBs are partnerships or organisations that come together to plan and pay for health and care services to improve the lives of people who live and work in their area.

Note 38 Transfers by absorption

2023/24: On 1 April 2023, Somerset and Yeovil NHS Foundation Trusts merged forming Somerset NHS Foundation Trust. The transaction is accounted for as a transfer by absorption. The assets and liabilities transferred are recognised in the accounts using the book value as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition. The net gain £90,043k corresponding to the net assets transferred is recognised within The Statement of Comprehensive Income, but not within operating activities.

100% of the PDC recreation from the I&E reserve will be reflected in the Trust accounts. The Trust will recognise an absorption gain of £83,459k but the transfer to recreate PDC in the SOCITE will be the full £90,043k. The group will recognise the further absorption gain: £6,584k relating to the subsidiaries but no further PDC recreation in reserves because the subsidiaries do not hold the PDC.

The audited financial statements for Yeovil District Hospital NHS Foundation Trust can be found on the Trust website: <https://www.somersetft.nhs.uk/about-us/about-us/publication-scheme/2248-2/annual-accounts-and-reports/>

Simply Serve Limited – Company Number: 10847254

Registered office – Yeovil District Hospital, Yeovil, Somerset, BA21 4AT

Simply Serve Ltd (SSL) was incorporated on 3 July 2017 and became operational on 1 February 2018. Simply Serve Ltd is 100% owned by Somerset NHS Foundation Trust.

SSL has been set up to support the Group's strategic objectives, improve efficiency and develop more cost effective ways of working. SSL provides a full range of professional estates and facilities services along with IT and procurement services to Somerset NHS Foundation Trust and other clients.

The key objectives of establishing SSL are as follows:

- Maintain and improve quality of services;
- Free up Group management to focus on healthcare;
- Develop a more efficient and cost effective service;
- Retain staff within the SFT group providing opportunities and security;
- Enhance the ability to recruit and retain key staff groups;
- Enhance focus and flexibility on developing additional income generation opportunities.

SSL operates as an arm's length organisation with its own Board of directors and governance structure. Services are provided under contractual arrangements with detailed service specifications and key performance indicators.

Symphony Healthcare Services Ltd – Company Number: 06633460

Registered office – Wynford House, Yeovil, Somerset, BA22 8HR

During 2016/17 Yeovil District Hospital NHS Foundation Trust acquired Pathways Healthcare and Social Care Alliance Ltd, the company was renamed to Symphony Healthcare Services Ltd.

As at 31 March 2024 Symphony Healthcare Services operates primary care services at locations within Somerset; Ilchester GP practice, Yeovil Health Centre, Buttercross Health Centre, Highbridge Medical Centre, Crewkerne Health Centre, Oaklands Surgery, Hamdon Medical Centre, Wincanton Health Centre, Crewkerne West One Surgery, The Meadows Surgery, Martock Surgery, South Petherton Surgery, Bruton Surgery and Exmoor Surgery, Ryalls Park Medical Centre, Lynton Health Centre, Creech Medical Centre, Lister House Surgery, North Petherton Surgery and Warwick House Medical Centre.

Somerset NHS Foundation Trust owns 100% of the equity and no goodwill arose in respect of the acquisitions. As per the NHS Act 2006 section 259 no goodwill can arise as part of the sale of primary care businesses.

	£000's
Consideration paid	0
Net Assets Aquired	0
Goodwill	0

Yeovil Estates Partnership LLP – Company Number: OC396172

Registered office – 5 The Triangle, Worcester, Worcestershire, WR5, 2QX

During 2014/15 Yeovil District Hospital NHS Foundation Trust procured a Strategic Estates Partner and as a result established the Joint Venture Yeovil Estates Partnership LLP to undertake strategic estates activity on behalf of the Group.

Yeovil Estates Partnership LLP was established on 29 October 2014. Somerset NHS Foundation Trust owns 50% of the equity of Yeovil Estates Partnership LLP and holds 50% of the voting rights.

No goodwill arose in respect of the subsidiary as the reporting Group established the company and received an interest in the company equal to the fair value of assets on its formation.

Southwest Pathology Services LLP – Company Number: OC370482
Registered office – 1 Kingdom Street, London, W2 6BD

The subsidiary is Southwest Pathology Services LLP incorporated in the United Kingdom with its principal place of business being Somerset.

Southwest Pathology Service LLP provided pathology testing for the Group and other clients up until 28 February 2015. From 1 March 2015 it provides the analytical elements of pathology testing for the Group and other clients.

Somerset NHS Foundation Trust owns 66.7% of the equity of Southwest Pathology Services LLP and holds 66.7% of the voting rights on matters not requiring unanimous consent of members as identified within the contractual arrangements.

SPS Facilities LLP – Company Number: OC397788
Registered office – 1 Kingdom Street, London, W2 6BD

The subsidiary is SPS Facilities LLP incorporated in the United Kingdom with its principle place of business being Somerset.

SPS Facilities LLP was established 1 March 2015 and provides the facilities elements of pathology testing for the Group and other clients and is expected to continue to do so for the long term.

Somerset NHS Foundation Trust owns 66.7% of the equity of SPS Facilities LLP and holds 66.7% of the voting rights on matters not requiring unanimous consent of members as identified within the contractual arrangements.

SW Path Services LLP – Company Number: OC383198
Registered office – 1 Kingdom Street, London, W2 6BD

The subsidiary is SW Path Services LLP incorporated in the United Kingdom with its principle place of business being Somerset.

Somerset NHS Foundation Trust owns 66.7% of the equity of SW Path Services LLP and holds 66.7% of the voting rights on matters not requiring unanimous consent of members as identified within the contractual arrangements.



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Financial Accounts 2023/24

Somerset NHS Foundation Trust

Kindness, Respect, Teamwork
Everyone, Every day

Pippa Moger, Chief finance officer
24/9/2024

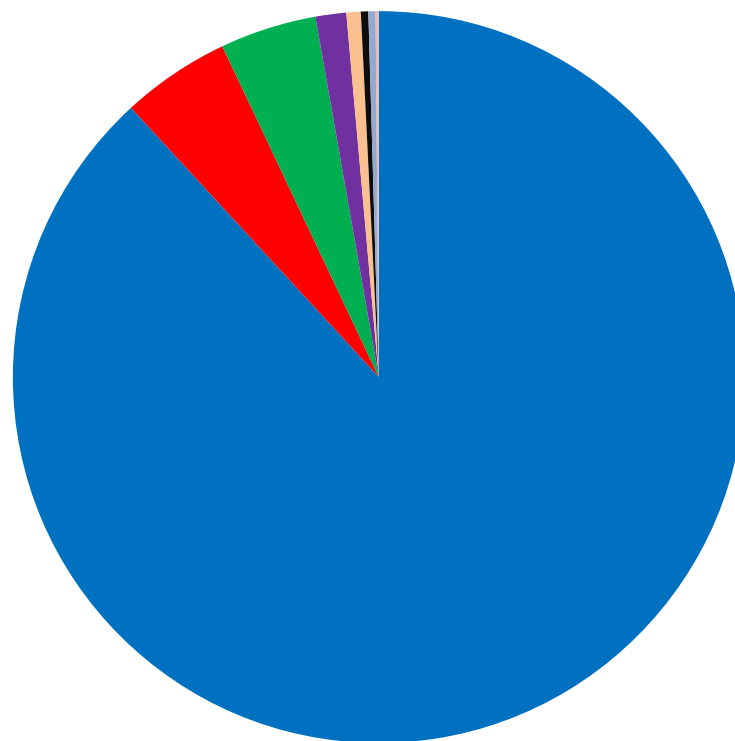
Financial Accounts 2023/24

Preparation

- Department of Health & Social Care (DHSC) group bodies are required to prepare accounts in accordance with International Financial Reporting Standards (IFRS). Additionally, as government entities, they are required to comply with HM Treasury's Financial Reporting Manual (FReM)
- Independent audit opinion required on "True and Fair View" & is provided by our external auditors
- Audit Committee review accounts and the audit opinion
- Trust Board approve accounts
- Accounts submitted to NHS England and Parliament
- Governors and Members receive them at AGM

Where did we get our money from?

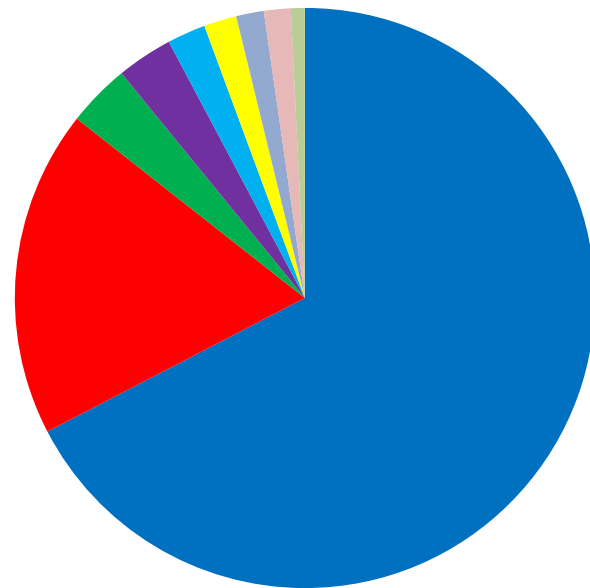
Total income £1,075m



- NHS commissioners £947m
- Non NHS commissioners £52m
- Education & training £46m
- Non patient care services to other bodies £15m
- Other income £7m
- Research & development £4m
- Grants and donated income £3m
- Staff recharges £2m

What did we spend our money on?

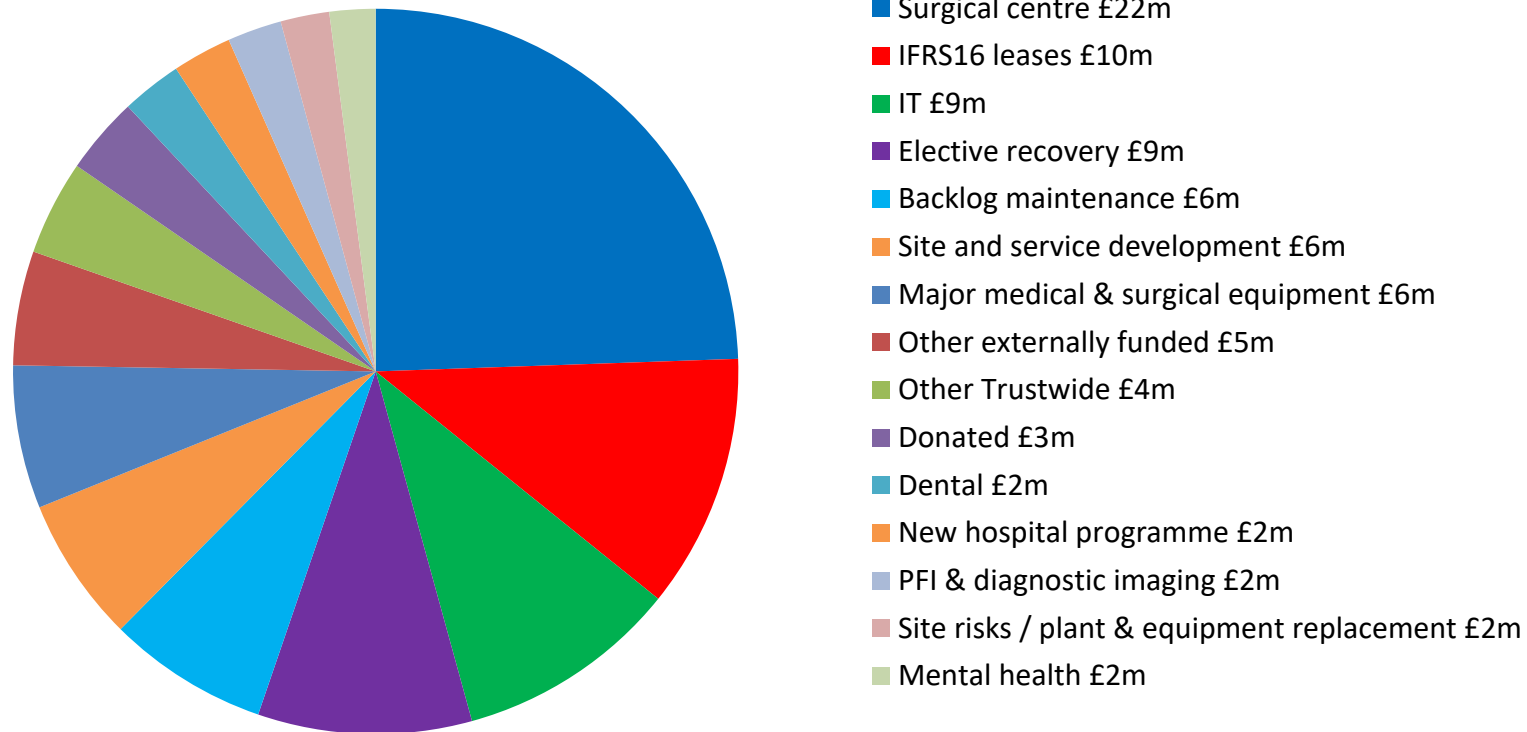
Total expenditure £1,074m



- Colleague costs £724m
- Supplies and services £196m
- Cost of capital £38m
- Premises £34m
- Other £23m
- Clinical negligence £20m
- Establishment £17m
- Purchases of healthcare £16m
- Net finance costs £8m

What did we spend our capital on?

Total capital expenditure £90m



Headline figures

- Achieved an operational breakeven position
- Generated efficiency savings of £31m
- Cash balances in the bank £77m
- Non-current assets valued at £543m

NHS

Somerset

NHS Foundation Trust



Kindness, Respect, Teamwork
Everyone, Every day



Somerset
NHS Foundation Trust

Somerset NHS Foundation Trust

Quality Report 2023/24

- incorporating the Quality Account

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A report on the quality of the care we offer  
and how we are seeking to improve



# Somerset NHS Foundation Trust



# Quality Report 2023/24 – including the Quality Account

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## **PART ONE: STATEMENT ON QUALITY FROM THE CHIEF EXECUTIVE**

Welcome to the annual quality account and report for Somerset NHS Foundation Trust (SFT), for the financial year 2023/24.

This was a particularly important year for us, as it was the first following our merger of legacy Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust. Together, we provide a broad range of services. These are services from the two acute hospitals in Somerset (Yeovil District Hospital (YDH) and Musgrove Park Hospital (MPH) in Taunton), community-based services across the county, services from our 13 community hospitals across Somerset, mental health and learning disability services across the county, and we manage a quarter of the county's GP practices through our subsidiary company, Symphony Healthcare Services.

We created this unique NHS Trust because we want to provide better care for our patients and ensure that everyone in the county enjoys consistent access to high quality services irrespective of where they live. Working as one organisation, and therefore eliminating organisational boundaries, puts us in a better position to support people to stay well, give equal priority to mental and physical health, deliver services in the most appropriate setting, help us to further improve care for our patients and service users, and make better use of our resources.

Our NHS Trust is created on the foundation of our clinical strategy. The five aims of this strategy form our Trust's strategic objectives and are shared by NHS Somerset. They have the prevention of ill health, care and support in local communities, and reducing inequalities, at their core because it is essential that we focus work in communities to support people to remain in good physical and mental health for as long as possible.

These aims are to:

- **Improve the health and wellbeing of our population.** Enable people to live socially connected healthy, independent lives, promote early intervention and prevent avoidable illness.
- **Provide the best care and support to children and adults.** Ensure safe, sustainable, effective, high quality, person-centred support in the most appropriate setting.
- **Strengthen care and support in local communities.** Develop and enhance support in local neighbourhood areas and bring care closer to home.
- **Reduce inequalities.** Value all people alike, target our resources and attention where it is most needed, giving equal priority to physical and mental health.
- **Respond well to complex needs.** Improve outcomes for children and adults with complex needs through personalised, co-ordinated support.

There is very good evidence to show that colleagues who are supported in their roles, supported to develop, engaged in the work of their team and services, and supported to maintain their health and wellbeing, provide better care and services to patients. It is

therefore very important that another one of our Trust's strategic objectives is to support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture.

A lot of work goes into ensuring that we create the right climate for our colleagues and each of our service groups looks very closely at the results of the NHS Staff Survey in their areas to improve their colleagues' experience, spread good practice and implement improvements where needed. This was the first time that we were able to participate in the survey as one organisation. Both legacy Trusts started from good bases with high results, but this year's results surpassed the combined results of the previous year.

During 2023/24, colleagues in different services in different parts of Somerset, have taken strides to implement our clinical strategy. Examples of this include:

- The development of new techniques and ways of working within our acute hospitals to provide more procedures as day cases, which support patients' recovery and free up acute hospital beds, enabling us to reduce waiting lists. Examples of developments this year include colleagues in our gynaecology team performing a laparoscopic and a vaginal hysterectomy as day case procedures for the first time; the introduction of an endoscopic spinal surgical system which means that more patients can leave hospital on the day of their surgery with very little physiotherapy or follow up care required; and becoming the first Trust in England to perform a "closure of ileostomy" as a day case. This development has enabled patients to return home under the care of our Hospital@Home service which monitors our patients closely in the same way they would be observed while in hospital.
- The expansion of community diagnostic centres in Somerset, which will give patients quicker access to the diagnostic tests that inform their treatment. During the year we expanded the Taunton Diagnostic Centre and the Yeovil Diagnostic Centre, adjacent to the hospital, is due to open this winter. This centre will provide outpatient appointments and over 70,000 diagnostic tests including radiology, endoscopy, cardiology and audiology diagnostic tests.
- The launch of a new service that has completely transformed care for those suffering post-menopausal bleeding, which can be a sign of womb cancer. The number of patients being referred to the Trust with these symptoms had increased very significantly, which resulted in long waits for patients to be seen and have the diagnostic tests they need to rule out cancer. In response, we developed the new service enabling people with symptoms to make a self-referral into the service, bypassing their GP. If they meet the criteria, they are booked into a one-stop appointment. Historically patients on a suspected womb cancer pathway would attend 3 appointments taking 63 days on average. With the new service, the patient attends only 1 appointment, on average taking 4 days from self-referral.
- The work of our community rehabilitation service, which gives people the confidence to remain at home without needing a stay in hospital. The multi-disciplinary team looks after patients with long-term conditions, helping people to remain as independent as possible either in their own home, or in a nursing or care home. The team works closely with colleagues at MPH, YDH, our

community hospitals, and adult social care, and focus on what's important to the people they support, with everything they do tailored to each individual patient.

- The work of our homeless and rough sleepers nursing service that also supports people in communities. The team also address health inequalities and respond to complex needs, by helping people who live on the streets, in hostels, in tents and in vans to access support with their physical and mental health.
- Our new children's and young people's access team that supports families to access mental health support and our new maternal mental health service that supports families following the loss of a baby, or a traumatic experience related to pregnancy, birth, or a post-natal experience.

We implemented many developments during 2023/24, but it was once again a challenging year for the NHS with many people needing urgent care. It is vitally important that we address the underlying causes of inequalities and poor mental and physical health in our communities and focus our services and work with health and social care in Somerset to support this.

We work very hard to do our best for patients and this means also acknowledging, reflecting, and taking action when we do not get things right. The Care Quality Commission inspected our maternity services at Musgrove Park Hospital, Yeovil District Hospital and Bridgwater Community Hospital in November 2023 and those reports were published in May 2024. The services at the two acute hospitals were rated as Inadequate overall and the service at Bridgwater Community Hospital was rated as Requires Improvement overall. Following the maternity services inspection, the overall rating for both our acute hospital sites decreased to Requires Improvement.

Those reports illustrate that we have fallen short of the standards we expected to be delivering, and we said sorry to the families that use these services and to our hard-working colleagues. We are committed to improve, so that we provide an excellent service that supports women, birthing people, and families in Somerset and have made significant changes since the inspection in November 2023. I am very grateful for our colleagues who are working very hard to improve our service, and to the Somerset Maternity and Neonatal Voices Partnership who are working with us to ensure that the voices of those who use our services are at the heart of our improvements.

I want to end by thanking all my colleagues within the Trust, our partners, our volunteers, our charities and the families and carers who support our patients. Without their hard work, dedication and commitment, we would not have been able to make the progress we have. Thank you once again for all that you do for the people and patients of Somerset and the services that we provide.

Signed



**PETER LEWIS**  
Chief Executive



## **ABOUT US**

In April 2020, Somerset Partnership NHS Foundation Trust (SPFT) and Taunton and Somerset NHS Foundation Trust (TST) merged to create the legacy Somerset NHS Foundation Trust, which was the first Trust in mainland England to provide integrated community, mental health, and acute hospital services. Subsequently, on 1 April 2023, the current Somerset NHS Foundation Trust was formed when legacy Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust (YDHFT) merged.

The merger between the legacy Somerset NHS Foundation Trust and YDHFT was in response to the recognition that no individual organisation in Somerset had what it would take to respond to the challenges alone. The merger brought together our skills, knowledge and resources in health together with those of our colleagues in social care, education, housing and the voluntary sector to tackle health inequalities and to enable our communities to thrive.

The journey towards merging both YDHFT and the legacy Somerset NHS Foundation Trust started in May 2020, where both Trusts signed a Memorandum of Understanding (MoU) in which the Trusts committed to work together for the benefit of the Somerset population by aligning the Trusts' strategic goals and operational activities. The Trusts signed the MoU to improve services for patients, but it was not intended to be a permanent position. Moving towards acting as one Trust, but legally being two separate organisations, carries cost and time inefficiencies which were hard to justify in the long-term. There was also a risk of lack of clarity around accountabilities as we continued to integrate and blur some organisational boundaries.

Following directly from this greater collaborative working, the Trust Boards explored options for the future. This included using an agreed selection criteria leading to three shortlisted options. Independent support was sought from Deloitte LLP, resulting in the conclusion that neither a Partnership Board nor a Strategic Group Board model would deliver the sustainable system change that Somerset needs; and that a single leadership team and Board would be the most effective mechanism for realising the significant benefits to be had from closer collaboration. The Trust Boards therefore concluded that formally bringing the two organisations together was the preferred model.

The merger brings together all of Somerset's NHS acute, community, mental health and learning disability services, and around a fifth of primary care into a single NHS Foundation Trust. Our plans were developed closely with our Somerset system partners. The merged Trust is now in a unique position to provide genuinely integrated mental and physical health care, spanning whole patient pathways.

### **Purpose and Activities of the Trust**

Somerset NHS Foundation Trust provides a wide range of services for the whole of Somerset, as well as parts of North and West Dorset. We work with health and social care partners in Somerset to ensure that we deliver outstanding services that meet the

needs of our population. The Trust's general services are commissioned by the local Integrated Care Boards while specialist services are nationally commissioned.

The Trust provides acute services from Musgrove Park Hospital (MPH) in Taunton, which has around 700 inpatient beds, and Yeovil District Hospital (YDH) in Yeovil, which has around 330 beds. We also operate 13 community hospitals (with over 220 beds), providing inpatient, outpatient and diagnostic services, six Urgent Treatment Centres and one Minor Injuries Unit.

The Community Dental Service provides dental care to a caseload of over 5,700 patients across Somerset and Dorset. In addition, children with high dental needs attend the service for a single course of treatment which often includes inhalation sedation or general anaesthetic. The service has made good progress in reducing waiting times in Dorset and in both counties for adults and children needing general anaesthetic for their dental treatment.

Somerset NHS Foundation Trust's community services are wide-ranging and include district nursing, stroke services, podiatry, physiotherapy, acute home treatment for frailty and respiratory care, and diabetic eye screening. These services are provided in a range of settings including community team facilities, GP surgeries, local clinics, and patients' homes.

Somerset NHS Foundation Trust provides mental health inpatient services and specialist healthcare for adults with learning disabilities from ten mental health wards across four sites. Its community mental health services include Talking Therapies, Early Intervention in Psychosis, a community eating disorder service, and services for patients with autism and personality disorder. The Trust is also an early implementer of the new model of community mental health services called Open Mental Health. The Trust was named Mental Health Trust of the year at the 2021 Health Service Journal awards.

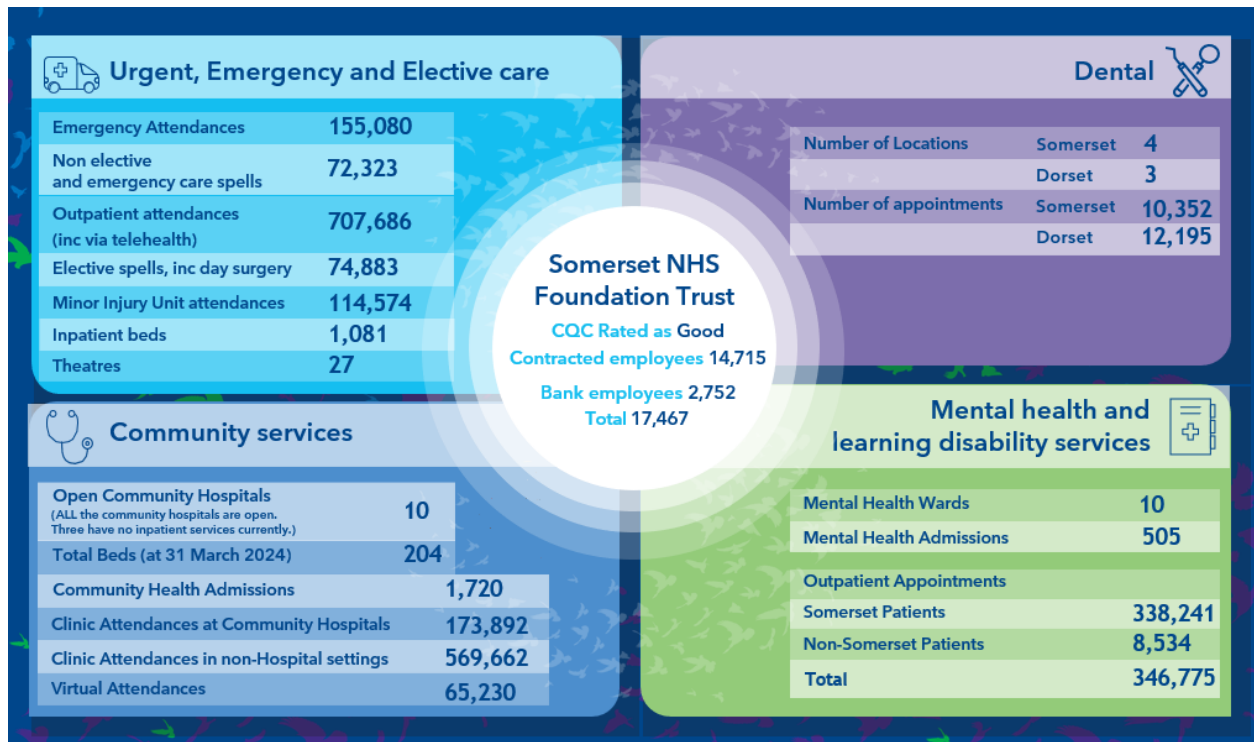
Somerset NHS Foundation Trust cares for some people from neighbouring counties who live close to the county border, including people from across north Somerset, north and west Dorset, Devon, Bristol, Bath & North East Somerset (BANES), Wiltshire, Swindon, and South Gloucestershire.

We are privileged to work with over 15,000 substantive and bank colleagues who deliver or support our patient services. From therapists to nurses, doctors, researchers, scientists, porters, cleaners, kitchen staff, accountants, those who teach the next generation of clinicians and the receptionists who welcome our patients, the contribution of all of our colleagues is invaluable.

## Map of key Somerset Healthcare Sites



## Some key facts about the Trust and our services



## **PART TWO - PRIORITIES FOR IMPROVEMENT AND STATEMENTS OF ASSURANCE FROM THE BOARD**

### **UPDATE ON PRIORITIES FOR IMPROVEMENT 2023/24**

In this section we review how Somerset NHS Foundation Trust (SFT) has performed against the key priorities it set itself last year.

For 2023/24, the Trust continued to focus on six flagships - the priority programmes for delivering the five clinical care and support strategy aims:

Aim 1: Improving the health of our population

Aim 2: Best care

Aim 3: Local communities

Aim 4: Value all people alike

Aim 5: Personalised, coordinated care

There was one flagship for aims 1-4 with aim 5 having one flagship programme for adults and a second for children and young people. With the advent of merger, the teams from the two legacy organisations have worked together to develop joint working and establish new relationships. The flagship teams have reset priorities for the new Somerset Foundation Trust and wider across the system. Progress over the last year has been variable as teams have worked on competing priorities including integration, ongoing operational pressures, and leadership changes.

#### **How they were measured, monitored and reported?**

The flagship projects and programmes were delivered at team and/or service group level and monitored within the Board Assurance Framework.

#### **QIP 2023/24 - Priority 1 - Positive Steps: Using the time waiting for surgery to optimise people's health and wellbeing both now and for the future.**

##### **Why was it important?**

Peri-Operative Services at SFT aim to optimise the health of patients requiring surgery, empowering them as active participants in their health management for positive long-term outcomes. We understand that a patient's fitness directly impacts their recovery post-surgery and recognise the importance of early health assessment to provide timely support.

Whilst Peri-Operative care includes support before, during, and after surgery, this project started with pre-surgical care. The aim is to optimise patients' health and wellbeing at the earliest point in their surgical journey. To achieve this aim, we established 14 workstreams, including diabetes, anaemia, frailty, nutrition, exercise,

smoking, and weight management. Initially, these workstreams were in a test and learn phase. This initiative enabled us to conduct over 60 PDSA (Plan, Do, Study, Act) cycles and monitor approximately 600 patient referrals across the 14 workstreams to decide on the model for implementation.

### **What was achieved during the year?**

In June 2023, with an investment of £320k, the team sought to scale up the early pilots and tests of change. The team was expanded to include clinical and non-clinical roles such as specialist nurses and care coordinators (CC), to facilitate patient-centred care throughout the Peri-Operative journey.

Our Clinical Service Lead successfully applied for the Somerset system peri-operative medicine lead role and was awarded funding to provide consultant leadership to facilitate improvements across the South West.

We partnered with Somerset Public Health Specialists to be selected site for a one-year pilot of the Digital Weight Management Programme. Additionally, we showcased our Diabetes pathway and Care Coordinator pathway to the national network of Getting It Right First Time (GIRFT) Pre-operative assessment (POA) leads.

Our steering group provides strategic direction, ensures alignment with organisational goals and is a safe, communicative forum where workstream leads update their progress and reach out to our stakeholders for advice & guidance. Our stakeholders include colleagues from the acute hospitals, primary care, the Integrated Care Board (ICB), tertiary centres and community representation. Partnerships with our Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations broaden our reach and enhance community engagement, fundamentally allowing a more holistic approach to patient care.

The steering group agreed a primary focus on anaemia, diabetes, and smoking recognising the greatest benefit from optimisation in these areas, however all workstreams remain in train.

**Anaemia:** Our goal was to create a comprehensive service focused on proactive identification and management of anaemia. The introduction of single-dose iron infusions in the community significantly improves patient accessibility to treatment closer to home and efficiency in anaemia treatment. We have developed patient information materials and educational resources for healthcare professionals. The team now collects baseline data and develops treatment plans for surgical patients with anaemia. This data will inform our ongoing efforts to optimise the pathway and improve patient outcomes.

**Diabetes:** The Diabetes Peri-Operative team has worked collaboratively with colleagues in primary care to develop and roll out a pathway which identifies patients requiring diabetes optimisation at the point of referral to secondary care. To date, the pathway has been implemented in 40% of GP practices.

The introduction of Pathpoint at the Musgrove Park Hospital (MPH) site also enables a second point to identify patients with diabetes requiring optimisation prior to surgery. All patients identified via this route are provided with self-management education and either supported by a member of the Peri-Operative team or referred to other diabetes

optimisation services. It is our intention to implement Pathpoint at the Yeovil District Hospital (YDH) site in due course to replicate this picture across the county.

**Smoking cessation:** The aim of this workstream has been to identify patients across all surgical services irrelevant of surgical pathway type (minor, major, day case or in-patient surgery) to support in reducing or quitting smoking prior to surgery and to continue to refrain from using tobacco post-surgery. Surgical advantages are realised within just 8 hours of a patient quitting smoking. Thus, we can enable tangible benefits for patients regardless of the immediacy of their surgery. The Peri-Operative service works in collaboration with the Somerset Stop Smoking service (SmokeFreeLife Somerset) and SFT's Tobacco Reduction Team have agreed an approach to take in conversations around smoking reduction, quitting and referrals onto the service. SmokeFreeLife Somerset report data analytics of patient numbers achieving (or not) milestone quit dates.

