

Council of Governors
24 September 2024, 11:15 – 13:15
The Canalside, Marsh Lane, Bridgwater, TA6 6LQ

AGENDA

	Action	Presenter	Time	Enclosure
1 Welcome and Apologies	Receive	Chairman	11:15	None
2 Questions from Members of the Public	Receive	Chairman		None
3 Declarations of Conflict of Interests in Respect to Items on the Agenda	Receive and Note	Chairman		None
4 To Approve the Draft Minutes of the Public Meeting held on 19 June 2024	Receive and Approve	Chairman		Appendix 1
5 Matters Arising and Review of the Action Log	Receive and Review	Chairman		Appendix 2
6 To Receive the Public Register of Council of Governors Interests and any Declarations of Conflicts of Interest	Receive and Note	Chairman		Appendix 3
7 Chairman's Update	Receive	Chairman	11:30	Appendix 4 Appendix 5
<ul style="list-style-type: none"> • Council of Governors' attendance • Statutory Duties of Governors 2023/24 – update • Senior Independent Role 				
8 To Receive the Auditors' Report on the 2023/24 Annual Accounts and Annual Report	Receive	KPMG	11:35	Appendix 6
9 To Receive the 2023/24 Annual Accounts and Annual Report	Receive	Ben Edgar-Attwell Pippa Moger	11:55	Appendix 7 & Appendix 8
10 To Receive the 2023/24 Quality Report/ Quality Account	Receive	Steve Thomson	12:05	Appendix 9
11 Performance Update from the Executive Directors	Receive	Pippa Moger	12:20	Appendix 10



12 Feedback From:	Receive		12:50	
a) The Lead and Deputy Lead Governors Governors issues and any ensuing actions needed/taken)		Kate Butler / Paull Robathan		Verbal
b) The Quality and Patient Experience Group meeting held on 2 August 2024		Judith Goodchild		Appendix 11
c) The Strategy and Planning Group meeting held on 23 July 2024		Paull Robathan		Appendix 12
d) The People Group meeting held on 29 July 2024		Mark Robinson		Appendix 13
e) The Membership, Involvement and Communications Group held on 31 July 2024		Kate Butler		Appendix 14
f) The Nomination Committee meeting		-		Appendix 15
g) Staff Governors		All		Verbal

13 ANY OTHER BUSINESS AND CLOSE OF MEETING	To note	Chairman	13:05	Verbal
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- Future Agenda items for Council of Governors meetings

14 DATE OF NEXT MEETING

Tuesday 17 December, 13:00 – 15:00,
Venue TBC

Council of Governors

Minutes of the meeting held on
19 June 2024 at 12:30-14:30 at the
The Monks Yard, Ilminster

Present:	Colin Drummond	Chairman
	Martyn Scrivens	Deputy Chairman
	Bob Champion	Public Governor - Mendip
	Virginia Membrey	Public Governor - Mendip
	Judith Goodchild	Public Governor - Sedgemoor
	Eddie Nicolas	Public Governor - Sedgemoor
	Martin Davidson	Public Governor - Sedgemoor
	Jack Torr	Public Governor - Sedgemoor
	Jeanette Keech	Public Governor - Somerset West and Taunton
	Kate Butler	Public Governor - Somerset West and Taunton
	Jane Armstrong	Public Governor - Somerset West and Taunton
	Erica Adams	Public Governor - Somerset West and Taunton
	Mick Beales	Public Governor - South Somerset
	Ian Hawkins	Public Governor - South Somerset
	Sue Steele	Public Governor - South Somerset
	David Recardo	Public Governor - South Somerset
	Peter Shorland	Public Governor - Dorset
	Joe Silsby	Staff Governor
	Phil Hodgson-Purves	Staff Governor
	Julie Reeve	Staff Governor
	Mark Robinson	Staff Governor
	Lydia Karamura	Staff Governor
	Heather Sparks	Staff Governor
	Jonathan Moore	Staff Governor
	Dirk Williamson	Appointed Governor - SSL
	Heather Shearer	Appointed Governor - Somerset Council
Caroline Gamlin	Appointed Governor - Somerset ICB	
In Attendance:	Chief Executive	
Peter Lewis	Director of Corporate Services	
Phil Brice	Chief of People and Organisational Development	
Isobel Clements	Director of Strategy and Digital Development	
David Shannon	Chief Finance Officer	
Pippa Moger	Chief Operating Officer	
Andy Heron	Chief Nurse	
Hayley Peters	Deputy Director of Corporate Services	
Ben Edgar-Attwell	Secretary to the Trust	
Ria Zandvliet	Corporate Services Officer	
Tina Hickinbottom-Tacey	Administration Assistant	
Emily Mock	Non-Executive Director	
Graham Hughes	Non-Executive Director	
Paul Mapson	Director of Corporate Affairs, Somerset ICB	
Jade Renville		



Kerry White

Managing Director (Symphony Healthcare Services)

Apologies:

Ian Aldridge

Public Governor - Somerset West and Taunton

Paull Robathan

Public Governor - South Somerset

Shabnum Ali

Staff Governor

Sun Sander- Jackson

Staff Governor

Halley Kimber- Keirle

Staff Governor

Nick Crow

Staff Governor

Alan Peak

Public Governor - Outside Somerset

Adam Dance

Somerset Council

Jos Latour

Universities

Kate Fallon

Non-Executive Director

1 WELCOME AND APOLOGIES FOR ABSENCE

1.1 Martyn Scrivens welcomed everyone to the meeting and apologies were noted as above.

2 QUESTIONS FROM MEMBERS OF THE PUBLIC

2.1 There were no questions from the members of the public.

3 DECLARATIONS OF CONFLICT OF INTERESTS IN RESPECT TO ITEMS ON THE AGENDA

3.1 Virginia Membrey declared an interest relating to mental health services as she is a trustee at Windsor Hill Wood.

4 TO APPROVE THE DRAFT MINUTES OF THE PUBLIC MEETING HELD ON 20 MARCH 2024

4.1 Kate Butler advised David Recardo, Phil Hodgson-Purves and Jack Torr sent apologies and asked to amend the minutes to reflect this.

4.2 Following these amendments, the minutes from the meeting held on 20 March 2024 were **approved** as a true and accurate representation of the meeting.

5 MATTERS ARISING AND REVIEW OF THE ACTION LOG

5.1 Colin Drummond reviewed the action log and said items relating to invites for future Council of Governors to the ICB and Local Authority would be planned in the future following the conclusion of the general election.

5.2 There were no matters arising to be discussed.

6 TO RECEIVE THE PUBLIC REGISTER OF COUNCIL OF GOVERNORS' INTERESTS AND DECLARATIONS OF CONFLICTS OF INTERESTS

6.1 The public register of interests and declarations of conflicts of interests was noted with the following change:

6.2 Add Virginia Membrey as a trustee of Windsor Hill Wood.

6.3 Add Jeannete Keech as a Chair of Lyngford Park Surgery PPG, Taunton.

6.4 Somerset District Council to be removed from David Recardo's declaration.

7 CHAIRMAN'S UPDATE

Council of Governors' attendance

- 7.1 Martyn Scrivens presented the report and advised that attendance is generally good. However, there is a requirement to report any governors who fail to attend three consecutive Council meetings and it was noted that:
- David Recardo had previously missed five Council meetings. He was in attendance and provided assurance that he will make his best effort to attend meetings going forward.
 - Mark Robinson and Halley Kimber-Keirle had missed three Council meetings. Mark Robinson was in attendance and provided assurance he would make his best effort to attend future meetings. Halley Kimber-Keirle via email to Tina Hickinbottom-Tacey, stated that she would be starting a new role shortly where clinical demands / needs may lessen, and she wanted to assure the Council once she is settled into this role, she would make her best effort to attend future Council meetings.
- 7.2 Bob Champion asked about staff governor attendance and the ability/need to take time to attend meetings. Martyn Scrivens advised all governors put themselves forward because they want to help and support, but unfortunately sometimes circumstances happen where they cannot attend, we cannot determine and plan for this especially with clinical staff governors. This is an important reflection for staff governors when taking on the role but also for the Council as a whole to be tolerant of staff governors, as we can all appreciate the difficulty of juggling work needs and priorities with the role of governor. Phil Hodgson-Purves just wanted to add his perspective as a staff governor, in his role sometimes it is unavoidable for him to miss meetings as he is only part of a small team with no cover, and he does have to balance substantial role with governor role, but this does not detract any less from his devotion to his role as staff governor. Kate Butler wanted to express how grateful the Council is to staff for attending as she appreciates how difficult it can be, even if it is only once a year, the staff governor input is hugely important.
- 7.3 The Council of Governors noted the attendance report and accepted the assurance provided.

Statutory Duties of Governors 2023/24 – update

- 7.4 The report was noted and taken as read, and Martyn Scrivens confirmed that all statutory duties of the governors were being fulfilled as stated.

8 NOMINATION AND REMUNERATION GROUP

- 8.1 Martyn Scrivens asked the non-executives to leave and asked Kate Butler to chair this next item.

