

Council of Governors
17 December 2024, 13:00 – 15:30
Taunton Rugby Club, Veritas Park, Hyde Ln, Taunton TA2 8BU

AGENDA

	Action	Presenter	Time	Enclosure
1 Welcome and Apologies	Receive	Chairman	13:00	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 24 September 2024 and Draft Minutes from the Confidential Meeting held on 22 October 2024.	Receive and Approve	Chairman		Appendix 1 Addendum 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	13:10	Appendix 4 Appendix 5 Verbal
<ul style="list-style-type: none"> • Council of Governors' attendance • Statutory Duties of Governors 2024/25 – update • Governor Elections 2025 				
8 Constitution and Standing Orders Review	Approve	Ria Zandvliet/ Ben Edgar-Attwell	13:25	Appendix 6
9 Performance Update from the Executive Directors	Receive	Pippa Moger	13:35	Appendix 7
10 Update from the Integrated Care Board	Receive	Paul von der Heyde / Trudi Grant	13:55	Presentation



11 Feedback From:	Receive		14:55	
a) The Lead and Deputy Lead Governors		Kate Butler / Paull Robathan		Verbal
b) The Quality and Patient Experience Group meeting held on 20 November 2024		Judith Goodchild		Appendix 8
c) The Strategy and Planning Group meeting held on 19 November 2024		Paull Robathan		Appendix 9
d) The People Group meeting held on 18 November 2024		Mark Robinson		Appendix 10
e) The Membership, Involvement and Communications Group held on 22 November 2024		Kate Butler		Appendix 11
• Governor Commitments		Kate Butler		
f) The Nomination Committee meeting		Kate Butler		Appendix 12
g) Staff Governors		All		Verbal

12 ANY OTHER BUSINESS AND CLOSE OF MEETING	To note	Chairman	15:15	Verbal
• Future Agenda items for Council of Governors meetings				

13 DATE OF NEXT MEETING
Wednesday 19 March 2025

Council of Governors

Minutes of the meeting held on
Tuesday 24 September 2024, 11:15 at
The Canalside Conference Centre, Bridgwater.

Present:	Colin Drummond	Chairman
	Kate Butler	Public Governor – Taunton and West Somerset
	Paull Robathan	Public Governor – South Somerset
	Virginia Membrey	Public Governor – Mendip
	Alison James	Public Governor – Mendip
	Judith Goodchild	Public Governor – Sedgemoor
	Jack Torr	Public Governor – Sedgemoor
	Eddie Nicolas	Public Governor – Sedgemoor
	Martin Davidson	Public Governor – Sedgemoor
	Jeanette Keech	Public Governor – Taunton and West Somerset
	Ian Aldridge	Public Governor – Taunton and West Somerset
	Erica Adams	Public Governor – Taunton and West Somerset
	Ian Hawkins	Public Governor – South Somerset
	Sue Steele	Public Governor – South Somerset
	Mick Beales	Public Governor – South Somerset
	David Recardo	Public Governor – South Somerset
	Sarah Duncan	Public Governor – South Somerset
	Alan Peak	Public Governor – Outside Somerset
	Phil Hodgson-Purves	Staff Governor
	Adekunle Akinola	Staff Governor
	Halley Kimber	Staff Governor
	Julie Reeve	Staff Governor
	Dirk Williamson	Appointed Governor – SSL
	Caroline Gamlin	Appointed Governor – Integrated Care Board
	Jos Latour	Appointed Governor - Universities
	Tina Hickinbottom-Tacey	Corporate Services Officer
In Attendance:	Peter Lewis	Chief Executive Officer
	Andy Heron	Chief Operating Officer
	Melanie Iles	Chief Medical Officer
	David Shannon	Director of Strategy and Digital Development
	Pippa Moger	Chief Finance Officer
	Isabelle Clements	Chief of People and Organisational Development
	Jade Renville	Director of Corporate Services
	Ben Edgar-Attwell	Deputy Director of Corporate Services
	Graham Hughes	Non-Executive Director
	Alexander Priest	Non-Executive Director
	Paul Mapson	Non-Executive Director



Jan Hull
Kate Fallon

Non-Executive Director
Non-Executive Director

Apologies:

Bob Champion
Peter Shorland

Public Governor – Mendip
Public Governor – Dorset

Joe Silsby
Heather Sparks
Jonathan Moore
Sun Sander-Jackson
Nick Craw
Mark Robinson
Lydia Karamura

Staff Governor
Staff Governor
Staff Governor
Staff Governor
Staff Governor
Staff Governor
Staff Governor

Heather Shearer
Adam Dance
Jane Knowles
Val Bishop

Appointed Governor – Somerset Council
Appointed Governor – Somerset Council
Appointed Governor – VCFSE
Appointed Governor - VCFSE

1 Welcome and Apologies for Absence

- 1.1 Colin Drummond welcomed everyone to the meeting and particularly welcomed the recently appointed Public Governors Alison James and Sarah Duncan.
- 1.2 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

- 3.1 No declarations of conflicts of interests were raised in relation to items on the agenda.