**Frailty:** To manage this population effectively and prepare older adults for surgery, a prehabilitation pathway was designed, integrating various therapy programs, dietary adjustments, and medical reviews tailored to individual needs. Identifying frail patients early was a priority, due to the risk of adverse outcomes post-surgery. With the implementation of PathPoint, a digital Pre-Operative Assessment tool in the pre-assessment process, the identification of frail patients significantly improved.

Across two pilot cohorts, following shared decision-making approaches within multi-disciplinary teams (MDT) clinics, 55% of patients chose to come off the elective surgical waiting list, instead opting for alternative support options offered within the community including community rehabilitation team, Age UK, exercise programmes, home aids and social prescribing support.

**Cancer pathways:** SFT Cancer PreHab hub services has been in pilot phases across both acute hospitals since March 2023. They offer prehabilitation services to patients with colorectal, prostate and lung cancer regardless of whether the patient is awaiting surgery or chemotherapy / radiotherapy treatment or systemic anti-cancer treatment. Patients are offered support in optimising three key areas: Exercise, Nutrition, Wellbeing.

**Exercise:** In partnership with Somerset Activity and Sports Partnership (SASP) we have established a dedicated webpage on their site titled 'Fit for Surgery and Beyond,' tailored to support patients awaiting lower limb orthopaedic surgery by providing guidance on enhancing fitness and strength during the waiting period. Patients are referred following consultations with physiotherapists at the Orthopaedic Assessment Service in Somerset (OASIS), where they gain access to exercise tuition and guidance, as well as referrals to exercise programs developed by Age UK and Arthritis UK.

**Nutrition:** The dietetics teams have helped to develop a peri-operative nutrition webinar and have tests of change underway within the frailty pathway.

**Other optimisation workstreams:** Depending on the conversation we can refer patients onto a community health coach, a village agent, a digital or face to face weight management programme, inhouse alcohol reduction service or public health alcohol reduction service, Talking Therapies for support around anxieties, and improving wellbeing service. We also have access to a wide range of Apps within the

NHSE approved ORCHA site.

In October 2023, Simon Bishop, Associate Professor in Organisation Behaviour at Nottingham Business School, reviewed the SFT Peri-Op programme to understand the approach taken and lessons learnt. The final report concluded that SFT Peri-Operative Service coordinated a 'system improvement' approach, with work taking place across a number of workstreams, coordinated through a central perioperative care management team and actively supported by a steering group of senior clinical and administrative staff. The report concluded a collective approach, strong coordination, organisational support, and commitment to improvement methodology, as well as its focus on building relationships across the healthcare system, all contribute to its effectiveness in improving perioperative care. The program addresses complex challenges in healthcare and seeks to provide better care for patients undergoing surgery.

## **QIP 2023/24 – Priority 2 – Last 1,000 days: valuing people's previous time in the last chapter of life**

### ***Why was this important?***

The Last 1,000 Days flagship ambition is to identify and appropriately support patients to ensure they maximise the time they have, doing what is important to them in a place they want to be. Its focus includes the needs of relatives and friends during life and after the death of their loved one has occurred. End-of-life care encompasses all stages of care and experience for patients and their families with a life-limiting illness. It is not confined to the last days of life and can be measured many years prior to the death of a person. This flagship supports patients, families, and carers, to plan their last chapter of life, and enables colleagues to provide high-quality, compassionate end-of-life care. It seeks to ensure that those patients who die in hospital have the best care possible, and that those patients who wish to die at home, or elsewhere, are enabled to do so by supportive discharge arrangements, which may include partnership working with other agencies and which respects an individual's choices, values, and beliefs.

### ***What was achieved during the year?***

The Last 1,000 Days flagship remains pivotal in the way end-of-life care is viewed countywide, with multi-agency colleagues coming together to do the right thing for patients who are at the end of their life. Whilst this was to a degree in place pre-merger, the official transaction has strengthened this, formalised closer working, and has brought the governance into a single leadership structure. The SFT Last 1,000 days governance structure is well embedded with a single merged steering group, to which three subgroups report: operational; governance; and education. Colleagues across both legacy organisations attend these meetings and the focus and learning from projects is shared across both acute sites and the community. Progress of focused projects has been co-ordinated and monitored via the operational group with several projects/workstreams now fully embedded and converted to business as usual. Examples of work achieved are:

**End-of-Life Homecare:** This project commenced in November 2022 to bring about rapid discharge of end-of-life patients with days to short weeks to live. Previous data showed 29% of patients when identified as end-of-life die in hospital awaiting discharge and the process can take on average 6.3 days for a package of care to be set up and funding to be approved. For many patients this means they often become too unwell and one in three die in hospital and not in their place of choosing. Between February and December 2023, the project aimed to get patients home within 24 hours when identified as having days or short weeks to live. For those who did achieve their wish to go home, the median time to discharge was one day. Median overall survival for these 94 people from discharge was nine days; only 26 people (29%) survived more than 30 days. Ten people (9.6%) either died on the ward or were not stable enough to discharge. This work has been shortlisted for an HSJ award and publication as an example of stream-lining delivery of end-of-life care countywide. Unfortunately, the project has been scaled back due to a lack of funding of care pathways for patients who are near end-of-life but do not have a primary health related care need. Ongoing conversations with ICB colleagues and the continuing healthcare (CHC) team have led to a recognition that improvements at the Musgrove site need to be made. We are reassured the quality of information at referral is an issue and expect that with specialist involvement the acceptance of CHC fast track funding requests will rise to match that of YDH. This is a key change for the integrated palliative medicine teams and has required a productivity review and 7 day working change which is ongoing.

**End-of-life care education syllabus:** This has been developed across SFT post-merger. This ensures colleagues have parity in access to training and development opportunities in end-of-life care. By streamlining the process, the education team hopes to attract greater numbers of staff to end-of-life care education and therefore improve understanding of the Five Priorities for Care for the Dying Person as recommended by Health Education England (HEE). HEE also recommends that staff are supported to not only improve their skills and knowledge in caring for those at the end-of-life, but also their confidence, therefore cross site collaborative simulation opportunities have been key to staff having the opportunity to experience the delivery of such care.

**Universal care plan for last days of life care:** This has been developed for use across both acute sites, which builds upon the importance of communicating the Five Priorities of Care. It will have a complimentary education programme for staff when it is launched. When staff understand how and when to initiate and deliver the care plan, they, their patients and patients' families will benefit from a holistic framework that is underpinned by NICE Quality Standards. The care plan will be trialled on site this summer with the view to a full Trustwide rollout at the end of 2024.

**Somerset Treatment Escalation Plan (STEP):** Since merger and the appointment of a Treatment Escalation Plan Lead, partnerships have been brokered system wide to develop an updated form which will be released in early Summer 2024. This will aim to improve conversations between clinicians and patients and their families and completion of the form. The STEP policy will be updated in a similar timeframe and give updates on who can complete a STEP form, alongside updated Mental Capacity Act information.



There has also been ongoing work around digital access. A pilot of a digital STEP on Somerset Integrated Digital e-Record (SIDeR) is planned for Summer 2024, with a view to future roll out into 2025. This will be supported through the ICB digital group. SIDeR will be the platform where all STEPs will be held and amended, so all clinicians across the county, including South Western Ambulance Service NHS Foundation Trust (SWASFT), can access these forms. SWASFT will be able to use the national records locator service from the SIDeR form to get up to date and trusted resuscitation and escalation data.

We are working together with system partners to update our education to reflect the latest changes in policy and the form. The end-of-life care education team is providing conversation skills workshops available to all staff and working to make the e-learning mandatory for certain staff members.

All the workstreams above are working alongside YDH, MPH, the wider SFT footprint, the ICB, and with other system partners along the way to ensure merged working across the whole county.

**'Have you thought about' letter:** This was designed to help signpost patients with a life-limiting diagnosis to resources, to help them consider things they may want to plan for, outside of their immediate medical needs. This was previously trialled within the lung cancer teams at MPH but is now being rolled out wider across both acute sites for further patient and colleague feedback.

**The National Audit of Care at the End-of-Life (NACEL):** This has been conducted across the county since pre-merger. There is now equity in administrative support for this audit between acute sites because of the merger. Data is now viewed for community hospitals, YDH and MPH to allow deeper dives into variation and is reported at the merged steering group which enables better oversight than pre-merger.

**Learning disability (LD) and transition care:** a pilot of consultant time, for care of people admitted in crisis who have a neurocognitive and physical disability, was supported by the ICB learning disability team. This began with a regional audit of resus decision-making and advance care planning. The audit showed areas for improvement in decision-making, communication and using individualised care approaches. This pilot of consultant time has showed a need for an increased LD team within the hospital, in addition to a coordinated, holistic approach to transitional care across Somerset. This case is being made to the ICB in the summer of 2024 prior to transitional care becoming a CQC area of inspection in 2025.

**Verification of expected death policy:** this policy has been updated with the new medical examiners' role and changes to coroner's requirements in mind. Through learning from deaths, and complaints/incident forms, we have changed the policy to better reflect the 'sooner but still expected' deaths, to reduce distress for families and system workload. Previously, the coroner, or, out of hours, the police, would need to be coordinating care, but with the new policy we hope to reduce this considerably. It will also help the staff we ask to verify to gain improved fulfilment by taking appropriate steps to verify, rather than feel uncomfortable or distressed by referral to the coroner, just because the old policy did not consider a wide enough, but still safe, scope.

**Joint Motor Neurone Disease (MND) clinic:** the neurology, hospice, palliative care, and allied health teams of the Motor Neurone MDT have collaborated and started a clinic at South Petherton. This has a growing list of attendees that include neurology specialist practitioners and consultants from neurology and palliative care, alongside speech and language, occupational therapy, and hospice community teams. The aim is a personalised 'one stop shop' guided by a person's goals and needs with the professionals fitting the clinic to them. This should improve NICE guidelines compliance, efficiency of patient review and staff morale, as the teams work together and support each other's skillsets. At present, the time spent in clinic is unfunded and for some members it represents additional clinical time. Depending on the success of the clinic, a business case will need to be brought forward to sustain the service.

**End-of-life complaints peer review:** the palliative care consultants receive each complaint that meets the national definition of an end-of-life complaint. They review each complaint, offer constructive support to the investigating teams, and offer a review of the response where helpful. This continues to drive the involvement of the palliative care team in supporting those affected by care that could have been improved and supports Trust learning by feeding back into the end-of-life curriculum.

**Musgrove Park site increased specialist contacts:** following integration, a palliative care nurse consultant is now working across the county. This is having a positive effect on cross-site working and integration with an increased number of patients being seen. This improved productivity has really helped those in the last days of life gain additional support and symptom control on busy wards.

## **QIP 2023/24 - Priority 3 - Independent Lives: helping older people to live as they wish, giving them time to do what is important to them.**

### **Why was it important?**

Nationally, an increasing number of people are at risk of developing frailty. Somerset has a higher-than-average elderly population with 24.8% aged 65 and over and with nearly 90% of the population growth in this age group. Frailty is a clinically recognised state of increased vulnerability resulting from ageing; associated with a decline in the body's physical and psychological reserves. A person living with frailty has twice the mortality risk of a fit older person and increasing frailty is associated with substantial increases in healthcare costs. These individuals are more likely to attend emergency departments and experience delayed transfers of care. People living with mild, moderate, or severe frailty could often have their needs best met in settings outside of acute hospital care. The ambition is to ensure quick and accurate identification of vulnerable people and to provide alternatives to hospital admission that are more responsive and better able to meet the needs.

The frailty work is linked to Somerset system projects including the community hospital transformational work and the local delivery of the Ageing Well programme. This focuses on delivering integrated personalised care in communities and addresses the needs of older people through the inter-related service models of community (multi-

disciplinary teams (MDTs)), urgent community response, enhanced care in care homes and anticipatory care.

### **What was achieved during the year?**

In this last year the focus has continued to be how services can more effectively manage frailer individuals at home to reduce potentially harmful lengthy hospital stay and to provide services more locally to meet the needs for this vulnerable population.

Progress has been made in the following areas:

**Identification of frailty:** The identification of frailty at the front door is part of the Trust Commissioning for Quality and Innovation (CQUIN) for 2023-4. The year one target for the Trust is to ensure a minimum of 30% of patients aged 65 and over attending the emergency department (ED) or same-day emergency care, receive a clinical frailty score (CFS) assessment and appropriate follow up. This audit looked at the front door services across both acute sites and exceeded the target and achieved 33%. However, the team's ambition is to identify all people and, if needed, to implement a comprehensive geriatric assessment which involves a whole team approach. Work is continuing on training and process e.g. the CFS screening to be a compulsory question on the computer system across the front door. Compliance has improved, not only for front door services, but also for advice and guidance requests and inward referrals, as part of 'Advice First' in which the CFS for over 65's is a compulsory question.

The use of the clinical frailty score for those over 65 has also been rolled out to most of the community teams to ensure a common way of identifying frailty and monitoring deterioration to aid rapid intervention. This will be further embedded to ensure consistency and work is underway to build and support teams in multiple settings to implement the comprehensive geriatric assessment. This work is being supported by an e-learning training programme which has been made mandatory for some teams e.g. discharge to assess team.

**Front door and acute services:** A review is underway to look at the integration of frailty services across both acute hospitals to establish current and future provision in line with national guidance and local population needs. There has been an increased use of nominated consulting rooms at YDH for rapid access appointments to avoid admission. Both acute sites have frailty practitioners/nurses who provide support seven days a week, operating within ED and other acute areas. Work is still ongoing to identify space for an acute frailty unit at YDH in line with the provision at MPH.

**Operational structure:** Since the merger in April 2023 there has been a change in the operational structure with one service manager for all our elderly care services across acute and community services. This is enabling a full review of all pathways and a commitment to looking at how we ensure we have an equitable county offer. This work is still in its infancy and senior clinicians are coming together to work on the key priority pathways. Pathways identified are Parkinson's, orthogeriatrics, management of osteoporosis and front door services. Although data is being inputted into the two different legacy electronic systems, the merger has enabled work on building a single data dashboard for our elderly care services across both acute settings. This will make

it easier to make comparisons, understand where the gaps are, focus improvement work and to understand the impact of any changes implemented.

**Hospital at Home:** Frailty Hospital at Home pathways have continued to grow in workforce and capacity. To date, the whole Hospital at Home service has had 2,034 admissions. The service runs 7 days a week, 12 hours a day. A second community geriatrician has been recruited alongside several associate specialists to enhance the support for patients with frailty across the county. The service is supporting individuals with complex co-morbidities with personalised care at home, that may have previously been in hospital. The next 12 months will see a continued growth in the caseload and an extension of senior clinical support at the weekends to help maximise safety and availability of the service. The service operates with a 'team of teams' model linking closely with neighbourhood teams, primary care networks, acute hospitals, and care of the elderly services. Work is ongoing to align the urgent care response (UCR) services.

**Neighbourhood and community services:** Below are a few examples of the many projects that are underway in the community:

- There has been an increase in Discharge to Assess (D2A) capacity to support a higher number of patients home sooner ensuring people spend less time within the hospital environment, despite an increase in the complexity and dependency of individuals.
- Development of therapeutic groups in Older Persons Mental Health (OPMH) in the community using a flexible workforce across the neighbourhoods and utilising SFT estate more fully.
- There has been a full review of our community rehabilitation services (CRS) and a series of improvement projects are underway to support people to be more independent in their own homes.
- Mental Health investment monies have expanded the workforce for older people with an increase in clinical psychologists, development of dual diagnosis roles, and peer engagement workers to work with carers. This supports the physical health check clinics for those patients requiring cardiometabolic monitoring due to their prescribed medications.
- The Mendip falls clinics continue to provide a person-centred multidisciplinary approach to falls management and are based in Shepton and Frome. The clinic at West Mendip is still in its' exploratory phase.
- Rural Health Hubs have continued to grow and have secured permanent funding. They are well established at J24 Auction Market, Exmoor Market at Wheddon Cross and Standerwick Market, Frome. There is also a well-established monthly HGV clinic based at J24 working collaboratively with Wincanton Logistics, which has built on the success of the health hub model. Currently, Wheddon Cross is also a pilot site for Somerset's Dermatology pathway. Other services have approached the hubs such as Sexual Health and Pre-hab.
- South Somerset West project – This innovative programme of work is an opportunity to complete end to end pathway reviews to design and transform services across four GP practices, acute and mental health services and two community hospitals for a population of 37,000.

## **QIP 2023/24 – Priority 4 – Stolen years: helping people with mental health conditions to live longer lives.**

### **Why was it important?**

The SFT stolen years programme continues to support people with severe mental illness (SMI) who struggle to live independently, are at greater risk of developing health problems and are less equipped to recognise when and how to respond to worsening health signs. It is well documented that people living with SMI often have poor physical health and on average die 15 – 20 years earlier than other people. It is estimated two out of three people, with a diagnosis of SMI, die from physical illnesses that can be prevented. The main causes of death being circulatory disease, diabetes, and obesity.

### **What was achieved during the year?**

In the last year, the merger between SFT and YDH has strengthened the need to bridge the physical health and mental health divide by bringing together both acute hospitals, community, primary care, and mental health colleagues to treat people holistically.

Historically cultural divides between our physical health and mental health colleagues, teams and services resulted in a mismatch of terminology, expectations and silo working. People with SMI are at high risk of experiencing chronic physical conditions whilst similarly, people who live with chronic physical conditions are at risk of developing poor mental health. Therefore, putting the patient at the centre of their care and looking at the whole person will result in better health outcomes, enhance patient and carer satisfaction, and bring about system efficiencies. A new culture is now felt across our merged organisation; within care discussions the language has changed from 'your' patient to 'our' patient.

The shift away from compartmentalising physical and mental ill health will take time, but since merger, several initiatives have been implemented in Year one to drive this agenda. Examples to date are:

**Workshops co-produced with 'Experts by Experience':** Further workshops have been held across Somerset, where Experts by experience shared personal accounts of accessing and receiving physical health care in Somerset. Colleagues were able to ask questions, reflect on improvements and a repository of 'pledges' is underway to showcase the work within physical healthcare settings. These workshops have strengthened emerging collaborative relationships between mental health and physical health colleagues working in both acute hospitals and community teams.

**Expediting elective care:** Patients still wait a long time in many specialities, both to be seen and assessed and to have surgical procedures. SFT is in a unique position to be able to easily identify vulnerable patients who are more likely to deteriorate whilst waiting and to expedite their care. There is good evidence that patients with these characteristics on average live shorter lives, which means they spend a

disproportionately longer part of their life on a waiting list. A project started at MPH in January 2023 to flag and expedite patients with a known learning disability, and/or both a current open mental health referral and living in one of the two most socially deprived areas. It was expanded to include Children Looked After (CLAs) in February 2024. To date, 510 patients waiting for their first routine outpatient appointments have been upgraded so that they are managed as if urgent. Of these: 475 routine patients received 'urgent' appointments on average 7.3 weeks after being flagged, and 147 were seen within a month (versus typically 6 months without intervention). 85 of the patients had learning disabilities and 13 were supported by the LD Liaison team to ensure the best possible outcome at the appointment. This project is still only available to MPH patients as there has been a technical delay in merging the two elective waiting lists so that YDH patients can also be included. It was hoped that this would be in place in Quarter 1 of 2024/2025 but is now set to be expanded by the end of Quarter 2.

**The PLT (Psychiatric Liaison Team):** over the last year, the merger has embedded a collaborative approach to achieving outcomes together with a 'no barriers' approach. There is a shared focus on learning from incidents and complaints, and teams are committed to working together to form joint action plans. Recent reviews by the Royal College of Psychiatrists at both acute sites have commented on the relationships and collaboration between the acute colleagues and PLT staff as being 'exceptional'.

**Tobacco reduction programme:** Smoking is the largest avoidable cause of premature death, with more than 40% of adults with SMI smoking. The Trust's Tobacco Harm Reduction Service supports those with severe mental health conditions and/or learning disabilities, as well as acute hospital inpatients and maternity services and staff to stop smoking or to reduce the amount they smoke. It is also the lead on developing smoke free sites within the Trust, promoting the smoke free message across the grounds, and providing training to staff on tobacco harm reduction/smoking cessation.

The Tobacco Reduction Programme has been rolled out across the whole of Somerset Foundation Trust since April 2023. The team provides specialist advice and guidance and facilitates nicotine replacement therapy (prescribed by authorised staff) to all inpatients within Musgrove Park, Yeovil Hospital, and our Mental Health units. There is also an in-house referral system to our community partners for Maternity. In this time, staff have seen and supported more than 2,200 patients in the acute hospitals, with 546 being referred to quit programmes in the community. Of those, over 100 former Somerset in-patients have gone on to quit smoking. In addition, almost 200 mental health patients have engaged with the team, with 14 going on to quit smoking.

In the last year, since merger, the programme has become established and local data requirements have evolved. Working across one organisation has been positive in terms of being able to deliver the tobacco reduction programme countywide. As the programme continues to become embedded, a key project going forward is to implement the Trust smoke free policy in our mental health units, making the whole site at each unit smoke free. Historically this has been difficult to achieve, especially during Covid. It is acknowledged mental health inpatients are often experiencing a crisis and therefore it has been questioned as to whether this is the right time to

implement going smoke free. However, with the support of our experienced team we are now able to take this forward ensuring our patients and colleagues are fully supported.

**Advice and guidance pathway:** During the Covid pandemic our physical and mental health colleagues set up an advice line. It was run by the AMU (Acute Medical Unit) team at MPH to support the mental health inpatient units with managing their patients with physical health presentations. This avoided these patients being transferred to the acute site unnecessarily. Following merger, SFT has built upon this and developed an advice and guidance pathway to support patients when they become physically unwell in mental health inpatient settings. This project was started after a patient was transferred by ambulance twice from a mental health ward to an acute site for assessment of a physical issue. Recognising this was not a good experience for this patient and to further improve patient care and safety, the teams developed an advice and guidance pathway for patients who become physically unwell on mental health wards, so they can remain there wherever possible. This pathway went live in June 2023 and brings together colleagues across both acute sites and mental health inpatient wards.

**NHS Somerset Talking Therapies Service** (formally Improving Access to Psychological Therapies): This team continues to work across boundaries by providing mental health support to patients presenting with physical health problems. Patients waiting for an operation or on receipt of a physical health diagnosis may experience anxiety and stress, alongside managing the emotional impact of lifestyle changes due to their health. Building on our first merger, where Talking Therapies colleagues co-located with MPH cardiology clinics to run joint clinics to support this patient group; this has been expanded to YDH. However, due to a lack of clinic space, they have not been able to co-locate to date but receive referrals from the cardiology team. Since April 2024, diabetes clinics have been introduced at the Queensway unit at YDH and the service is supporting patients discharged from the Intensive Care Units in both Yeovil and Musgrove. Conditions such as depression, anxiety, post-traumatic stress disorder (PTSD) and cognitive dysfunction are increasingly recognised among patients who survive an intensive care admission and are described collectively as the 'post-intensive care syndrome'. SFT are running clinics at South Petherton Hospital at three months post discharge to support these patients and improve their quality of life.

Psychological wellbeing practitioners (PWPs) are trained to assess and support people with common mental health problems – mainly anxiety disorders and depression. At MPH, there is a PWP who offers support within the NICU (neonatal intensive care unit) and so to mirror this in the east of the county, YDH now has a PWP in the low dependency unit. The merger has enabled us to see the importance of bringing acute and mental health teams together to best support this patient group.

**Adopting a county wide approach to ECG (electrocardiogram) interpretation:** Previously, ECG interpretation in our mental health clinics did not allow for prompt, safe management of medical interpretation. After considering options, it was agreed ECGs would be sent externally for interpreting and flagging which will ensure patients are followed up quickly and timely management plans are put in place where appropriate. This has now been fully embedded within clinical practices.

**Co-designed and co-delivered training:** This has become embedded at both acute sites to support physical health colleagues in managing patients with mental ill health presentations. Our recovery partners have helped support the upskilling of nurses, doctors, and specialists with a range of topics such as self-harm and managing challenging behaviour which has been well received across both sites.

**Recruitment opportunities:** These are planned through the creation of rotational nurse posts. Mental health and acute colleagues are working together to offer something different. We are hoping to be able to offer four posts that will attract the new cohort of dual trained nurses, offering the opportunity to work across AMU, A&E, inpatient mental health wards and PLT.

Whilst we have made progress, there is still more to be done. By raising the awareness of mental ill health across our Trust, it has encouraged colleagues to have a more open dialogue to get involved, and to work together to get it right.

## **QIP 2023/24 – Priority 5 – Connecting Us: using time well by getting together to focus on what matters to people with complex needs.**

### **Why was this important?**

A growing number of people are living with complex needs including chronic or long-term health conditions, often with physical and mental health needs as well as social deprivation challenges. Meeting the needs of this population requires anticipatory not reactive care, time to develop trusting relationships, broadening the membership of the care team and communicating across different specialties and agencies. Developing advanced and personalised models of care is essential to meet the challenge of complex care for our population.

### **What was achieved during the year?**

**High intensity user (HIU) service for Somerset:** With the funding in place, the Somerset high-intensity user service was established in August 2023 with the HIU Lead and HIU Support Manager coming into post. The team monitors people who have attended either of our A&Es in Musgrove Park Hospital (MPH) or Yeovil District Hospital (YDH) more than 10 times in 3 months or complex non-elective admissions (NELs) to help reduce admissions for those medically fit. People are identified through data capture or by services contacting the team directly (A&Es, Psychiatric Liaison Teams, Wards). The team aims to identify and focus on the unmet need for the person thereby reducing the need for A&E attendances and highlighting any health inequalities.

In their first six months, they have created a data analysis tool with support from our information team, that is a live dashboard showing the attendance data across both hospitals.

The HIU team is currently actively working with 48 people, 44 people are on their watching tracker and 7 post service (no longer monitored but can be reactivated if required). They have chaired and co-ordinated 29 HIU MDTs. A total of 65% of the



HIU Caseload have had a Personalised Care Support Plan (PCSP). PCSPs are an essential tool to integrate the persons experience of the services they access so they have one joined up plan covering their health and wellbeing needs. They are critical in improving outcomes and ensuring people have more choice and control. 66% of caseload clients are active with the Ubuntu coaches, offering personalised support to identify and address the client's goals.

Of the clients worked with, the HIU service has measured a 55% reduction of attendances. The National target is 20-40% reduction, so the team is demonstrating fantastic outcomes to date.

The HIU Somerset Steering Group has been re-established, which is jointly chaired by SFT/ICB. Attendees include Avon and Somerset Constabulary, SWAST, PCNs, ICB, Lloyds Pharmacy, VCSFE representation including UBUNTU and Young Somerset, Open Mental Health, and NHSE. To date, the steering group has reviewed the Multi-agency Information Sharing agreement and signed off the terms of reference. The Data Impact Assessment tools are currently being agreed.

**Establishment of a persistent unexplained physical symptoms (PUPS) clinic**

**(adults):** The test clinic evaluation was completed and the model for the service was set out. Unfortunately, due to a key post becoming vacant the work has not progressed. With a new post holder coming into role this year, it is scheduled for action.

**Personalised care approach:** Throughout the year we have actively contributed to the work led by the Somerset ICB personalised care steering group to develop the actions to embed the personalised care model across the ICS. Following the completion of a personalised care audit, which showed we have more progress to make across SFT, we have now established a personalised care improvement group. The primary aim of the group is to enable Personalised Care to become 'everyone's business'. We have already introduced personalised care training onto our learning platform and over the coming months will collaborate with our public voice partners to finalise our improvement plan.

**Proactive care:** All four PCN footprints in South Somerset have a GP led complex care team model. There is also an in-patient team which is currently being reviewed to ensure the model is effective in delivering the best outcomes for patients.

Improvements include:

- Working with PCN's (currently South Somerset West (SSW), Yeovil and South Somerset East (SSE)) to utilise Brave AI to identify patients e.g. severely/moderately frail who are likely to experience an acute hospital admission within the next 12 months.
- The teams are linking with Adult Social Care using their waiting list to respond to need in a timelier way. The benefits of integrated working and a co-located workforce have been realised in a highly successful pilot in SSE. Active discussions are taking place with Adult Social Care to role this model out to Yeovil and SSW teams (April 2024).

- Consistency of care for patients, on the basis that people living with complex needs are best supported by those that already know them.
- Personalised care conversation approach to become embedded in all areas of practice which supports the proactive care requirements.
- MDTs completed by complex care teams at both GP surgery huddles (GP practice level) and neighbourhood weekly/biweekly MDTs where multi-disciplines including VCFSE come together to talk through complex cases and agree a shared plan.
- All patients referred to complex care have a comprehensive assessment performed as per proactive care guidelines.
- The Complex Care team is using Foundry data for unplanned care intelligence. There is also an opportunity to improve links with the unplanned neighbourhood services including Urgent Community Response (UCR), Rapid Response and Hospital at Home.
- The in-patient complex care team at YDH links with HIU teams to review multiple admissions and reduce length of stay.
- The teams follow up all Complex Care patients in the community after acute and community hospital admission.

**Dementia and Delirium care:** Dementia Diagnosis rates (DDRs) remain low for Somerset; this is being addressed through our ICB steering group and we are working closely with their digital team as it remains a system issue. We know through regular audits that 25-30% of people diagnosed by SFT services are not coded to GP registers. The DDR for April is 55% against a 66.7% target.

**Delirium screening:** The recent National audit of dementia has identified that MPH is currently an outlier for delirium screening and an action plan is in the process of completion to address this. YDH remains compliant. Improvement on delirium screening will be impacted by service provision within MPH.

The MPH dementia team is currently piloting a 7-day service (since May 2023), this is currently funded until November 2024. There is a business case to make this permanent. Improvement on delirium screening is dependent on its approval and the ability to sustain the current service.

We have developed the system-wide Somerset Dementia Wellbeing model, which aims to provide post diagnostic support to everyone. The model includes a collective of 60 VCFSE agencies who work closely with all our services to ensure support is provided for everyone diagnosed with dementia.

We have developed a Countywide single point of access for Dementia Assessment services, to ensure consistency of pathways and greater efficiency of triage. This service commenced June 2024.

We have established high intensity OPMH care home beds, funded by the Local Authority but heavily supported by our services – Intensive Dementia Support and care home liaison.

We have implemented a Training team – providing training across the organisation and pathway bed providers. 3 WTE band 4s are currently delivering this on a 12-month contract, which will end in September 2024.

**Connecting the Dots:** This was established to improve the working relationships between SFT and primary care by building communication. There are three arms to it, the first a regular monthly meeting where everyone is welcome to come, share ideas and projects, or raise issues that affect primary care and SFT working well together. The second is the introduction of a podcast and the third is a newsletter to share information from SFT with primary care and highlight discussions held at the meeting.

In addition, regular quarterly Teams meeting between PCNs, Peter Lewis (CEO) and Andrea Trill (Medical Director for Integrated and Primary care) have been held over the last year. These were set up as ‘temperature check’ meetings to share issues that were concerning organisations and were followed up by face-to-face visits with 9 of the 13 PCNs.

More recently, an Interface Working Group has been established, with cross organisational representation to address issues arising at the interface between primary care and SFT. This programme is developing high level principles for working together which will then inform improvement workstreams e.g. onward referrals, following up test results and the quality of referrals coming in from primary care. The programme of work will be grouped into three themes: Understanding how each other works, working more efficiently and developing the processes for working together e.g. in co-designing pathways.

## **QIP 2023/24 – Priority 5 – CREATE – improving life chances for children.**

### **Why was this important?**

Our priority is to highlight and address the key issues facing young people in Somerset impacting on their opportunities for healthy lifestyle, good school attendance and positive social development. Specifically, we aim to add clarity, accessibility, and responsiveness in our pathways for adolescent care, advice and guidance and weight management support. Through ongoing partnership working across community and acute care, there is potential to build on these developments to optimise care in a young person’s own community.

### **What was achieved during the year?**

We have supported initiatives in the care of those with learning disabilities, obesity, common childhood medical complaints, and eating disorders. Each project recognising the importance individualised care for children, young people and their families.

We are proud of the work that we have undertaken that has resulted in no admissions of young people due to care breakdown since Nov 2022.