Fit and proper persons check

- 8.2 Ria Zandvliet advised the fit and proper persons check was completed by herself as the Trust Secretary, and this report is then circulated to the Trust Board when complete. She

confirmed assurance has provided that the non-executives are fit and proper as per the national framework.

Non-Executive Director Succession Planning

8.3 Kate Butler presented the report from the Nomination and Remuneration Group and explained that following the decision by one of the new Non-Executives to stand down from the role, and with the appointment of a new chair approaching, Jan Hull had offered to extend her term for another six months to support this process. The Council were asked if they approved the re-appointment of Jan Hull for a further six months upon the recommendation from the Nomination and Remuneration Group. The Council **approved** Jan Hull's re-appointment.

8.4 The report outlined the intention for Inga Kennedy Chair the Quality and Governance Assurance Committee and Tina Oakley to Chair the People Committee. Jan Hull and Kate Fallon would step down from these roles. The Group recommended the changes to the Committees and asked the governors to approve this recommendation. The Council **approved** the recommendation.

Feedback from the Non-Executive Directors Appraisals

8.5 The Group had discussed the process for non-executive appraisals and raised concerns that some governors did not feel confident providing 360-degree feedback as they don't see as much of the Non-Executives Directors' work as they would like. It was agreed that this would be considered outside of the meeting for next year's process. The feedback regarding the Non-Executive Directors that was received was overall very good and all agreed the non-executives do a fantastic job and the Council are grateful for their work.

Feedback from the Chairman Appraisals

8.6 Kate Butler said that the Group noted Colin Drummond's excellent appraisal and expressed how grateful the Council is for all his time.

Chairman Recruitment Process

8.7 Ria Zandvliet provided the Council with a brief overview of the process for the Chairman's recruitment:

8.8 The Trust would like to use an external recruitment consultant for the recruitment.

8.9 Regarding timing, the recruitment process will begin over the summer, where the external recruitment consultant will begin looking for possible candidates and will provide a long list, moving to a short list before interviews taking place in autumn. Long and shortlisting meetings will be via MS Teams but interviews and focus groups will be completed face-to-face. She noted this was an approximate timeline and could be extended depending on the quality of candidates for the role.

8.10 For the appointment panel, the Constitution states who should be included in this panel, Ria Zandvliet advised she would contact governors for expressions of interest and all interested would go for a vote. The panel will take everything forward on behalf of the Council.

8.11 She asked if the Council were happy for the Trust to use an external recruitment consultant and if the Council were happy with the process as outlined above which was agreed by the Council.

9 PERFORMANCE UPDATE FROM THE EXECUTIVE DIRECTORS

9.1 Peter Lewis noted the data within the performance slides relate to the end of April and asked the Council if they had any questions:

9.2 Eddie Nicolas asked about community waiting lists for muscular skeletal routine appointments. Peter Lewis advised community muscular waiting lists for planned routine care have increased.

9.3 Jane Armstrong congratulated the Trust on lowering the numbers of patients with no criteria to reside. Peter Lewis acknowledged the figures have improved but the Trust needs to be mindful as these figures fluctuate and there is still a lot of work to focus on sustained improvement.

9.4 Jane Armstrong asked about the potential complications in Minehead with the medical centre and Peter Lewis advised SFT does not provide this service; the ICB will be working through the longer-term solution, but noted it is fair to say there have been concerns again the primary care provision in Minehead.

9.5 Jeanette Keech asked how the Trust is managing to reduce waiting lists. Peter Lewis advised the Trust has many different workstreams to reduce elective waiting lists and backlogs, mainly by focusing on productivity, including increasing theatre activity, opening new theatres at YDH, looking into pathways and seeing if patients can be treated as outpatients to release theatre capacity.

9.6 Julie Reeve shared colleagues are worried about ED and ambulance handover times, which creates a challenging work environment. Peter Lewis said the executive team recognise this is not where the Trust wants to be, and whilst performance is good comparatively to other organisations and colleagues are doing well, they acknowledge the challenges in ED, especially at YDH. The senior team are looking into reconfiguring the bed base at YDH to improve flow, reviewing medical admissions and making patient changeovers more effective.

10 SYMPHONY HEALTHCARE SERVICES

10.1 Martyn Scrivens shared there will be many sections of unseen work within primary care within the Southwest being undertaken. Symphony Healthcare Services (Symphony) runs many practices within Somerset and within one particular Primary Care Network (PCN) runs all GP practices. Martyn Scrivens welcomed Karry White to the Council to provide an important update on transformation within primary care and what Symphony was doing for primary care in the Southwest.

10.2 Kerry White gave the Council an overview of Symphony including what the organisation is, what areas they cover and what they are trying to do to sustain and improve services. She gave the following highlights:

- Symphony was created back in 2016, when three practices were struggling due to financial issues and could not get a GP partners to join. With no obvious options moving forward, the practices approached YDHFT and looked to see if they could take on the contracts. From this, the practices were acquired and Symphony was created with YDH as the only shareholder. As part of the merger, SFT is now the only shareholder of Symphony.
- Starting out with three GP practices, Symphony now has 21 GP practices across Somerset. All practices have autonomy, but are supported by central leadership, sharing best practices and resources. There is a Symphony Board of Directors, which is Chaired by Kate Fallon, has two members from the SFT Board, a Managing Director and a Medical Director, all who hold the organisation to account for performance and objectives.
- Primary Care Networks (PCNs) contain 4-6 common location GP practices working together on common objectives. Within the South Somerset PCN, Symphony runs all GP practices which provides a unique opportunity to consider wider primary care transformation. Leadership teams aim to visit at a minimum twice a year to look at culture and organisation strategy.
- Symphony has seen success with practices in crisis. Symphony has taken on practices the Care Quality Commission (CQC) had deemed Inadequate and worked hard to bring these back to Good or Outstanding.
- Patient feedback has been positive.
- Every time a new GP practice is added, it has its own culture and ethos and moving into Symphony's own can be challenging on the workforce.
- Symphony is looking into its future operating model to offer more support to the wider system.
- Challenges arise due to the financial position, contracts for GPs, turning around practices and hiring locums is expensive.
- Symphony is looking to maximise benefits of being at scale, having a central team and following the same objectives, policies and procedures and working collaboratively with community service at SFT. GP's, district nurse and other community teams perform home visits and cross paths all the time which can lead to a lot of duplication seeing the same patients. Senior teams are looking at how to restructure so patients can benefit with the resources available whilst ensuring that patient outcomes remain a key focus.
- A trial is starting in September, to triage patients with support from SFT community teams, to refer directly into different teams. This is completely different for GP's but is the right approach for patient care.

Kerry White asked if any governors had any questions:

10.3 Heather Shearer asked how Kerry White sees her role in terms of working collaboratively between Symphony, SFT, communities and the wider system with integrated health care teams, and how this linking with communities will work, such as with social prescribing i.e. the Frome model and how does Symphony see the role working within the community. Kerry White said primarily the work is focused on working with SFT and within the Primary Care Networks. There has been funding into GP practices in recent years aimed at looking into roles that do social prescribing with some roles are contracted out to voluntary sector to provide support and care. The teams are looking into how the organisation can work with other micro and voluntary providers not just the NHS, to determine what provides the greater benefit for the benefit of population health and what

Symphony's role could be in supporting this. The primary focus so far for Symphony has been keeping GP practices open but would like to move towards supporting population health.

- 10.4 Bob Champion said he understands GP practices can be salaried or partnerships and asked what model was used in Symphony and if one had advantages over the other. Kerry White explained Symphony staff are fully employed and all GPs are salaried and employed by Symphony. GP practices under Symphony have the advantage of being part of a wider organisation which can offer support with business related queries such as payroll and HR. Independent surgeries with partners are financially responsible for everything including the building etc. and if making profits all partners get a share, but also share the burden when challenges occur. Partnerships can work well, it is in the best interests of the partners to work together and within the financial envelope given, but this can be challenge, and some of the practices Symphony has taken on were due to the partners struggling financially. Peter Lewis added the current model with the NHS for GPs is partnerships but this doesn't always work well as it can present a financial and affordability risk. Partnerships are a stable and efficient model where people can put money in, but this is not always sustainable. Symphony is looking for another way, and this is an opportunity to show how different models can work in a more integrated way.
- 10.5 Caroline Gamlin provided a view from the ICB and said there is good evidence for partnerships as they work well providing continuity of care, however, can see the benefits of having a central point across practices rather than individuals working separately. Kerry White agreed continuity is important but sometimes being seen quickly is more important, and it is about finding a balance between providing complex patients with continuity alongside providing care quickly to others. Every patient has the choice to wait to be seen by their chosen person, but practices could start being smarter about resources so that continuity can be provided for those that need. One way is not always the right way for everyone.
- 10.6 Jane Armstrong asked firstly, if financial issues will limit expansion, and secondly, GP practices are now using online access, and a large percentage of the population can't or won't deal with the digital world and suggested this could raise some problems. She asked does Symphony ensure personalised care for these patients who perhaps cannot access the digital world. Kerry White said in terms of expansion, there isn't a specific strategic objective to grow but more to ensure sustainability for the practices and services already provided. Regarding online concerns, COVID19 helped as a catalyst to get more patients online. Percentages for those accessing care online is now quite significant. The new online system in South Somerset West PCN already has 50% of patients registered online. Phone calls are still being used where necessary but this service will improve as more people access the online system provides greater opportunity for those that can only use the phone. In some instances, having online access has improved communication such as with young males, who are happy to converse online but perhaps wouldn't have been as keen to talk on the phone or in person. Its not about finding one fit for all but meeting the needs for all. The Council discussed concerns and expectations of accessing services online and suggested road-testing access to see what problems different people have.
- 10.7 Judith Goodchild said she is concerned letters, documents etc. from other healthcare services are not filtering through to the correct people. Kerry White said that an out of

hours team scan through documents at a central hub - as GP practices can receive up to 10,000 documents a week - each item is reviewed and any actions are tasked to clinicians at the relevant practice. Historically, clinicians spent longer scanning in documents for patient records which took their time away from patients.

