



Yeovil Without Parish Council

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Parish Council Meeting

Wednesday 17 September 2025

Commencing at 6.30pm

**Yeovil Sports and Social Club, Johnson Park,
Coronation Ave, Yeovil, BA21 3DY**

(in the large function room, the entrance is to the left of the main building).

For further information on the items to be discussed, please contact
clerk@yeovilwithoutparishcouncil.gov.uk

Barbara Appleby - YWPC Clerk

12 September 25

The information is also available on our website: www.yeovilwithoutparishcouncil.gov.uk

To all members of Yeovil Without Parish Council are summoned to attend:

SUMMERLANDS (3)

Cllr Kevin Brown

Cllr Iris Coton

Cllr Colin Rose – Vice Chair

BRIMSMORE (2)

Cllr Howard Ashton

Cllr David Knight

COMBE (3)

Cllr Mike Lock

Cllr John Snell

Cllr Kate Stevenson

LYDE WARD (7)

Cllr Vyvyenne Burt

Cllr Rani Panesar

Cllr Simon Hodder

Cllr Sarah Nutland

Cllr John Orchard

Cllr Mary Snell

Cllr Rob Stickland – Chair

Equality Act 2010

Members are reminded that the Council has a general duty to consider the following matters in the exercise of any of its functions: Equal Opportunities (race, gender, sexual orientation, marital status, and any disability), Gender Equality, Crime & Disorder, Biodiversity, Health & Safety and Human Rights.

Recording of Council Meetings

The Local Audit and Accountability Act 2014 allows both the public and press to take photographs, film and audio record the proceedings and report on all public meetings (including on social media).

Any member of the public wishing to record or film proceedings must let the Chairman of the meeting know prior to, or at the start of, the meeting and the recording must be overt (i.e., clearly visible to anyone at the meeting), but non-disruptive. This permission does not extend to private meetings or parts of meetings which are not open to the public.

Members of the public exercising their right to speak during the time allocated for Public Comment who do not wish to be recorded or filmed, need to inform the Chairman who will instruct those taking a recording or filming to cease doing so while they speak.

Public Comment

This section (at the Chairman's discretion may last up to 15 minutes) is not part of the formal meeting of the Council and minutes will not be produced. Public Bodies (admissions to meetings) Act 1960 s 1 extended by the LG Act 1972 s 100.

Yeovil Without Parish Council will be discussing all the items listed overleaf:

The agenda specifies the business that it is proposed to transact (Local Government Act 1972 Sch.12 para 10 (2)(b)) and the Council cannot lawfully decide any matter which is not specified in the agenda (Longfield Parish Council v Wright (1918) 88 LJ Ch 119)

PUBLIC COMMENT (15 minutes)

OUTSIDE REPORTS FROM REPRESENTATIVES

- Police/PCSO
- Somerset Councillors – apologies received & report/updates.
- Outside Bodies

AGENDA

1. APOLOGIES FOR ABSENCE

- 1.1 To receive apologies for absence

2. DECLARATIONS OF INTEREST

Members are asked to declare any interests, including Disclosable Pecuniary Interests (DPI) and any personal interests (and whether or not such personal interests are also "prejudicial") that they may have in agenda items that accord with the Yeovil Without Parish Council's Code of Conduct, and to consider any requests from members for Dispensations that accord with Localism Act 2011 S33 (NB this does not preclude any later declarations).

- 2.1 To receive declarations of interest from councillors on items on the agenda

3. MINUTES OF PREVIOUS MEETINGS

- 3.1 To **AGREE** and sign the minutes of the parish council meeting held on 23 July 25.
- 3.2 To **APPROVE** the amendment to minute SC43/24 as highlighted within the internal auditor's report to change the date from 23 Nov 23 to 29 Nov 23.

4. CHAIR'S REPORT

- 4.1 To receive and note a report from the Chair

5. PARISH CLERK'S REPORT

- 5.1 To receive an update from the Clerk with items to note:

6. FINANCE

6.1 **SUPPORT FOR THE OCTAGON THEATRE PROJECT**

To consider the request received from Yeovil Town Council, YTC representatives will be in attendance to give further details and answer questions.