In response to unnecessary admissions and highly expensive unregulated care placements, we have developed a new partnership with the Local Authority and the Shaw Trust known as Homes2Inspire. This partnership brings together health, social care, and education. A series of local residential care homes are now operational and high needs foster placements are coming online. A new Alternative Education Provision which will be co-delivered by the partnership will be opening in September with a second school opening the following year. Many of the young people who would have previously been admitted had nowhere to go; with this innovative new offer, they have somewhere safe to live where their needs are fully met.

**Continued development of eating disorder holistic care:** Nationally, there has been a sustained increase in eating disorder presentations. Following the COVID pandemic, there was a significant spike in young people presenting in highly compromised physical states. Additionally, we do not have a local Tier 4 Specialist Eating Disorder offer. In response, we have developed new ward roles whose focus is the provision of a personalised approach to care. This now includes CAMHS funded band 3 HCAs and Band 7 Nurses. In addition, the Band 6 mental health link roles employed by the wards have become eating disorder nurse specialists. This has led to greater consistency with care planning. We are now in discussions to develop these roles further, to support admission avoidance or shorter stays where discharge is in the best interest of the young person.

**Personalised Care:** innovating use of the Paediatric Admission Unit (PAU) and Wessex House day offer to contribute to bespoke care plans. A number of young people have benefited from a bespoke day offer from Wessex House. Importantly, this has included an offer of psychological support and education from the ward. There has been good success at effecting discharge home with this support. There remains scope for developing this further.

**Investment in Effective Early Intervention – ‘why won’t they eat training’, SPLASH project:** Staff across the system were telling us that they did not feel skilled enough to work with eating disorders or disordered eating. In response, we have delivered a new training known as “Why Won’t They Eat?” This has been offered to all statutory agencies and Homes2Inspire staff. The feedback has been very positive and there is evidence of care staff feeling increasingly confident in supporting young people with eating needs. Additionally, CAMHS and Local Authority staff are better able to identify eating needs earlier, preventing deteriorations. Paediatric nurses who have attended the course have reported feeling much more empathetic to young people with eating needs, including having a greater understanding of the reasons eating disorders can develop and how to adopt a trauma-informed approach.

**Development of LINK LDA (learning disabilities and/or autism team):** A new service – LINK LDA, is delivered by CAMHS in partnership with paediatrics and the voluntary sector. The team was developed to support children and young people with autism and/or learning disabilities. They specifically support those at risk of admission to hospital or a 52-week residential school. An independent evaluation has identified

significant strengths in the offer which includes robust consultation, direct clinical activity, and prevention of admission. For example, we provided direct intervention for a young person with LD admitted to Wessex Ward (from Bristol) who was in distress because he was physically unwell. To prevent an admission to paediatrics, which would have caused further distress, a Link LDA attended the ward and supported the team to complete the necessary investigations on Wessex Ward. This supported an upskilling of the team, whilst also preventing avoidable harm to the young man.

**Child health team joint triage:** partnership working between paediatric secondary care and primary care. Working together we are providing health care plans for children and young people (CYP) at the point of referral. This supports families to feel heard, implement appropriate management arrange investigations, access local third sector support and reduce reattendance for same concerns with primary & acute care providers. The triage team can direct CYP to the right care pathway from referral reducing CYP waits for secondary care outpatient paediatric services. In developing a professional network, we are upskilling patch-based professionals in paediatric care and developing intelligence around local care and support services for CYP. The ICB is supporting the gradual role out of Child Health Team Joint Triage service with support of local primary care services and SFT paediatric service.

**CREATE – improving the inpatient environment for CYP (Musgrove site):** One third of admissions to paediatric wards are CYP with co-existing medical, emotional, and mental health needs. Our environment and workforce have reflected historical needs around younger children with medical issues. Our CREATE team at the children's unit at Musgrove Park Hospital has been making incremental improvements in our ward offer to support adolescents. We recognise that an improved environment is key. This vision is central to our new build project plans (2030) and reflects the recommendations made by Health Services Safety Investigation Body (HSSIB) report in May 2024 calling for improvement and changes in the design of paediatric wards to provide a safe and therapeutic environment for CYP with mental health needs. Recent quality improvements over the last year have included introduction of emotional observation monitoring from presentation and through admission with associated support offer, welcome leaflet for young people and their families, coproduction of videos by young people explaining our ward offer are in progress, collaboration with clinical psychology to work with CYP to support them in understanding choices around their care to help them feel in control and central to decisions, minor updates to ward environment (treatment rooms and relaxed consultation space), pronoun videos to support staff to feel comfortable about talking about preferences with young people, and involvement in the trauma informed care multiagency forum.

**Darzi 2024 project – multiprofessional collaboration to explore school absenteeism in Somerset:** Somerset has one of the highest rates of CYP being absent from primary and secondary school in the UK. Absence is commonly associated with medical, emotional, and mental health needs. The impact on long term health, well-being, participation, attainment, and employment potential are well known. Historically health and education have worked in silos leaving CYP and their families and children feeling unseen and frustrated and care and support poorly co-ordinated. Our 2024 Darzi clinical fellow has explored this 'wicked' problem through widespread stakeholder engagement and has brought together a motivated, invested, and energised group of professionals from commissioners, public health, education,

paediatric medical care, primary care, child and adult mental health team, Connect Somerset and voluntary sector in a working group to explore early intervention pathways for children and young people struggling with school attendance. Our vision is to be able to help young people access the right support at the right time in their communities to maximise their health and school attendance.

## **QUALITY IMPROVEMENT PRIORITIES (QIP) 2024/25**

In this section we set out our priorities for the Trust for this year. Our priorities take into account the work currently underway to develop the Quality Strategy since merger, along with the review and analysis work carried out as part of the implementation of the Patient Safety Incident Response Framework.

As we developed our Quality Strategy, we wanted to engage directly with our Service Groups to establish Quality Priorities, and make sure that not only would the Quality Strategy deliver on the Trust's Corporate Objectives, but also help to deliver the specific priorities of the Service Groups directly caring for patients every day.

We have developed our Quality Priorities at both the strategic/Trustwide levels, and from below via the Service Groups and the patients we directly serve. We have also developed our priorities as a result of developing national guidance.

We asked Service Groups directly to work with colleagues, service users and others to develop the quality priorities. To do this well, we knew that this needed to be a collaborative approach, focusing on the needs and wishes of the people who use our services, and the people who matter to them.

### **How they will be measured, monitored and reported.**

The quality projects and initiatives are a combination of corporate-led Trust-wide programmes and team/service group level, with central support and co-ordination where required. As part of the ongoing work on development of the Quality Strategy, key performance indicators will be developed and, with the quality priorities having been aligned to fit with the overall Trust objectives, overall progress will be monitored within the Board Assurance Framework.

## **QIP 2024/25 - Priority 1 – Personalised Care**

### **Why is this important?**

Personalised Care according to the NHS England long term plan will benefit people by giving them the same choice and control over their mental and physical health that they have come to expect in every other aspect of their life.

A one-size-fits-all health and care system simply cannot meet the increasing complexity of people's needs and expectations.

Personalised care and support planning is a series of facilitated conversations in which the person, or those who know them well, actively participates to explore the management of their health and wellbeing within the context of their whole life and family situation.

Personalised care and support planning is key for people receiving health and social care services. It is an essential tool to integrate the person's experience of all the

services they access so they have one joined-up plan that covers their health and wellbeing needs.

The process recognises the person's skills and strengths, as well as their experiences and the things that matter the most to them. It addresses the things that are not working in the person's life and identifies outcomes or goals and actions to resolve these.

Through ensuring people are active participants and experts in the planning and management of their own health and wellbeing, ensures that the outcomes and solutions have meaning to that person in the context of their whole life and therefore leading to improved changes of successfully supporting them.

The personalised care and support plan is developed following an initial holistic assessment about the person's health and wellbeing needs. There is no set template for what a personalised care and support plan should look like, but it should reflect the following:

- A way of capturing and recording conversations, decisions and agreed outcomes or goals in a way that makes sense to the person
- Should be proportionate, flexible and coordinated and adaptable to a person's health condition, situation and care and support needs
- Should include a description of the person, what matters to them and all the necessary elements that would make the plan achievable and effective.

An internal audit was completed in 2023, the purpose of which was to provide assurance on whether the Trust completes personalised care plans within existing patient documentation. The audit showed areas of good practice but in most areas, it was difficult to demonstrate that people had been given choice and control and actively participated in their treatment plans.

Following the audit, the Trust has established a co-produced personalised care improvement group. This is co-chaired by Healthwatch and has three public/patient partners to ensure we are involving the voice of our population.

### **What do we want to achieve?**

An action plan was developed following the audit report and recommendations which will:

- Collate the results of the survey that was developed to gain awareness of our colleagues understanding of what personalised care is, whether we deliver personalised care, what stops us and what would help us to deliver care in a personalised way.
- Produce a personalised care policy.
- Develop a multi-faceted audit programme that will enable the organisation to gain assurance that personalised care is being delivered.



- Launch a training programme for colleagues

In addition to the corporate actions informed by the internal audit, Service Groups have identified a number of specific actions related to personalised care. These include, but are not limited to:

- Implementing GP and nurse led clinics, supported by tele-derm solutions, to provide a more personalised and responsive dermatology service.
- Piloting a frailty nurse for SDEC at YDH
- Developing pre-surgery optimisation across 14 identified workstreams (anaemia, smoking, diabetes, frailty, nutrition/dietetics, alcohol, weight management, advance care planning, exercise, emotional support, pain management, cancer, health coaches, departmental process) to prevent deconditioning in surgical patients.
- Empowering people living with cancer in care planning and delivery
- Help our PCNs and teams to embed proactive, personalised care with support from a multidisciplinary team of professionals to people with more complex needs, including, but not limited to, those with multiple long-term conditions, as per the Fuller report recommendations.
- Prioritising End-of-Life Care planning for last few days of life.
- Supporting initiatives in the care of those with learning disabilities, recognising individualised care for this specific group will establish a model to spread personalised care to children and young people and their families.

## **QIP 2024/25 - Priority 2 – Patient Involvement & Co-Production**

### **Why is this important?**

In 2022, the Health and Care Act introduced significant reforms to the organisation and delivery of health and care services in England. At the heart of the changes was the need to establish a framework that supports collaboration and partnership working across a system to make it easier to deliver joined up care for our patients which is grounded in listening to what really matters to our patients and the public we serve.

As an NHS Foundation Trust we are subject to the triple aim duty which requires us to have regard to all likely effects of our decisions in relation to three areas:

- Health and wellbeing for people including its effects in relation to inequalities.
- Quality of health services for all individuals including the effects of inequalities in relation to the benefits people get from these services.
- The sustainable use of NHS resources.

In addition, Section 242 (Duty to Involve) of the NHS Act defines how, by law, NHS Trusts must ensure that patients and/or the public are involved in certain decisions that affect the planning and delivery of NHS services.

Central to our responsibility to deliver against the triple aim duty, is how we work in partnership with people and communities to truly design and deliver a healthcare service which is meaningful and prioritises and delivers against what matters most to our local community. Working in partnership is delivered through a variety of approaches such as engagement, participation, involvement, consultation and co-production and has a golden thread of listening to, and responding to, feedback. These terms often overlap but also mean different things to different people and occasionally, they have a legal or technical definition.

Our organisational approach to engagement and involvement approach needs to help all colleagues understand that engaging with our communities is not seen as an obstacle to overcome on the way to achieving a pre-determined outcome.

### **What do we want to achieve?**

By working in collaboration with people across our local communities we have an opportunity to better tailor services to meet needs and preferences unique to that community. Working in partnership enables us to design and deliver care more effectively and will help us to prioritise our resources to have the greatest impact and to support senior managers with making informed decisions about any potential service changes. Working in partnership will help us to address health inequalities by understanding local communities needs and to develop solutions **with** them.

Each service group will be working on delivering their own engagement and involvement plan utilising the NHS England resource 'Planning Engagement – a step-by-step guide'. This will enable each service group to shape a plan which is meaningful to the needs of the population they serve, to recognise that each service group is at different stages of their engagement and involvement journey and to enable all colleagues to build confidence with understanding why this is important.

We aspire to embed engagement and involvement and responding to feedback so that it is at the heart of all we do; to hardwire this across the organisation.

This work will underpin the Trust Patient Engagement and Involvement Strategy 2024 – 2027.

## **QIP 2024/25 - Priority 3 – Right Care, Right Bed**

### **Why is this important?**

It is crucial to ensure that patients are cared for in the most appropriate care setting, by staff with the skills to provide this care.

When healthcare services are under pressure due to excessive demand and system issues, including delayed transfers of care, patients can come to harm. In addition, this creates massive increased and avoidable costs for both the NHS and social services, as well as the wider public sector. Much serious avoidable harm to patients, such as

hospital acquired infection and injurious falls, occurs when patients are cared for in the wrong setting.

### **What do we want to achieve?**

Along with embedding the recent acute ward reconfiguration at MPH and YDH and building on the early successes of Hospital at Home, the Trust is focussing on a wide range of initiatives to support care in the right place. This includes system-wide work to address delayed transfers of care along with projects aimed at improving specific patient pathways within specialties.

Service Groups have identified a number of specific actions related to right care, right bed. These include, but are not limited to:

- Embedding the 20 min transfer policy across the sites to further improve the flow out of ED.
- Reducing length of stay by improving pathways, focussing on eight identified strategies.
- Using digital technology to improve dermatology pathways.
- Optimising pre-surgery to prevent deconditioning in surgical patients, with fourteen identified workstreams: Anaemia, Smoking, Diabetes, Frailty, Nutrition/dietetics, Alcohol, Weight management, Advance Care Planning, Exercise, Emotional Support, Pain Management, Cancer, Health Coaches, Departmental Process.
- Further development of Hospital at Home to understand the demand and capacity of for the service, including paediatric pilot.
- Further development of criteria led discharge
- Review of physiotherapy demand and capacity work to minimise inequity in waiting times.
- Reviewing reporting turnaround times for Radiology.
- Development of a 7-day paediatric assessment service

## **QIP 2024/25 - Priority 4 – Colleague Health and Wellbeing**

### **Why is this important?**

Colleague health and wellbeing is central in supporting our colleagues to deliver the best care and support through a compassionate, inclusive, and learning culture. Wellbeing demands a holistic approach, applied in different ways at multiple levels (individual, managerial, team, strategic and organisational). Wellbeing is sometimes positioned as an afterthought when something difficult happens rather than underpinning and contributing to high quality 'business as usual' which everyone must take ownership of.

Basic physical wellbeing needs are not always met successfully across the whole of the organisation (e.g. hydration, toilet breaks, rest breaks etc). Research evidence identifies this leads to reduced cognitive capacity, impacting on decision making, patient care/outcomes and potentially short term and long-term health outcomes for staff. The culture and structure of the team plays a significant role in enabling these behaviours. The tone for the organisation can be set by responsive and attuned support from senior leaders and managers across the organisation, as well as in the way colleagues work together. Ongoing Service Pressures can make releasing colleagues to attend formal wellbeing interventions challenging. There is a risk that interventions may be perceived as not an effective use of resources if colleagues are not enabled to make use of them – there is a difficult balance to strike.

Educating senior managers with regards to best practice, available support and existing protocols may help managers feel more informed and supported thereby enabling them to support teams more effectively.

### **What do we want to achieve?**

A range of preventative strategies and responsive interventions are required at each level of ownership (individual, managerial, team, strategic and organisational) to ensure the organisation nurtures a commonplace culture of wellbeing, and to reduce the frequency and impact of events which significantly challenge the wellbeing of colleagues.

The strategic and organisational focus for 2024/25 is on consolidating the “Care for Our People” Year 1 deliverables of the People Strategy (focussed on violence and aggression, and a just and restorative culture) and moving on to Year 2 deliverables (focussing on stress and burn out). These include:

- Supporting delivery of the Trust’s violence reduction and prevention action plan
- Rolling out training for staff support post incident, linked to ongoing PSIRF implementation work
- Launching the Team Immediate Meet (TIM) tool, a communication tool designed to facilitate a hot debrief following events which cause distress, across inpatient environments
- Implementing a new Occupational Health contract with clearer guidance on health and wellbeing support
- Gathering and reviewing information and key data to identify key priorities for reducing stress and burnout

Service Groups have identified a number of specific actions related to supporting colleagues. These include, but are not limited to:

- Improved facilities for colleague wellbeing
- Protected time for wellbeing interventions
- Focus on flexible working
- Senior leadership drop-ins

- Culture and emotional support

## **QIP 2024/25 - Priority 5 – Patient Safety Incident Response Framework Themes**

### **Why is this important?**

The Patient Safety Incident Response Framework (PSIRF) advocates a coordinated and data-driven response to patient safety incidents. It embeds a response into a broader system of improvement and promotes a significant cultural shift towards systematic patient safety management.

PSIRF supports the creation of much stronger links between incidents and learning and improvement. We aim to work in collaboration with those affected by incidents – colleagues, patients, families, and carers – to improve learning opportunities and subsequent quality improvement work, leading to effective change. This approach will continue to increase transparency and openness amongst our colleagues in reporting incidents and engagement in establishing learning and improvements that follow.

We are committed to learning from incidents and continuously improving the care and services we provide. We recognise and acknowledge the significant impact incidents can have on colleagues, patients, their families, and carers. Patient, family, and colleague engagement and involvement in responding to incidents is crucial to safe delivery of care and service improvement.

PSIRF allows organisations to explore patient safety incidents that are relevant to the organisational context and the populations served. It also supports a proportionate response, enabling a focus on incidents where there are real opportunities for learning and improvement.

Following detailed analysis and stakeholder engagement, the Trust identified a number of safety concerns contributing to incidents across the Trust. Further exploration of these concerns identified some areas where, although there were ongoing safety issues, these were well understood, and work was already underway to address them. However, there were some key themes where further exploration was required and could help identify significant safety improvements.

The three key themes selected by the Trust for further exploration are:

- Recognition, escalation and response to deterioration of patients within maternity, neonates, paediatrics, acute medical admissions, surgical decisions unit and emergency admissions unit.
- Involving people who matter (families, friends, carers and loved ones) in patient care.
- Treatment Escalation Plan (TEP) decision making, documentation and communication issues with patients and families that impact on discharge and transfers across SFT locations.

Details of the work carried out to identify and agree these priorities is included in Section 3 of this document.

### **What do we want to achieve?**

The key aim of reviewing the identified themes is to support the creation local organisational recommendations and actions to feed into new or existing patient safety priorities and improvement programmes. Due to the nature of these themes and the fact that they were chosen because they are not fully understood, although there is a clear plan for review, it is not possible to set out clear improvement goals that will come out of the review.

In line with national guidance, the Trust will conduct out 3-6 learning responses per priority per year. Attempting to do more than this will impede our ability to adopt a systems-based learning approach from thematic analysis and learning from excellence. The outcomes of these learning responses will be thematically analysed and will inform our patient safety improvement planning and work.

## **STATEMENTS OF ASSURANCE FROM THE BOARD**

In the following section the Trust reports on statements relating to the quality of NHS services provided as stipulated in the regulations.

The content is common to all providers so that the accounts can be compared between organisations. This provides assurance that the SFT Board has reviewed and engaged in national initiatives which link strongly to quality improvement.

The Board has received monthly information on quality indicators as part of the Quality Report, the Finance Report and the Performance Report. In addition, the Board has received reports on patient experience and workforce issues. The Board is satisfied with the assurances it has received.

### **Services provided by the Trust**

During 2023/24, SFT provided and/or sub-contracted 120 relevant services, including the following:

- Acute services (including emergency services; adult and paediatric care; community hospitals; minor injury units; elective surgical operations; psychiatric liaison).
- Long-term conditions services.
- Hospital services for people with mental health needs, and/or learning disabilities, and/or problems with substance misuse.
- Rehabilitation services.
- Cancer care and radiotherapy.
- Maternity services.
- Community healthcare services (including district nursing; integrated therapy services; health visiting; school health nurses; family planning and sexual health services).
- Accident and emergency treatment.
- Dental services.
- Diagnostic services.
- Community based services for people with a learning disability.
- Community based services for people with mental health needs (including community mental health teams; assertive outreach; early intervention teams; court assessment services; crisis resolution home treatment teams).
- Primary Care Services.

The SFT Board has reviewed all the data available on the quality of care in all 120 of these relevant health services.

The income generated by the NHS services reviewed in 2022/23 represents 100% of the total income generated from the provision of relevant health services by SFT for 2023/25.

### **Progress in implementing the priority clinical standards for 7-day hospital services**

There are 10 national clinical standards for 7-day hospital services. Four of these (Standards 2, 5, 6 and 8) are “priority” standards. At the time of the last audit for national reporting purposes in Spring 2019, the Trust was compliant with Standard 5 (access to diagnostics), Standard 6 (access to interventions) and Standard 8 (frequency of Ongoing Consultant Review).

However, it was not compliant with Standard 2, which records how quickly patients are seen by a consultant after admission, and mandates that 90% of patients must be seen by a consultant within 14 hours. The Trust scored 80% on this measure, which was an improvement on previous scores.

During the COVID-19 pandemic, NHS Improvement/NHS England advised Trusts to de-prioritise 7-day service audits, so there have been none since 2019. However, the Trust has continued to work to improve its 7-day service offer and continues to track progress on 7-day service delivery internally.

We have continued to invest in more sustainable consultant rotas overnight, to make it more likely that a consultant will be able to see a patient quickly when admitted in the evening. We have also continued to invest in digital patient tracking systems which enable us to take pro-active steps where patients are at risk of waiting too long for a consultant review. In the coming year we will continue to invest in improvements, including a focus on weekend discharges and renewed efforts to define suitable local targets which reflect the needs of our patient cohort.

Improvements to 7-day working are led by the Trust’s Medical and Nursing Directors, who ensure that 7-day working is considered at Board level. As a Trust delivering acute, community and mental health services, we have developed targets which ensure the monitoring of 7-day service provision beyond the acute hospital.

We continue to deliver our clinical strategy and the supporting strategies underpinning it. These include our workforce strategy, which we hope will deliver a more stable clinical workforce including more doctors who will enable us to better deliver the 7-day working standards into the future.



## NATIONAL QUALITY INDICATORS

Many of the national indicators, where data for indicators is available, are not appropriately benchmarked for an integrated Trust delivering the range of services provided by SFT. Therefore, this section covers only the relevant national indicators where appropriate data is available and are only benchmarked where appropriate.

### Summary Hospital-Level Mortality Indicator (SHMI)

*Related domain: (1) Preventing people from dying prematurely*

The Summary Hospital-Level Mortality Indicator (SHMI) is a standardised mortality indicator. It expresses actual deaths compared to an expected value. In this case, 'average' is represented by a value of 1.0.

The Trust's overall SHMI over the past years is represented in the table below:

| Reporting Period          | Ratio (Banding)                      | England | Lowest Trust | Highest Trust |
|---------------------------|--------------------------------------|---------|--------------|---------------|
| April 2023 to March 2024  | Data due to be published August 2024 |         |              |               |
| April 2022 to March 2023  | 0.988<br>(as expected)               | 1.0000  | 0.7191       | 1.2074        |
| April 2021 to March 2022  | 1.0329<br>(as expected)              | 1.0000  | 0.6964       | 1.1942        |
| April 2020 to March 2021  | 0.9983<br>(as expected)              | 1.0000  | 0.6908       | 1.2010        |
| April 2019 to March 2020* | 0.9331<br>(as expected)              | 1.0000  | 0.6851       | 1.1997        |

\* Data prior to April 2022 is for Somerset NHS Foundation Trust. Data prior to April 2020 is for Taunton and Somerset NHS Foundation Trust and Somerset Partnership NHS Foundation Trust which has been combined by NHS digital and published in 2020/21.

*NB: 1.00 is the SHMI average, values lower than 1.00 indicated better than average.*

SFT considers that this data is as described for the following reasons:

- There has been continued focus on initiatives related to safety that have reduced the number of avoidable deaths in a range of specialties.
- Routine review of Healthcare Evaluation Data (HED) by speciality, procedure and diagnosis groups has provided early warning of problems in patient care.
- The model used to predict mortality rates will not fully reflect the changes in services and case mix resulting from the coronavirus pandemic.

SFT intends to take the following actions to improve on this rate, and so the quality of its services:

- by regularly monitoring outcomes through tools such as Healthcare Evaluation Data and the NHS digital SHMI dashboard.
- by identifying where outcomes appear to be deviating. This allows the Trust to investigate and verify the result and provides an early opportunity to make improvements to patient treatment pathways.

**Percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust**

| Reporting Period         | Somerset FT*                         | England | Lowest Trust | Highest Trust |
|--------------------------|--------------------------------------|---------|--------------|---------------|
| April 2023 to March 2024 | Data due to be published August 2024 |         |              |               |
| April 2022 to March 2023 | 36%                                  | 40%     | 14%          | 66%           |
| April 2021 to March 2022 | 20%                                  | 40%     | 11%          | 66%           |
| April 2020 to March 2021 | 19%                                  | 38%     | 9%           | 63%           |
| April 2019 to March 2021 | 22%                                  | 37%     | 9%           | 58%           |

Data prior to April 2022 is for Somerset NHS Foundation Trust. Data prior to April 2020 is for Taunton and Somerset NHS Foundation Trust and Somerset Partnership NHS Foundation Trust which has been combined by NHS digital and published in 2020/21.

SFT considers that this data is as described for the following reason:

- The national standard for coding requires the addition of the palliative care code only when a specialist palliative care team have been involved in the patient's episode of care. The SFT palliative care team empowers clinicians of all specialties to deliver high quality end-of-life care. This generalist activity is not reflected in this data. Many people will receive high quality 'palliative care' by generalist teams which will not be coded under the current rules.

SFT intends to take the following actions to improve on this rate, and the quality of its services by:

- monitoring palliative care rates (those seen by the specialist team) at the mortality surveillance group meeting. Those seen should have specialist needs which the ward teams cannot meet.
- Using palliative care activity data to support the validation of palliative care cases for clinical coding.
- continuously auditing the use of the end-of-life care pathway, a generalist tool to improve individualised care in the last days of life for use and quality of use. This is not reflected in the current coding activity.

## Patient Reported Outcome Measures (PROMS)

*Related domain: Domain 3 - Helping people to recover from episodes of ill health or following injury*

PROMs measure a patient's health status or health-related quality of life from their perspective. Typically, this is based on information gathered from a questionnaire that patients complete before and after surgery. The figures in the following tables show the percentages of patients reporting an improvement in their health-related quality of life following four standard surgical procedures, as compared to the national average.

The Trust's overall adjusted average health gain for each procedure group is represented in the table below:

### Primary hip replacement surgery (EQ-5D Index)

| Reporting Period                       | Adjusted average health gain               | England | Lowest Trust | Highest Trust |
|----------------------------------------|--------------------------------------------|---------|--------------|---------------|
| April 2023 to March 2024               | Data has not been published by NHS England |         |              |               |
| April 2022 to March 2023 (Provisional) | *                                          | 0.47    | 0.38         | 0.53          |
| April 2021 to March 2022               | *                                          | 0.46    | 0.37         | 0.53          |
| April 2020 to March 2021               | *                                          | 0.47    | 0.39         | 0.57          |

\*Data suppressed (not enough responses)

### Primary knee replacement surgery (EQ-5D Index)

| Reporting Period                       | Adjusted average health gain               | England | Lowest Trust | Highest Trust |
|----------------------------------------|--------------------------------------------|---------|--------------|---------------|
| April 2023 to March 2024               | Data has not been published by NHS England |         |              |               |
| April 2022 to March 2023 (Provisional) | *                                          | 0.35    | 0.23         | 0.42          |
| April 2021 to March 2022               | *                                          | 0.32    | 0.25         | 0.42          |
| April 2020 to March 2021               | *                                          | 0.32    | 0.18         | 0.40          |

\*Data suppressed (not enough responses)

SFT considers that this data is as described for the following reasons:

- Elective surgery was disrupted in period due to covid pandemic

SFT intends to take the following actions to improve on this rate, and so the quality of its services:

- Improving our participation rate by working with the approved contractor to improving the process of having forms available to issue to patients so that more patients have the opportunity to take part in PROMS.
- Monitor the adjusted average health gain through the Trust's Data Review Meeting and share findings with the clinical and management teams.

### Patients readmitted to a hospital within 30 days of being discharged

*Related domain: Domain 3 - Helping people to recover from episodes of ill health or following injury*

Whilst some emergency readmissions following discharge from hospital are an unavoidable consequence of the original treatment, others could potentially be avoided through ensuring the delivery of optimal treatment according to each patient's needs, careful planning, and support for self-care. Because of the complexities in collating data, national and local rates are significantly in arrears. It should also be noted that a readmission is counted for a patient within the 30-day period, even if it is for an entirely different problem, e.g., a discharge following a hip replacement and readmission due to a stroke.

The Trust's readmission rate split by age groups is represented in the tables below:

#### The percentage of patients readmitted to any hospital in England within 30 days of being discharged from hospital after an emergency admission during the reporting period, aged 0 to 15

| Reporting Period         | Percentage                                 | England | Lowest Trust | Highest Trust |
|--------------------------|--------------------------------------------|---------|--------------|---------------|
| April 2023 to March 2024 | Data has not been published by NHS England |         |              |               |
| April 2022 to March 2023 | SFT: 14.0<br>YDH: 9.6                      | 12.8    | 3.7          | 302.9         |
| April 2021 to March 2022 | SFT: 11.8<br>YDH: 14.7                     | 12.5    | 3.4          | 49.1          |
| April 2020 to March 2021 | SFT: 12.9<br>YDH: 13.6                     | 11.9    | 5.6          | 34.0          |

#### The percentage of patients readmitted to any hospital in England within 30 days of being discharged from hospital after an emergency admission during the reporting period, aged 16 or over

| Reporting Period         | Percentage                                 | England | Lowest Trust | Highest Trust |
|--------------------------|--------------------------------------------|---------|--------------|---------------|
| April 2023 to March 2024 | Data has not been published by NHS England |         |              |               |

|                          |                        |      |     |       |
|--------------------------|------------------------|------|-----|-------|
| April 2022 to March 2023 | SFT: 12.9<br>YDH: 11.5 | 14.4 | 2.5 | 46.8  |
| April 2021 to March 2022 | SFT: 12.3<br>YDH: 12.8 | 14.6 | 2.1 | 110.2 |
| April 2020 to March 2021 | SFT: 13.2<br>YDH: 13.9 | 15.9 | 1.0 | 111.2 |

SFT considers that this data is as described for the following reasons:

- The Trust has introduced enhanced recovery programmes in various specialties, which would indicate that appropriate discharge criteria are being maintained.
- The Trust has a strategy to manage as many cases as possible as 'ambulatory' to minimise overall admission and length of stay.
- The Trust operates an open admission list system for children who have a chronic condition.
- Children with life limiting conditions, such as oncology related disorders and immune compromising disorders, have repeated admissions due to medical management of their condition.

SFT intends to take the following actions to improve on this rate, and so the quality of its services:

- Continuing to monitor readmission rates for various procedures and conditions, as this can provide information about clinical teams in greater detail. This would allow improvements to be directed at the areas that most require them.
- Increased use of ambulatory care and urgent clinics to manage emergency care pathways.
- Working with other health and care providers in Somerset to ensure alternatives to admission are accessed where appropriate.
- Regular assessment of the reasons for admission to ensure that, within specialities and conditions, there are no trends apparent or evidence of readmissions indicating a problem in clinical treatment or processes.