- 10.8 Judith Goodchild asked if it's part of a locum's role to look at patient records before seeing patients. Kerry White advised locum doctors are held to the same GMC standards and locum should look at history before making a diagnosis.
- 10.9 Martin Davidson shared his concerns around SFT liabilities should Symphony have any serious financial difficulties. He asked if SFT would have to take on loans/borrowing to cover the cost of contracts, and if SFT could not do this, what is the risk to those patients within the practices. Peter Lewis said that there are national challenges around the GP contract values and the question is whether there should be a national change to make this more viable or should organisations like Symphony accept these might be more expensive in the future. This issue is not just Symphony's concern, cutting cost at primary care and living within GMS contract values is not good for patients and the likelihood is if these patients cannot get an appointment, they will present elsewhere, at more expense. Peter Lewis advised that the provision of primary care is the responsibility of the ICB and in the past, this has been where Symphony comes in to support struggling GP practices. Partnerships fail and contracts are handed back, but there are significant consequences for patients where contracts fail, as patients are reallocated into other practices at significant costs.
- 10.10 Heather Shearer asked how Symphony works with governance around policies and procedures and if this aligns with the ICB. Kerry White said policies and procedures are company specific. Sharing of policies is completed where possible, such as some central corporate policies, but some policies are specific to SFT and do not apply to Symphony, like mandatory training, and so each practice will have their own policies.
- 10.11 Jeannette Keech asked how other PCN's work that share areas with Symphony and independent GP's. Kerry White said it can vary, most PCN's work well together, have a common goal and direction and things get completely fairly; others struggle where they don't have a common agenda.
- 10.12 Martyn Scrivens thanked Kerry White and said as the survival of primary care is critical to SFT success, Symphony could help provide so many opportunities and different ways of transforming primary care, and it was informative to receive this update.

11 FEEDBACK FROM: The Lead and Deputy Lead Governors

11.1 Kate Butler made the following comments:

- No concerns raised since the last Council of Governors meeting; it has been a successful three months.
- Kate Butler and Paull Robathan continue to regularly meet with Colin Drummond and a couple of NEDs. The meeting follows the informal governors meeting, so any issues can be raised here and taken to Colin and the NEDs to follow up.

- The system is working but there are still improvements to be made and more work is needed within the Trust to make the Governors feel more connected.

The Quality and Patient Experience Group meeting held on 22 May 2024

- 11.2 Judith Goodchild, taken the report as read, highlighted the following:
- Alex Pryde attended the group to give an overview of Oasis including discussing concerns around outcomes and quality. Governors and patients raised concerns around referrals to the wrong specialist causing delays to treatment. Alex Pryde assured the group it is a significant part of his role is to review routines and make sure there is a robust system of quality assurance.

The Strategy and Planning Group meeting held on 17 May 2024

- 11.3 Martin Davidson, deputising for Paull, took the report as read and explained he had stepped down from the external audit panel and Paull Robathan would be finding a replacement shortly.
- 11.4 David Recardo asked if there was an update regarding the building works at YDH. Peter Lewis advised the Yeovil Diagnostic Centre shell has been built and the plan is to open the modular theatre in autumn and will be ran by InHealth on behalf of the Trust, modelled after the Taunton Diagnostic centre. Peter Shorland commented at the last informal governors meeting that the Governors discussed there are many new buildings and improvements happening all over the Trust and the Governors could be made more aware of these things and asked if an update to the Governors. Peter Lewis confirmed he would arrange for David and estates team to provide an update. (ACTION)
- 11.5 Heather Shearer asked how Governors who are not assigned members of working groups receive information on estates, performance monitoring, improvements in Somerset and risks etc. Tina Hickinbottom-Tacey added summary reports relating to each working group are circulated within the papers, and all Governors can access all the working group papers regardless of whether they sit on the group on the password protected Governor Portal.
- 11.6 Julie Reeve commented staff also ask about the new buildings and possible opportunities for additional staff in these areas, would be good to be able to provide some narrative to colleagues. Peter Lewis confirmed he can provide updates to staff governors and colleagues and yes it will mean more staff and possible opportunities for movement with existing staff.

The People Group meeting held on 15 May 2024

- 11.7 Mark Robinson, taking the report as read, highlighted the following:
- 11.8 The meeting has had low attendance at time as the majority of members are appropriately staff governors, but this can be harder for staff governors to fit around their substantive roles, however, the information is always useful and Isobel Clements massively contributes to this meeting. Kate Butler agreed low numbers has occurred

across all working governors on occasion and suggested opening the working groups to all Governors to attend as observers. The core membership would not change and observers would be there to observe and not be included in quorate numbers but could provide some discussion points and feedback. Ian Hawkins added working groups are kept smaller on purpose to allow for dedicated and pointed discussions but agreed that more members could be beneficial if attendance is low.

- 11.9 Staff are well supported with health and wellbeing and it was good to see the overall strategy.
- 11.10 The staff survey results were discussed and the group were happy to hear the uptake had generally been good, better than other organisations. The national survey creates one set of data, which Executives and the senior leadership teams can use to make a real difference in the organisation.
- 11.11 Kate Butler raised a concern around staff feeling uncomfortable when asked to complete the staff survey or speak to the freedom to speak up guardians due to concerns around confidentiality and anonymity and asked for some reassurance about this. Isobel Clements suggested this was a topic they could deep dive into through the People Group and she would be happy to talk to the Governors after the meeting to provide some reassurance but she also encouraged everyone to be proportionate and remain open about what they hear. Unfortunately, as with all big organisations some individuals will not be happy, but the Trust is working to identify teams where more support might be needed. She assured the Governors the survey is completely anonymous, as even though there is a link sent to all staff, an external provider collates the results and if there is less than 10 members in a team, that team will not receive the in-depth information as individuals may be identifiable.

The Membership, Involvement and Communications Group held on 13 May 2024

- 11.12 Kate Butler, taking the report as read, noted although the Group is relatively new, they are making progress with its objectives. The Group were pleased to see that the number of members with emails has risen, due to accurate data. The engagement team is keen to use this resource going forward to ask for care opinion, experiences and feedback. The youth strategy group is under development.

The Nomination and Remuneration Committee meeting

- 11.13 The report was noted.

Staff Governors

- 11.14 Peter Shorland wanted to send thanks to the members of staff at Musgrove Park hospital, he recently took his wife to an appointment and he got lost and the staff were so helpful and took them directly to the clinic he needed.
- 11.15 Kate Butler agreed getting lost is huge concern for visitors and suggested reinstating something similar to the buggy across Musgrove Park Hospital, which she believes was funded by the hospital charity and supported patients, public and visitors in getting

around MPH. Graham Hughes noted he will pick this up and see if he can get details on this project to see if something could be reinstated.

- 11.16 Joe Silsby agreed that patients getting lost and exits not being clearly marked was a huge part of the feedback he received. Peter Lewis advised he would take this back to David Shannon and ask estates and facilities to look into this. Phil Brice added Dave Shire is reinvigorating the signage and wayfaring group, and said he is sure he would be happy for the governors to support this.

12 ANY OTHER BUSINESS AND CLOSE OF MEETING

- 12.1 Bob Champion asked about disabled toilets and access at Summerland's site, as he recently visited and struggled with access for a flat-bed wheelchair. He appreciates it is a grade 2 listed building and wondered what restrictions this puts on the Trusts infrastructure plans and accommodating for the disabled. Phil Brice confirmed it is a grade 2 listed building as are a couple of other Trust owned sites but that all sites should offer support and redirect to where there are accessible toilets. He said he will follow up with Dave Shire and Health and Safety to look into the disabled accessibility.
- 12.2 Kate Butler and Alex Priest both mentioned incidents at sites they visited where a fire alarm occurred and patients and visitors were left outside for a substantial amount of time, with no suggestion it was a fire alarm test and no firefighters on scene. Peter Lewis advised he would look into this.
- 12.3 Colin Drummond welcomed Jade Renville to the Trust and offered many thanks to Phil Brice as this would be his last Council of Governors in his role as Director of Corporate Services. He also offered thanks to the Governors for all the support, observations and feedback.