6.2 **PAYMENTS & RECEIPTS**

- a. To consider and **NOTE** the payments, paid under delegation and any receipts received. – payments will be circulated prior to the meeting
- b. The council to **approve** payments above the scheme of delegation threshold (£5,000)

6.3 **REMEMBRANCE WREATH**

To consider and approve the purchase of the remembrance wreath from the Chairmans fund and if in addition to the wreath cost a donation should be given to the British Royal Legion - donation amount to be **AGREED**. (24/25 wreath and donation amount was **£100**, wreath cost approx. £25)

6.4 INSURANCE RENEWAL

To consider the cost of insurance renewal with Zurich Municipal. YWPC entered a 3-year long term agreement, the cost of renewal for **year two is £1,624.19** (previous year Cost £1,581.62) – cover is adequate against assets held.

YEOVIL MARSH PHONE KIOSK - BOOKCASE

Zurich Insurance Cover	Asset Register 2025	2024/2025 insurance cover	2025/2026 insurance cover	Notes - Insurance excess £250
Gates and Fencing	12,101.24	19,570.00	20,548.50	adequate cover against assets held
Fixed outside equipment	20,530.50	18,000.00	18,900.00	Bleed kits added, however individual cost below insurance excess. Asset total without bleed kits
Street Furniture	40,225.50	56,946.00	59,793.30	adequate cover against assets held
Play Equipment	31,972.20	60,751.00	63,788.55	adequate cover against assets held
General contents	2,589.72	3,482.00	3,656.10	adequate cover against assets held
Fidelity Guarantee	780,554.98	1,000,000.00	1,000,000.00	adequate cover against funds held

- 6.5 19 Feb 25 YWPC agreed to spend up to £600 on a bespoke bookcase in the phone kiosk. Quotes that have been received are more than the approved funds, Council are ask if they wish to consider these quotes: **1. Labour & Materials = £1201.51 + vat**
2. Total cost £950

7. CORRESPONDENCE

7.1 HIGHWAY REQUESTS - DOUBLE YELLOW LINES

To consider requests received and agree the appropriate course of action and whether to submit a formal request for these works.

All requests to Somerset Council for highways related works need to be submitted via the Parish Council. It will be for Somerset Council Highways team to assess the technical aspects of a proposal and make the decision on viability and safety aspects of any request put forward.

- a. **Thornton Road** – councillor consultation feedback from residents
- b. **Boundary Close** – A request has been received via the MP's office on behalf of a local resident, seeking a review of the decision to install double yellow lines at the junction of Boundary Close. The resident has raised concerns regarding the parking restrictions, which prevent them from parking outside their property. They have emphasized their increasing reliance on being able to park outside of their property due to health issues. Additionally, the resident contests that the area in question is not a traditional road junction but instead adjoins a turning area rather than a through road. – location picture page 6

Boundary Close - Background:

In late 2019, several residents of Boundary Close raised concerns regarding the impact of a large parked vehicle near the junction of the road. The vehicle was reportedly forcing other vehicles into the path of cars turning into Boundary Close, creating potential traffic flow issues and safety concerns. The issue was specifically highlighted after a near collision was reported to the parish council. Following this, the YWPC discussed the matter in November 2019 and agreed to formally request that the Highways department consider implementing double yellow lines at the junction to address the problem.

The Highways department conducted an assessment of the situation, which led to a proposal for the installation of double yellow lines. However, due to the COVID-19 pandemic, the proposed works were delayed, and the formal advertisement of the proposed restrictions was not made until 27th May 2021. The installation of the double yellow lines was then carried out in September 2021.

7.2 YEOVIL STROKE UNIT – 2nd CALL IN LETTER

To **NOTE** the letter sent to Department of Health and Social Care (DHSC) on 20 August 2025

7.3 INVITATION TO YTC REMEMBRANCE DAY SERVICE - Sunday 9 Nov 25 @ 10am

To **NOTE** the receipt and the chair acceptance to attend the Remembrance Day Service.