### **Rate of *Clostridioides difficile* infection**

*Related domains (5) Treating and caring for people in a safe environment and protecting them from avoidable harm.*

*Clostridioides difficile* infection (CDI) can cause diarrhoea and sometimes severe inflammation of the bowel. It can occur when the normal bacteria in the gut are disturbed, usually by taking antibiotics. Although not all cases are preventable, the rate of CDI hospital onset cases (those detected three or more days after admission) are an important indicator of improvement in protecting patients from avoidable harm and provide a useful tool for making comparisons between organisations and tracking improvements over time.

| Reporting Period        | Somerset Foundation NHS FT Trust- apportioned CDI rate per 100,000 bed days* | National Average (England) | Lowest Trust (Southwest) | Highest Trust (Southwest) |
|-------------------------|------------------------------------------------------------------------------|----------------------------|--------------------------|---------------------------|
| April 2023 – March 2024 | 20.48                                                                        | 24.5                       | 14.47                    | 60.87                     |
| April 2022 – March 2023 | 14.57<br>(legacy SFT)                                                        | 23.47                      | 9.91                     | 49.81                     |
|                         | 9.91<br>(legacy YDH)                                                         |                            |                          |                           |
| April 2021 – March 2022 | 15.7<br>(legacy SFT)                                                         | 22.78                      | 9.32                     | 57.45                     |
|                         | 18.07<br>(legacy YDH)                                                        |                            |                          |                           |

*SFT merged with Yeovil District Hospital in April 2023, therefore data prior to that is presented as the two legacy Trusts.*

SFT considers that this data is as described for the following reasons:

- The case numbers and rates of CDI have increased in the last year which is in line with a regional and national increase. The reasons for the national increase remain unclear.
- When compared to a regional rate, we compare well and are ranked the third lowest Trust for the last year.
- When compared to the national rate we have a slightly lower rate than the national average.
- Despite this we are experiencing year on year increase in case numbers

SFT intends to take the following actions to improve this rate, and so the quality of its services, by:

- Reviewing the risk factors, for Trust apportioned cases to identify themes and new learning, sharing this learning in the organisation and driving further improvements.
- Continuing to send all specimens from Trust apportioned cases for ribotyping to identify links or transmission.
- Continuing to reduce the CDI risk associated with antibiotic treatment through robust antibiotic stewardships and further review of antimicrobial guidance, where appropriate
- Undertaking analysis of the antibiotics used in Trust apportioned cases and match these with ribotyping to identify and trends.

- Continuing to work with the Regional Infection Prevention and Control Team on CDI reduction strategies.
- Prompt isolation of all symptomatic patients as well as previous CDI cases, where there is an increased risk of recurrence.
- Continuing to give scrupulous attention to hand hygiene, decontamination, and cleaning practices.

### **Patient safety incidents reported to the national reporting and learning system (NRLS)**

Most Trusts are now reporting incidents to the new Learn from Patient Safety Events (LfPSE) service and are no longer reporting to the NRLS. As a result, they are showing as reporting no reports in the NRLS monthly data report. Therefore, NHS England has currently paused the publishing of this data while considering future publications in line with the introduction of LfPSE. NHS England plans to start publishing data on patient safety events recorded on LfPSE soon, when all organisations have made the transition from reporting to the NRLS.

### **Patients admitted to hospital who were risk assessed for venous thromboembolism (VTE)**

*Related domain: Domain 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm*

The Trust's overall percentage over the past years is represented in the table below:

| <b>Reporting Period</b>   | <b>Percentage</b>         | <b>England</b> | <b>Lowest Trust</b> | <b>Highest Trust</b> |
|---------------------------|---------------------------|----------------|---------------------|----------------------|
| April 2023 to March 2024  | Data submission suspended |                |                     |                      |
| April 2022 to March 2023  | Data submission suspended |                |                     |                      |
| April 2021 to March 2022  | Data submission suspended |                |                     |                      |
| April 2020 to March 2021* | Data submission suspended |                |                     |                      |

\*Does not include Acute data for April to June 2020

SFT considers that this data is as described for the following reasons:

- National data submission was suspended to release capacity in providers and commissioners to manage the COVID-19 pandemic. Local data collection was maintained in community and mental health settings, and from July 2020 for acute settings. Although national data submission has been suspended, the Trust has continued to collect the data and act on findings to improve compliance.

- Medical staff receive training as part of the induction programme in the protocol for risk assessment. This applies when patients are admitted as emergencies as well as for planned procedures.
- Different parts of the organisation currently measure compliance with VTE risk assessment on admission in slightly different ways, making an overall Trustwide figure unreliable.

SFT intends to take the following actions to improve on this rate, and so the quality of its services:

- Implement a digital solution in the acute setting so that an electronic version of the VTE risk assessment form is completed in full on admission and that patients are reassessed at 24 hours post admission.
- Using the data from electronic risk assessment forms across all settings to continue to monitor compliance with this requirement and to provide support to teams to deliver this where required.
- Align measurement of VTE risk assessment compliance across the organisation.



## INFORMATION ON PARTICIPATION IN CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES

### National Clinical Audit Participation

During 2023/24, there were 56 national clinical audits and eight national confidential enquiries detailed within the NHSE Quality Accounts list which covered relevant health services that SFT provides. Three national audits were withdrawn by the providers, and one did not commence until June 2024, leaving a total of 52.

During that period, SFT participated in 51/52 (98%) national clinical audits and 8/8 (100%) national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that SFT were eligible to participate in during 2023/24 are as follows:

| National Audit Title                                                                                   | Participated | Status                  |
|--------------------------------------------------------------------------------------------------------|--------------|-------------------------|
| Adult Respiratory Support Audit                                                                        | Yes          | Completed               |
| BAUS Urology: Nephrostomy Audit                                                                        | Yes          | National report awaited |
| Breast and Cosmetic Implant Registry                                                                   | Yes          | Data collecting         |
| Case mix programme - ICNARC                                                                            | Yes          | Data collecting         |
| Elective surgery - PROMS                                                                               | No           | No submissions 23/24    |
| Emergency Medicine: Care of Older People                                                               | Yes          | Data collecting         |
| Emergency Medicine: Mental Health (self-harm)                                                          | Yes          | Data collecting         |
| Epilepsy12 audit                                                                                       | Yes          | Data collecting         |
| Falls and Fragility Fracture Audit Programme: National Audit of Inpatient Falls                        | Yes          | National report awaited |
| Falls and Fragility Fracture Audit Programme: National Hip Fracture Database (NHFD)                    | Yes          | National report awaited |
| Falls and Fragility Fracture Audit Programme: Fracture Liaison Service Database                        | Yes          | National report awaited |
| Learning from lives and deaths of people with a learning disability and autistic people (LeDeR)        | Yes          | Ongoing submission      |
| MBRRACE-UK                                                                                             | Yes          | National report awaited |
| National Adult Diabetes Audit: Core diabetes audit                                                     | Yes          | National report awaited |
| National Adult Diabetes Inpatient Safety Audit                                                         | Yes          | Data collecting         |
| National Diabetes Audit: Diabetes Foot Care audit                                                      | Yes          | Data collecting         |
| National Diabetes Audit: National Pregnancy in diabetes audit (NPID)                                   | Yes          | Data collecting         |
| National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): Adult Asthma | Yes          | Data collecting         |
| NACAP: Children and young people                                                                       | Yes          | Data collecting         |
| NACAP: COPD                                                                                            | Yes          | National report awaited |
| National Audit of cardiac rehabilitation (NACR)                                                        | Yes          | Data collecting         |
| National Audit of Dementia                                                                             | Yes          | Data collecting         |
| National Bariatric Surgery Registry (NBSR)                                                             | Yes          | Data collecting         |

| <b>National Audit Title</b>                                                                                                                    | <b>Participated</b> | <b>Status</b>                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------|
| National Audit of Metastatic Breast Cancer                                                                                                     | Yes                 | National report awaited                                                                    |
| National Audit of Primary Breast Cancer                                                                                                        | Yes                 | National report awaited                                                                    |
| National Cardiac Arrest Audit (NCAA)                                                                                                           | Yes                 | National report awaited                                                                    |
| National Cardiac Audit Programme: Myocardial Ischaemia (MINAP)                                                                                 | Yes                 | Data collecting                                                                            |
| National Cardiac Audit Programme: National Audit of Cardiac Rhythm Management (CRM)                                                            | Yes                 | Data collecting                                                                            |
| National Audit of Percutaneous Coronary Interventions (PCI)                                                                                    | Yes                 | Data collecting                                                                            |
| National Cardiac Audit Programme: National Heart Failure Audit (NHFA)                                                                          | Yes                 | Data collecting                                                                            |
| National Comparative Audit of blood transfusion: Bedside Transfusion audit                                                                     | Yes                 | Data collecting                                                                            |
| National Comparative Audit of blood transfusion: NICE Quality Standard 138                                                                     | Yes                 | National report published, local report pending                                            |
| National Clinical Audit of Psychosis (EIP)                                                                                                     | Yes                 | Data collecting                                                                            |
| National early inflammatory arthritis audit (NEIAA)                                                                                            | Yes                 | National report awaited                                                                    |
| National emergency laparotomy audit (NELA)                                                                                                     | Yes                 | Data collecting                                                                            |
| National Gastro-intestinal Cancer Programme: National Bowel Cancer Audit (NBOCA)                                                               | Yes                 | National report awaited                                                                    |
| National Gastro-intestinal Cancer Programme: National Oesophageal-gastric cancer audit (NOGCA)                                                 | Yes                 | National report awaited                                                                    |
| National joint registry (NJR)                                                                                                                  | Yes                 | Data collecting                                                                            |
| National lung cancer audit (NLCA)                                                                                                              | Yes                 | Data collecting                                                                            |
| National maternity and perinatal audit (NMPA)                                                                                                  | Yes                 | Data collecting                                                                            |
| National neonatal audit programme (NNAP)                                                                                                       | Yes                 | Data collecting                                                                            |
| National Ophthalmology Database - cataract                                                                                                     | Yes                 | Data collecting                                                                            |
| National Paediatric diabetes audit (NPDA)                                                                                                      | Yes                 | Data collecting                                                                            |
| National Prostate cancer audit                                                                                                                 | Yes                 | Data collecting                                                                            |
| National Vascular registry (NVR)                                                                                                               | Yes                 | National report awaited                                                                    |
| Prescribing Observatory for Mental Health (POMH-UK): Use of medicines with anticholinergic properties in older people's mental health services | Yes                 | National report published, local report pending                                            |
| POMH-UK: Monitoring of patients prescribed lithium                                                                                             | Yes                 | Completed                                                                                  |
| Sentinel stroke national audit programme (SSNAP)                                                                                               | Yes                 | Data collecting                                                                            |
| Serious Hazards of Transfusions: UK national haemovigilance scheme (SHOT)                                                                      | Yes                 | Data collecting                                                                            |
| Society for Acute Medicine Benchmarking Audit (SAMBA)                                                                                          | Yes                 | Data collecting                                                                            |
| Major Trauma audit - TARN                                                                                                                      | Yes                 | National database unavailable, no submissions possible. Data collection locally occurring. |
| UK Cystic fibrosis registry                                                                                                                    | Yes                 | Local report pending                                                                       |
| National Obesity Audit                                                                                                                         | N/A                 | Withdrawn by provider                                                                      |

| National Audit Title                              | Participated | Status                                |
|---------------------------------------------------|--------------|---------------------------------------|
| Improving Quality in Crohn's and Colitis (IQICC)  | N/A          | Withdrawn by provider                 |
| National audit of Care at the End-of-Life (NACEL) | N/A          | Withdrawn by provider                 |
| British Hernia Society Registry                   | N/A          | Not relevant to this period, new 2024 |

### National audits falling outside the scope of the Trust's services

These projects were included within the NHSE Quality Accounts list but relate to service types other than those the Trust provides, included for completeness:

| National Audit Title                                                                             | Notes                                                                    |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| National Audit of Cardiovascular Disease Prevention                                              | Data extracted direct from all GP records and reported on ICB basis.     |
| National Cardiac Audit Programme: Adult Cardiac Surgery                                          | Not relevant to this Trust                                               |
| National Cardiac Audit Programme: National Congenital Heart Disease (NCHDA)                      | Not relevant to this Trust                                               |
| National Cardiac Audit Programme: National audit of Mitral Valve Leaflet Repairs (MVLRL)         | Not relevant to this Trust                                               |
| National Cardiac Audit Programme: The UK Transcatheter Aortic Valve Implantation (TAVI) Registry | Not relevant to this Trust                                               |
| Cleft Registry and Audit Network (CRANE)                                                         | Not relevant to this Trust                                               |
| National Child Mortality Database (NCMD)                                                         | Not relevant to this Trust – data comes from Child Death Overview Panels |
| National Asthma and COPD Audit Programme (NACAP): Pulmonary Rehabilitation                       | Not relevant to this Trust                                               |
| National audit of pulmonary hypertension (NAPH)                                                  | Musgrove cases are reviewed by one of the 8 participating centres        |
| Out-of-hospital Cardiac Arrest Outcomes (OHCAO) Registry                                         | Not relevant to this Trust                                               |
| Paediatric intensive care audit network (PICAnet)                                                | Do not have a standalone paediatric intensive care unit                  |
| UK Renal Registry National Acute Kidney Injury Programme                                         | Not relevant to this Trust                                               |

### National Confidential Enquiries with active participation during 2023/24:

| Name of Confidential Enquiry                      | Status                 |
|---------------------------------------------------|------------------------|
| NCEPOD: Emergency Paediatric Surgery              | Planning               |
| NCEPOD: Blood Sodium study                        | Planning               |
| NCEPOD: End-of-Life Care                          | Data collecting        |
| NCEPOD: Rehabilitation following critical illness | Data collecting        |
| NCEPOD: Juvenile Idiopathic Arthritis             | Data submitted, closed |
| NCEPOD: Testicular Torsion                        | Data submitted, closed |
| NCEPOD: Community Acquired Pneumonia              | Data submitted, closed |

## THE TRUST'S RESPONSE TO NATIONAL AND LOCAL AUDIT FINDINGS

Action plans are developed for all audits where significant issues are identified, and where the Trust intends to take actions to improve the quality of the healthcare provided.

### NATIONAL CLINICAL AUDIT

The reports of 43 national clinical audits were reviewed by the provider in 2023/24:

- 1 from 2019/2020
- 7 from 2020/2021
- 16 from 2021/2022
- 18 from 2022/2023
- 1 from 2023/24

Twenty-five of these completed audits identified actions to improve the quality of healthcare provided and the following 20 are examples of the changes planned (some of these 20 are multiple rounds of the same project):

#### British Thoracic Society (BTS) - Adult Respiratory Support Audit

The aim of the BTS audit programme is to drive improvements in the quality of care and services provided for patients with respiratory conditions across the UK.

Actions include:

- Explore with the Emergency Department (ED) team reasons as to why there is a delay to non-invasive ventilation (NIV) initiation
- Medical Specialty Registrars (SpRs) and Critical Care Outreach Team to be made aware of need for NIV within 1 hour by teaching sessions and reminders
- Departmental move of Respiratory Support Unit (RSU) to sit within respiratory footprint reducing time taken for NIV

#### Dementia Audit (NAD) Round 5

NAD is a clinical audit programme commissioned by the Healthcare Quality Improvement Partnership on behalf of NHS England and the Welsh Government looking at the quality of care received by people with dementia in general hospitals.

Actions include:

- Add delirium screening tool to admission area clerking paperwork, monthly audit
- Teaching session to medics and nursing staff of screening and how to manage positive scores
- Specialist team to contact relative on initial assessment, ensuring team contact details are provided

- Carer questionnaire to be included in weekly key performance indicators (KPI) data collection across both YDH and MPH
- Consult Patient Experience Team on how to improve communication
- Teaching on use of the Abbey Pain Scale
- Tier 1 dementia training to be made mandatory at YDH (as per ex-SFT staff)
- Increase provision of Tier 2 dementia training

### **Epilepsy12 audit round 3 and 4 2020/21 – 2021/22**

Epilepsy12 is a national audit with the aim of helping epilepsy services, and those who commission health services, to measure and improve the quality of care for children and young people (CYP) with seizures and epilepsies.

Actions include:

- Ongoing monitoring for children meeting the Children’s Epilepsy Surgery Service (CESS) or tertiary care referral criteria by peer review of complex cases
- Contact Adult Neurology Service to explore support for complex epilepsy transition to adult care
- Broader departmental service development work for CYP with medically unexplained symptoms, to provide early assessment and psychological support

### **MITRE: Muscle Invasive Bladder Cancer Snapshot Audit – British Association of Urological Surgeons (BAUS):**

The aim of MITRE is to collect data on the management and outcomes of patients with muscle invasive bladder cancer at transurethral resection of bladder and to determine variations in pathways and treatments received in the UK, including receipt of neo adjuvant chemotherapy and timings to treatment.

Actions include:

- Review of patients who experienced a delay to surgery
- Carry out reaudit of the Muscle Invasive Bladder Cancer (MIBC) pathway after 12 months

### **Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRRACE-UK): 2021 births**

The scope of MBRRACE:

- Surveillance and confidential enquiries of all maternal deaths
- Topic specific serious maternal morbidity
- Surveillance of all late fetal losses, stillbirths and neonatal deaths
- Aspects of stillbirth and infant death or serious infant morbidity

Actions include:

- Reduce number of still birth cause of death recorded as 'unknown' or 'missing' by focussing on the quality of coding
- Cross check electronic record system (BadgerNet) to ensure all deaths continue to be reported including late fetal loss
- Carry out an SFT local mortality review for 2022 deaths

### **National Clinical Audit of Psychosis – EIP**

This audit provides national benchmarking across all Early Intervention in Psychosis (EIP) teams in England and Wales and forms the fifth round of this audit.

Actions include improving current provision for children and young people by:

- Ongoing quarterly monitoring of all domains
- Development of county-wide At-Risk Mental State (ARMS) provision
- Identification of Physical Health (PH) Leads, with PH as regular agenda item on spoke meetings, and bi-monthly meetings on review and monitor progress

### **National Early Inflammatory Arthritis Audit (NEIAA) Yr5**

NEIAA is a programme of work that aims to improve the quality of care for people living with inflammatory arthritis, collecting information on all newly diagnosed patients over the age of 16 referred into specialist rheumatology departments in England and Wales.

Actions include:

- Review recruitment issues, explore possibility of dedicated audit staff to support submission
- Implement a single point of triage across Somerset
- Set up an appropriate early inflammatory arthritis care pathway

### **National Fracture Liaison Service Database (NFLS)**

The purpose of a fracture liaison service is to reduce recurrent hip and other fractures by ensuring delivery of effective secondary prevention. This annual report describes the secondary fracture prevention received by patients 50 years and older in England and Wales

Actions include:

- Return to face-to-face appointments, but retain telephone appointments during this period
- Review the pathway into falls prevention services – strength and balance within 16 weeks of the fracture occurring

### **National Heart Failure Audit (NHFA)**

NHFA deals with a specific and crucial phase in the trajectory of patients with heart failure. It reports on the characteristics of patients requiring admission to hospital with heart failure (HF) and describes their in-hospital investigation, treatment, access to specialist care.

Actions include:

- Reduce number of patients referred to Consultant follow up by increasing Consultant Nurse Specialist follow up where appropriate
- Define specific exclusions for patients that are not suitable for cardiac rehabilitation

### **National Maternity and Perinatal Audit (NMPA) 2020/21 and 2021/22 rounds**

The NMPA is a large-scale audit of the NHS maternity services across England, Scotland and Wales. The audit aims to evaluate a range of care processes and outcomes to identify good practice and areas for improvement in the care of women and babies.

Actions include:

- Local audit of Induction of Labour (IOL) at both acute sites to understand rationale for IOL as this is higher than the national average

### **National Vascular Registry (NVR) 2020/21, 2021/22, and 2022/23**

The NVR Annual Report provides information on activity and outcomes from interventions in patients with vascular disease. It allows us to compare our local unit-level data with national data.

Actions include:

- Abdominal Aortic Aneurysm (AAA) patient pathways to be tracked in fortnightly meetings, and further investigation around ways to reduce delay in elective AAA pathway
- Angioplasty: reminder to staff of importance of inputting data into NVR in a timely fashion
- Review of Carotid pathway
- Vascular Department to review case selection when considering surgery for high-risk carotid patients, including not to perform carotid endarterectomies in asymptomatic patients until their stroke risk is <3%
- Chronic limb threatening ischaemia (CLTI): ensure completeness of data entry – consideration for provision of admin support for this task

### **POMH-UK Monitoring of patients on Lithium**

Lithium is used for the prophylaxis and treatment of mania, hypomania and depression in bipolar disorder, and in the prophylaxis and treatment of recurrent unipolar depression. It is also used as concomitant therapy with antidepressant medication in patients who have had an incomplete response to treatment for acute bipolar

depression and to augment other antidepressants in patients with treatment-resistant depression

Actions include:

- Inclusion of Lithium monitoring in Mental Health Wellbeing Clinic Standard Operating Procedure, and lithium statement on Dialog+
- Offer Lithium App to patients at initiation, Wellbeing Clinics and annual reviews
- Include Lithium monitoring on Post Graduate Medical Education (PGME) and Non-medical Practitioners (NMP) teaching sessions

### **POMH - Prescribing Valproate**

Valproate is an effective and evidence-based treatment for a range of indications; the risks associated with treatment need to be carefully managed to prevent patient harm and major congenital abnormalities for children born to women taking valproate during pregnancy.

Actions include:

- Pregnancy Prevention Programme (PPP) assessments to be reviewed by the pharmacist for completeness
- Annual risk acknowledgment form completion to be included alongside existing valproate PGME and NMP training sessions
- Prescribing guidance, off label considerations and need for pre-initiation checks to be included in induction booklet for junior doctors
- Somerset wide review of valproate patients as per Medicines and Healthcare products Regulatory Agency (MHRA), including all off label prescribing

### **Seeking Excellence in End-of-life care (SEECare) (Acute and Community Hospital Inpatients)**

The aim of SEECare is to understand areas of particular excellence or need while also demonstrating which structures of support hospital palliative care teams offer correlate with differing levels of unmet needs.

Actions include:

- Provision of ward-based End-of-Life care training using simulation training (SIM)
- Development of educational resources
- Countywide review of care plans

### **Sentinel Stroke National Audit Programme (SSNAP)**

SSNAP is a major national quality improvement programme, measuring how well stroke care is being delivered in inpatient and community settings in England, Wales and Northern Ireland.

Actions include:



#### Community Stroke Rehab Units (SRU):

- Review provision of speech and language provision in SRU
- Review of longer stay patients to identify contributing factors

#### MPH:

- Review dashboard to ensure real time data is available
- Review patients who received thrombolysis out of hours
- Review data being captured for swallow screening to determine reasons for current scores

#### YDH:

- Medically fit for discharge patients to be discharged more swiftly
- Training for local and rotational staff for thrombolysis
- Encourage attendance to the Stroke multi-disciplinary team (MDT) meetings by appropriate staff
- Investigate key indicator result for Malnutrition Universal Screening Tool (MUST) score to dietitian

#### **UK Parkinson's audit**

The overall aim of the UK Parkinson's Audit is to provide timely information to clinicians, commissioners, funders, members of the Parkinson's community, and the public on how well Parkinson's care is being delivered so it can be used as a tool to improve the quality of care.

Actions include:

#### Speech and Language:

- Referrer to be copied into patient care plans
- Patients on/off phases to be documented in patient record
- 'Communication assessment' and 'interventions' templates to be devised

#### Occupational Therapists (OT's):

- To receive training in techniques that maintain and initiate movement
- To address cognitive, mental wellbeing and carer strain where appropriate
- Training to highlight importance of advice and information to carers

#### Physiotherapists:

- Use of outcome measures and goal setting to be covered in clinical supervision
- Develop a set of outcome measures
- Promote use of discharge reports

#### Care of the Elderly and Neurology:

- QI project to improve consideration of bone health

- Patient pathway data to be reviewed and managed at MDT
- Enrol in Quality Improvement (QI) training with PD UK around therapy induction

## **LOCAL CLINICAL AUDIT**

The reports of 129 local clinical audits were reviewed by the provider in 2023/24. Action plans are developed for all audits where significant issues are identified, and where the Trust intends to take actions to improve the quality of the healthcare provided.

Of the 129 local clinical audits reviewed, 118 required action plans, and the following 20 are examples of projects conducted by clinical teams across the Trust and the changes proposed because of them:

### **Care Homes: Listening and Responding to Care Homes (LARCH) - Discharges to Pathway beds in care homes**

The audit was carried out following a critical incident discussed at a Discharge Improvement Group (DIG) meeting which involved an inappropriate Somerset Treatment Escalation Plan (STEP) form being sent on discharge with a resident to a care home.

Actions included:

- Monthly discharge training to specifically include discharges to care homes
- Flow Manager to report every 'poor discharge incident', and present at DIG
- Improve communication between care home and SFT staff to provide collaborative approach.
- Review policy to establish if terminology could be clarified
- Share audit results amongst all stakeholder groups and leaders

### **Community Urgent Care/Minor Injury Unit (MIU): Wound Assessment and Documentation**

The aim of this re-audit was to ensure and improve correct assessment of wounds, for patients to receive appropriate treatment and choice of dressing. Also, recognition of early intervention if required. Compare against previous year results.

Actions included:

- Devise Standing Operating Procedure (SOP) for MIU, taking advice from Tissue Viability Team and Emergency Department (ED)
- Add to team folder, on notice board and twice weekly huddle
- Include in clinical supervision
- Move pain score documentation to the front of MIU notes to prompt consideration and completion

## **Learning Disabilities (LD): Advance Care Planning (ACP) for people with LD**

The aim of this audit was to understand and improve advance care planning, development of Treatment Escalation Plans (TEP) and Cardiopulmonary resuscitation (CPR) decision making for people with LD. Also to contribute to the overall regional position.

Actions included:

- Piloting advance care planning clinic, and make case for funding for an additional post in the End-of-Life care education team to provide ongoing support to staff
- Develop criteria for when the LD Liaison team would be involved in review of TEP/ACP
- Engage with digitalisation of TEP/ACP

## **Mental Health: Capacity Assessment for proposing informal admission to mental health ward**

The aim of this audit was to review practice against issues identified in the NHSE independent investigation following an incident in 2020.

Actions included:

- Development of an 'Informal Admission' SOP
- Ward managers to review a sample of records for 6 months
- Development of a patient leaflet to be made available at the point of admission
- Add provision of information leaflet and assessment of capacity to admission checklist
- Capacity assessment to be updated and aligned with the new Trust Mental Capacity Assessment (MCA) form
- Good practice example to be prepared and circulated

## **Mental Health: Mental Health Act (MHA) Assessment Outcome Recording**

This audit arose from the death of a patient following a Mental Health Act assessment where it was agreed not to detain.

Actions included:

- Convene working group to investigate process and procedures and develop a MHA Assessment SOP
- Develop templates to record information provided on referral, outcomes of MHA assessments, onward referrals, and proposed treatment plans.

## **Mental Health: Prescribing and Monitoring of antipsychotic medication in an older adult inpatient psychiatric ward**

The audit was designed to compare the current practice in the Older People's Mental Health ward with NICE guidelines for the prescription and monitoring of antipsychotic medications.

Actions included:

- Improve involvement of patient in choice of medication, by ensuring thorough discussions at ward rounds
- Commence routine morning Capillary Blood Glucose (CBG) monitoring to effectively manage metabolic risks
- Procurement of waist circumference measurement tapes
- Utilise Glasgow Antipsychotic Side-effect Scale (GASS)
- Provide readily accessible generic information about diet to patients
- Integrate eating and exercise components into patient care plans

### **Mental Health: Physical Health Checks in older people (Mendip)**

The aim of this audit was to ensure that all patients who are prescribed antipsychotic medication in the community receive physical health checks in line with local Shared Care Guidelines (informed by NICE).

Actions included:

- Implement a physical health monitoring focus group
- Make case for funding for additional equipment to be based in all localities, and for additional Assistant Practitioner for physical health checks
- Quarterly spot checks to monitor provision of information to patients, electrocardiogram (ECG) carried out at required points, use of standardised side effect monitoring tool, and questions about lifestyle, drug and alcohol use are being asked.

### **Occupational Therapy (OT): Early Intervention**

The aim of this audit was to establish and improve meeting delivery timescales, to enable patients to receive appropriate therapy in preparation for leaving hospital.

Actions included:

- Create written specification for service delivery and provide education on timescales for interventions via discussion in 1:1 supervision, new nurse induction and local ward training
- Provide guidance on how to deliver OT process in acute setting with regards to caseload management
- Review of supervision process to incorporate regular case review

### **Ophthalmology: Wet age-related macular degeneration (AMD) referrals**

The aim of this audit was to assess the average and range of waiting times of wet AMD Referral to Treatment pathway.

Actions included:

- Registrars to redirect all neovascular AMD (nAMD) on Maxims to one of the Retinal Consultants
- Increase access to Rapid Access Macular (RAM) clinic slots by: increasing number of slots, increase staffing cover, providing alternative if clinic day cancelled, booking directly to Macular Treatment Clinic (MTC) if RAM full
- All Fast Track Virtual Macular Clinic reviews to be requested within 1 week
- Requests for new nAMD cases to be seen in MTC must happen within 1 week

### **Oral and Maxillofacial Dept: Trigeminal Nerve Injury**

Trigeminal nerve injury is a potential complication of lower wisdom teeth extractions. The aim of this audit was to assess compliance with protocol and its effectiveness.

Actions included:

- Investigate potential for having separate codes for lower and upper wisdom teeth
- Increase availability of the assessment proforma
- Standardisation of consent forms, including all risks and benefits of oral surgery procedures
- Update protocol

### **Parkinson's (acute Inpatient): Missed/delayed administration of Parkinson's medication**

The aim of this audit was to establish whether patients with Parkinson's receive their medication on time; delays can lead to serious health implications.

Actions include:

- Implement 'Get it on time' resources from Parkinson's UK
- Design and deliver bi-monthly snack box training
- Poster campaign

### **Pharmacy: Antimicrobial Prescribing at MPH and YDH**

The aim of this audit was to establish the quantity and quality of prescribing antimicrobials, which are a life-saving intervention used in every speciality. They are not however, without significant issues for the patient and the population.

Actions included:

- Design and implement a continuous audit tool to enable focused intervention for improvement

- Audit Sepsis of Unknown Origin (SUO) prescriptions to ascertain if this indication is an area where practice could be improved

### **Podiatry: Records re-audit**

The aim of this audit was to ascertain whether the Podiatry Service is meeting the Trust's and the Royal College of Podiatry's record keeping standards.

Actions included:

- Share approved abbreviations with team members, work with IT to add this to the electronic patient record
- Place into care processes the need to reassess within 12 months, investigate possibility of automated flag within electronic system.
- Provide further support (clinical supervision and CPD sessions) to embed need for detailed and clear treatment plans
- Alert team members of need to complete ulcer template, and record ulcer sizes at all times.

### **Radiotherapy: Use of the Assessment of Late Effects of Radio Therapy – Bowel (ALERT-B) tool for patients with late effects of pelvic radiotherapy**

The ALERT-B tool is a validated tool for patients with consequences of cancer treatment. The aim of this audit was to ensure the team are using the tool consistently (including across the region) and to evaluate its effectiveness.

Actions include:

- Evaluate pathway to identify if tool can be completed at a more effective point
- Analyse wider referral data to investigate onward referrals being made in response to ALERT-B answers

### **Safeguarding adults: Process and Quality of Referrals**

The aim of this audit was to ensure the referral forms were fully completed and provide sufficient information relating to the concern raised. This will reduce delays in the referral triage process and improve efficiency.

Actions included:

- Develop referral checklist and add to Safeguarding Adult policy
- Safeguarding Advisory Service (SAS) to work with staff to better utilise the Multi-Agency Risk Management (MARM) process, to enable a more proactive and protective approach to safeguard the adult

### **Safeguarding children: Parenting Observation Forms**

The aim of this audit was to determine and improve the completion rates of the parenting observation forms, introduced because of a Child Safeguarding Practice Review in 2021.

Actions included:

- Escalation of concerns to midwife to be included in clinical supervision
- Accurate completion of forms to be discussed in hospital midwife supervision sessions
- Scanning of forms to BadgerNet (patient record) to be added to Maternity Safeguarding Standard Operating Procedure (SOP)

### **Tissue Viability: Negative Pressure Wound Therapy (NPWT)**

The aim of this audit was to ensure that NPWT is being delivered in an effective and safe manner across the whole Trust, and to improve adherence where required.

Actions included:

- All areas to review tools/care plan templates to ensure documentation of verbal consent and treatment aims
- Complete weekly evaluations, either by the Tissue Viability Nurse or via District Nurses
- Develop/review existing dressing change forms to ensure avoidance of retained product

### **Trustwide: Clinical Supervision**

The aim of this audit was to establish provision of good quality clinical supervision for all registered and non-registered staff

Actions included:

- Update Introduction to Clinical Supervision workshops to reflect issues raised in this audit (e.g. frequency, need for a contract, improve provision)
- Add definitions and options on the clinical supervision tab on LEAP (Trust electronic system for learning and development)
- Distribute copies of contract to all Clinical Supervisors
- Quarterly Service Group feedback on colleagues who have completed Trust Clinical Supervision training

### **Trustwide: Record Keeping Quality**

Following merger, and acknowledgement of many different recording systems, this audit was designed to focus on the extent to which the whole patient record provides a basis for safe and effective multidisciplinary care for the patient, across the Trust.