13 DATE OF NEXT MEETING

- 13.1 24 September 2024, 11:15-13:30

SOMERSET NHS FOUNDATION TRUST
ACTION NOTES FROM THE PUBLIC COUNCIL OF GOVERNORS MEETING
HELD ON 19 JUNE 2024

AGENDA ITEM	ACTION	BY WHOM	DUE DATE	PROGRESS
14 December 2024				
Item 12 (12.2)	Add the following items to future Council of Governors or Governors Development Day agendas: 12.2 Update from the ICB (invite Paul von der Heyde and colleagues when appropriate)		TBC	In progress June – council agreed to delay invites till after the general election.
Item 12 (12.3)	Add the following items to future Council of Governors or Governors Development Day agendas: 12.3 Update from Local Authority to include an invite to Mel Lock.		TBC	In progress June – council agreed to delay invites till after the general election.
19 June 2024				
Item 11 (11.4)	For Governors to get an update on building work across the acute sites.	David Shannon	TBC	

Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Declarations of Interest
SPONSORING EXEC:	Colin Drummond, Chairman
REPORT BY:	Ria Zandvliet, Secretary to the Trust
PRESENTED BY:	Colin Drummond, Chairman
DATE:	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

Executive Summary and Reason for presentation to Committee/Board	<p>As required by the Regulatory Framework, Section 7 in the Council of Governors Standing Orders all governors are to declare any interests they may have outside of their role as a governor which may be relevant and material to the business of the Trust.</p> <p>The attached report outlines the current interests declared by governors as of 19 June 2024</p> <p>The changes made since the June 2024 meeting have been marked in red.</p>
Recommendation	The Council of Governors is asked to note the governors' declarations of interest.

Links to Joint Strategic Objectives (Please select any which are impacted on / relevant to this paper)	
<input type="checkbox"/> 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 type="checkbox"/> Obj 8	Develop a high performing organisation delivering the vision of the Trust



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

<input type="checkbox"/> Financial	<input checked="" type="checkbox"/> Legislation	<input type="checkbox"/> Workforce	<input type="checkbox"/> Estates	<input type="checkbox"/> ICT	<input type="checkbox"/> Patient Safety/ Quality
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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 report is presented to every meeting.

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

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

SOMERSET NHS FOUNDATION TRUST

DECLARATION OF COUNCIL OF GOVERNORS' INTERESTS

Governor	Constituency	Declaration of Interest (Financial and other interests)
Public Governors		
Mrs Erica Adams	Public - Somerset West and Taunton	<ol style="list-style-type: none"> 1. Secretary - Wellington Medical Centre Patient Participation Group 2. Chairman - Patient Transport Service – The Welly Hopper 3. Associate Member - Somerset Building Preservation Trust (previously Company Secretary, Administrator, Fund Raiser and Education Programme planner) 4. Visitor - Abbeyfield Taunton Society, Pollards Way, Taunton (previously Company Secretary and Administrator) 5. Digital Champion through Somerset CCG
Ian Aldridge	Public – Somerset West and Taunton	<ol style="list-style-type: none"> 1. Member - Patient Participation Group at Williton Surgery
Mrs Kate Butler	Public – Somerset West and Taunton	<ol style="list-style-type: none"> 1. Member - Patient Participation Group at Williton Surgery 2. Volunteer with Healthwatch
Mrs Jeanette Keech	Public – Somerset West and Taunton	<ol style="list-style-type: none"> 1. Chair - Lyngford Park Surgery PPG 2. Trustee of the North Taunton Partnership
Mr Bob Champion	Public – Mendip	<ol style="list-style-type: none"> 1. Board Member and Volunteer - Healthwatch Somerset Board 2. Members - Carers Voice Somerset 3. Member - Carers UK 4. Eldest daughter works for Practice Plus Group 5. Full time carer for family member 6. Involved with Somerset, Wiltshire and Dorset CCGs and Somerset CC re funding for family member 7. Member of the Carer Support and Involvement Group run by Musgrove Park Hospital
Virginia Membrey	Public – Mendip	<ol style="list-style-type: none"> 1. Trustee at Winterfell Wood 2. Mental Health Act panel member
Alison James	Public – Mendip	

Governor	Constituency	Declaration of Interest (Financial and other interests)
	Public – Mendip	
Mrs Judith Goodchild	Public – Sedgemoor	<ol style="list-style-type: none"> Chair - Healthwatch Somerset and on their behalf sits on: <ul style="list-style-type: none"> - Health and Wellbeing Board - Integrated Care Board Fit for My Future Programme Board - Primary Care Commissioning Group - Observer - Integrated Care Board Trustee Bridge Multi-Academy Trust.
Mr Eddie Nicolas	Public – Sedgemoor	<ol style="list-style-type: none"> Member – East Quay Medical Centre PPG Member – Somerset Mental Health Stakeholders Engagement Forum Member - Somerset NHS Citizens Panel
Mr Jack Torr	Public - Sedgemoor	<ol style="list-style-type: none"> None to be declared
Mr Martin Davidson	Public – Sedgemoor	<ol style="list-style-type: none"> Daughter - Anesthetist Royal Hampshire County Hospital, Winchester Son-in-Law – Anesthetist Royal Hampshire County Hospital, Winchester
Mr Ian Hawkins	Public – South Somerset	<ol style="list-style-type: none"> Trustee - South Petherton League of Friends
Mrs Sue Steele	Public – South Somerset	<ol style="list-style-type: none"> Member – Conservative Party
Mr Michael (Mick) Beales	Public – South Somerset	<ol style="list-style-type: none"> Vice- Chair for Preston Grove Patient Participation Group (PPG). Volunteer (advertising) for fundraising team of St Margaret’s Hospice”.

Governor	Constituency	Declaration of Interest (Financial and other interests)
Mr David Recardo	Public – South Somerset	<ol style="list-style-type: none"> 1. Member of the National Trust 2. Member of the RHS 3. Member of Yeovil Golf Club 4. Trustee for the Woborns Almshouses in Yeovil
Dr Paull Robathan	Public – South Somerset	<ol style="list-style-type: none"> 1. Chairman of the South Petherton Community Hospital League of Friends 2. Daughter is a GP and lecturer in General Practice in Wales 3. Member of the Independent Panel for Somerset Councilors
Sarah Duncan	Public – South Somerset	
Mr Alan Peak	Public - Outside Somerset	<ol style="list-style-type: none"> 1. None to be declared
Peter Shorland	Public – Dorset	<ol style="list-style-type: none"> 1. President and Trustee - Sherborne West End Community Association 2. Member – Conservative Party
Staff Governors		
Dr Joe Silsby	Staff	<ol style="list-style-type: none"> 1. Private Practice at SNH
Dr Shabnum Ali	Staff	<ol style="list-style-type: none"> 1. None to be declared
Mark Robinson	Staff	<ol style="list-style-type: none"> 1. None to be declared
Julie Reeve	Staff	<ol style="list-style-type: none"> 1. None to be declared
Nick Craw	Staff	<ol style="list-style-type: none"> 1. None to be declared
Lydia Karamura	Staff	<ol style="list-style-type: none"> 1. None to be declared
Phil Hodgson-Purves	Staff	<ol style="list-style-type: none"> 1. Husband is an employee of Somerset NHS Foundation Trust, as an Assistant Clinical Skills Trainer within the Learning & Development Dept.
Halley Kimber-Keirle	Staff	<ol style="list-style-type: none"> 1. None to be declared
Heather Sparks	Staff	<ol style="list-style-type: none"> 1. None to be declared

Jonathan Moore	Staff	1. None to be declared
Adekunle Akinola	Staff	1. None to be declared
Sun Sander-Jackson	Staff	1. None to be declared
Appointed Members		
Caroline Gamlin	Somerset Integrated Care Board	<ol style="list-style-type: none"> 1. Non executive Director of NHS Somerset (ICB) with lead for quality 2. Member of ICB audit and remuneration committees 3. Husband is a GP in Weston super mare and director of Pier Health 4. Partnership link lead for Health Education England – voluntary role 5. Volunteer mentor for PromiseWorks Somerset 6. Member Deafinate CIC
Cllr Heather Shearer	Somerset Council	<ol style="list-style-type: none"> 1. Company Director - Quick Space Ltd 2. Company Director – Structures & Covers Ltd 3. Member - Street Parish Council 4. Chair - Police and Crime Panel (Avon and Somerset). 5. Chair – Safer Somerset Partnership 6. Chair – Mendip Health and Wellbeing Board 7. Councillor – Somerset Council 8. Trustee – Mendip Community Transport
Adam Dance	Somerset Council	
Professor Jos Latour	Universities	<ol style="list-style-type: none"> 1. Professor in Clinical Nursing - University of Plymouth 2. Director of the professorial-led South West Clinical School located at Somerset Foundation NHS Trust
Vacancy	Somerset GP Board	
Dirk Williamson	Simply Serve	1. None declared
Vacancy	Symphony Health Services	
Jane Knowles	Voluntary, Community and Social Enterprise	

	(VCSE)	
Val Bishop	Voluntary, Community and Social Enterprise (VCSE)	

Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Council of Governors – meeting attendance
SPONSORING EXEC:	Colin Drummond, Chairman
REPORT BY:	Tina Hickinbottom-Tacey, Corporate Services Officer
PRESENTED BY:	Colin Drummond, Chairman
DATE:	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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Executive Summary and Reason for presentation to Committee/Board	<p>According to the Trust’s Constitution – Annex 6 paragraph 1 - if a Governor fails to attend any meeting of the Council of Governors for three successive meetings of the Council of Governors, his/her tenure is to be immediately terminated by the Council of Governors unless the Council of Governors is satisfied that:</p> <ul style="list-style-type: none"> • the absence was due to reasonable cause, and; • that the Governor will be able to start attending meetings of the Council of Governors within such a period as it considers reasonable. <p>There are ?? instances of a failure by a Governor to attend three consecutive meetings to be brought to the attention of the Council of Governors:</p> <ul style="list-style-type: none"> •
Recommendation	The Council of Governors is asked to note the overview of meeting attendance and to accept the assurance that ?? will be able to attend future meetings.