7.4 Any further correspondence received since preparation of the agenda which does not require a financial decision.

8. ONGOING MATTERS/REVIEWS/GOVERNANCE

8.1 YWPC ASSET REGISTER REVIEW

To consider the approval of the 2025/2026 Asset Register (additions and removals up until 31 Aug 25)

Purpose:

- It forms a basis for decisions on risk and insurance issues.
- It provides information on the age, location and cost of items.
- It provides assurance of the continued existence of Council's property
- The Register is adopted by the Council each Municipal Year but is a working document over the following Municipal Year, during which the Clerk will update and amend details as necessary

9. PLANNING

9.1 Planning Applications received for consideration:

Application No/ proposal	Location	Ward
25/01367/S73 - S73 application to vary condition 5 and remove conditions 9 & 14 of planning permission 22/00695/OUT (as granted under appeal APP/E3335/W/23/3328322) for Outline planning application with all matters reserved except for access, for the erection of up to 252 dwellings, public open space (including community orchard and village green), woodland planting, ecological buffers, sustainable drainage systems, a biodiverse wetland habitat and other ancillary works.	Land North of Mudford Road Yeovil	Mudford – adjacent parish

9.2 To **NOTE** planning applications considered under SO 15b xvi prior to this meeting to comply with planning officer deadlines:

Application No/ proposal	Location	YWPC - Decision
25/01810/COU - Change of use from Garage/Workshop to Dog Grooming business	195 Mudford Road BA21 4NL	YWPC - Support
25/01785/HOU – Proposed single storey rear extension to dwelling	60 Tower Road BA21 4NQ	YWPC - Support

9.3 Planning applications received after the publication of the agenda:

25/02236/FUL – change of use 22 Combe Close

9.4 Planning decisions and observations to NOTE:

Application No/ proposal	Location	Decisions
25/01781/HOU - Erection of Garden Room and Home Office.	22 Combe Close, BA21 3PA	YWPC - Support Somerset Council - Approve
25/01608/HOU – Two storey front extension which also extends beyond the side elevation by 1.2m	16 Brimsmore BA21 3NX	YWPC - Support Somerset Council - Approve
25/01810/COU - Change of use from Garage/Workshop to Dog Grooming business	195 Mudford Road BA21 4NL	YWPC - Support Somerset Council - Approve
25/01785/HOU – Proposed single storey rear extension to dwelling	60 Tower Road, BA21 4NQ	YWPC - Support Somerset Council - Approve

Planning Correspondence: NONE

9.5

10. DATE OF NEXT MEETING

The next parish council meeting will be held on Wednesday 15th October 2025

End of Agenda

Supporting information

7.1b Boundary Close – existing double yellow



7.2 YEOVIL STROKE UNIT – 2nd CALL IN LETTER dated 20 Aug 2025

Dear Secretary of State,

URGENT SECOND REQUEST FOR YOU TO CALL-IN THE PLAN TO CLOSE THE HYPER ACUTE STROKE UNIT AT YEOVIL DISTRICT HOSPITAL

Yeovil Without Parish is a partly rural and partly urban parish on the northern side of the town of Yeovil in Somerset. We wrote to your predecessor on 28th February 2024 and eventually received a reply on your behalf from Catherine Fiegehen on 13th December 2024.

Yeovil Without Parish Council is now asking you to use the powers granted to you under Section 10A of the National Health Services Act, 2006 to reconsider this decision in the light of “**a change in circumstances that materially affects the original decision**”.

A. Evidence Regarding Travel Times for Patients.

In your response of 13th December, 2024, it is stated that you “understand that the changes mean there will be a change of travel times for patients closer to Yeovil than Taunton” but that “the travel times will remain within the target set by the NHS National Stroke Service model, namely, “of achieving a target of 90 percent of patients achieving a call-to-needle time of less than 180 minutes”.

However, we have seen clear evidence that this target will not be met.

This evidence is available from **two reputable sources**: - **The South Western Ambulance Foundation Trust** and the **Sentinel Stroke National Audit Programme for 2024**. These sources confirm that **85% percent of stroke patients from our area would have EXCEEDED this call- to-needle time** if they had been taken to Taunton rather than Yeovil District Hospital.