Actions included:

- Review of data entry points within clinical systems to ensure they are adequate to evidence all patient care given
- Develop an overarching Record Keeping Guideline/top tips document, including reference to acronyms and abbreviations

- Develop a SOP relating to the uploading and checking of patient information

### **Vascular Department: Peripheral Arterial Disease (PAD) Quality Improvement Framework (QIF) time to treatment pathway**

PADQIF provides guidelines for the management of patients with Chronic Limb Threatening Ischaemia (CLTI). The aim of this audit is to establish time from referral to treatment and to put in place actions to expedite this pathway.

Actions include:

- Creation of hot slots in clinics to expedite initial duplex imaging in new patients with CLTI
- Education amongst managerial and clerical staff to enhance awareness of urgent clinic slots for patients referred with CLTI



## CLINICAL RESEARCH

### Introduction

The UK has a vibrant and growing life science industry which turns over £94.2 billion annually. Clinical research is a high national priority and is a hugely important part of the life sciences industry and the UK economy. Levels of commercial research have declined since Covid and in response the UK government commissioned a review, led by Lord O' Shaughnessy, to investigate the challenges that face commercial clinical trials within the UK. Following the review all recommendations on how to improve the environment for running clinical trials in the UK are being taken forward. All NHS research sites are requested to do what they can to deliver commercial research to support improvements in health and wealth of the nation, to double commercial research activity in the next two years, and double again by 2027.

There is a focus on ensuring processes are efficient and safe, legislation governs many of these processes. In early 2023, the Medicines and Healthcare products Regulatory Agency (MHRA) announced results of a public consultation on proposals to amend the clinical trials of human medicines legislation. The MHRA aims to enable a thriving clinical research environment in the UK and support the UK vision for the future of clinical research delivery in Saving and Improving Lives: The Future of UK Clinical Research Delivery (2021).

These proposals lay out recommendations to improve the life sciences and research ecosystem, removing bureaucracy to support efficient and effective clinical trials delivery, fostering growth and wider access to research for the population of the UK.

As a site, we must also look to our processes, ensuring that we have efficient and streamlined approach to study setup and delivery, utilising quality improvement and grasping opportunities to develop and broaden the work. Merger has been a focus over the past 12 months, we continue to work on harmonising processes and ensuring equal access to all research opportunities in services for Somerset, whilst expanding our commercial portfolio and further developing our strategic partnerships.

### Commercial collaborations

Dr Tim Jobson, consultant gastroenterologist, has continued to develop his project to improve early identification of patients with declining liver health. The Trust was awarded an NIHR invention for innovation (i4i) grant of circa £1.5m in 2019/20 to undertake the project, which is a collaboration between the Trust and commercial partners. The project has developed clinician guided case finding software that has been successful in identifying patients who have developed undiagnosed liver disease allowing them to be offered the chance to commence treatment at an earlier stage than before, prior to symptoms becoming evident. Dr Jobson has now collaborated further to take forward research in wider populations and is also exploring whether the same technology can be used in other diseases to bring earlier diagnosis for patients at risk of developing potentially serious illness. An Innovate UK grant of £1m has been awarded, the grant is held, and the project is sponsored by Sano Genetics, and work will be in collaboration with the Trust to deliver the project.

A number of Trust clinicians have been approached to become UK-wide chief investigators for new commercially sponsored projects, Dr Oliver Miles for Haematology projects and Dr Saiqa Spensley for a commercially sponsored drug trial in Oncology. The Trust will act as Lead R&D Department for the projects.

The Trust continues to work with TrinetX, a commercial data warehouse that provides anonymised data to approved research partners across a global network of healthcare organizations and life sciences companies driving real-world research to accelerate the development of new therapies.

The Trust continues to be a prime site collaborative partner with IQVIA and a partner in the Investigator Networks, Site Partnerships and Infrastructure for Research Excellence (INSPIRE) program alongside Pfizer.

### **Academic grants**

The Trust has several academic, grant supported, studies in various stages of progression.

Miss Jo Morrison, Consultant Gynaecological Oncologist, submitted a successful grant application in relation to post-natal cervical screening. The first stage of this project explored acceptability of cervical screening and self-sampling in postnatal women at six-week postnatal check, this project has now closed, and results are awaited. The second stage is investigating the acceptability and accuracy of cervical screening and self-sampling in women at six-weeks postnatal, this project has received ethical approval and will open in SFT, and multiple other centres across England in the next few months.

The Love Musgrove Charity supported development of a local project led by Ana-Maria Toth, a Clinical Nurse Researcher based at Musgrove Park Hospital. The project involves investigating the use of hypnotherapy in relation to post-operative pain relief. The project has now closed, and the data is being analysed.

The Trust merger has expanded opportunities to work across county and collaborate with its local health community partners. Work on merging the YDH and pre-merger SFT research teams continues. The Trust and Symphony Healthcare Services have worked collaboratively on several projects and will continue to identify projects where we can work collaboratively.

The Trust continues to work as a partner organisation of the Biomedical Research Centre (BRC) led by the University of Exeter and Royal Devon University Hospital to improve diagnosis, treatment and care, in the South West and across the world. Dr Marianne Hollyman, Upper GI Consultant Surgeon, is a BRC Senior Fellow, this provides funded time and resources through the BRC to develop academic research projects.

The Trust continues to support and promote non-medical research careers and clinical academic roles. These aim to support nurses and allied healthcare professionals as Principal Investigators (PIs), Associate PIs and will develop Chief Investigators of the future.

In November 2022, the first Chief Nurse Research Fellowship (CNRF) scheme was launched. The annual scheme, funded by the NIHR, offers successful applicants the

opportunity of having one day paid per fortnight to undertake clinical academic career development, to gain an understanding and experience of clinical research delivery and the opportunity to develop a service-based quality improvement or audit project as a basis for future research.

In year one 15 fellowships were awarded, and 12 were successfully completed. Since then, many continue to be research interested or research active, some have been successful in having posters accepted at conferences, both in the UK and internationally. The second CNRF cohort 2023 is currently underway with 4 fellowships awarded.

### **Quality improvement**

The research department is required to conduct an annual Patient Research Experience Survey, the results of which for 2023/24 were positive with no action plans required.

During the year staff have utilised Bronze Quality Improvement training and have contributed to numerous quality improvement projects with particular focus on merger and initiatives across all research sectors.

### **Research Patient, Public Involvement and Engagement (PPIE)**

Last year our PPIE facilitator aimed to tackle research equity through engaging with the local council's diversity group, and mental health partners group, to help identify research barriers, seek solutions, and increase research accessibility and awareness.

This year, our research team has been an active and collaborative partner in the Somerset Research Engagement Network (REN) project, funded by the NIHR, hosted by the ICB with all ICS partners. The project aimed to work in partnership with the voluntary, community, faith and social enterprise (VCFSE) organisations, to engage under-represented groups and communities, such as under-served groups with protected characteristic as well as inclusion health groups, to improve participation in NHS research. Spark Somerset was funded to undertake the community facing activities and utilised their research connectors to do the outreach work with their communities. The Trust along with collaborators contributed to the development of the questions and was active in providing the baseline data about current research recruitment for Somerset. The project is now complete, and the outcome report is pending. The networking opportunities and relationships established during the REN project will now enable the PPIE agenda to progress more effectively and sustainably.

The SFT research team also shared their research exhibition and presented at a recent Spark Somerset '**Research in Somerset: learning and networking event**' for people to 'Learn the importance of research within the VCFSE sector and how we can increase involvement within our communities.' A number of the research connectors in attendance plan to join our Somerset wide PPIE group which will enhance the coverage and increase involvement and engagement activities in the research pathway, from ideas generation, study design and delivery, through to results dissemination. To maintain this momentum, provide support for the lay Somerset wide PPIE research steering group, it will be necessary to recruit into the current vacant PPIE facilitator role. To date we have internal staff engaged and interested and the NIHR has funded a place on the PPIE summer school at Exeter University.

## **Funding and activity**

In 2023/24, the Trust was allocated £2,297,010 to support research staffing and infrastructure via the NIHR Clinical Research Network: South West Peninsula, with a further £111,188 directly from the Department of Health & Social Care. Revenue from the conduct of research of £854,404 has been invoiced for as at 31/03/2024. This revenue represents a significant increase on previous years and reflects the successful delivery of a growing proportion of commercial portfolio research.

The number of staff, carers and patients receiving relevant health services, provided or sub-contracted by SFT, who were recruited in 2023/24 to participate in research approved by a research ethics committee was 3,579 (in 241 studies).

## CARE QUALITY COMMISSION (CQC)

Somerset NHS Foundation Trust maternity services were inspected by the CQC between 20 and 21 November 2023 and the report published on 10 May 2024.

This was a short notice announced inspection as part of the CQC's national maternity inspection programme which aimed to give an up-to-date view of hospital maternity care across the country. The maternity services at Yeovil District Hospital, Musgrove Park Hospital and the Mary Stanley midwife-led unit at Bridgwater Community Hospital were inspected as part of this visit.

The reports indicated that we have fallen short of the standards we expected to be delivering and we apologise to the families who use these services and to our hard-working colleagues.

Whilst there was evidence of good and outstanding practice within the three units, there were a number of areas of significant improvement identified. In January 2024, following the inspection, the CQC issued the Trust with a Section 29a Warning Notice. This outlined a conclusion that the quality of health care provided by the Trust for maternity services requires significant improvement due to the following:

- The service at Musgrove Park Hospital does not operate clear triage processes to ensure the safety of women, birthing people, and babies.
- Somerset NHS Foundation Trust does not have an effective program of regular audits to ensure that the safety and quality of maternity services are monitored, and processes to learning from incidents are not effective.
- Leaders at Somerset NHS Foundation Trust do not operate effective systems and processes to improve the quality of the maternity service, nor do they maintain clear oversight of maternity services to keep women, birthing people, and babies safe.
- Improvement to systems is needed to ensure that policies and procedures are in place to provide staff with relevant guidance.

### CQC Ratings

As a consequence of these inspections, the overall rating for Musgrove Park Hospital maternity services has decreased from Good to Inadequate. The rating for how well-led it is has decreased from Good to Inadequate. How safe it is has decreased from Requires Improvement to Inadequate. This was a focused inspection, and the areas of effective, caring and responsive retain their previous ratings of Good. Following the maternity services inspection, the overall rating for the Musgrove Park Hospital as a service location has also decreased from Good to Requires Improvement.

Yeovil District Hospital maternity services have been rated as Inadequate overall, as well as for being safe and well-led and the overall rating as a service location has also decreased from Good to Requires Improvement.

It was the first time Bridgwater Community Hospital's Mary Stanley Birth Centre, a midwife-led unit, has been rated. The maternity service has been rated as Requires Improvement overall, and for being safe and well-led.

## **Response to Inspections**

The Trust has taken immediate action following the inspections and an action plan outlining the relevant steps and actions to be completed to address the findings is monitored through a newly formed Maternity and Neonatal Action Group. This group is jointly chaired by the Chief Nurse and Chief Operating Officer. It supports and monitors progress against the high-level action plan that includes the following areas:

- Governance oversight
- Clinical pathways and processes
- People issues relating to CQC
- Estates issues
- Equipment issues
- Governance process review and development

We have strengthened our processes to provide ongoing review of quality, performance and governance including developed a strong audit and policy programme to drive continual improvements in our services. All guidance and policies that were highlighted have been reviewed and updated and we have increased scrutiny and governance around our policy processes ensuring these are available to all colleagues. We have also reviewed and mapped all mandatory training, strengthened our oversight, and significantly improved our compliance.

At Musgrove Park Hospital's maternity unit, we have put in place a new evidence-based, standardised triage process to risk assess and prioritise care based on clinical need and reconfigured the ward to facilitate safe and effective clinical oversight of our service users. In addition, we immediately sourced additional emergency equipment at Musgrove Park and Yeovil District Hospital.

The CQC report for Musgrove Park's maternity service particularly highlights issues that are as a result of the poor condition of the building. There are plans to replace this as part of the national New Hospitals Programme but we have already made improvements specifically around safety and security.

The inspectors noted an open culture, good engagement with local communities to make improvements and plan services, good team working, and that colleagues felt valued and supported.

The Trust met with the CQC in May 2024 where the Trust provided detailed summaries of the improvements made in response to the Section 29a Warning Notice and the ongoing plans to continue to develop, embed and sustain those improvements. At this meeting it was recognised that the Trust had made significant changes since the inspection and would continue to do so and were confident that

these gave a good foundation on which to build and to move forward. Following assessment, the CQC confirmed it was satisfied that the actions described manage the risks identified within maternity services.

We anticipate that follow up inspections will take place within maternity services at Musgrove Park Hospital, Yeovil District Hospital and the Mary Stanley midwife-led unit during 2024/25. We will continue to work with the CQC to address all of the points identified in the full inspection reports.

## INFORMATION ON QUALITY OF DATA

SFT recognises the important role of data quality in providing confidence in the accuracy of information used to inform decisions relating to service improvement. Data quality indicators relating to the timeliness and accuracy of coding are routinely reported to the Trust's Finance and Audit Committees. Additional measures which permit the regular monitoring of data quality include:

- the use of the NHS number
- the clinical coding completion rate
- the use of GP medical practice
- the Information Quality and Records Management score.

SFT submitted records during 2023/24 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics, which are included in the latest published data. The percentage of records in published data with valid NHS numbers and GP practitioner code were as follows:

| <b>Indicator</b>                                                                   | <b>Accident &amp; Emergency care</b> | <b>Admitted Patient Care</b> | <b>Outpatient Care</b> |
|------------------------------------------------------------------------------------|--------------------------------------|------------------------------|------------------------|
| Number of records which included the patient's valid NHS Number                    |                                      |                              |                        |
| % of valid NHS Numbers sent to SUS                                                 | 99.6                                 | 99.9                         | 100.0                  |
| Number of records which included the patient's valid General Medical Practice Code |                                      |                              |                        |
| % of valid GP Practice Codes sent to SUS                                           | 100.0                                | 100.0                        | 100.0                  |

There are high levels of data completeness in key monitored metrics that are submitted to SUS.

The SFT data quality maturity index (DQMI) score for the submitted data in 2023/24 was 94.6% compared to a national average of 90.4%.

Somerset NHS Trust will be taking the following actions to improve data quality:

- Extending current data quality dashboard reporting on data quality issues.
- Monitor compliance with data quality policy.
- Progression through an extensive data cleansing and migration programme to prepare for the procurement of the Trust's replacement EHR system.
- Continue to develop the patient master index work within the warehouse to help identify duplicate records within the systems.



## INFORMATION GOVERNANCE

The Trust recognises data security and information governance as a high priority and continues to ensure that high standards are met throughout the organisation. The NHS Digital Data Security & Protection Toolkit (DSPT) is an annual self-assessment tool that requires the Trust to provide evidence of compliance with the standards laid down by the National Data Guardian's (NDG) review published in 2016.

SFT's Data Security and Protection Toolkit submission for 2023/24 was completed in June 2024 where all mandatory evidence items were reached, with an assessment status of 'standards exceeded'.

In line with the DSPT reporting tool, seven incidents were reported to the ICO in 2023/24. Three incidents related to information being shared in error; three incidents related to members of staff accessing records inappropriately; one related to information not being held securely.

All incidents were fully investigated; action plans created where appropriate and additional targeted IG training sessions made available. The ICO was notified, and no further action was required. One incident has been reported to the Police, their investigation is still in progress. Data security and information governance breaches were reported and monitored through the Data Security and Protection Group, which, in turn, reports to the Quality and Governance Assurance Committee

## CLINICAL CODING ERROR RATE

Clinical coding is the process whereby the medical terminology in a patient's medical record is translated into standardised classification codes. These codes are used to provide the data for various local and national indicators, and therefore the accuracy of the clinical coding is paramount in ensuring the integrity of this information.

The clinical coding audit for Data Security Standard 1 Data Quality purposes was performed internally on a sample of records across a wide range of specialties within both the acute sites (MPH & YDH). Whilst the Trust met the DSPT Standards Met attainment level for 3 of 4 coding fields it did not reach this level for primary diagnosis accuracy which as a whole means the Trust did not achieve the DSPT Standards Met attainment level.

| <b>Percentage achieved</b> |     | <b>DSPT Standard 1 Mandatory Target</b> |
|----------------------------|-----|-----------------------------------------|
| <b>2023/24</b>             |     |                                         |
| Primary Diagnosis          | 87% | 90%                                     |
| Secondary Diagnosis        | 91% | 80%                                     |
| Primary Procedure          | 92% | 90%                                     |
| Secondary Procedure        | 91% | 80%                                     |

These figures are representative of challenging circumstances within the department, with significant staff turnover resulting in a trainee heavy department in addition to absorbing ~10,000 additional admissions across 2023/24.

Reassuringly, the department did evidence a higher attainment level in all other coding fields compared to the previous 2022/23 audit, bringing the accuracy level above 90% in each of these areas.

Considering the challenges facing the coding team the Trust authorised additional recruitment into the team, with three WTE coding positions being appointed into. However, without a full EHR it wasn't possible to offer fully remote working to entice qualified coders into the department and as such the team elected to train and develop our own junior coders. The Trust has also created a development role for a Senior Coder to provide additional support to the training requirements of the department by means of supporting this coder to become an NHSE accredited Clinical Coding Trainer.

The Trust's existing NHSE accredited Clinical Coding Trainer provides both the mandatory and supplementary training within the Clinical Coding team to develop the coders' skills and knowledge with a view to maintaining and improving the quality of coded data produced by the team.

To this end the Trust supported three candidates to sit and pass the National Clinical Coding qualification (the gold standard of Clinical Coding) in March 2024.

In addition to formal audit, the NHS England accredited Clinical Coding Auditors have carried out several smaller audits based on the same methodology and percentage targets throughout the year. They also perform regular validation on the quality of the coded data to ensure further assurance of the quality of the data.

## **PART THREE - OTHER INFORMATION**

Part three of the Quality Account provides an overview of the Trust's achievements and progress within quality indicators that have been selected by the Board in consultation with stakeholders, including CQUINs. The data reviewed covers the three dimensions of quality – patient safety, clinical effectiveness and patient experience. This demonstrates that the Trust has provided high quality of care, but with room for further improvement as highlighted below.

In addition, part three also includes further information on a number of key work-streams that the Trust is currently focussing on to improve quality and a review of performance against national targets and regulatory requirements.

### **PATIENT SAFETY**

#### **PATIENT SAFETY AND QUALITY IMPROVEMENT ROADSHOW**

Teams across the Trust are working on quality improvement projects that aim to improve patient safety across our sites. The teams gave everyone the opportunity to see what they had been up to in a roadshow that tied in with World Patient Safety Day, sharing some of the latest patient safety and improvement work from across our acute, community, and mental health services.

Linking in with World Patient Safety Day, colleagues from the Governance Support, Quality Improvement and Patient Safety Teams, supported by our Patient Safety Partners, developed and delivered a roadshow to showcase some of the latest patient safety and improvement work from across our acute, community, and mental health services.

Teams and services taking part included:

- Clinical skills
- Dementia and delirium
- Deteriorating patients
- Digital
- Discharge
- End of life
- Falls and deconditioning
- Freedom to Speak Up and how to raise concerns
- Governance
- Hospital at Home
- Infection control
- Learning disabilities
- Library
- *Little Hospital of Horrors* – interactive learning
- Maternity
- Medical devices

- Mental Health
- Never Events
- National Safety Standards for Invasive Procedures
- NG Tubes
- Patient experience and Patient Advice and Liaison Service
- Paediatrics
- Pharmacy
- Point of Care Testing
- Pressure ulcers
- Quality improvement
- Resus
- Speech and Language Therapy.

Along with a variety of stands and other information, there was simulation (a simulated patient bedside scenario with a catalogue of errors) and interactive learning.

Hundreds of colleagues attended the roadshow at Yeovil District Hospital and Musgrove Park Hospital. There was a real buzz in the room, lots of interaction and useful conversations with clinical, patient safety, governance, and quality improvement colleagues, supported by patient safety partner volunteers.

Feedback from colleagues was sought, with 96% saying they felt it was a good use of time, 92% saying that it was good for networking and 96% saying they would recommend it to a colleague.

Work is already underway to deliver another roadshow in 2024/25, with an aim to build on the success of the event but improve access for colleagues based on our other sites and in the community.

## **PATIENT SAFETY INCIDENT RESPONSE FRAMEWORK – IDENTIFICATION OF LOCAL PRIORITIES**

As part of the implementation of the new patient safety incident response framework (PSIRF), organisations were required to identify local priorities based on an understanding of their incident profile. As locally defined priorities, PSIRF enables organisations to focus on those areas for improvement by undertaking several patient safety incident investigations (PSIIs) for each priority. This allows application of a systems-based approach to learning from these incidents exploring multiple interacting contributory factors. The outcomes of the PSIIs can then be thematically analysed to inform our patient safety improvement planning and work. Within SFT, the safety improvement plans and workstreams will be overseen by Patient Safety Board.

The work to describe the patient safety incident profile at SFT was undertaken between June and November 2023 and was conducted by the Quality & Safety Analysts and PSIRF implementation teams within the Governance Support Team, in conjunction with a wide range of stakeholders including medical directors, safety teams and topic specialists.

Over a three-year period almost 100,000 incidents were reported by colleagues at SFT and its legacy organisations. During this time, incidents were reported using two separate incident management systems, Radar and Ulysses, which collected data in different ways.

An extract of the details from each incident across both systems were taken and combined into a minimum incident dataset that included where and when the incident happened, what the impact of the incident was and how the reporter categorised the incident. The categories from each system were mapped to standardised groups aligning to the existing governance framework topics or other specialist subjects. The standardised groups and topics were considered, and a number of areas were selected for review. This was based on the triangulation of the volume of incidents occurring across the Trust and their relevance, for example those groups that include patient safety incidents, but also alongside the views of senior leaders and other stakeholders across the organisation. The selected groups accounted for approximately 75% of incidents reported within SFT.

Information has been collected and synthesised from a wide variety of sources, including wide stakeholder engagement with key people across the organisation. This information gathering and data analysis exercise enabled the Trust to identify a list of eleven broad patient safety themes across the organisation:

- Deteriorating patient (including sepsis)
- End-of-life and treatment escalation planning
- Medical devices (including extravasation)
- Medication management
- Pressure ulcers & tissue viability
- Slips, trips & falls
- Suicide, self-harm and ligatures
- Transfer of care (including discharge)
- Violence and aggression
- Communication (including with people who matter) and documentation
- Treatment and care

For each priority area, an initial analysis of incident data was undertaken to describe the number of incidents reported, how this changed over time, where in the organisation they occurred and what level of harm resulted. It also included topic specific data that was captured on both incident systems. This initial analysis was shared with subject matter experts knowledgeable about each priority area, followed up with a conversation to gain insight into the common types of incidents, current areas of concern, the level of understanding of system factors in relation to these areas, and any existing quality improvement work being undertaken.

Following each conversation, additional analytical work was undertaken to further describe the specific areas that are potentially for patient safety incident investigation.

These are subsets of the wider topic that would benefit from a thorough understanding of the system factors that results in these incidents and could benefit from targeted improvement work.

A detailed summary of this work was shared with key stakeholders, both internal and external, in advance of a planning session to choose the Trust's priorities. Following detailed discussions at this session, the final three priorities were chosen by consensus as:

- Deteriorating patient (including sepsis)
- Treatment escalation planning
- People who matter

These priorities will form the focus of patient safety incident investigations at SFT for the next 12-18 months, after which the exercise will be repeated to identify new priorities.

## **FALLS REDUCTION ON ELIOT WARD**

When an elderly or frail patient experiences a fall, it can have devastating consequences that they may never fully recover from.

It is not possible to prevent every fall, but there are measures that can be put in place to reduce the chances of it happening. Significant improvement work is happening across the Trust, supported by a Falls Lead within the Patient Safety Team and a co-ordinating Falls Group, alongside numerous local initiatives.

One such local initiative has seen Eliot Ward celebrate having zero falls that caused an injury over a whole 12-month period. This is thanks to a falls improvement project that began in 2022 after a number of elderly patients experienced a fall with injury on the ward during the year before.

There are different levels of falls on hospital wards, from those resulting in no injury whatsoever, to a potentially debilitating fracture or head injury that may mean the patient needs emergency surgery.

In addition to having zero falls with injury over 12 months, the Eliot ward team has also reduced the number of falls without injury from around 15-20 to fewer than five.

Vicki Burgess, Eliot's ward sister highlighted that one of the ways that they achieved this was by extending so-called 'bay nursing', where there is always have at least one healthcare assistant or nurse with a bay of patients at one time – day or night. It is a "tag team" approach and means colleagues are able to spot a patient who looks unsteady on their feet, so they can give them the support they need to get about on the ward, such as if they need the toilet. Bay nursing is now very much business as usual on the ward, and the benefit has been a huge reduction in patient falls.

Quite a lot of falls tend to happen at night, so another action was to change the structure of colleagues' break times and undertake a programme of colleague education to reinforce the importance of someone being in the bay at all times.

In addition, patients at high risk of falling are always highlighted during the safety briefing in the morning, and the catch up between each shift, to reinforce our knowledge of our patients so we can be more alert. If a particular bay is identified as a potential hotspot on the day, additional colleagues can be deployed there.

Other colleagues were involved in group training days, where consultants talked about the certain medications, or changes in blood pressure to look out for, that could mean a patient is more likely to fall.

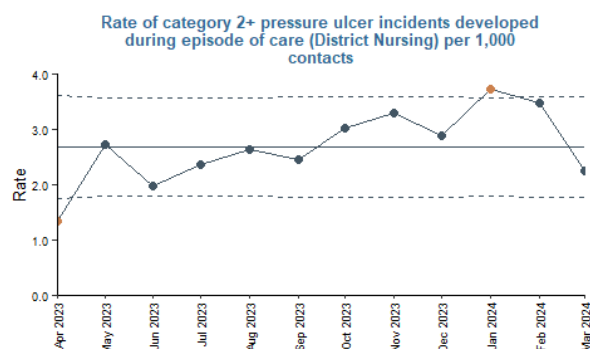
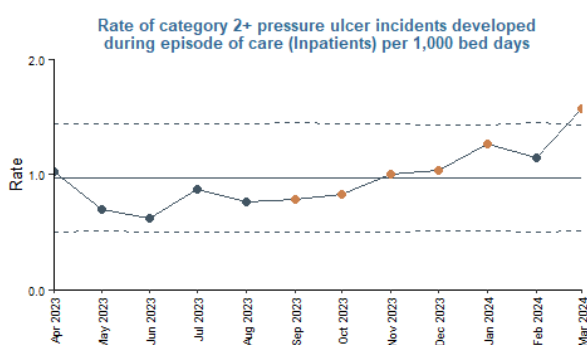
Mel Smith, a staff nurse on Eliot ward, also played a lead role in the falls improvement project.

“The work we’ve done to reduce falls has been reassuring for relatives, as although it’s not possible for one-to-one nursing, they’re happier in the knowledge that we’ll always have a colleague based within their loved one’s bay,” she says.

“We know it’s impossible to prevent all falls as we do want our patients to be up, dressed and mobilised when in hospital to give them a better chance of recovering. As a nurse it’s natural to feel guilty if a patient under our care has fallen, but if we can do everything we can to prevent this from happening then we are doing our best for patients. For example, even if we’re behind a curtain attending to another patient, it’s still possible to sense if another patient is trying to get up and about but is likely to struggle with their mobility.”

“On Eliot ward we predominantly care for elderly patients, many of whom are likely to have dementia or other cognitive issues, so they’re at a much greater risk of falling. Therefore, even if we witness a fall that can be a good thing, as we’re more likely to know the severity and can deal with it appropriately. So now, even if both nurses in the bay need to go somewhere, they’ll tell the doctor, physiotherapist, or other colleague, so they can provide cover for a short time – we’re all part of the team.”

## PRESSURE ULCERS



There had been a notable increase in pressure ulcer incidents across all services, with a sustained increase during inpatient of episode of care.

As part of recent mergers across Somerset, the Tissue Viability Service has bought the 3 legacy teams (Musgrove, Community and YDH) together as one team, with work ongoing to integrate all aspects of the service and share best practice. There is an

updated integrated pressure ulcer policy in place, although this is being reviewed in line with recent national guidance (see below).

Data is reviewed at the Pressure Ulcer steering Group (PUSG) to identify and consider trends or themes. Weekly oversight reports are now shared for review and monitoring, but further work is underway to improve the quality of data.

New “Pressure Ulcer Prevention and Management” e-learning is available and is now mandated for clinical colleagues. Key basics are also included within the Chief Nurse core skills programme developed to address the quality of basic care.

A Pressure Ulcer Prevention Project, focused on inpatient areas, commenced in October 2023, with CPD funding for 12 months. This includes ward area visits, staff knowledge questionnaires, documentation audits and staff education activity. Feedback is provided locally, and then globally at PUSG and with the Service Groups monthly. Wards will be revisited, and further knowledge questionnaires and audits will be completed. This data will feed into a Trust-wide specialty audit; and will assist with policy monitoring and assurance in the interim, whilst a robust data set is developed.

Tissue Viability Team’s response to the National Wound Care Strategy Programme’s Pressure Ulcer Recommendations (published October 2023) includes:

- Trust-wide approach to “every contact counts” to be adopted
- Pressure Ulcer Policy to be updated to ensure language in line with recommendations
- Review pressure ulcer training to ensure it covers all recommendations
- Develop Pressure Ulcer Policy assurance reporting with GST
- Discuss proposal for unstageable and deep tissue injury reporting and monitor at PU Steering Group
- Review of care plan documents and processes/pathways.

## **PATIENT EXPERIENCE**

### **ESTHER CAFES**

Our patient engagement team recently relaunched its Esther cafes. These are one-hour sessions in which patients, their carers, and clinical colleagues meet to discuss how we can all improve patient care.

#### **What’s an Esther cafe?**

Originating from Sweden, Esther cafes were created following the case study of a real patient – Esther – who experienced delays in diagnosis and treatment. The Swedish health system used Esther’s patient journey as a way of identifying how they could make outcomes better for the ‘Esthers’ in the health system.



Each one-hour café session features a story or case study told by an ‘Esther’, and patients, carers, relatives, and healthcare professionals work together to answer one question: “What’s best for Esther?”

Before the pandemic, our patient engagement team organised Esther cafes quarterly, and has recently relaunched them, with the first session recently taking place at Yeovil Hospital.

“At the start of each session, the patient and/or their carer will share their experience, identifying what could have been done better and to share best practices,” explains Krystle Pardon, our head of patient engagement and involvement.

“After that, colleagues are encouraged to ask questions to understand what could have contributed to a better patient and carer experience. The sessions are open to anyone involved in patient care, apart from those directly involved in the care of the person sharing their experience.”

### **What are the benefits?**

The sessions are a unique opportunity to hear feedback from a patients' personal experience, enabling colleagues to reflect and learn from those experiences, and put improvements in place for the future ‘Esthers’ coming into our care.

“Feedback is largely positive, from both the patients and carers who join us as our ‘Esther’, as well as the colleagues that attend,” Krystle continues. “One particular session resulted in a group of colleagues identifying that they could change how they interact with families and carers when a loved one is nearing the end of their life, ensuring the conversation is personal and respectful of their individual wishes.”

For patients and carers, the Esther cafes provide a chance to engage and respond with how they have experienced care being given – and they are often pleased to be able to contribute to future improvements.

The patient engagement team is developing a rolling programme across the whole organisation and is working in collaboration with the service groups to ensure we hear a breadth of stories.

## **ENGAGING WITH OUR LOCAL COMMUNITIES**

The Patient Engagement and Involvement Team has been liaising with local businesses including Leonardos and Screwfix, to attend their places of work with the pop-up health and wellbeing hub. We share information about long term conditions, offer advice and signposting, and gather demographic information about our local population to help us develop processes, systems and services that best meet the needs of the public we serve.

The businesses are displaying our health and wellbeing leaflets in their occupational health waiting rooms, which gives people the opportunity to reach out for assistance which may help prevent a GP appointment and see that they receive the help and support they need in a timelier way. As this is a new initiative, it is important that we

review this intervention and seek feedback from the people who are being offered this service, to help us develop and deliver to the required needs of our business community.