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



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

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

<input type="checkbox"/> Financial	<input checked="" type="checkbox"/> Legislation	<input type="checkbox"/> Workforce	<input type="checkbox"/> Estates	<input type="checkbox"/> ICT	<input type="checkbox"/> Patient Safety/ Quality
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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 report is presented to every meeting.

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

<input type="checkbox"/> Safe	<input type="checkbox"/> Effective	<input type="checkbox"/> Caring	<input type="checkbox"/> Responsive	<input 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 - GOVERNOR ATTENDANCE RECORD
AT COUNCIL OF GOVERNORS' MEETINGS**

Governor	Constituency	13 June 2023	20 September 2023	14 December 2023	20 March 2024	19 June 2024	Meetings	
							Possible	Actual
Erica Adams	Public –Somerset West and Taunton	√	√	√	X	√	5	4
Ian Aldridge	Public –Somerset West and Taunton	√	√	√	√	X	5	4
Jane Armstrong	Public –Somerset West and Taunton	√	√	√	√	√	5	5
Kate Butler	Public – Somerset West and Taunton	√	√	√	√	√	5	5
Jeanette Keech	Public –Somerset West and Taunton	√	√	√	√	√	5	5
Bob Champion	Public – Mendip	√	√	√	√	√	5	5
Virginia Membrey	Public – Mendip	√	√	X	√	√	5	4
Vacancy	Public - Mendip						--	--
Vacancy	Public – Mendip						--	--
Judith Goodchild	Public – Sedgemoor	√	√	√	√	√	5	5
Jack Torr	Public - Sedgemoor	√	X	√	X	√	5	
Eddie Nicolas	Public - Sedgemoor	√	√	√	√	√	5	5
Martin Davidson	Public – Sedgemoor	√	X	√	√	√	5	4
Ian Hawkins	Public – South Somerset	√	√	√	√	√	5	5
Sue Steele	Public – South Somerset	√	√	√	√	√	5	5
Mick Beales	Public – South Somerset	√	√	X	√	√	5	4
David Recardo	Public – South Somerset	X	X	X	X	√	5	1
Paull Robathan	Public – South Somerset	√	√	√	√	X	5	4
Vacancy	Public – South Somerset						--	--
Peter Shorland	Public – Dorset	√	X	√	√	√	5	4
Alan Peak	Public – Outside Somerset	√	X	√	X	X	5	2

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

Governor	Constituency	13 June 2023	20 September 2023	14 December 2023	20 March 2024	19 June 2024	Meetings	
							Possible	Actual
Shabnum Ali	Staff	X	X	X	√	X	5	1
Joe Silsby	Staff	√	√	√	√	√	5	5
Julie Reeve	Staff		√	√	√	√	4	4
Nick Crow	Staff		X	√	X	X	4	1
Mark Robinson	Staff		X	X	X	√	4	1
Lydia Karamura	Staff		√	X	X	√	4	2
Phil Hodgson-Purves	Staff		X	X	√	√	4	2
Halley Kimber	Staff		X	X	X	X	4	0
Heather Sparks	Staff		√	X	X	√	4	2
Jonathan Moore	Staff		√	√	X	√	4	3
Adekunle Akinola	Staff		√	√	√	X	4	3
Sun Sander-Jackson	Staff		√	X	√	X	4	2

Appointed Governors

Governor	Organisation	13 June 2023	20 September 2023	14 December 2023	20 March 2024	19 June 2024	Meetings	
							Possible	Actual
Vacancy	Somerset GP Board						-	--
Caroline Gamlin	Somerset Integrated Care Board	√	X	X	√	√	5	3
Jos Latour	Universities	√	X	√	X	X	5	2
Cllr Heather Shearer	Somerset Council	√	X	√	√	√	5	4

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

Governor	Organisation	13 June 2023	20 September 2023	14 December 2023	20 March 2024	19 June 2024	Meetings	
CLlr Adam Dance	Somerset Council		X	X	√	x	3	1
Dirk Williamson	Simply Serve	√	√	√	√	√	4	4
Vacancy	Symphony Health Services						--	--
Vacancy	Voluntary, Community and Social Enterprise (VCSE)						--	--
Vacancy	Voluntary, Community and Social Enterprise (VCSE)						--	--

Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Statutory Duties of Governors 2024/25
SPONSORING EXEC:	Colin Drummond, Chairman
REPORT BY:	Ria Zandvliet, Secretary to the Trust
PRESENTED BY:	Colin Drummond, Chairman
DATE:	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

Executive Summary and Reason for presentation to Committee/Board	<p>The statutory duties of Governors are set out in the Health and Social Care Act and are also reflected in the Trust's Constitution.</p> <p>The attached report is updated to reflect the Addendum to the Statutory Duties published in October 2022.</p> <p>The report is updated at every meeting and provides a clear overview of progress made in relation to the implementation of these statutory duties.</p>
Recommendation	The Council of Governors is asked to note the overview.

Links to 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 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 type="checkbox"/> Financial	<input checked="" type="checkbox"/> Legislation	<input type="checkbox"/> Workforce	<input type="checkbox"/> Estates	<input type="checkbox"/> ICT	<input type="checkbox"/> Patient Safety/ Quality
Details: N/A					



Equality 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 report is presented to every meeting.

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

<input type="checkbox"/> Safe	<input type="checkbox"/> Effective	<input type="checkbox"/> Caring	<input type="checkbox"/> Responsive	<input type="checkbox"/> Well Led
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Is this paper clear for release under the Freedom of Information Act 2000?

Yes

No

STATUTORY DUTIES OF GOVERNORS FOR 2024/25
(Progress on actions taken all relate to 2024/25 unless indicated otherwise)

Completed in year or currently underway		Action Taken	Action Completed?
Recruitment/appointment of Non-Executive Director	Review of the Non-Executive Director end of term dates for 2024/25	A report on the recruitment of three Non-Executive Directors to replace three Non-Executive Directors whose term of office will come to an end in 2024 was presented to the March 2023 Council of Governors meeting. A recommendation for the appointment of three new Non-Executive Directors was approved at the September 2023 meeting. Three new non-executive directors were appointed from 1 October.	Completed
		A report was presented to the March 2024 meeting in relation to the reappointment of a NED and the COG approved the reappointment of Kate Fallon for up to one year from 29 May 2024.	Completed
		A report has been included on the agenda of the June 2024 meeting in relation to	Completed

		<p>the reappointment of a NED from 1 August 2024 for up to six months.</p> <p>A report on the appointment of a new NED to replace James Phipps will be presented to a future meeting.</p>	Ongoing
Decide the terms and conditions of the Chairman and Non-Executive Directors	Annual remuneration review	An annual remuneration review for Non-Executive Directors and the Chairman will be carried out in 2024 and the proposals will be presented to a future Council of Governors meeting.	Ongoing
Consider the Annual Accounts and Annual Report		The 2023/24 Annual Accounts and Annual Report and external audit opinion have been included on the agenda of the September 2024 Council of Governors meeting and the September 2024 Annual Members meeting.	Ongoing
Assist the Board of Directors in setting the strategic direction of the Trust and targets for the Trust's performance		Governors approved the Quality Account priorities for 2023/24 at its September 2023 meeting. The Quality Report for 2023/24 and the	Ongoing.