We feel confident that when you realise these facts you will realise that the current proposal to close the HASU at Yeovil is detrimental to the people of this area in terms of mortality and morbidity and that you **must** intervene to maintain the best interests of the people of the Yeovil area. A retired clinician (who happens to be one of our councillors) has advised that neuronal damage starts immediately after a stroke. It does not start 180 minutes later. This statement is supported by the Sentinel Stroke National Audit Programme that has stated that “the faster a patient is conveyed to hospital” is “vital to reduce mortality and morbidity”.

NHS ENGLAND itself acknowledged the urgency of faster response times when it launched a campaign in the autumn of 2024 to try and reduce this time. The proposals in Somerset will undermine and reduce any benefit from this campaign. Meeting a target does not necessarily improve people’s outcomes and lives.

We believe that this information alone is so significant that it would justify you to intervene using the 2006 act.

B . Failure of Somerset ICB to consider Alternative Models of Care

It was stated that it was your view that as the local commissioner, the NHS Somerset ICB is best placed to continue to determine the needs of the local population and that the Department expects Somerset ICB to continue to work closely with partners and

patient groups through implementation. Throughout this year, we are not convinced that they have done so with the necessary flexibility or transparency.

Since December 2024, our MP Adam Dance and the Chairs of the Patients Groups that represent all the residents of this area have acted on our behalf to get the Somerset ICB to consider very reasonable alternative suggestions that have been made to them by Dr. Khalid Rashed - Lead physician of the Yeovil Stroke unit (and awarded an MBE because of the excellent work of this unit) - and others.

In late 2024, Yeovil Hospital started a clinical trial to demonstrate if the hospital could run a seven day a week service in line with national guidelines. However, this trial had to be prematurely halted because it was sabotaged by the failure of management to provide managers to provide sufficient staffing levels.

Again, in April 2025, a further proposal was made for a trial that would take place over a period of six to 12 months. This trial would have involved patients would historically have been transported to Yeovil District Hospital to do so for five out of seven days, but that they would transfer to the other two hospitals of Taunton and Dorchester for the remaining two days. The trial would have monitored patient outcomes over this period.

This trial would have shown one way or the other that the longer transfer times did or did not make a difference to the morbidity of the patients. For our part, those of us who feel that the current proposals will damage, and cost lives would have accepted the outcome of the trial even if it showed that we were wrong. On the other hand, the Somerset ICB has not got the courage to test their assumptions. Instead of allowing this trial to proceed, the Somerset ICB just said that it “would be operationally difficult”! That is disingenuous; the plan mirrored the current mixed approach already in place, it is insulting to the ambulance service to say that they would be unable to understand the instruction for a particular day. It did not impose unrealistic demands on the ambulance service. We are very firm believers that **“If there is a will, there is a way”**.

This refusal to explore reasonable alternatives shows **institutional intransigence** by the Somerset ICB - best be described as **“WEAPONS GRADE ARROGANCE”** that is difficult to comprehend!

C. Failure to properly consider the effect on services and outcomes of increasing patient numbers as predicted by National bodies and to allow for a reasonable variance and population growth.

You previously stated in your response to our previous letter that “even with predicted increasing stroke incidence” that the Yeovil HASU would continue to fall VERY short of the recommended admission level of 600 cases per year.”

In our opinion, your department’s analysis is flawed:

- In 2021, there were 454 admissions to Yeovil Hospital
- The NHS Long term plan and the Stroke Association project a 50% increase in strokes over 10 years.

- By 2031, Yeovil would expect to have 681 patients per annum.
- By 2026 - next year and when the ICB proposals are due to be implemented - it is not unreasonable to expect 567 patients presenting with a stroke at Yeovil. This gives a level of 94.58% of the 600 target, a variance of just 5.42%.

We draw your attention to the fact that when the DMBC itself admitted that the 600-threshold was designed with large urban centres such as Newcastle in mind, but might not be applicable to more rural areas such as Somerset. **WE ARE A LESSER POPULATED AREA** and therefore, the level of 600 cases per annum should not be rigidly adhered to.

Would a hospital servicing 599 stroke patients per annum truly be deemed unfit to provide a quality service. That is insulting to the doctors, nurses and other professionals involved.