## **MELANOMA SUPPORT GROUP**

Being told the news that you have cancer can be scary, unfamiliar and create feelings of anxiety and stress. It can be a lonely place if you don't have a direct network of support or access to the advice you're looking for, especially from those who've been through a similar experience.

Unique to our trust in Somerset, our dedicated team of cancer support workers has created a support lifeline for patients who've been diagnosed with melanoma - a type of skin cancer that is usually caused by overexposure to UV light, from the sun or in sunbeds.

Set up in March 2023, the melanoma support group provides patients with a place to meet to share openly, receive advice and get help in understanding how to manage their diagnosis.

The group was formed when a patient, who had skin cancer at the time, decided she wanted to help create a support network for patients just like them after she had moved down to Somerset and had their first appointment at Musgrove. She found out a group didn't currently exist and decided she wanted to help set one up, having previously helped organise one in her hometown of Milton Keynes.

The skin cancer team had always had it on their agenda to create such a group, however time and resources had always been a barrier. With the help of a few more patients who were keen to get involved, the skin cancer team created a series of questionnaires and feedback forms to see what patients might want to see from a support group, and it evolved from there.

Macmillan Cancer Support offered funding to the team to invest in venue hire, refreshments, and advertising of the group to local communities and patients.

Although the group remains relatively small, the team is aiming to continue promoting it, with the help of patients, with the eventual goal being to create a patient-led initiative, with the support workers providing aid when booking guest speakers or assisting with venue changes.

Claire Lloyd and Zoe Evans, cancer support workers within our skin cancer team, lead the melanoma support group and aim to provide a holistic approach to patient guidance and care.

"I've been part of the skin cancer team for five years and it wasn't something I'd done before joining the Trust, although I'd been in supportive roles in the past," says Claire. "The role is amazing and it's so nice to join such a support-driven team who really want to help provide aid to patients at such a difficult time in their lives."

The melanoma support group creates a safe space where patients can share their experiences and listen to guests who can help aid in the patients' mental and physical wellbeing. The group has welcomed representatives from craft therapy groups, as well as SASP (Somerset Activity & Sports Partnership) and the HOPE counselling service. "Patients tell us the value of the group is getting to talk to people who are going through the same thing as them," continues Claire.

Zoe adds: "It's a safe place to share, with no expectation to talk about their diagnosis. "As much as family and friends can empathise with patients, they haven't themselves been through the same experiences as the people in the room when they're at the group."

Our cancer support team is vital in providing advice to patients that have any worries or concerns about anything that's going on in their life. Often the diagnosis of cancer sends patients into a state of emotional overwhelm and patients will begin to worry about the impact on their personal lives too.

The cancer support workers use what's called a holistic needs assessment to determine what practical things may become a problem for patients and how the team can look to provide a support network for the individual.

"It feels like a privilege to be involved in supporting patients in this way," adds Claire. "It's nice to join a patient at this stage in their life and be able to have an impact on their wellbeing. We often get told by the patients, or other members of the team, that just having a conversation with us makes the world of difference.

"And the melanoma support group helps extend this wider too, by providing specialist support to patients as opposed to them seeking help from a generalised group. Skin cancer has such a misconception as being a non-serious cancer. Most people think you just cut it out and carry on with your life, but it can be very serious, and patients deserve to be looked after throughout that experience."

Not only does the cancer support team focus on advice, guidance, and practical help, they also provide tools and support for patients' mental health and wellbeing.

"The impact a diagnosis has on our skin cancer patients emotionally is huge," says Zoe. "If they're struggling with their mental health, it can have an impact on their treatment.

"Having our support and the backing of their peers within the group means they're heard, and their feelings are valued. Sometimes all that someone needs is to be listened to."

## **CLINICAL EFFECTIVENESS**

### **DEVELOPING A CLINICAL PATHWAY FOR MANAGING SLEEP DISORDERS**

Since 2005, the Prescribing Observatory for Mental Health (POMH-UK) has been conducting audit-based quality improvement programmes (QIPS) addressing various aspects of prescribing practice in mental health services. As a Trust (initially Somerset

Partnership and latterly Somerset NHS Foundation Trust) we have been actively involved in all their projects from the beginning and together have built an excellent working relationship.

The local findings from the POMH audit into the use of melatonin for sleep disorders raised three issues:

- There was no agreed Trust-wide formulary for melatonin products leading to several products being used and varying costs
- There are several entry points to secondary care where sleep issues are part of the referral, and a variable offer of sleep advice. A need to develop a clear 'stepped care sleep pathway' for secondary care or Tier 3 CAMHS was identified
- Melatonin is available for secondary care prescribing only in the local health economy. Consideration needed to be given to moving to a Shared Care model across the system.

A local melatonin formulary has been agreed. Clinicians from community paediatrics and CAMHS, pharmacists and service managers have worked constructively together to agree a formulary and develop a stepped-care clinical pathway. A co-design approach has been taken that included parents/carers. Although considerable progress has been made, this has been a complex piece of work and there are details that still need to be agreed/finalised. Major enabling factors were a team of champions (psychiatry, paediatrics, governance, pharmacy) who used their network of connections to generate a supportive infrastructure to deliver the plan.

Once formulary choice has been embedded and the stepped care sleep pathway implemented, the plan is to work with the ICB on a shared-care agreement for continuing prescription for melatonin.

The Trust was approached by POMH-UK to share their experiences and learning from a selection of QIPS. After workshops, discussions and piloting, the final questionnaires were distributed to all mental health organisations for completion during October 2023.

Where notable examples were given, Trusts were invited to provide a more in-depth case study to be included in the final report. SFT was invited to provide a case study into the work undertaken and learning as a result from the Use of Melatonin QIP, with the final report which was published in April 2024.

## **FIRST RESPONSE SERVICE**

The Somerset First Response Service was launched in March 2023 following an increase in the number of people needing support from our adult mental health services.

First Response Service is a 24-hour telephone service, available 365 days a year to patients, carers, professionals and anyone else concerned that a person may be in a mental health crisis.

Laura Hopkins, operational service manager for our countywide home treatment service, First Response Service, and urgent care hub, explains: “The vision and values of our First Response Service were co-produced with our experts by experience, ensuring that patients get a personalised, non-judgemental, and compassionate response. We know how difficult it is for people to reach out in their darkest moments, and we want individuals to feel safe to talk to us and know that their voice will be heard.

“Most people who sadly take their own life tend not to have reached out to mental health services, and we want to encourage people to call, knowing that we are available and accessible for all. We will listen, and together we’ll find a way forward.”

The First Response Service works closely with Somerset’s Mindline 24/7, which provides a 24-hour mental health telephone support line for people of all ages in emotional and mental distress.

It takes over 1,000 calls a week, supporting individuals with a wide range of difficulties. This could be those who may be distressed, depressed or anxious, are contemplating harming themselves, or those who may need support with managing distressing hallucinations and delusions.

Caroline Cordy manages the team in the eastern part of Somerset, with Carolyn Broom heading up the western part of Somerset team.

“Our new first response team was set up following a 30% increase in the number of calls from people needing help with their mental health over the last few years,” says Caroline. This led to our home treatment team colleagues spending more time answering calls than going out to support patients – which in turn meant patients weren’t getting help in a timely enough manner. By taking this call handling role off our home treatment team colleagues, it means they can spend more quality time with patients when they experience a mental health crisis, without the worry of needing to get back to the office to cover the phone lines. Colleagues tend to rotate between the first response and home treatment services too.”

Our home treatment team tends to take calls from people are feeling distressed and upset, often needing support as they feel in a situation where they have nowhere to turn.

Caroline continues: “We also accept calls from our GP and ambulance service colleagues, as well as the police and other professionals, if they feel the person needs a follow-up with our team.

“It’s really important that we get to know patients’ families and carers too, so they are able to access us for advice and support too – this could include a carers’ assessment.

The First Response Service provides support 24-hours a day and are happy to talk to people or signpost them to a service that will meet their needs. It is an important part of our home treatment team and is very much designed to improve access to urgent mental health services and reduce the number of people needing to attend our emergency departments, which aren’t best placed to provide mental health support.

## PROSTATE CANCER DIAGNOSIS

A groundbreaking way of supporting doctors to diagnose prostate cancer using the latest artificial intelligence (AI) technology has launched in Somerset.

The Trust has joined forces with Cambridge-based technology company, Lucida Medical, as the first NHS trust in the UK to introduce its AI tool, called Pi, to work alongside teams of radiologists.

With support from charities Macmillan Cancer Support and Prostate Cancer Research, the Pi tool is being introduced at both Yeovil District and Musgrove Park hospitals to assist radiologists in detecting clinically significant prostate cancer, using an AI technique that looks at a prostate MRI scan.

Macmillan estimates that there are more than 500,000 men living with prostate cancer in the UK. It's the most common cancer in men, and 1 in 8 men will be diagnosed in their lifetime. Prostate cancer is particularly dangerous when found at stages 3 or 4, and more than 12,000 deaths occur in the UK each year.

Dr Paul Burn, one of the Trust's consultant radiologists, explains how the Trust came to be involved in this innovative project.

"This all started when we participated in a multi-centre national trial, called 'PAIR-1', that assessed the effectiveness of Pi," he says.

"We then trialled a version of Pi at our Trust, and we compared its results to radiologists' reports in over 700 patients, to check that it would work for our purpose. The way it works is really simple – within a few minutes of the patient having their MRI scan, the Pi tool displays a number that gives a probability of cancer on the scan. It also shows the exact location of any tumours in the prostate by adding a colour overlay to the scan images. The software is located securely on a server within the hospital, so no patient data leaves the Trust.

"Using it, we expect to help relieve pressure within our hospital, by enabling patients to go through the diagnostic pathway more rapidly and reducing diagnostic waiting times. It will also support our clinical departments that have smaller numbers of MRI reporters to manage their workload. We know that we have to be very careful with the way we use AI, and it's absolutely not intended to replace a human being in any way – instead it's simply helping to speed up the workflow and potentially aiding our radiologists in providing a more accurate diagnosis."

"In many ways we're using it as a 'reporting buddy', so it'll help with prioritising patients based on clinical need and telling us which patients we should report on first because they have a higher probability of cancer. Pi also measures the volume of the prostate gland for us, a repetitive job that is time-consuming for radiologists to do manually. Patients with prostate cancer have a complicated diagnostic pathway, needing an MRI and a biopsy and it is often challenging to complete all the steps within the national 28-day Faster Diagnosis Standard."

“Our aim is that by using this AI software, we will be able to speed up the process and enable us to prioritise those with cancer. It’ll also free up our radiologists to report on additional patients every day and may in future allow us to book the patient in for a biopsy more quickly.”

Dr Anthony Cunliffe, National Lead Medical Adviser at Macmillan Cancer Support, said: “Our investment in Lucida Medical and its pioneering AI platform, Pi, is the latest venture as part of our Innovation Impact Investment Portfolio. Pi has the potential to transform how we diagnose and monitor patients with prostate cancer, so we’re thrilled to see this software being put to use in Musgrove Park and Yeovil District.”

Oliver Kemp, CEO at Prostate Cancer Research (PCR), said: “We’re passionate about bringing the best diagnostics and treatments into clinical use to benefit prostate cancer patients. We are delighted that Lucida Medical has reached this tremendous milestone following PCR’s investment in the company and its revolutionary Pi technology.”

## **COMMISSIONING FOR QUALITY AND INNOVATION (CQUIN) TARGETS**

Somerset Integrated Care Board, our principal commissioner of services, sets annual targets under the framework for Commissioning for Quality and Innovation (CQUIN), the aim of which is to improve the quality of services delivered to patients. The achievement of the CQUIN standards generates additional income for the Trust, of up to 1.25%.

In 2023/24 the five CQUIN indicators selected for the contract were across Acute, Community and Mental Health Services and included the following programmes:

- Supporting patients to drink, eat and mobilise after surgery
- Identification and response to frailty in emergency departments
- Routine outcome monitoring in community mental health services
- Reducing the need for the use of restrictive practices in adult and older adult inpatient settings
- Assessment, diagnosis and treatment of lower leg wounds

The financial risk associated with performance of the CQUIN indicators was removed during 2023/24 due the CQUIN income being included in the block contract value.

## **ORGAN DONATION**

The Trust continues to implement national and regional best practice and remains compliant with NICE guidance (CG 135).

An outstanding 100% of patients meeting the referral criteria were referred to the organ donation service. Twenty-four families have been approached to explore organ donation with 100% of these approaches being collaborative with the Specialist Nurse for Organ Donation.

The consent rate for organ donation within the Trust is above the national average. As a result, the Trust continues to perform well in terms of organ donation with a total of 15 transplants enabled over the year.

Key work for 2024/25 will be to continue to ensure all suitable patients are offered the option of organ donation at the end of their life and ensuring maximal adherence to national guidance on donor identification and referral. Tissue donation is another focus for the organ and tissue donation committee, and we will work toward all suitable patients having this offered as an option at the end-of-life. The organ donation committee hopes to see a clinical lead for organ donation appointed to the YDH site and working to ensure best practice continues to be followed across the Trust.



## STAFF ENGAGEMENT

Our aim is to ensure our colleagues are informed, engaged, that they feel connected to their team, their service, site, and the Trust, and that their hard work is recognised.

Our shared values of Kindness, Respect and Teamwork govern how we behave and interact with colleagues, patients, their families and carers. These values were developed from extensive engagement with colleagues from both our legacy trusts before we merged, and they were launched on 1 April 2024. They are front and centre in our communications with our colleagues and in the visual elements of our communications.

At the start of April 2023, as part of the merger of our legacy trusts, we launched trust-wide internal communications channels aimed at all colleagues right across our new organisation, providing a regular drumbeat that keeps colleagues up to date about the Trust's work. These include a weekly online newsletter, new intranet cover page, three-weekly online briefings with the Chief Executive and colleague emails or announcements to support large Trustwide announcements.

The Senior Leadership Forum is held once a quarter and brings together senior leaders and the executive team on a regular basis throughout the year to discuss, debate and agree an approach to quality, performance, operational, financial, and other issues. The Operational Leadership Team meets once a month and brings our senior leaders together.

Each service group, and professional network such as our senior nurse and medical leadership, hold regular meetings at all levels across our service groups and services. Our aim is to ensure that teams are connected, work well together, understand how they contribute to the Trust's work, and that team members are well supported.

This financial year we also launched our recognition framework across our new merged trust, taking the best elements from both our legacy trust's frameworks. This framework provides opportunities for thanks and recognition of excellent work with thank you cards for teams to use; "everyday champions" which say well done when a colleague or team has done something above and beyond; our "star of the month" which enables teams to submit a nomination to be judged against others; and our annual awards process - the OSCAs (Our Somerset Colleague Awards). We also recognise long service and retirement.

Our colleagues have been through an enormous amount of organisational change – the majority of our workforce has worked through two organisational mergers in three years – and we have worked through a pandemic. Many of our clinical teams are still going through change processes.

We were therefore particularly interested in our NHS Staff Survey 2023 results to see overall how supported our colleagues feel, the teams that need more support, and the areas where we do not score as well as we would like. Just over 53% of colleagues completed the survey, providing us invaluable insight into our colleagues' experiences

of working at our newly formed organisation. Both our legacy trusts started from good bases with high results, but this year’s results have surpassed even the combined results of from 2022. When compared against our comparative trusts, we were amongst the highest scoring trusts for morale and colleague engagement.

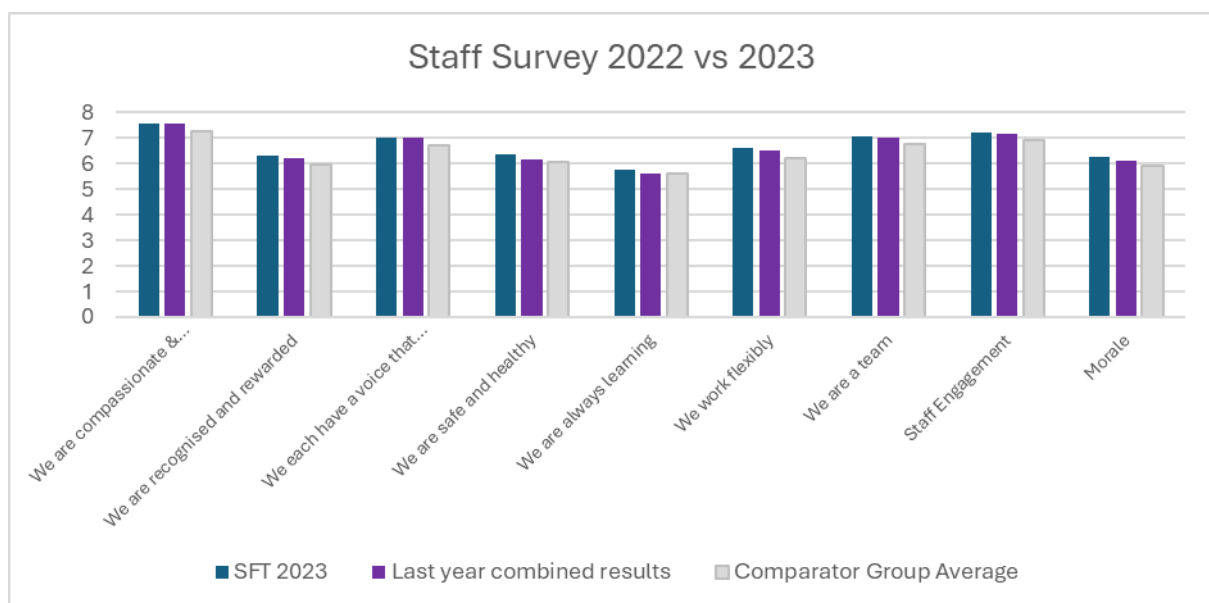
Despite these good overall scores, we know that we are not getting it right for every colleague and our plans for 2024/5 include:

- Building and embedding a ‘just and restorative culture’ with focus groups for colleagues taking place in April
- Focusing on violence and aggression prevention through training and communications campaigns
- Providing heatmaps with demographic data for service groups.
- Continuing the work in engaging and collaborating with our Colleague networks.

### Staff Survey

The 2023 NHS Staff Survey was completed during October and November 2023 with a 53% response rate. This year was the third year that the staff survey was aligned to the themes of the NHS people promise and our first year as a newly merged Trust. Our results can be seen in the table below and include responses from Simply Serve Limited.

The table below highlights the overwhelmingly positive feedback from our people and in every theme the Trust scored higher than the benchmark group average. We are really encouraged that our results have remained so positive despite so many challenges, however the promise of ‘we each have a voice that counts’ fell slightly compared to the 2022 survey.



The strongest themes for the Trust in 2023 remain the People Promises of:

- We are compassionate and inclusive

- Staff engagement

The element of “we are always learning”, which is made up of the element of appraisals and development, is our lowest ranked and has made a slight improvement on last year's results (5.60 to 5.75). This was on the back of a significant improvement from the 2021 result in 2022.

In last year’s report, the people promises of ‘we are safe and healthy’ and ‘morale’ were noted to have significantly lower scores than the 2021 survey. These promises have both increased in score in the 2023 survey.

The staff survey for 2023 was the third to be aligned to the national themes of the people promise, retaining staff engagement and morale themes from staff surveys before 2021. The comparator data against the previous years are shown in the following table:

| People Promise Theme               | 2023      |                          | 2022            |                          | 2021      |           |                          |
|------------------------------------|-----------|--------------------------|-----------------|--------------------------|-----------|-----------|--------------------------|
|                                    | SFT Score | Benchmarking Group Score | SFT & YDH Score | Benchmarking Group Score | SFT Score | YDH Score | Benchmarking Group Score |
| We are compassionate and inclusive | 7.54      | 7.24                     | 7.54            | 7.2                      | 7.5       | 7.7       | 7.1                      |
| We are recognised and rewarded     | 6.32      | 5.94                     | 6.22            | 5.7                      | 6.2       | 6.5       | 5.8                      |
| We each have a voice that counts   | 7.00      | 6.70                     | 7.03            | 6.6                      | 7.0       | 7.2       | 6.6                      |
| We are safe and healthy            | 6.34      | 6.06                     | 6.17            | 5.9                      | 6.1       | 6.4       | 5.9                      |
| We are always learning             | 5.75      | 5.61                     | 5.60            | 5.3                      | 5.2       | 5.6       | 5.2                      |
| We work flexibly                   | 6.59      | 6.20                     | 6.51            | 6.0                      | 6.4       | 6.7       | 5.9                      |
| We are a team                      | 7.04      | 6.75                     | 7.00            | 6.6                      | 6.9       | 7.1       | 6.5                      |
| Staff engagement                   | 7.49      | 6.91                     | 7.15            | 6.8                      | 7.2       | 7.3       | 6.8                      |
| Morale                             | 6.25      | 5.91                     | 6.10            | 5.7                      | 6.1       | 6.4       | 5.7                      |

Score: 0 = low 10 = high

Benchmarking data for previous years is shown below.

| Staff Survey Theme                | 2020      |           |                 | 2019      |              |           |                 |
|-----------------------------------|-----------|-----------|-----------------|-----------|--------------|-----------|-----------------|
|                                   | SFT Score | YDH Score | Benchmark Group | TST Score | SomPar Score | YDH Score | Benchmark Group |
| Equality, diversity and inclusion | 9.3       | 9.2       | 9.1             | 9.3       | 9.4          | 9.3       | 9.0             |
| Health and wellbeing              | 6.5       | 6.9       | 6.1             | 6.3       | 6.3          | 6.7       | 5.9             |

| Staff Survey Theme          | 2020      |           |                 | 2019      |              |           |                 |
|-----------------------------|-----------|-----------|-----------------|-----------|--------------|-----------|-----------------|
|                             | SFT Score | YDH Score | Benchmark Group | TST Score | SomPar Score | YDH Score | Benchmark Group |
| Immediate managers          | 7.2       | 7.2       | 6.8             | 7.1       | 7.2          | 7.4       | 6.8             |
| Morale                      | 6.6       | 6.6       | 6.2             | 6.6       | 6.4          | 6.6       | 6.1             |
| Quality of appraisals       | n/a       | n/a       | n/a             | 5.7       | 5.0          | 5.9       | 5.6             |
| Quality of care             | 7.5       | 7.7       | 7.5             | 7.6       | 7.3          | 7.7       | 7.5             |
| Safe environment – B&H      | 8.2       | 8.4       | 8.1             | 8.3       | 8.1          | 8.3       | 7.9             |
| Safe environment – violence | 9.5       | 9.3       | 9.5             | 9.4       | 9.5          | 9.4       | 9.4             |
| Safety culture              | 7.0       | 7.0       | 6.8             | 7.0       | 6.8          | 7.0       | 6.7             |
| Staff engagement            | 7.3       | 7.4       | 7.0             | 7.4       | 7.2          | 7.4       | 7.0             |
| Team working                | 6.8       | 6.7       | 6.5             | n/a       | 6.9          | 7.0       | n/a             |

Score: 0 = low 10 = high

## Future

The People Strategy, released in 2023, provides a clear direction for the people priorities within the Trust and as part of the first year, nine workstream groups were created to drive the initial work forward. The groups are:

1. Violence and aggression
2. Just and restorative culture
3. Digital
4. Leadership capability
5. Engagement
6. Retention
7. Recruitment
8. Future workforce models
9. Strategic workforce planning

The result of the 2023 Staff Survey will support the measures of work within the People Strategy as well as providing an opportunity to reflect if any plans need to be recalibrated. Reassuringly, the areas being highlighted are already under focus.

Appraisals remain an area of focus into 2024 and work continues to ensure that the quality of the conversation as well as numbers completed are a priority.

We note that whilst our staff survey scores are encouraging, there are still colleagues within our organisation that do not have as positive an experience as others do. Work that has already been started, but will continue to develop includes:

- aligning the work of people services and network leads, with monthly meetings that are joining up crucial relationships between networks leads and Heads of Service within People Services.

- arrangements for co-design and co-delivery of training between the organisational development team and network members.
- Inclusion colleagues embedding themselves within the HR Advisory and organisational development teams to help create a thread of inclusion throughout the support that is provided to leaders, managers and colleagues.

Freedom to Speak up remains strong as a Trust score however, we recognise improvements can be made and survey data informs us that some colleagues feel less able to speak up than others, more notably colleagues aged 51 and over, and colleagues reporting a disability or long-term condition. Further work to understand the barriers to enable improvements in the service are underway and one of the key actions taken is for the Freedom to Speak Up Guardians to work alongside the networks, becoming a member of the group and attend regular meetings that take place. This work will be incorporated into the engagement workstream that is part of further work emanating from the People Strategy. This is looking to provide a listening roadmap to ensure that feedback loops are completed, and the second year of this deliverable will look to operationalise this.

### **Future Priorities and Targets**

The People Strategy 2023 – 2028 is designed around 5 commitments; care for our people, develop our people, compassionate and inclusive leadership, retain and attract talent and learning and transforming. Each commitment has several high-level ambitions which describe the commitment in more detail and is aligned to one or more elements of the NHS People Promise. The purpose of the strategy is to set out the framework for achieving corporate objective 6, Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture. The ambitions within the People Strategy support the core focus of improving retention and is supported by the Trust values, Respect, Kindness and Teamwork.

In the first year of the strategy the focus was on nine key deliverables, spanning reducing violence and aggression towards our colleagues, implementing a just and restorative culture for our people polices, creating a People Digital strategy, understand leadership capability and developing plans to support leaders to create an environment where colleagues thrive, development of a listening roadmap, improving talent management, moving to skills based inclusive recruitment practices, developing a resource strategy and improving approaches to workforce planning. It was an ambitious year one, with many of the workstreams continuing into year two of the strategy. In addition to embedding the year one focus, the second year of the strategy will focus on:

- How we ensure healthy working lives for our colleagues where we prioritise their physical and mental health equally, where we create roles where are colleagues thrive and through this support the population of Somerset to life healthy lives.
- Developing packages of support for leaders to ensure they are compassionate, overtly respect and value equity, quality, diversity and inclusion through engaging and empowering their teams.

- How we drive improvement through ensuring decision making is underpinned by evidence and where the research strategy is central to all we do, attracting and retaining colleagues.

## APPENDICES

### APPENDIX 1: STATEMENT FROM STAKEHOLDERS – SOMERSET INTEGRATED CARE BOARD (ICB)



**Somerset**

Our Ref: SM/QA2324

12 September 2024

Wynford House  
Lufton Way  
Lufton  
Yeovil  
Somerset  
BA22 8HR

Tel: 01935 384000  
somicb.enquiries@nhs.net

Dear Peter

#### **QUALITY ACCOUNT 2023-24**

NHS Somerset Integrated Care Board (ICB) welcomes the opportunity to review and comment on the Somerset NHS Foundation Trust (SFT) Quality Account for 2023/2024 a year which saw the merger between Yeovil District Hospital and SFT complete.

In so far as the ICB has been able to check the factual details, the view is that the Quality Account is materially accurate in line with information presented to the ICB via contractual monitoring, quality monitoring and involved assurance and is presented in the format required by NHSE presentation guidance.

The ICB recognises that 2023/2024 has continued to be a difficult year due to the operational pressures and the continued recovery of services following the COVID-19 Pandemic. The ICB would like to thank colleagues at SFT for their continued contribution to supporting the wider health and social care system during this last year. It is the view of the ICB that the Quality Account reflects SFT'S on-going commitment to quality improvement and addressing key improvement objectives in a focused and innovative way, utilising Quality Improvement methodology, and clearly aligning to the Trusts Vision and Strategy.

Achievement of some priorities during 2023/24 have been affected by operational and recovery pressures, SFT has however been able to make achievements against all of their identified priorities for 2023/24 including:

#### **Priority 1: Using the time waiting for surgery to optimise people's health and wellbeing both now and for the future**

This programme recognises the importance of peri-operative care, the comprehensive management of patients before, during and after surgery and is aiming to enable

better outcomes from surgery including to reduce length of stay, speedier recovery, reduced re-admissions plus better long-term outcomes. It is encouraging to see, amongst many **other achievements**, that the expansion of the team and partnership with Public Health has led to improvement in healthy weight discussions and therefore management and a successful diabetes pathway which has been rolled out to 40% of Somerset GP practices.

### **Priority 2: Last 1,000 days: valuing people's precious time in the last chapter of life**

This programme of work aims to identify and appropriately support patients to ensure they maximise the time they have, doing what is important to them in a place they want to be. It is encouraging to see that the merger has strengthened the coming together of multi-agency colleagues around end-of-life care. While there have been many achievements it is noted that there is still work to do around discharge at end-of-life and staff training. It is commendable that a joint Motor Neurone Disease clinic has been established providing a personalised "one stop shop" which puts the right professionals in the right place to meet the individuals need.

### **Priority 3: Helping older people to live as they wish, giving them time to do what is important to them**

This programme of work aims to ensure quick and accurate identification of vulnerable people and to provide alternatives to hospital admission that are more responsive and better able to meet their needs. It is encouraging to see the improvements made in the identification of frailty at the front door with the Trust achieving 33% against a target of 30%, there is obviously much to do to improve on this percentage, but it is good to see that the use of the clinical frailty identification tool has also been rolled out to community teams. The report lists multiple projects being undertaken by neighbourhood and community services teams and we look forward to seeing the outcomes of the projects over the next year.

### **Priority 4: Helping people with mental health conditions to live longer lives.**

It is encouraging to see the continued progress made in this stolen years flagship programme which pledged to co-produce projects with 'Experts by Experience'. The merger has been identified as strengthening the bringing together of physical health and mental health services. There is good evidence in the report of the dedication to co-production and tackling health inequality, including a project to expedite elective care treatment for specifically identified patient cohorts. It was also really encouraging to see that a recent review by the Royal College of Psychiatrists had identified the relationship and collaboration between acute colleagues and the Psychiatric Liaison Team as exceptional.

### **Priority 5: Using time well by getting together to focus on what matters to people with complex needs.**

The focus of this priority on meeting the needs of this population required a switch to anticipatory not reactive care, time to develop trusting relationships, broadening the membership of the care team and communicating across different specialties and agencies. There have been recognisable improvements in the support for those



identified as high-intensity users through the establishment of the Somerset High Intensity Users Service which was initiated in August 2023. The early impact of this service is evident with a 55% reduction in ED attendance for those clients picked up by the service.

Whilst it is recognised there is still a lot of work to do in Somerset to improve the diagnosis and care of those with dementia there are early signs of improvement, this must remain a priority.

### **Priority 6: Improving life chances for children**

The focus of this priority is to highlight and address the key issues facing young people in Somerset with a specific focus on the accessibility and responsiveness of pathways for adolescent care, advice and guidance and healthy weight management support. It is encouraging to see the work undertaken around the holistic care of those children and young people with an eating disorder developing new roles providing greater consistency to care planning.

NHS Somerset supports SFT's identified continued Quality Priorities for 2024/2025. It is recognised that several of the priorities described in this Quality Account align to the NHS priorities set out in the NHS Long Term Plan and Operational Planning Guidance with a crucial focus on reducing inequalities.

NHS Somerset welcomes continued engagement and focus on improvements in, but not restricted to:

1. Personalised care
2. Patient involvement and co-production
3. Right care, right bed
4. Colleague health and wellbeing
5. Patient Safety Incident Response themes

NHS Somerset also supports the trust identified areas of continued improvement focus which include, but is not restricted to:

1. Continued focus on implementing the priority clinical standards for 7-day hospital services
2. The continuous auditing of the use of end-of-life care pathways
3. Improving participation in the collection of Patient Reported Outcome Measures
4. The continued monitoring of readmission rates
5. The increased use of ambulatory care and urgent clinics to manage emergency care pathways
6. Reducing the rate of Clostridium Difficile infection

7. Reducing the number of Patient Safety Incidents that resulted in severe harm or death
8. Increasing the number of admitted patients who were risk assessed for venous thromboembolism.
9. The improvement of maternity services

We look forward to seeing progress with quality priorities and areas of quality improvement identified in this Quality Account.

NHS Somerset are committed to sustaining strong working relationships with SFT, and together with wider stakeholders, will continue to work collaboratively to achieve our shared priorities as the Integrated Care System further develops in 2024/25s.