		<p>Quality Account priorities have been included on the agenda of the September 2024 Council of Governors meeting.</p> <p>Input into the strategic direction of the Trust is provided through the Strategy and Planning Group.</p>	
<p>To hold the Non-Executive Directors, individually and collectively to account for the performance of the Board of Directors, including:</p> <ul style="list-style-type: none"> • considering whether the interests of the public ‘at large’ have been factored into board decision-making • be assured of the Board’s performance in the context of the system as a whole, and as part of the wider provision of health and social care • compliance with the triple aim duty of better health and wellbeing for 		<p>Performance is discussed through a number of different ways:</p> <ul style="list-style-type: none"> • Governors Strategy and Planning Working Group • Governors Quality and Patient Experience Group • Governors People Group • Governors’ attendance to Public Board meetings • weekly Governor briefings • report of the Board of 	<p>Ongoing</p>

<p>everyone, better quality of health services for all individuals, and sustainable use of NHS resources.</p> <ul style="list-style-type: none"> • The role of the Trust in relation to reducing health inequalities in access, experience and outcomes. 		<p>Directors to the Council of Governors meetings</p> <ul style="list-style-type: none"> • invitations for Governors to attend Board Committee and Governance Group meetings • feedback by Non-Executive Directors to the Council of Governors meetings • Non-Executive Director and Governor meetings • Governor Development Days • availability of detailed finance and performance reports on the Trust's website. 	
<p>Represent the interests of the members of the Trust as a whole and form a rounded view of the interests of the public 'at large', which includes the population of the Somerset system.</p>		<p>The interests of members as a whole and the interests of the public are represented in a number of ways, including Governor attendance at non-Trust meetings, members' newsletter, Leadership Walkrounds.</p>	<p>Ongoing</p>

<p>To interact regularly with members of the trust and public to understand their views and to clearly communicate information on trust and system performance and planning in return.</p>		<p>Actions will be taken forward through the Membership, Involvement and Communication Group.</p>	<p>Ongoing</p>
<p>Agree with the Audit Committee the criteria for appointing, reappointing and removing external auditors following a written recommendation from the Audit Committee</p>		<p>A report on an external audit tendering process was approved at the March 2024 meeting. The COG approved the nomination of two governors on the tender evaluation panel. The findings of the tender will be presented to a future CoG meeting.</p>	<p>Ongoing</p>
<p>Appraisal process for Chairman and Non-Executive Directors</p>		<p>Feedback on the Non-Executive Directors appraisals for 2023/24 was presented to the June 2024 COG meeting.</p> <p>Feedback on the chairman's appraisal was presented to the June 2024 meeting.</p>	<p>Completed</p> <p>Completed</p>
<p>To decide whether the Trust's private patient work would significantly interfere with the Trust's principal</p>		<p>This will be raised with the Council of Governors as and when required.</p>	<p>Ongoing</p>

purpose.			
To approve any proposed increases in non-NHS income of 5% or more in any financial year.		The Trust does not anticipate a proposed increase in non-NHS income of 5% or more for the 2024/25 financial year.	Ongoing
To approve an application by the Trust to enter into a merger, acquisition, separation or dissolution (obtain assurance that the board of directors has been thorough and comprehensive in reaching its decision to undertake a transaction and has undertaken due diligence and that it considered the interests of members and the public as part of the decision-making process).		Governors were involved in the transaction to enter into the merger of SFT and YDH from 1 April 2023. No further merger, acquisition, separation or dissolution is envisaged for 2024/25.	Completed.
To approve a significant transaction.		The definition of a significant transaction is included in the Constitution and was approved by the Council of Governors and Board. No significant transaction is envisaged for 2024/25.	Completed
To approve proposed		The Constitution will be kept	Ongoing.

changes to the Constitution.		under review and changes proposed as and when required. Proposed changes to the Constitution will be presented to the December 2024 CoG meeting.	-
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Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	SFT 2022/23 Independent Auditor's Report to the Council of Governors
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
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Executive Summary and Reason for presentation to Committee/Board	<p>Auditors are required to produce an independent auditors' report for the Council of Governors and the report is attached for information.</p> <p>The report concludes that the financial statements:</p> <ul style="list-style-type: none"> • give a true and fair view of the state of the Trust's affairs as at 31 March 2024 and of its 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). <p>The basis for the above opinion is set in the report.</p>
Recommendation	The Council of Governors is asked to note the independent auditors' opinion.

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 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
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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 audit opinion is 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

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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Auditor's Annual Report 2023/24

Somerset NHS Foundation Trust

June 2024

Contents

KEY CONTACTS

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Manager

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Sanchita Dhoundiyal

In-charge Auditor

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		Page
01	Executive Summary	4
02	Audit of the Financial Statements	6
03	Value of Money	8
	a) Financial Sustainability	
	b) Governance	
	c) Improving economy, efficiency and effectiveness	

This report is addressed to Somerset NHS Foundation Trust (the Trust). We take no responsibility to any member of staff acting in their individual capacities, or to third parties.

External auditors do not act as a substitute for the audited body's own responsibility for putting in place proper arrangements to ensure that public business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively.



01 Executive Summary

Executive Summary

Purpose of the Auditor’s Annual Report

This Auditor’s Annual Report provides a summary of the findings and key issues arising from our 2023-24 audit of Somerset NHS Foundation Trust (the ‘Trust’). This report has been prepared in line with the requirements set out in the Code of Audit Practice published by the National Audit Office and is required to be published by the Trust alongside the annual report and accounts.

Our responsibilities

The statutory responsibilities and powers of appointed auditors are set out in the Local Audit and Accountability Act 2014. In line with this we provide conclusions on the following matters:



Accounts - We provide an opinion as to whether the accounts give a true and fair view of the financial position of the Trust and of its income and expenditure during the year. We confirm whether the accounts have been prepared in line with the Group Accounting Manual prepared by the Department of Health and Social Care (DHSC).



Annual report - We assess whether the annual report is consistent with our knowledge of the Trust. We perform testing of certain figures labelled in the remuneration report.



Value for money - We assess the arrangements in place for securing economy, efficiency and effectiveness (value for money) in the Trust’s use of resources and provide a summary of our findings in the commentary in this report. We are required to report if we have identified any significant weaknesses as a result of this work.



Other reporting - We may issue other reports where we determine that this is necessary in the public interest under the Local Audit and Accountability Act.

Findings

We have set out below a summary of the conclusions that we provided in respect of our responsibilities:

Accounts	<p>We issued an unqualified opinion on the Trust’s accounts on 27 June 2024. This means that we believe the accounts give a true and fair view of the financial performance and position of the Trust.</p> <p>We have provided further details of the key risks we identified and our response on page 7.</p>
Annual report	<p>We did not identify any significant inconsistencies between the content of the annual report and our knowledge of the Trust.</p> <p>We confirmed that the Governance Statement had been prepared in line with the Department of Health and Social Care requirements.</p>
Value for money	<p>We are required to report if we identify any matters that indicate the Trust does not have sufficient arrangements to achieve value for money.</p> <p>We identified one significant weakness relating to the arrangements for governance associated with the CQC maternity inspection in the year. We have provided further detail on page 13-14.</p>
Other reporting	<p>We did not consider it necessary to issue any other reports in the public interest.</p>



02 Audit of the Financial Statements

Audit of the financial statements

KPMG provides an independent opinion on whether the Trust's financial statements:

- Give a true and fair view of the state of the Trust's affairs as at 31 March 2024 and of its income and expenditure for the year then ended;
- 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).

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. We have fulfilled our ethical responsibilities under, and are independent of the Trust 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.

Audit opinion on the financial statements

We issued an unqualified opinion on the Trust's financial statements on 27 June 2024.

The full opinion is included in the Trust's Annual Report and Accounts for 2023/24 which can be obtained from the Trust's website.

Further information on our audit of the financial statements is set out overleaf.

Audit of the financial statements

The table below summarises the key risks that we identified to our audit opinion as part of our risk assessment and how we responded to these through our audit.

Risk	Procedures undertaken	Findings
<p>Management override of controls</p> <p>We are required by auditing standards to recognise the risk that management may use their authority to override the usual control environment.</p>	<ul style="list-style-type: none"> – Our audit methodology incorporates the risk of management override as a default significant risk. In line with our methodology, we evaluated the design and implementation of the controls in place for the approval of manual journals posted to the general ledger to ensure that they are appropriate; – We analysed all journals through the year and focus our testing on those with a higher risk, such as journals impacting expenditure recognition; – We assessed the appropriateness of changes compared to the prior year to the methods and underlying assumptions used to prepare accounting estimates; – We reviewed the appropriateness of the accounting for significant transactions that are outside the Trust’s normal course of business, or are otherwise unusual; and – We assessed the controls in place for the identification of related party relationships and test the completeness of the related parties identified. We will verify that these have been appropriately disclosed within the financial statements. 	<ul style="list-style-type: none"> – We identified a number of journal entries and other adjustments which met our pre-determined high risk criteria. These included unusual entries to cash and borrowings as well as journal entries which were posted to accruals in the last quarter of the year. Our review and examination of supporting documents did not identify any instances of management override of controls. – We did not identify any material misstatements in relation to this significant risk.
<p>Fraudulent expenditure recognition</p> <p>Auditing standards suggest for public sector entities a rebuttable assumption that there is a risk expenditure is recognised inappropriately. We recognised this risk over all expenditure, excluding payroll costs and depreciation.</p>	<ul style="list-style-type: none"> – We evaluated the design and implementation of controls for developing manual expenditure accruals at the end of the year to verify that they have been completely recorded; – We inspected a sample of invoices of expenditure and payments made, in the period after 31 March 2024, to determine whether expenditure has been recognised in the correct accounting period; – We inspected journals posted as part of the year end close procedures that decrease the level of expenditure recorded in order to critically assess whether there was an appropriate basis for posting the journal and the value can be agreed to supporting evidence; – We performed a retrospective review of prior year accruals in order to assess the existence and accuracy with which accruals had been recorded at 31 March 2023 and consider the impact on our assessment of the accruals at 31 March 2024. – We performed a year on year comparison of the accruals made in the prior year and current year and challenged management where the movement is not in line with our understanding of the entity. 	<ul style="list-style-type: none"> – We sampled a number of invoices of expenditure and cash payments in the period following 31 March 2024, and did not identify any inappropriate entries. – We performed a retrospective review of accruals (both through consideration of prior year accruals and through comparison to current year accruals), and did not identify any inappropriate entries. – We did not identify any material misstatements relating to this risk.