Recently, Somerset have been subject to a boundary review by the Local Government Boundary Commission for England (LGBCE). In their calculations, they allow a variance of 10% and also consider population growth. **Surely, it is not unreasonable to expect a body such as the Somerset ICB to also allow for a reasonable variance and for population growth.** This parish has had one large estate built in recent years and we expect three more developments (one of over 900 houses) to be completed or started in the next five years and more being planned. Propelled by the Local Nutrient Mitigation Fund (LNMF), Yeovil and its surrounding parishes will see a significant rise in population with plans for in the region of 3,000 houses already approved and significantly more to come. To proceed with closure of the Yeovil HASU now, on the basis of outdated patient numbers ignores this documented trajectory and risks creating a dangerous mismatch between health service capacity and local need.

Furthermore, we question whether Musgrove Park(Taunton) and Dorchester County Hospital (Dorchester) will be able to provide a safe and effective service as the patient load increases. Indeed, we have been given to understand that one of the reasons that the Somerset ICB opted for the retention of an **acute** stroke unit at Yeovil was because the Dorchester and Taunton hospitals would not be able to provide an effective and safe service for all the new patients that they would have to admit beyond the 72 hour hyper-acute period and would need to transfer these patients back across the county. This is what is planned.

We would not be surprised to find that in ten years' time we are discussing the re-opening of a HASU at Yeovil. It feels at times that we live on a Merry-go-round.
REAL LONG-TERM PLANNING IS LONG OVERDUE.

WIDER CONTEXT AND ADDITIONAL CONCERNS

The stroke unit closure is part of a broader pattern of concerning decisions about patient care in this area:

1. **We have had the recent closure of the Maternity Unit at Yeovil Hospital**
Many of our young mothers-to-be are being sent to a building in Taunton that needs to be replaced whilst a purpose- built Woman's Hospital attached to Yeovil Hospital sits with empty wards and delivery unit! **You need to ask WHY.**

and

2. A proposal to remove twenty inpatient beds at Crewkerne Community hospital.

The rationale seems to be a need to create diagnostic services in Crewkerne. However, a new diagnostic centre is due to open shortly in Yeovil- 9 miles from Crewkerne.

By contrast, it is somehow acceptable for stroke patients and mothers in labour, often in distress, to travel 20-30 miles whilst patients who require blood tests, scans and other investigations are too frail to travel about 9 miles!!

Also, the loss of twenty beds in the community hospital may mean twenty acute beds blocked at Yeovil Hospital and all the associated effects of that.

You need to look at the wider picture of what is happening in Somerset and ask yourself “ what is going on”? These inconsistencies suggest a systemic malaise in Somerset Health Planning that requires serious scrutiny.

OTHER IMPORTANT ISSUES:

TRANSIENT ISCHAEMIC ATTACKS (TIAs)

Every year, a number of people find that their stroke-like symptoms resolve in less than 24 hours. Sometimes, this is only a few hours. If these people have been taken to a hospital at a considerable distance from their home, how are they going to get home when they are discharged? This sometimes happens in the middle of the night. Is it fair to ask an unwell and perhaps elderly person to find their own way home? Would you or anyone in the Department want to find yourself or a close relative in this position? Asking an ill pensioner to fork out about £80 for a taxi? How can that be right?

FAMILY SUPPORT

Most people who find themselves in a life- threatening situation need the support of family. Being transported a considerable distance from home makes this very difficult. Those who have **actually** experienced being in such a situation **know** that it is a very lonely experience. It is inhumane to adopt a system that creates this situation.

Finally, we draw your attention to the words of Lord Darzi in his report “ **Patient Voice and Staff Engagement**” who said:

“ In some respects, particularly in its decision-making and systems, the patient voice is simply not loud enough. There are real problems in responsiveness of services to the people they are intended to serve” **Those words ring painfully true for our community.**

We believe that you really do want to improve the NHS in order to improve outcomes for the people of this county. Therefore, we urge you to urgently reconsider the plan to close the HASU at Yeovil Hospital by using your power to **call-in** this decision before irreversible damage is done.