With kindest regards,



**Shelagh Meldrum**

**Chief Nursing Officer and Director of Operations**

## APPENDIX 2: STATEMENT FROM STAKEHOLDERS – SOMERSET COUNCIL – OVERSIGHT AND SCRUTINY COMMITTEE

**Somerset Council**  
County Hall, Taunton  
Somerset, TA1 4DY



19 September 2024

Dear Steve,

The Chair and Vice Chair of the Somerset Scrutiny for Adults and Health Committee have had sight of the Somerset FT Quality Accounts 2023/2024.

The Somerset Scrutiny for Policies Adults and Health Committee has the overview function on Adults and Health. The Chair of the Committee has seen the report and welcomes the commitment to continuous improvement. The Committee has regular reports from the Foundation Trust and gives views, suggestions and comments on all aspect of the Trusts performance throughout the year.

The report makes clear the areas of progress and acknowledges the areas that need further improvement.

One area of particular concern for the Committee is the lack of progress on Data Sharing between Primary Care and local hospitals as this appears to be a regular cause for concern.

The Somerset Scrutiny for Policies Adults and Health Committee looks forward to further opportunities to help shape the best services possible for Somerset residents.

Yours sincerely,

*Signed by email*

Cllr Gill Slocombe (Chair) Somerset Scrutiny for Policies, Adults & Health Committee

## APPENDIX 3: STATEMENT FROM STAKEHOLDERS – HEALTHWATCH



### **Healthwatch Somerset's Response to Somerset NHS Foundation Trust's Quality Account Statement 2023-2024**

Healthwatch Somerset exists to promote the voice of patients and the wider public with respect to health and social care services. We work with the health and care system to ensure that patients and the wider community are appropriately involved in providing feedback.

We appreciate the opportunity to provide feedback on Somerset NHS Foundation Trust's (SFT) quality account for 2023/24.

We are encouraged by the progress made in implementing the clinical strategy, particularly in areas that directly impact our communities, such as reducing waiting times. Innovations like day surgeries in the gynaecology department and the Hospital at Home initiative are promising steps toward further improvements. However, we would have welcomed more measurable goals, especially regarding waiting times.

The reported reduction in high-intensity service users is a significant achievement, and we extend our congratulations on the impressive 55% decrease in attendances.

We acknowledge that the Care Quality Commission inspection was likely a challenging period for the Trust. The reports highlighted that service delivery did not meet the expected standards, but we are reassured by the Trust's apology to the affected families and staff, as well as their commitment to improvement. It is encouraging to see that substantial changes have been made since the November 2023 inspection, and we are pleased that the Somerset Maternity and Neonatal Voices Partnership is collaborating with the Trust to ensure that patient voices are central to these improvements.

We also commend the 'Last 1000 Days' initiative, which focuses on supporting patients in a way that allows them to make the most of their time, doing what matters most to them, in places that are meaningful.

In summary, we believe the quality account reflects the high-quality care provided by SFT and their ongoing efforts to improve. We look forward to maintaining our strong relationship with the Trust and collaborating on several of the Quality Improvement Priorities for 2024/25, particularly in the areas of Patient Involvement, Co-Production, and PSIRF, as we host the Patient Safety Partners on behalf of NHS Somerset ICB.

**Gill Keniston-Goble**  
**Manager - Healthwatch Somerset**

## **APPENDIX 4: STATEMENT FROM STAKEHOLDERS – SFT GOVERNORS**

### Quality Accounts

On behalf of the Governors, we are delighted to accept these Quality Accounts.

The work undertaken by the Trust, during the first year of the merger, has enabled the people of Somerset to receive a wide range of integrated services across the county, working across health, social services and the voluntary sector.

Collaborative working has enabled innovative projects to be developed, all improving the health and well-being of our population.

Mental health continues to be a high priority, and it is evident from the accounts the Trust is an exemplar in the country for their services to our mental health patients.

The governors would like to thank the executive team for their outstanding work over the last year and hope the next year will continue to improve the services for the population of Somerset.

**KATE BUTLER  
LEAD GOVERNOR**

**PAULL ROBATHAN  
LEAD GOVERNOR**

**5 September 2024**

## APPENDIX 5: STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE QUALITY REPORT

The directors are required under the Health Act 2009 and the National Health Service Quality Accounts Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements), and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves of the following:

- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2023/24 and supporting guidance.
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2023 to March 2024
  - Papers relating to quality reported to the Board April 2023 to March 2024
  - Feedback from the commissioners dated 13/09/2024
  - Feedback from Local Authority Overview and Scrutiny Committee dated 19/09/2024
  - Feedback from local Healthwatch organisations dated 18/09/2024
  - Feedback from governors dated 05/09/2024
- The Quality Report presents a balanced picture of Somerset NHS Foundation Trust's performance over the period covered.
- The performance information reported in the Quality Report is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm they are working effectively in practice.
- The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review, and
- The Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations), as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Report.

By order of the Board.



03/09/2024

Date..... Chairman

**COLIN DRUMMOND**



03/09/2024

Date..... Chief Executive

**PETER LEWIS**

A large, stylized graphic of many birds in flight, arranged in a shape that resembles a large, curved arrow pointing towards the top right. The birds are in various colors including blue, green, purple, and white, and are scattered across the left and center of the slide.

# Finance and Performance: Report to the Council of Governors

Kindness, Respect, Teamwork  
Everyone, Every day

Pippa Moger, Chief Finance Officer  
24/9/24



# Finance

- At the end of July, the Trust has a cumulative deficit of £13.202m, this is £1.184m adverse to the planned position.
- The adverse position is driven by the financial impact of backfilling post graduate doctors in training during their period of industrial action in June and July and the subsequent loss of elective recovery income as a result of activity being stood down on strike days.
- National funding for the backfill element (c£0.7m) is expected from NHSE. The Trust will need to mitigate the income loss. We are waiting for information from NHSE on the level of elective income we have earned in 2024/25.
- Agency expenditure has reduced compared to 23/24 levels but remains a pressure. Year to date, expenditure on all agency is £10.5m (for the same period in 23/24 it was £13m). Medical vacancies continue to be the primary driver.
- Savings of £12.9m have been delivered at the end of July and we continue to work on ensuring the programme can be achieved in full.

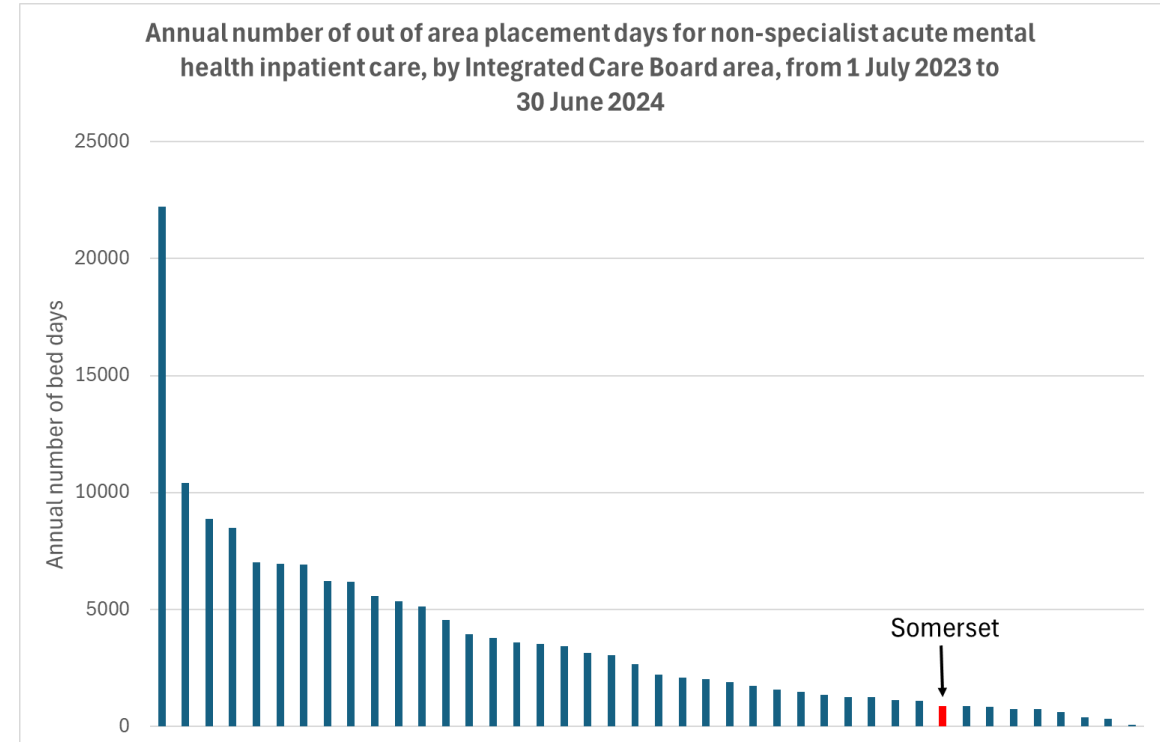
| Statement of comprehensive income                       | Month 4 (July) 2024/25 |                       |                       |
|---------------------------------------------------------|------------------------|-----------------------|-----------------------|
|                                                         | Plan                   | Actual                | Variance Fav/(Adv)    |
|                                                         | Year to date<br>£'000  | Year to date<br>£'000 | Year to date<br>£'000 |
| Operating income from patient care activities           | 324,442                | 325,223               | 781                   |
| Other operating income                                  | 16,829                 | 20,404                | 3,575                 |
| Employee expenses                                       | (238,436)              | (243,151)             | (4,714)               |
| Operating expenses excl employee expenses               | (111,161)              | (113,217)             | (2,056)               |
| <b>Operating Surplus/(Deficit)</b>                      | <b>(8,326)</b>         | <b>(10,741)</b>       | <b>(2,415)</b>        |
| Net Finance Costs/Corporation tax                       | (3,549)                | (2,657)               | 892                   |
| <b>Surplus/(Deficit)</b>                                | <b>(11,875)</b>        | <b>(13,398)</b>       | <b>(1,523)</b>        |
| Adjustments to Financial Performance                    | (143)                  | 196                   | 339                   |
| <b>Adjusted Financial Performance Surplus/(Deficit)</b> | <b>(12,018)</b>        | <b>(13,202)</b>       | <b>(1,184)</b>        |

- Capital expenditure after four months is £18.2m (Plan £17.7m). We are planning to fully spend the programme funding.
- The Trust remains on track to deliver a break-even position in line with the agreed plan.

# Quality and patient safety

- As at 31 July 2024, three patients were placed out of area.
- One patient was placed out of county on 28 June 2024, and this was clinically indicated due to their requiring a gender-specific ward.
- The other two patients were placed out of county during July 2024 due to the need to access seclusion, which was already occupied at Holford ward, our Psychiatric Intensive Care Unit (PICU). One of these patients has since been repatriated.
- We continue to have amongst the lowest rates of out of area placements nationally.
- Infection Control: MRSA: No Trust-attributed MRSA bloodstream infections (BSIs) were reported during July.
- MSSA: Four Trust-attributed MSSA BSIs were reported during the month.
- C. diff: There were 14 Trust-attributed cases in July 2024.
- E. coli: Nine Trust-attributed E. coli BSIs were reported in July 2024.
- Covid: as at 31 August 2024 there were 12 patients with Covid in beds across the Trust; four at MPH, five at YDH, and three in mental health wards.

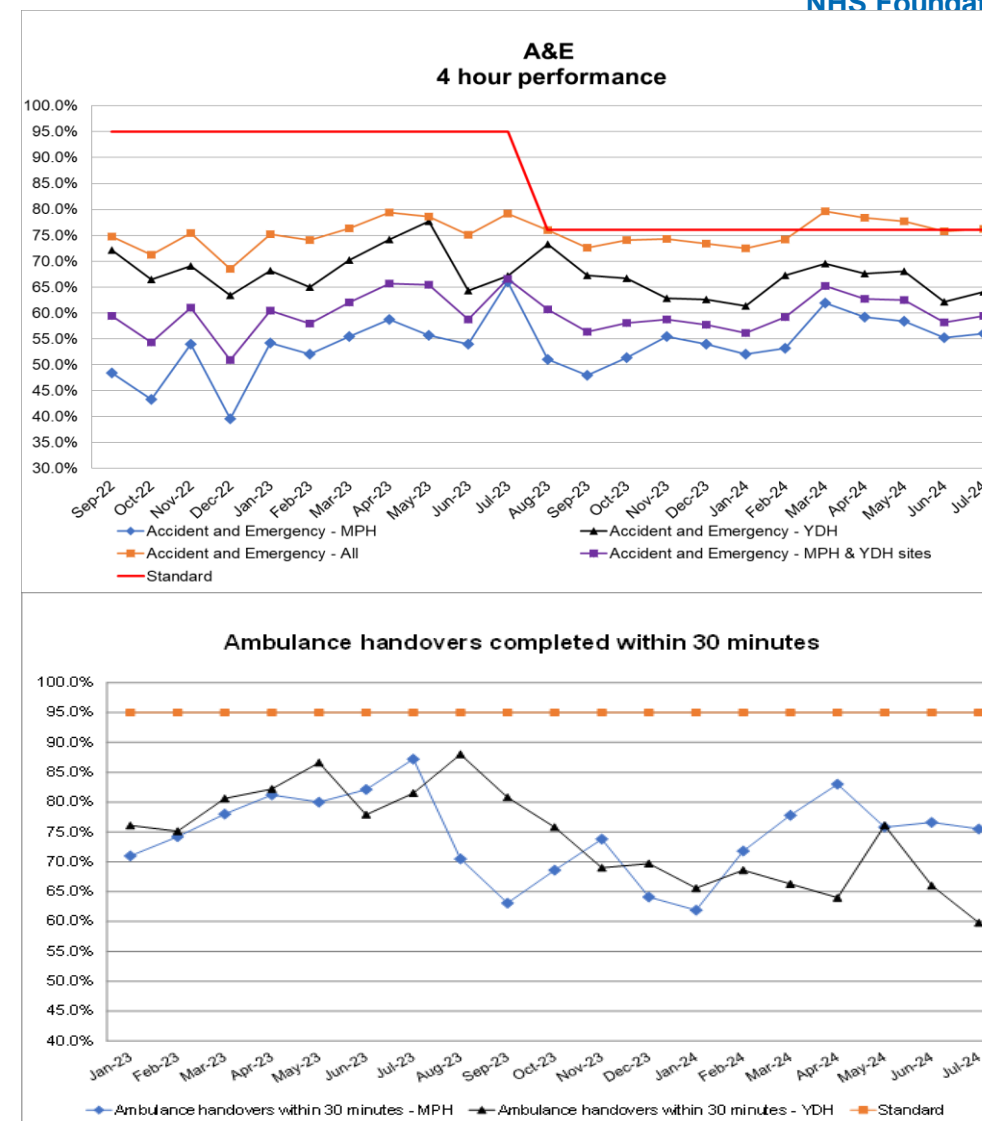
**Kindness, Respect, Teamwork**  
**Everyone, Every day**



| Area   | Feb | Mar | Apr | May | Jun | Jul |
|--------|-----|-----|-----|-----|-----|-----|
| MRSA   | 0   | 0   | 0   | 1   | 0   | 0   |
| C.Diff | 9   | 11  | 8   | 11  | 5   | 14  |
| MSSA   | 6   | 2   | 5   | 8   | 3   | 4   |
| E.coli | 7   | 8   | 8   | 16  | 6   | 9   |

# Urgent Care

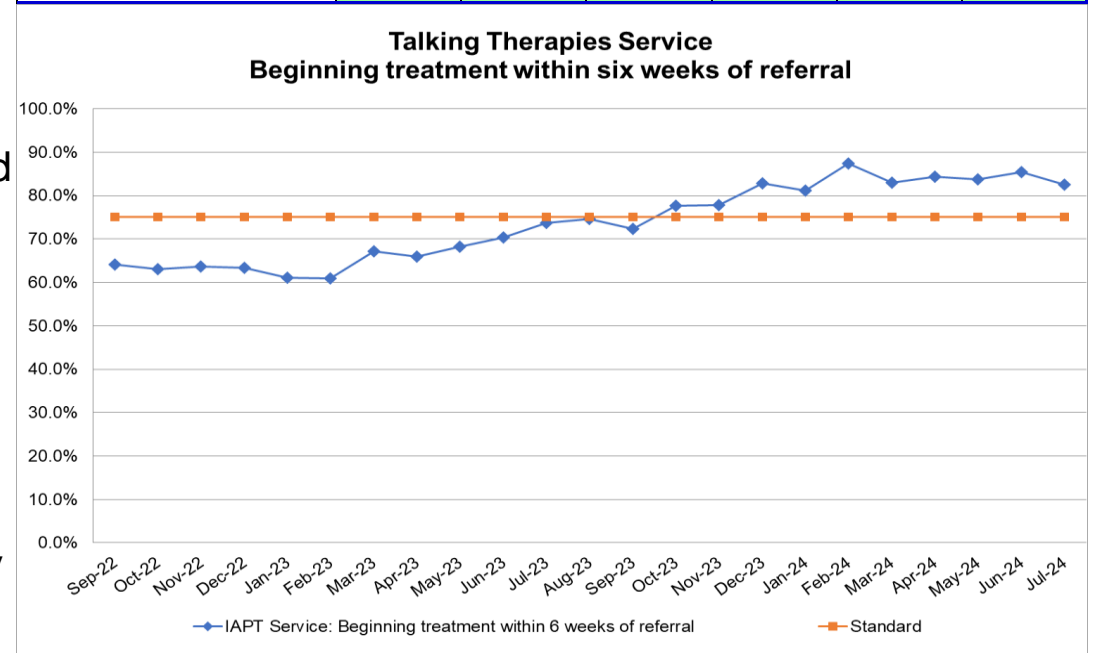
- Trust-wide A&E 4-hour performance for July 2024 was 59.4%, up from 58.2% in June 2024. National average performance in July was 61.4%. Compliance within our Urgent Treatment Centres (formerly Minor Injury Units) was 98.3%. Overall compliance across all attendance types was 76.2%, slightly above the national standard of 76%, which will rise to 78% in March 2025, and also above the national average of 72.7%
- Compliance in respect of our two A&E departments was 56% for Musgrove Park Hospital (MPH) and 64.1% for Yeovil District Hospital (YDH). Combined A&E attendances at MPH and YDH for the period from 1 August 2023 to 31 July 2024, were 4.6% higher than the same months of 2022/23.
- During July 2024, the percentage of ambulance handovers completed within 30 minutes was 75.5% at MPH and 59.8% at YDH. The average performance across all hospitals served by South Western Ambulance Service NHS Foundation Trust (SWAST) in July was 60.4%.
- The main issue affecting handover times at YDH is the number patients awaiting admission to specialty, coupled with an increase in bed occupancy levels. Outward flow from the department has been a challenge. Recently the decision was made to re-open Jasmin ward as escalation space to support this.



# Mental health

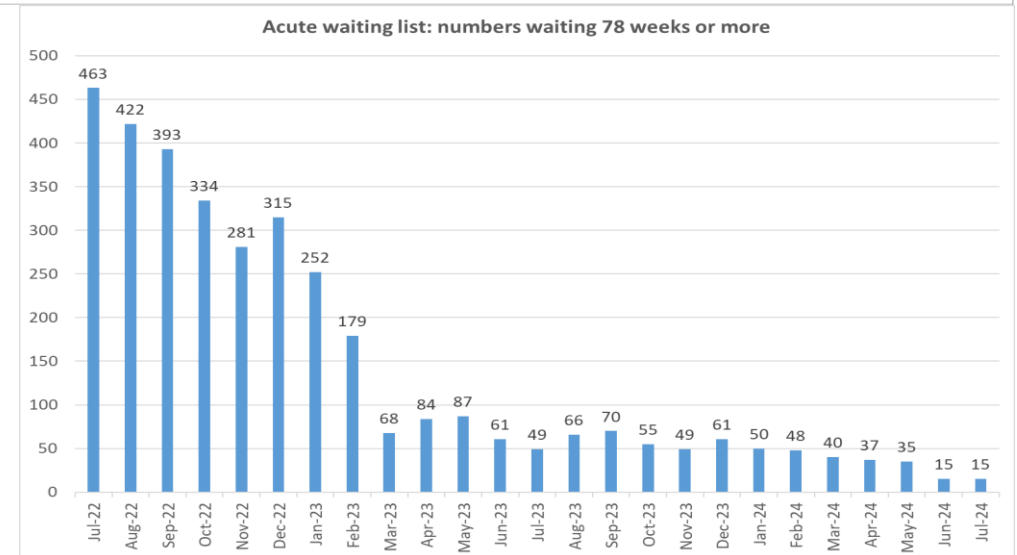
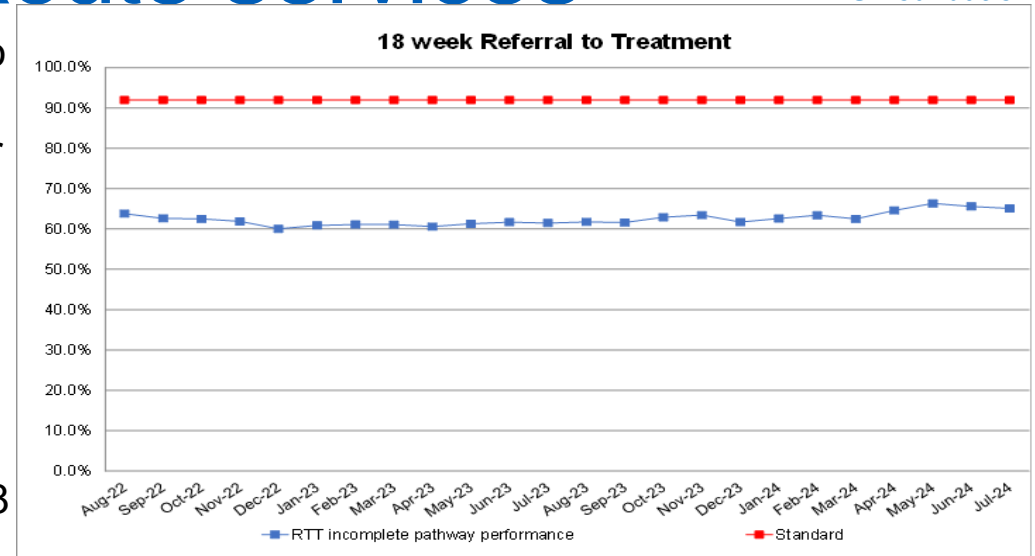
- The percentage of people waiting six weeks or less to be seen by our adult community mental health services was 94.9% in July 2024, and all older people on the waiting list for a first appointment had waited under six weeks. 98.5% of children and young people referred to Child and Adolescent Mental Health Services (CAMHS), and all people referred to our learning disabilities service had waited under six weeks.
- The percentage of people with a first episode of psychosis beginning treatment with a NICE-recommended care package within two weeks of referral was 70.6% in the three months to 31 July, above the national standard of 60%. Recovery rates for Talking Therapies have also remained higher than the 50% national standard, and standards were also achieved for access to perinatal mental health services and Children & Young People’s eating disorders services, with both services performing better than the national average.
- The percentage of Talking Therapies patients beginning treatment within six weeks of referral was above the 75% standard as at 31 July, at 82.5%.
- The number of people waiting over 18 weeks to be seen by Talking Therapies has continued to rise, due to a shortfall in capacity within the service. This is likely to affect waiting times compliance adversely later in the year.

|                                                    | Feb-24 | Mar-24 | Apr-24 | May-24 | Jun-24 | Jul-24 |
|----------------------------------------------------|--------|--------|--------|--------|--------|--------|
| Adult mental health services                       | 96.1%  | 92.2%  | 92.1%  | 94.7%  | 92.5%  | 94.9%  |
| Older Persons mental health services               | 96.0%  | 90.3%  | 93.8%  | 97.0%  | 100.0% | 100.0% |
| Learning disabilities service                      | 100.0% | 100.0% | 83.3%  | 100.0% | 100.0% | 100.0% |
| Children and young people's mental health services | 100.0% | 100.0% | 95.0%  | 95.4%  | 95.3%  | 98.5%  |



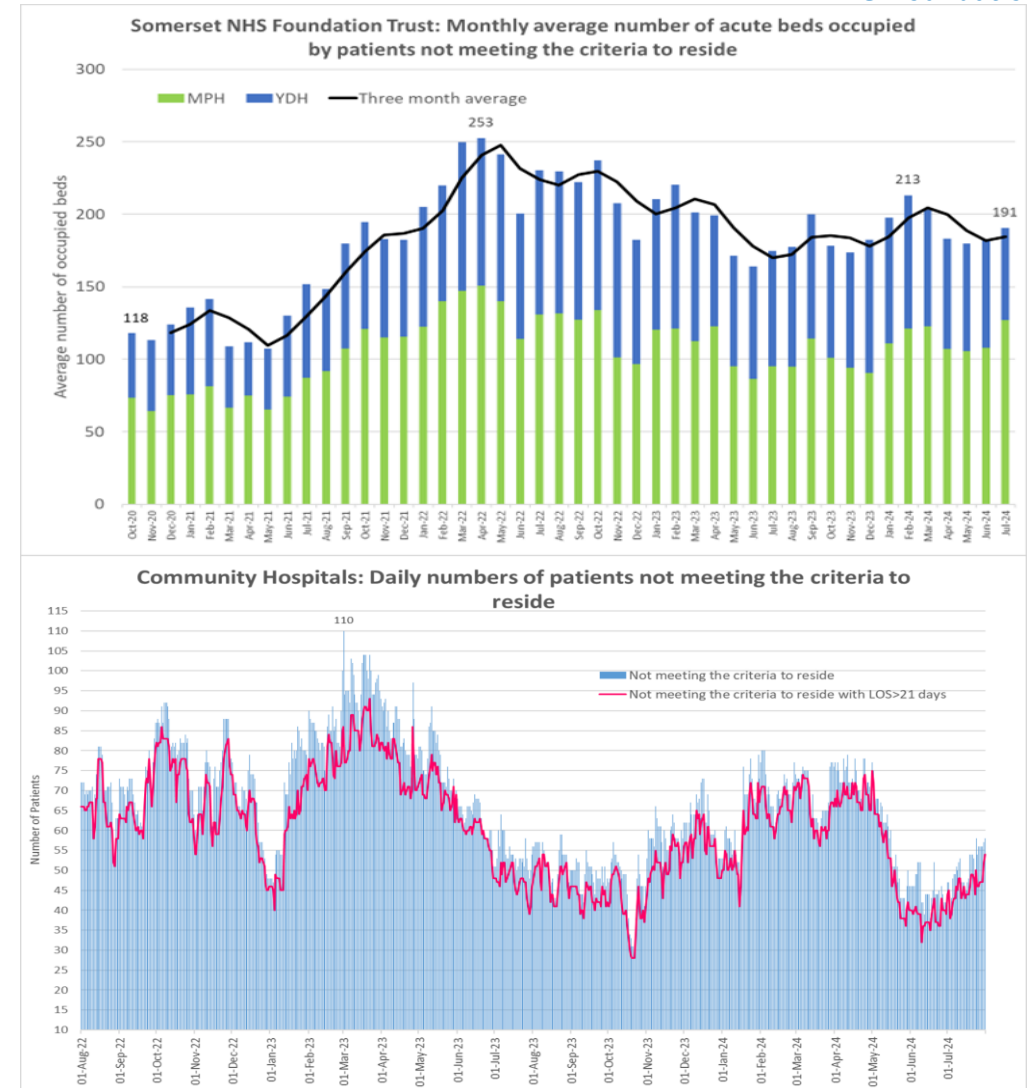
# Referral to Treatment (RTT): acute services

- The percentage of patients waiting under 18 weeks from referral to treatment was 65.1% in July 2024. National average performance in June 2024 – the latest data national available – was 58.9%. Our performance in June 2024 was 65.6%.
- The total waiting list size at the end of July was 57,442, up by 843 from June, and 3,757 patients higher than (i.e. worse than) the target trajectory.
- The number of patients waiting over 52 weeks at the end of July was 1,842 - better than the trajectory of 2,263 or fewer. The number of patients waiting over 65 weeks was 426, which was 248 worse than the trajectory of 178 or fewer. We will not achieve the requirement to have no patients waiting over 65 weeks by the end of September 2024. The number of patients waiting 78 weeks or more remained at 15, against a target of zero.
- A significant programme of improvement work to support elective care recovery in the medium and long-term remains in place. A programme of waiting list validation continues, which includes contacting patients to check they still need to be seen; additional validation is taking place for patients in the September 2024 65-week cohort, to check the waiting times are being correctly reported.



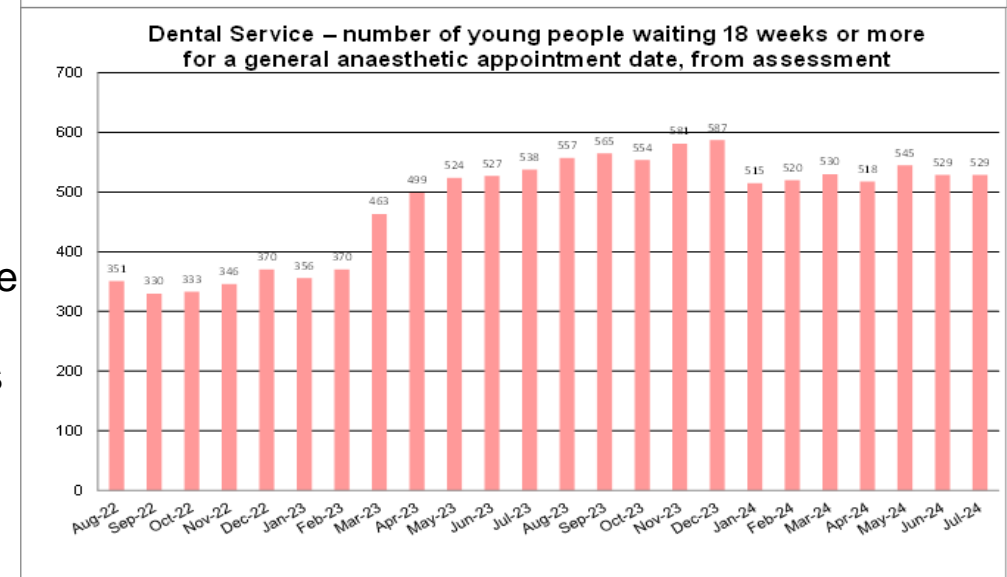
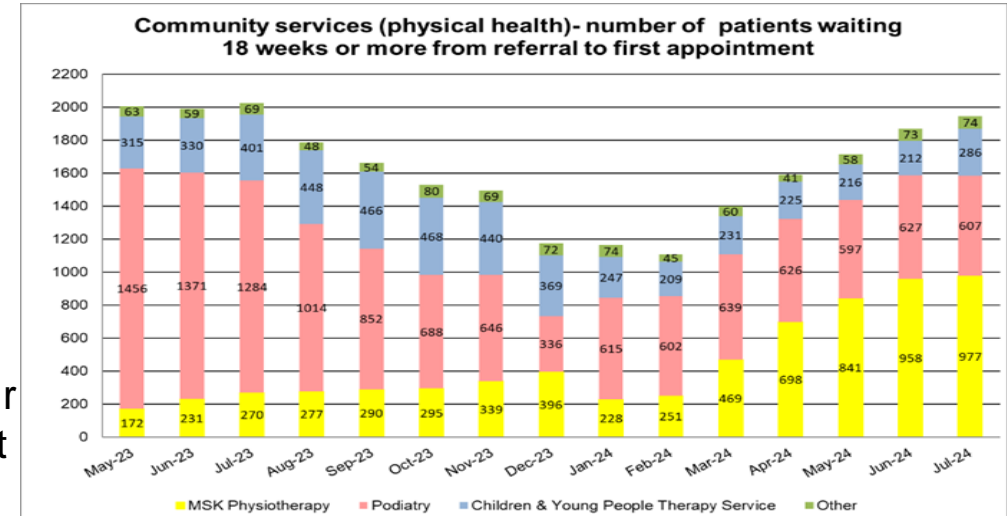
# Criteria to Reside

- During July 2024, the Trust-wide number of acute bed days occupied by patients not meeting the criteria to reside was 5,908 (3,939 at MPH and 1,969 at YDH), up from 5,490 in June 2024. This equates to 191 fully occupied beds for the month of July 2024, up from 183 in June 2024.
- As at 31 July 2024, national best-quartile performance was that 7.4% of Adult General & Acute and critical care beds were occupied by patients who did not meet the criteria to reside. Our performance as at that date was 23.8% of beds. We were ranked 110 of 119 Trusts nationally.
- In our community hospitals, the number of patients not meeting the criteria to reside have been reducing in recent months, but increased from 42 as at 30 June 2024 to 54 as at 31 July 2024.
- A range of actions are being taken to improve patient flow, care for people at home where appropriate, facilitate timely and appropriate discharge from hospital, and address the difficulties in the domiciliary care market.