03 Value for Money


Value for Money

Introduction

We are required to consider whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources or 'value for money'. We consider whether there are sufficient arrangements in place for the Trust for the following criteria, as defined by the National Audit Office (NAO) in their Code of Audit Practice:

 **Financial sustainability:** How the Trust plans and manages its resources to ensure it can continue to deliver its services.

 **Governance:** How the Trust ensures that it makes informed decisions and properly manages its risks.

 **Improving economy, efficiency and effectiveness:** How the Trust uses information about its costs and performance to improve the way it manages and delivers its services

Approach










We undertake risk assessment procedures in order to assess whether there are any risks that value for money is not being achieved. This is prepared by considering the findings from other regulators and auditors, records from the organisation and performing procedures to assess the design of key systems at the organisation that give assurance over value for money.

Where a significant risk is identified we perform further procedures in order to consider whether there are significant weaknesses in the processes in place to achieve value for money.

We are required to report a summary of the work undertaken and the conclusions reached against each of the aforementioned reporting criteria in this Auditor's Annual Report. We do this as part of our commentary on VFM arrangements over the following pages.

We also make recommendations where we identify weaknesses in arrangements or other matters that require attention from the Trust.

Summary of findings

	Financial sustainability	Governance	Improving economy, efficiency and effectiveness
Commentary page reference	12-13	14	15-16
Identified risks of significant weakness?	 No	 Yes	 No
Actual significant weakness identified?	 No	 Yes	 No
2022-23 Findings	No significant weakness identified	No significant weakness identified	No significant weakness identified
Direction of travel			

Value for Money

NATIONAL CONTEXT

Financial performance

The 2023-24 financial year saw a significant increase in the level of financial pressures facing the NHS sector. This followed the end of Covid-19 related financing arrangements. The sector has faced cost pressures from a range of factors, most significantly the impacts of inflation and the costs of industrial action.

At the end of January 2024 NHS England forecast that the NHS would record an overspend of £1.1bn against its agreed budgets. This came after additional funding had been made available earlier in the year to support the costs of industrial action.

Operational performance

In January 2023 the Government announced five pledges for 2023, including reducing NHS waiting lists and the time people wait for procedures. Waiting lists had grown significantly during the Covid-19 pandemic as elective activity was postponed in order to prioritise the treatment of Covid patients and ensure safe working.

According to the Health Foundation the NHS waiting list had grown from 6.2 million patients at the beginning of 2022 to 7.2 million in January 2023. There had also been a significant increase in the number of patients with long waits. At the end of 2023 there remained 355,000 patients that had been waiting over a year for treatment. Income arrangements for the acute sector were revised in year to reimburse providers for elective activity based on the actual number of patients treated.

System working

The Health and Care Act 2022 formally established integrated care systems (ICSs), 42 partnerships within local geographies to promote closer working between the organisations responsible for healthcare delivery. Integrated Care Boards were formed on 1 July 2022, taking over commissioning responsibility from Clinical Commissioning Groups.

In their first full year of operation ICSs have continued to work to develop and embed governance arrangements.

LOCAL CONTEXT

Somerset NHS Foundation Trust provides, acute, community and mental health services throughout the county of Somerset. During the year, the Trust merged with Somerset NHS Foundation Trust to form the new Somerset NHS Foundation Trust.

Financial performance

The Trust has delivered a surplus of £23k in the year, broadly consistent with the prior year breakeven position. The position is aligned to the original breakeven plan submitted in April 2024 and the ICS reforecast in month 9.

Delivery of the financial plan remains a key challenge for the Trust, and this is achieved through a focus cost improvement programmes ('CIP'). The Trust was able to deliver most of the identified savings in 2023/24, delivering £15.7 million recurrent savings with a further £15.2 million of savings being delivered on a non-recurrent basis.

System working

The Trust recognises being part of a ICS with a challenging financial position, with the system reporting a current year breakeven position however with an underlying deficit of over £81.8 million.

The 2024/25 Trust and ICS plan was approved by the Board on March 2024 and subsequently updated in June 2024, with the Trust and ICS forecasting to breakeven at the end of 2024/25. The plans include challenging cost improvement targets of c. 5.6% for the Trust, which is greater than the CIP delivered in the current year.

Maternity CQC Inspection

Following a CQC inspection of the maternity services in December 2023, the Trust were issued with a Section 29A letter. The Trust are currently working through the actions required of them by the CQC, however were unable to implement all required actions by 31 March 2024.

Financial Sustainability

How the Trust plans and manages its resources to ensure it can continue to deliver its services.

We have considered the following in our work:

- How the Trust ensures that it identifies all the significant financial pressures that are relevant to its short and medium-term plans and builds these into them;
- How the Trust plans to bridge its funding gaps and identifies achievable savings;
- How the Trust plans finances to support the sustainable delivery of services in accordance with strategic and statutory priorities;
- How the Trust ensures that its financial plan is consistent with other plans such as workforce, capital, investment, and other operational planning which may include working with other local public bodies as part of a wider system; and
- How the Trust identifies and manages risks to financial resilience, e.g. unplanned changes in demand, including challenge of the assumptions underlying its plans

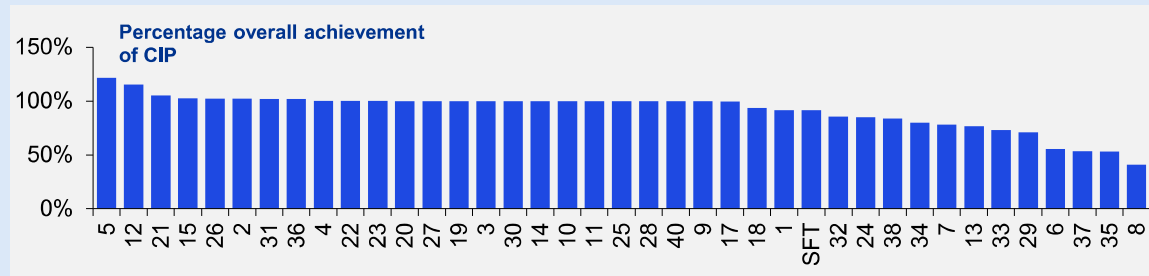
Summary of arrangements

We have **not identified a significant weaknesses** in the Trust's arrangements in relation to financial sustainability.

Delivery against 2023-24 financial plan

The original Trust financial plan for 2023/24 was a breakeven plan, which formed part of a wider ICS breakeven budget. The budgets were prepared based on appropriate local and national planning assumptions and were approved at both a Trust and ICS level prior to submission. The Trust has maintained appropriate oversight of its financial performance throughout the period, with regular papers being presented to the Finance Committee, with a full finance report being presented at each Trust Board meeting. The Trust was able to mitigate the reported month 9 deficit and achieved a £23k surplus at the year end, with the main driver for this improved performance being delivery of CIPs .

To support achievement of the financial position, the Trust planned delivery of £33.8 million of CIPs. The Trust was able to deliver most of the identified savings in 2023/24, with £15.7 million recurrent savings and a further £15.2 million of savings being on a non-recurrent basis. The overall achievement of CIP, compared to other providers, is drawn out further on the graph below.



The Trust has continued to work closed with Somerset Integrated Care Board and recognise being part of a system with a £83.0 million underlying deficit. The Trust year merged with Yeovil District Hospital NHS Foundation Trust on 1 April 2023, with many of the savings from the merger to be realised from financial year 2024/25 onwards. The Trust continues to integrate the wholly owned subsidiaries of the Group into the wider Group governance and financial management disciplines and reports are presented for Simply Serve Limited and Symphony Healthcare Services Limited.

The Trust remains in a strong financial position, with a closing cash balance of £76.6 million. As part of the 2024/25 planning process the Trust has submitted a breakeven plan to NHS England, with a forecast closing cash balance of £48.1 million.

Financial Sustainability

Capital Spend

As part of the 2023/24 plan, the Trust identified £84.6 million of capital spend, largely relating to sustainability and transformation works as well as the completion of the new Musgrove Park surgical centre. The delivery of plans are monitored through the Finance Committee. The Trust delivered total capital spend of £83.4 million during the year, with the performance against plan being largely driven by underspend associated with clinical diagnostic equipment.

Planning process for 2024-25

The Trust has worked with ICS partner organisations to develop plans for 2024/25 in line with the national guidance, with planning initiatives, which include involvement in the System Wide Finance Group and the identification of key actions including the implementation of additional cost controls at both a Trust and subsidiary entity level. In particular, the Trust has ensured all relevant stakeholders including the Board, Finance Committee and throughout the process, with necessary background and detail included within such updates.