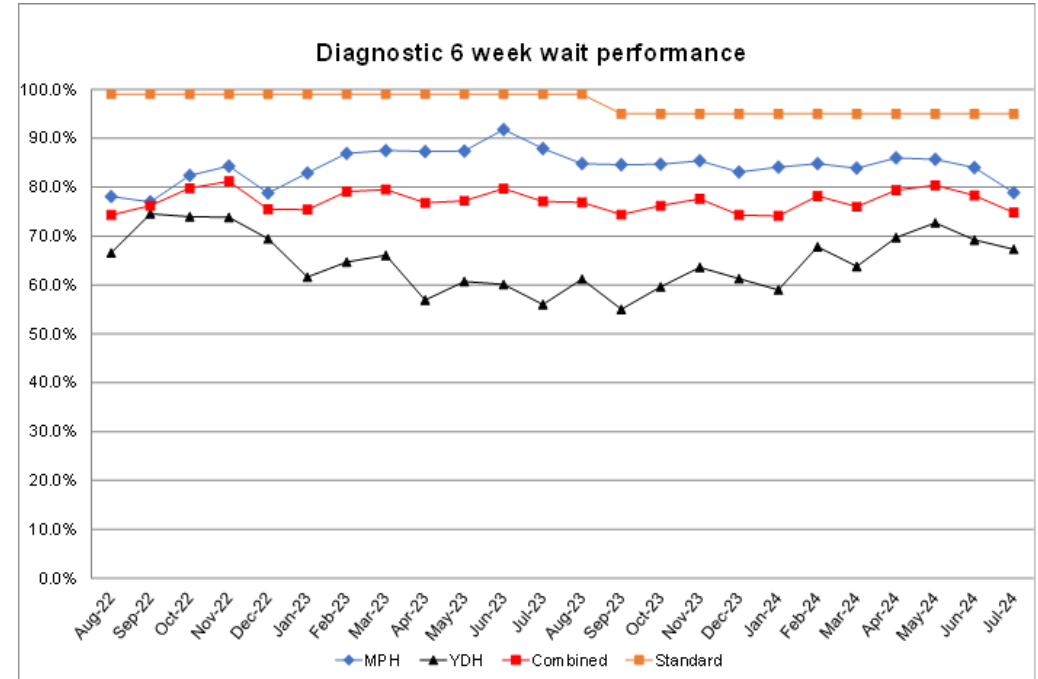
# Community physical health services

- As at 31 July 2024, the number of patients waiting 18 weeks or more to be seen by our community physical health services (excluding Dentistry) increased by 74 to 1,944.
- Our Musculoskeletal Physiotherapy Service had the highest number of patients waiting 18 weeks or more with 977, up from 958 as at 30 June 2024. The recent increase in the numbers waiting has primarily been due to vacancies within the service.
- The number of people waiting 18 weeks or more to be seen by our Podiatry service slightly decreased to 607 patients, from 627 as at 30 June 2024. The service continues to have significant levels of vacancies, which is a national issue.
- The numbers waiting over 18 weeks to be seen by our Somerset and Dorset dental service increased from 2,428 to 2,452.
- As at 31 July 2024, 529 young people had waited 18 weeks or more for a dental appointment for treatment involving a general anaesthetic (GA), unchanged from the number as at 30 June. The service continues to face considerable challenges due to vacancies, sickness absence and insufficient cover for colleagues on maternity leave.



# Diagnostics

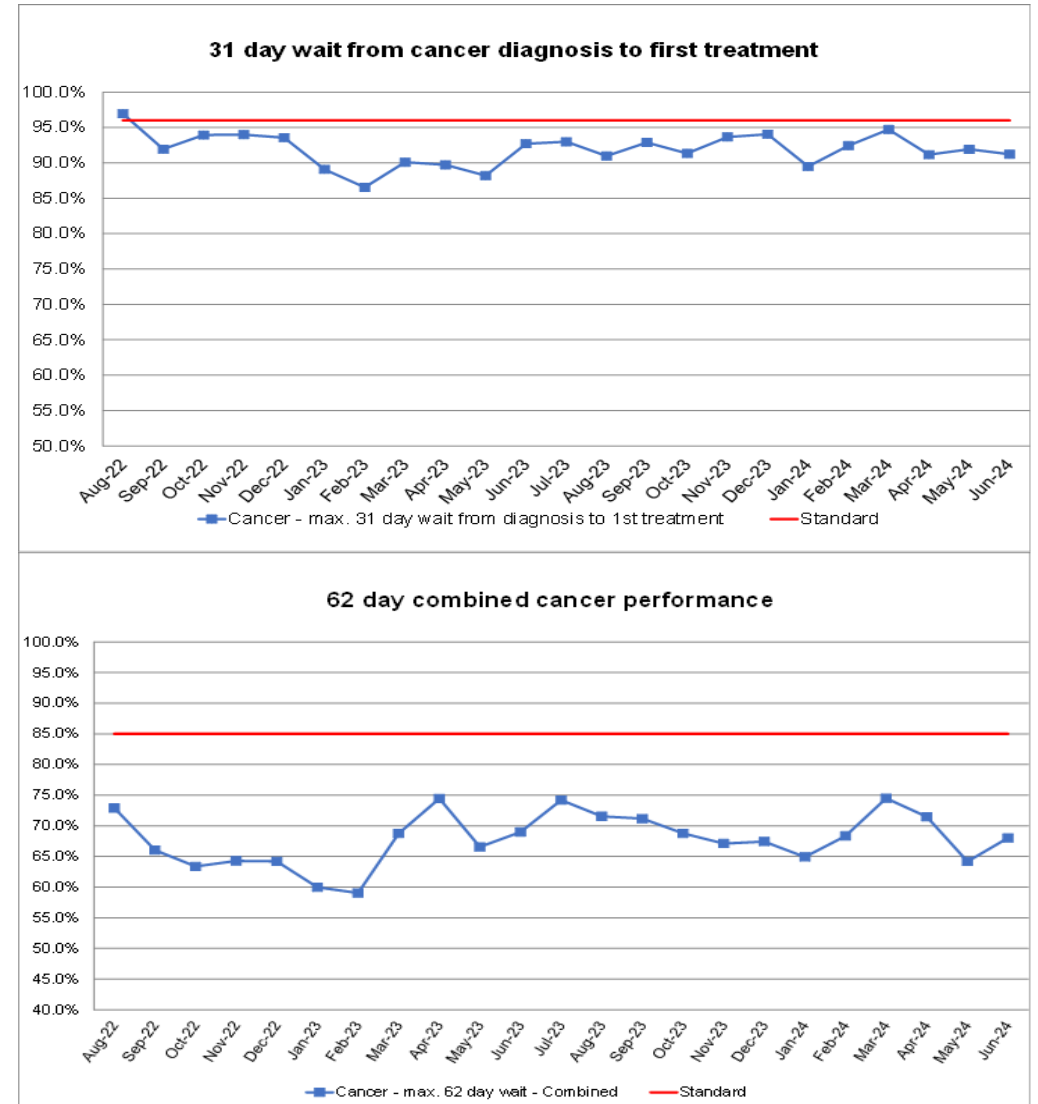
- The Trust-wide percentage of patients waiting under six weeks for their diagnostic test was 74.8% in July 2024. National average performance for NHS providers (i.e. excluding Independent Sector providers) was 77.1% in June 2024, the latest data available. Our performance in June was 78.3%.
- The highest numbers of patients were waiting for an echo (up from 671 to 1,009; 36% of over six-week waiters) MRI (up from 530 to 569; 21%), and audiology (down from 199 to 198; 7%), together making up 64% of the long waiters.
- In July, 97.8% of urgent CTs were turned around within the standard of seven days, and 99.7% of routine CTs were turned around within the standard of 28 days. The corresponding compliance levels for MRI were 88.4% and 99.4%, and for Plain Film X-rays they were 97.1% and 89.2%
- Additional echo capacity has been established through the extension of the insourcing contract which is currently in place, and weekend waiting list initiatives have been established. Additionally, a member of the team will return from maternity leave in September 2024.
- Additional MRI capacity has been established, through the rental of a modular scanning unit, which is now being rented until March 2025 using Community Diagnostic Centre funds. Additional MRI waiting list initiatives are also being run.





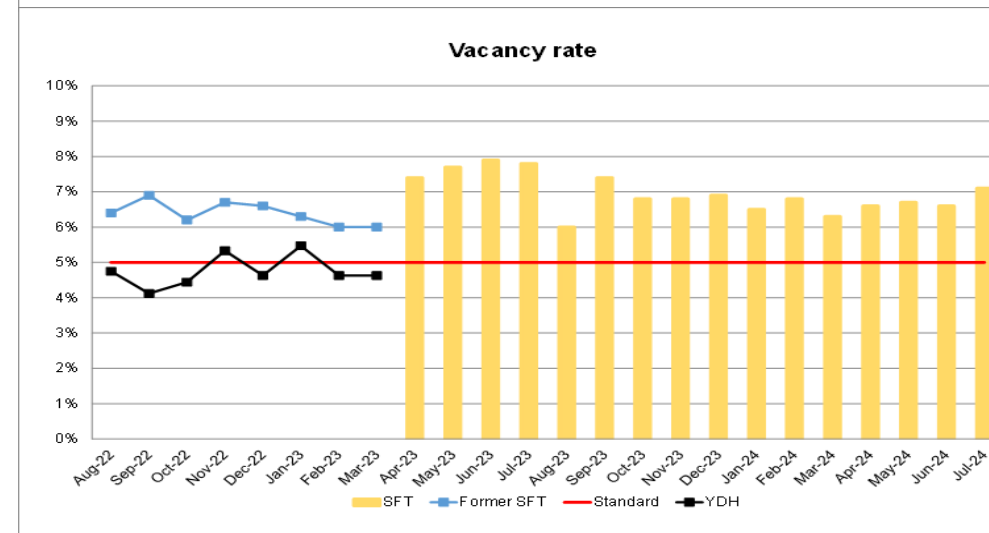
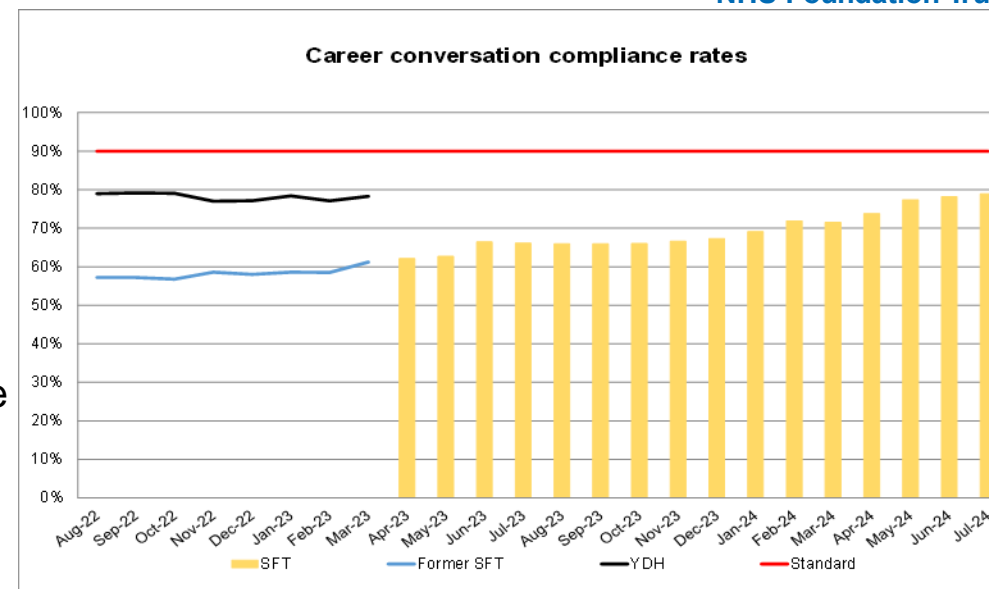
# Cancer waiting times

- The percentage of patients diagnosed with a cancer or given a benign diagnosis within 28 days of referral was 75% in June 2024, equal to the 75% national standard. The standard will rise to 77% in March 2025.
- The percentage of cancer patients receiving a first treatment within 31 days of diagnosis was 91.2% in June, below the 96% national standard but slightly above the national average of 90.9%. The main breach areas of the 31-day standard were skin, urology, and breast.
- The percentage of cancer patients treated within 62 days of referral was 68% in June, below the national standard of 85%, but slightly above the national average of 67.4%. The main breaches of the 62-day GP standard were in urology, skin and colorectal. The main causes of the breaches are the growth in demand in urology (up 15% over the last three months, relative to same pre-COVID period) and colorectal (up 17%), and an increase in diagnostic waiting times.
- Additional prostate and colorectal diagnostic capacity continue to be established, to try to meet increasing demand.
- Additional capacity continues to be established for dermatology, including further consultant appointments, GPs with Extended Roles being trained and insourcing.



# People

- In respect of retention, 89% of colleagues who were in post as at 31 July 2023 were still with the Trust as at 31 July 2024. Our aim is to achieve a rate of at least 88.3%. As one of 23 NHS People Promise Exemplar sites, we have a detailed plan in place to improve retention across the Trust.
- As 31 July 2024, the percentage of career conversation reviews undertaken at least annually was 78.9%, the highest rate reported since the new Trust was established in April 2023, but still significantly below the standard of 90%. Career conversations continue to be a key area of discussion in directorate and service group meetings.
- As at 31 July 2024, our mandatory training rate was 93.8%. Operational pressures, and limited capacity for areas with large backlogs such as life support and safeguarding remain a challenge.
- Our Trust-wide vacancy level was 7.1% as at 31 July 2024, against a target of no more than 5%. Twenty-three risks on the risk register relate to recruitment challenges. The highest-scoring risks are with senior medical and nursing and allied health professional roles with community hospitals, pharmacy, theatres, bowel cancer screening and digital recruitment challenges scoring 15 and above.
- Our sickness absence rate for the 12 months to 31 July 2024 was 5.2%, the same as it was as at 30 June 2024.



| Somerset NHS Foundation Trust |                                                                                    |
|-------------------------------|------------------------------------------------------------------------------------|
| <b>REPORT TO:</b>             | Council of Governors                                                               |
| <b>REPORT TITLE:</b>          | Report from the Quality and Patient Engagement working group held on 2 August 2024 |
| <b>SPONSORING EXEC:</b>       | Jade Renville                                                                      |
| <b>REPORT BY:</b>             | Tina Hickinbottom-Tacey, Corporate Services Officer                                |
| <b>PRESENTED BY:</b>          | Judith Goodchild                                                                   |
| <b>DATE:</b>                  | 24 September 2024                                                                  |

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

|                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Executive Summary and Reason for presentation to Committee/Board</b> | <p>The minutes of the last Quality and Patient Experience Group were approved as a true and accurate record of the meeting, subject to one amendment.</p> <p>Lincon Andrew, the Head of Compliance and Effectiveness attended the meeting and updated the group on the CQC Framework. He highlighted:</p> <ul style="list-style-type: none"> <li>The current CQC framework previously had separate sets of standards for different services but is currently undergoing assessment for a new scoring scheme to ensure the quality statements are being met.</li> <li>CQC quality statement states: Committing to working in partnership with system leaders to deliver high quality care.</li> <li>The foundation and the five key domains will not change.</li> <li>Patient centred care and experience is integral to this process, taking feedback in all its forms. The trust want to hear the voice of the people who are using our services.</li> </ul> <p>Lee Cornell updated the group on the Quality and Performance Exception report and highlighted the following: SFT was the best performing trust for July, however, in terms of ED performance, is still below the national target. MPH was placed the 4th best site for ambulance handovers, with Yeovil placing 12th. Both sites were above the regional average in July.</p> <p>The number of patients waiting 18 weeks or more for physio and podiatry appointments has increased to 1800. Podiatry and maternity have both been affected by an increase in</p> |
|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                       | <p>staff sickness. There are also 2400 waiting over 18 weeks for a community dentist service.</p> <p>In terms of cancer waiting times for 28-day cancer diagnosis, the trust is performing at 81% against the national target of 77%. For 31 day and 62 days wait, SFT is above the national average but below the national target.</p> <p>Caroline Walker is the new Head of Patient Experience across SFT. She updated the group on the Complaints and PALs Manger report she highlighted:</p> <ul style="list-style-type: none"> <li>• A thematic analysis of the aspects of clinical care.</li> <li>• A review of the Complaints and PALs process is underway.</li> <li>• There has been a significant increase in response rate for the medicine service group, 91% is a significant improvement.</li> <li>• A self-assessment was undertaken against the NHS core standards, this was completed in August. This can be brought to the meeting in November for an update.</li> </ul> <p>The group took the Quality and Governance Committee report as read. The group identified more risks that should be monitored.</p> <p>Erica Adams provided a positive experience for the Good to Know log.</p> |
| <b>Recommendation</b> | The Council of Governors is asked to note the items discussed at the meeting.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

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

- Obj 1 Improve health and wellbeing of population
- Obj 2 Provide the best care and support to children and adults
- Obj 3 Strengthen care and support in local communities
- Obj 4 Reduce inequalities
- Obj 5 Respond well to complex needs
- Obj 6 Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture
- Obj 7 Live within our means and use our resources wisely
- Obj 8 Delivering the vision of the Trust by transforming our services through research, innovation and digital technologies

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

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

**Details:** N/A

### Equality

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

This report has been assessed against the Trust's Equality Impact Assessment Tool and there are no proposals or matters which affect any persons with protected characteristics

This report has been assessed against the Trust's Equality Impact Assessment Tool and there are proposals or matters which affect any persons with protected characteristics and the following is planned to mitigate any identified inequalities

### Public/Staff Involvement History

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

### Previous Consideration

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

### 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 |                                                             |
|-------------------------------|-------------------------------------------------------------|
| <b>REPORT TO:</b>             | Council of Governors                                        |
| <b>REPORT TITLE:</b>          | Report from the Strategy and Planning Group                 |
| <b>SPONSORING EXEC:</b>       | David Shannon, Director of Strategy and Digital Development |
| <b>REPORT BY:</b>             | Paull Robathan, Chairman Strategy and Planning Group        |
| <b>PRESENTED BY:</b>          | Paull Robathan, Chairman Strategy and Planning Group        |
| <b>DATE:</b>                  | 24 September 2024                                           |

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

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| <b>Executive Summary and Reason for presentation to Committee/Board</b> | <p>The minutes from the last meeting held on the 17 May 2024, were approved as a true and accurate record of the meeting.</p> <p>Paull Robathan thanked Phil Brice on behalf of the group for his hard work and commitment to this Working Group, he wished him well and all the best for his retirement.</p> <p>The group received a very thorough presentation from Rachel Johns who updated the group on weekend discharges and the new NHS impact approach. If successful it could make a massive difference to overcrowding in our hospitals.</p> <p>The group looks forward to a progress update in November regarding the EHR program.</p> <p>Nael Clarke updated the group on commercial contracts. The group suggested a positive approach to incentivising people to eat healthier.</p> <p>The Strategy and Planning Group hope to have the following items at a future meeting:</p> <ul style="list-style-type: none"> <li>• A further update on the EHR programme.</li> <li>• A further update on patient discharge arrangements.</li> <li>• An update on the sustainability of Symphony Healthcare Services.</li> </ul> |
| <b>Recommendation</b>                                                   | <p>The Council of Governors is asked to note the items discussed at the meeting.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

### Links to Strategic Objectives

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

- Obj 1 Improve health and wellbeing of population
- Obj 2 Provide the best care and support to children and adults
- Obj 3 Strengthen care and support in local communities
- Obj 4 Reduce inequalities
- Obj 5 Respond well to complex needs
- Obj 6 Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture
- Obj 7 Live within our means and use our resources wisely
- Obj 8 Delivering the vision of the Trust by transforming our services through research, innovation and digital technologies

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

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

Details: N/A

### Equality and Inclusion

The Trust aims to make its services as accessible as possible, to as many people as possible. We also aim to support all colleagues to thrive within our organisation to be able to provide the best care we can.

How have you considered the needs and potential impacts on people with protected characteristics in relation to the issues covered in this report?

Not applicable to this report.

All major service changes, business cases and service redesigns must have a Quality and Equality Impact Assessment (QEIA) completed at each stage. Please attach the QEIA to the report and identify actions to address any negative impacts, where appropriate.

### Public/Staff Involvement History

How have you considered the views of service users and / or the public in relation to the issues covered in this report? Please can you describe how you have engaged and involved people when compiling this report.

Not applicable to this report.

### Previous Consideration

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

A report is presented to every meeting.

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

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|-------------------------------|------------------------------------|---------------------------------|-------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Safe | <input type="checkbox"/> Effective | <input type="checkbox"/> Caring | <input type="checkbox"/> Responsive | <input checked="" type="checkbox"/> Well Led |
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| <b>Is this paper clear for release under the Freedom of Information Act 2000?</b> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
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| Somerset NHS Foundation Trust |                                                   |
|-------------------------------|---------------------------------------------------|
| <b>REPORT TO:</b>             | Council of Governors                              |
| <b>REPORT TITLE:</b>          | Report from the People Group held on 29 July 2024 |
| <b>SPONSORING EXEC:</b>       | Isobel Clements                                   |
| <b>REPORT BY:</b>             | Mark Robinson                                     |
| <b>PRESENTED BY:</b>          | Mark Robinson                                     |
| <b>DATE:</b>                  | 9 September 2024                                  |

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

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| <b>Executive Summary and Reason for presentation to Committee/Board</b> | <p><u>Minutes</u></p> <p>Following a couple of amendments, the minutes were approved.</p> <p><u>Action Log</u></p> <p>Outstanding action with Bel.<br/>Tina completed creating the staff good to know log and circulated it ahead of the meeting.</p> <p><u>Strategic Workforce Planning</u></p> <p>Isobel Clements talked to the circulated papers which included information on the Board assurance framework, strategic objectives and risks linked to people and workforce and workforce planning.</p> <p>Highlights:</p> <ul style="list-style-type: none"> <li>• Financial pressures</li> <li>• Nursing degree programmes</li> <li>• Internal audit around workforce</li> <li>• National pay, terms and conditions</li> <li>• Productivity</li> <li>• Health and Wellbeing of staff</li> <li>• Shortlisted for social partnership forum award</li> <li>• Focus on reducing dependency on agencies.</li> </ul> |
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### Subsidiaries Focus

Katie Matravers Managing Director of Simply Serve limited was invited to join the people group, she provided an overview of what SSL does, this included the following:

- Pay parity project to bring all SSL employees below grade 4 onto agenda for change
- A lot of work on turnover is seeing a lot of positive success
- Mandatory training has increased and moving on from this, career conversations is the next focus
- Staff survey

Thomas Lait, an employee of SSL joined to relay his colleague story, which he recently presented at a SFT board meeting.

### Review of the People Section of the Performance Exception Report Assurance Report from the People Committee

Noted the reports.

The group asked about the necessity to use agency staff or if teams could cope without replacements. Isobel Clements said this is difficult to answer as the answer would be different across different service groups. Wards can sometimes be a bit flexible, specialist areas such as dermatology are key to waiting times and would need to use agencies. The use of agencies are built into the budget taking into account annual leave, training and some sick leave, and rotas try to accommodate for this.

The group asked if employment structure is reviewed regularly, as it appears that across the trust some areas often fall short whereas other areas have abundance of staff. Isobel Clements confirmed as part of the safer staffing initiative, staffing levels are reviewed regularly. Mark Robinson added the safer staffing care tool has been through a robust revalidation to ensure it is fit for purpose. Acuity across acute sites means staffing levels will need to adjust throughout the year, because of this the sites are reviewed twice yearly (winter and summer).

### Staff Good to Know Log

|                       |                                                                                                                                                                                                                                                                                                                                                       |
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|                       | <p>Staff Good to know log was circulated but may take a while for governors to start using it. Governors will encourage each other to provide stories /feedback on the log In future.</p> <p><u>Any Other Business</u></p> <p>New Governors are due to join soon following election, hopefully will provide some new members to the People group.</p> |
| <b>Recommendation</b> | The Council of Governors is asked to note the items discussed at the meeting.                                                                                                                                                                                                                                                                         |

| <b>Links to Joint Strategic Objectives</b><br>(Please select any which are impacted on / relevant to this paper)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> Obj 1 Improve health and wellbeing of population<br><input type="checkbox"/> Obj 2 Provide the best care and support to children and adults<br><input type="checkbox"/> Obj 3 Strengthen care and support in local communities<br><input type="checkbox"/> Obj 4 Reduce inequalities<br><input type="checkbox"/> Obj 5 Respond well to complex needs<br><input checked="" type="checkbox"/> Obj 6 Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture<br><input type="checkbox"/> Obj 7 Live within our means and use our resources wisely<br><input type="checkbox"/> Obj 8 Delivering the vision of the Trust by transforming our services through research, innovation and digital technologies |  |

| <b>Implications/Requirements</b> (Please select any which are relevant to this paper) |                                      |                                               |                                  |                              |                                                  |
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| <input type="checkbox"/> Financial                                                    | <input type="checkbox"/> Legislation | <input checked="" type="checkbox"/> Workforce | <input type="checkbox"/> Estates | <input type="checkbox"/> ICT | <input type="checkbox"/> Patient Safety/ Quality |
| <b>Details:</b> N/A                                                                   |                                      |                                               |                                  |                              |                                                  |

| <b>Equality</b><br>The Trust wants its services to be as accessible as possible, to as many people as possible. Please indicate whether the report has an impact on the protected characteristics                                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> This report has been assessed against the Trust's Equality Impact Assessment Tool and there are no proposals or matters which affect any persons with protected characteristics                                                                   |  |
| <input type="checkbox"/> This report has been assessed against the Trust's Equality Impact Assessment Tool and there are proposals or matters which affect any persons with protected characteristics and the following is planned to mitigate any identified inequalities |  |

| <b>Public/Staff Involvement History</b><br>(Please indicate if any consultation/service user/patient and public/staff involvement has informed any of the recommendations within the report) |  |
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### 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 – eg. in Part B)

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

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| <input type="checkbox"/> Safe | <input type="checkbox"/> Effective | <input type="checkbox"/> Caring | <input type="checkbox"/> Responsive | <input type="checkbox"/> Well Led |
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| Somerset NHS Foundation Trust |                                                                            |
|-------------------------------|----------------------------------------------------------------------------|
| <b>REPORT TO:</b>             | Council of Governors                                                       |
| <b>REPORT TITLE:</b>          | Report from the Membership, Involvement and Communications Group           |
| <b>SPONSORING EXEC:</b>       | Jade Renville, Director of Corporate Services and Affairs                  |
| <b>REPORT BY:</b>             | Kate Butler, Chair of the Membership, Involvement and Communications Group |
| <b>PRESENTED BY:</b>          | Kate Butler, Chair of the Membership, Involvement and Communications Group |
| <b>DATE:</b>                  | 24 September 2024                                                          |

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

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| <b>Executive Summary and Reason for presentation to Committee/Board</b> | <p>Subject to one amendment on the minutes, the minutes of the meeting held on the 13 May 2024 were approved as a true and accurate record.</p> <p>Emily Mock informed the group that the trust now has 10,724 public members, with 205 new members since 1 May 2024. There is also now 5,599 public members with an email address.</p> <p>There is an action for Emily and Tina to check the database for members who have not stated how they wish to be communicated with, so are not receiving updates from the trust. There will also be a check for members who share the same email address and the processes for receiving voting ballots.</p> <p>The group discussed the Youth Strategy Group, Emily is to meet with Heather, Jack and Jos to discuss further. An update can be brought to a future meeting.</p> <p>The group discussed the draft membership survey and was happy for it to be circulated. The group looks forward to seeing the results.</p> <p>The group received an informative presentation by Charlotte Mooney on the trust's approach to social media. She highlighted the use of different social media platforms and the importance of storytelling, the tone of voice, layouts used and timings they are posted.</p> <p>The group also received a presentation from Hayley Skipp and Krystle Pardon on Care Opinion. They highlighted that their aim is to ensure patients, carers and relatives know how valuable their feedback is. From January to June 2024</p> |
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|                       | there has been 160 stories published, 11,043 stories have been viewed and 295 responses have been provided. |
| <b>Recommendation</b> | The Council of Governors is asked to note the items discussed at the meeting.                               |

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

- Obj 1 Improve health and wellbeing of population
- Obj 2 Provide the best care and support to children and adults
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- Obj 8 Delivering the vision of the Trust by transforming our services through research, innovation and digital technologies

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

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

**Details:** N/A

**Equality and Inclusion**

The Trust aims to make its services as accessible as possible, to as many people as possible. We also aim to support all colleagues to thrive within our organisation to be able to provide the best care we can.

How have you considered the needs and potential impacts on people with protected characteristics in relation to the issues covered in this report?

Not applicable to this report.

All major service changes, business cases and service redesigns must have a Quality and Equality Impact Assessment (QEIA) completed at each stage. Please attach the QEIA to the report and identify actions to address any negative impacts, where appropriate.

**Public/Staff Involvement History**

How have you considered the views of service users and / or the public in relation to the issues covered in this report? Please can you describe how you have engaged and involved people when compiling this report.

Not applicable to this report.

**Previous Consideration**

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

A report was presented to the March 2024 meeting.

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

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

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| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
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| Somerset NHS Foundation Trust |                                                                |
|-------------------------------|----------------------------------------------------------------|
| <b>REPORT TO:</b>             | Council of Governors                                           |
| <b>REPORT TITLE:</b>          | Report from the Nomination and Remuneration Group              |
| <b>SPONSORING EXEC:</b>       | Colin Drummond, Chairman                                       |
| <b>REPORT BY:</b>             | Ria Zandvliet, Secretary to the Trust                          |
| <b>PRESENTED BY:</b>          | Kate Butler, Chairman of the Nomination and Remuneration Group |
| <b>DATE:</b>                  | 24 September 2024                                              |

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

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|-------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <b>Executive Summary and Reason for presentation to Committee/Board</b> | The Committee has not met since the June 2024 Council of Governors meeting. |
| <b>Recommendation</b>                                                   | The Council of Governors is asked to note the report.                       |

| Links to Joint Strategic Objectives<br>(Please select any which are impacted on / relevant to this paper) |                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Obj 1                                                                            | Improve health and wellbeing of population                                                                            |
| <input type="checkbox"/> Obj 2                                                                            | Provide the best care and support to children and adults                                                              |
| <input type="checkbox"/> Obj 3                                                                            | Strengthen care and support in local communities                                                                      |
| <input type="checkbox"/> Obj 4                                                                            | Reduce inequalities                                                                                                   |
| <input type="checkbox"/> Obj 5                                                                            | Respond well to complex needs                                                                                         |
| <input type="checkbox"/> Obj 6                                                                            | Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture   |
| <input type="checkbox"/> Obj 7                                                                            | Live within our means and use our resources wisely                                                                    |
| <input checked="" type="checkbox"/> Obj 8                                                                 | Delivering the vision of the Trust by transforming our services through research, innovation and digital technologies |

| Implications/Requirements (Please select any which are relevant to this paper) |                                      |                                               |                                  |                              |                                                   |
|--------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------|----------------------------------|------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Financial                                             | <input type="checkbox"/> Legislation | <input checked="" type="checkbox"/> Workforce | <input type="checkbox"/> Estates | <input type="checkbox"/> ICT | <input type="checkbox"/> Patient Safety / Quality |

**Details:** N/A

| Equality and Inclusion                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The Trust aims to make its services as accessible as possible, to as many people as possible. We also aim to support all colleagues to thrive within our organisation to be able to provide the best care we can. |





How have you considered the needs and potential impacts on people with protected characteristics in relation to the issues covered in this report?

Not relevant for this report.

All major service changes, business cases and service redesigns must have a Quality and Equality Impact Assessment (QEIA) completed at each stage. Please attach the QEIA to the report and identify actions to address any negative impacts, where appropriate.

### Public/Staff Involvement History

How have you considered the views of service users and / or the public in relation to the issues covered in this report? Please can you describe how you have engaged and involved people when compiling this 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 – eg. in Part B]

The report is presented to the Council of Governors at every meeting.

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

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

Yes

No