The final Trust and ICS plans were submitted in June 2024, in line with the revised submission deadlines from NHS England, with both the Trust and System submitting a breakeven plan for 2024/25. This plan includes a challenging CIP target of £64.3 million, split between £34.7m recurrent and £29.6 million non-recurrent savings. The Trust will need to ensure appropriate focus is maintained on the delivery of both the recurrent and non-recurrent CIP targets.

Key financial and performance metrics (Trust only):	2023-24	2022-23
Planned performance (adjusted financial performance)	Breakeven	Breakeven
Actual performance (adjusted financial performance)	£23k surplus	Breakeven
Planned CIP as a % of spend	Planned CIP of £33.8 million:	Planned CIP of £14.2 million:
- Recurrent	— £24.0 million recurrent	— £11.0 million recurrent
- Non-recurrent	— £9.8 million non-recurrent	— £3.2 million non-recurrent
Actual CIP as a % of spend	Achieved CIP of £31.0 million:	Achieved CIP of £13.3 million:
- Recurrent	— £15.6 million recurrent	— £5.3 million recurrent
- Non-recurrent	— £15.3 million non-recurrent	— £8.0 million non-recurrent
Year-end cash position	£76.6 million	£42.5 million

Governance

How the Trust ensures that it makes informed decisions and properly manages its risks.

We have considered the following in our work:

- how the Trust monitors and assesses risk and how the body gains assurance over the effective operation of internal controls, including arrangements to prevent and detect fraud;
- how the Trust approaches and carries out its annual budget setting process;
- how the Trust ensures effective processes and systems are in place to ensure budgetary control; to communicate relevant, accurate and timely management information (including non-financial information where appropriate); supports its statutory financial reporting requirements; and ensures corrective action is taken where needed, including in relation to significant partnerships;
- how the Trust ensures it makes properly informed decisions, supported by appropriate evidence and allowing for challenge and transparency; and
- how the body monitors and ensures appropriate standards, such as meeting legislative/regulatory requirements and standards in terms of management or Board members' behaviour

Summary of arrangements

We have identified **one significant weakness** in the Trust's arrangements in relation to governance.

Risk Management Process

The identification and scoring of risks is a key part of the Trust Risk Management Strategy. The Trust has defined processes in place to monitor and assess risk, with key documents including the Board Assurance Framework (BAF) being regularly reviewed by the Audit Committee and by the Trust Board. Alongside this, the Trust's Corporate Risk Register is regularly reviewed and challenged by the Audit Committee, containing the operational risks to the Trust. The Trust utilise a 5x5 matrix to score operational risks which include the risk of access to primary care, the increased demand of the Emergency Department as well of the age of both the acute and community elements of the Trust estate. Individual risks identified are marked and described within the documents, including relevant updates to the risk since the date of the last review.

Care and Quality Commission Inspection

During the year, the Trust underwent an inspection of their maternity services at both Musgrove Park Hospital and Yeovil. The inspection rated the maternity services to be inadequate at both the Musgrove Park Hospital and Yeovil District Hospital sites.

The overall inspection and finalised inspection reports downgraded the overall rating of both sites from "Good" to "Requires Improvement" in both the safe and well-led categories of the CQC ratings, with the maternity services being rated as inadequate in the reports published in May 2024. The rating for Somerset NHS Foundation Trust remained as "Good" overall.

As a result of the inspection and findings identified during the visit the Trust was issued a Section 29(A) notice under the Health and Social Care Act 2006 in December 2023 and covered a number of areas including;

- 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.

Governance

How the Trust ensures that it makes informed decisions and properly manages its risks.

We have considered the following in our work:

- how the Trust monitors and assesses risk and how the body gains assurance over the effective operation of internal controls, including arrangements to prevent and detect fraud;
- how the Trust approaches and carries out its annual budget setting process;
- how the Trust ensures effective processes and systems are in place to ensure budgetary control; to communicate relevant, accurate and timely management information (including non-financial information where appropriate); supports its statutory financial reporting requirements; and ensures corrective action is taken where needed, including in relation to significant partnerships;
- how the Trust ensures it makes properly informed decisions, supported by appropriate evidence and allowing for challenge and transparency; and
- how the body monitors and ensures appropriate standards, such as meeting legislative/regulatory requirements and standards in terms of management or Board members' behaviour

In addition to the above, management were also issued with a warning notice under Section 31 of the Health and Social Care Act 2008 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 were given 48 hours to rectify the issues specifically covered by this notice and this has since been withdrawn.

Response to Inspection Findings

In response to the inspection report findings and Section 29A warning notice, the Trust developed an improvement plan with identified "must do" and "should do" actions with reporting of progress against the identifiable actions to both the Quality Committee, where progress against the maternity recommendations is a recurring agenda item and also as part of the Board level reporting.

The Trust have been working alongside the local CQC team in order to track progress and have met all deadlines with regards to the reporting of actions achieved, and those planned for the future. Management have provided the CQC inspection team with detailed briefing notes outlining both the areas of concern raised in the initial inspection alongside the actions that have been implemented since the inspection in order to address the concerns.

In May 2024, the Trust received notification from the CQC that they were satisfied with the actions completed by the Trust to date in order to address the concerns identified from the initial inspection into maternity services. The CQC confirmed that at this stage, they were not intending to take further regulatory action.

Conclusion:

The Trust have 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 have not been put in place by 31 March 2024 and the Trust are 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 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, we consider this to be a **significant weakness** in the governance arrangements in place at the Trust and make 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.

Governance

	2024	2023
Control deficiencies reported in the Annual Governance Statement	None	None
Head of Internal Audit Opinion	Moderate assurance	Reasonable assurance
Oversight Framework segmentation	2	2
Care Quality Commission rating	Good(Safe and Well-led)	Good (Safe and Well-led)

Improving economy, efficiency and effectiveness

How the Trust uses information about its costs and performance to improve the way it manages and delivers its services

We have considered the following in our work:

- how financial and performance information has been used to assess performance to identify areas for improvement;
- how the Trust evaluates the services it provides to assess performance and identify areas for improvement;
- how the Trust ensures it delivers its role within significant partnerships and engages with stakeholders it has identified, in order to assess whether it is meeting its objectives; and
- where the Trust commissions or procures services, how it assesses whether it is realising the expected benefits.

Summary of arrangements

We have **not identified a significant weaknesses** in the Trust's arrangements in relation to improving economy, efficiency and effectiveness.

Assessing Value for Money and Opportunities for Improvement

A monthly paper is presented to the Trust's Finance Committee in order to report on financial performance, allowing the Trust to assess the level of value for money being achieved. Management also maintain and monitor costs by reviewing the information received from the Model Hospital as well as performing detailed analysis over patient level costing. This benchmarking data is used for financial planning and contracting rounds to shape efficiency plans.

Partnership Working

System working is embedded as business as usual to enact the appropriate actions and change. This is underpinned by the Somerset Long term plan, which in its agreement principles, states that all providers agree to work within the aggregate of organisational control totals.

The Trust forms part of the Somerset ICS and members of the Board and Leadership team are integrated within the governance of the system. This includes the involvement and integration of key members of the Trust in the System Finance Group. This ensures the Trust is integrated into key system decisions and feeds back to the Trust the Board and Finance Committee. Planning is performed at an ICS level as well as considering the individual entities that make up the ICS, with the aim of achieving financial sustainability at a system level, although there also remains a focus on achieving financial balance at a organisational level.

Following the merger of Yeovil District Hospital NHS Foundation Trust into Somerset NHS Foundation Trust on 1 April 2023, the Somerset ICS is now made up of one provider and one commissioner, driving a closer working partnership.

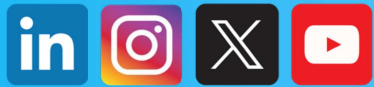
Monitoring of Performance of Services

The Trust has a performance management framework in place to set the structure of performance management. This details the format of reporting, outlining roles and responsibilities for each level. The main element of performance reporting is the integrated performance report which provides the Finance Committee, and subsequently the Board, with key operational performance indicators on a monthly basis. This report highlights performance in different domains in line with the Trust's strategy and highlights key areas for improvement within each domain. For these areas further information is provided, such as trends, to help inform the Finance Committee and provide the full context. Escalation reports for key areas are presented to the Board.

Recommendations

We raised the following recommendations in response to significant weaknesses identified in our value for money procedures.

#	Recommendation	Management Response
1	<p>The following recommendation is raised in relation to the significant weakness identified in the Trust’s governance arrangements associated with the CQC inspection:</p> <p><i>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 level of services 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.</i></p>	<p>The Trust has established a Maternity and Neonatal Action Group (MNAG) , jointly chaired by the Chief Nurse and Chief Operating Officer, to oversee the response to the CQC inspection reports and delivery of the actions in relation to the s29A warning notice. As identified in this report, the Trust has submitted action plans in respect of the s29A notice and also in respect of the CQC inspection reports Must and Should Do recommendations and has established liaison meetings with the CQC to inform and update on the delivery of these. MNAG meets twice a month and reports monthly to the Trust’s Quality and Governance Assurance Committee which reports directly to the Board at each of its public board meetings. These arrangements will continue until the action plans are completed and/or a further CQC inspection of maternity services is undertaken.</p>



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