4 Approve minutes

- 4.1 The minutes from the meeting held on 19 June 2024 were **approved** as a true and accurate representation of the meeting.

5 Matters arising and action

- 5.1 Jeannette Keech highlighted the actions missing from the action log:
- Regarding staff members concerns around confidentiality and speaking up. Tina Hickinbottom-Tacey to add to the action log. **(ACTION)**
 - Tina Hickinbottom-Tacey to add an action for Graham Hughes to look into the buggy service for supporting patients around MPH. **(ACTION)**

5.2	Colin Drummond advised that the December meeting might be a good opportunity to invite Paul von der Heyde and Mel Lock to the Council of Governors. Peter Lewis and Colin Drummond will contact them to extend an invitation and Tina Hickinbottom-Tacey will update the invite once their attendance has been agreed.
5.3	An estates update will be provided to the Annual Members' and Annual General Meeting scheduled later today.
6	Public register of declaration
6.1	The Public Register and Declarations of Conflicts of Interest was noted.
6.2	Tina Hickinbottom-Tacey to update Judith Goodchild's declaration to reflect that she is no longer a member of the Fit for My Future Programme Board. (ACTION)
7	Chairman update
7.1	Colin Drummond updated the Council of Governors on his recent activities and advised that, post general election, he had contacted certain ministers and local MPs and had been discussing the need for a new maternity centre.
	Council of Governors' attendance
7.2	Colin Drummond presented the report and advised that attendance is good. There is a requirement to report any governors who fail to attend three consecutive Council meetings and he advised that Hayley Kimber-Keirle has now missed four Council meetings. Hayley Kimber-Keirle was present at the meeting and advised that she had recently changed roles which, she hoped, would make attendance at meetings easier. She provided assurance that she would make her best effort to attend meetings going forward.
7.3	The Council of Governors noted the attendance report and accepted the assurance provided.
	Statutory Duties of Governors 2023/24
7.4	The report was noted and Colin Drummond confirmed that all statutory duties of the governors were being fulfilled as stated. He said that the trust appreciates that the role is voluntary and wanted to express his appreciation to the governors for all their efforts and time. He advised that the trust is thankful to the governors for their support in raising key concerns.
	Senior Independent Role
7.5	Colin Drummond informed the Council of Governors that Kate Fallon would be standing down as a Non-Executive Director at the end of November and, as such, would also be standing down in her role as the Senior Independent Director. The Council confirmed its support previously given for Graham Hughes to take over this role from December 2024 onwards.
8	To receive the Auditors' report on the 2023/24 Annual Accounts and Annual Report

8.1 Rees Batley presented the slides that were circulated within the papers and highlighted the following findings for the year:

- The audit was completed and all requirements signed off in line with the published timetables. The finance department offered good support and the overall process went well. The auditors issued an unqualified opinion and believed that the accounts provided a true and fair view of the financial performance and position of the trust.
- The overall audit did not find any significant inconsistencies between the content of the annual report and the auditors' knowledge of the trust.
- Regarding value for money, the auditors identified one area of significant weakness relating to the governance arrangements around the CQC maternity inspection. A CQC inspection of both maternity units at YDH and MPH downgraded the overall ratings to 'requires improvement' in both the safe and well led categories. The overall rating for SFT remained as 'good.' Following the inspection, management has addressed the issues raised and an action plan has been put in place and this includes a review of how governance is reported within the trust. Considerable progress has been made implementing the actions and the trust has received confirmation from the CQC that they are satisfied with the progress made to date. However, due to the timing of the report, the trust had not implemented all actions in time for the auditors' report and many of the actions had not been in place for the full financial year. Therefore, the significant weakness in the governance arrangements will need to remain in the report. The auditors' recommendations are for the trust to continue the current level of focus to improve the levels of service provided by maternity services.
- No issues from any other reports were raised.

8.2 As part of the external audit responsibilities, Rees Batley described the following:

- Financial Statements – it is the auditors' role to review the financial statements to ensure that they are accurate and give a true reflection of the trusts' performance throughout the year.
- Value for money – it is the auditors' role to assess arrangements in place: for financial sustainability including managing resources; governance including making informed decisions and properly managing risks; and improving economy, efficiency and effectiveness through the trust's costs and performance.

8.3 Following the CQC report on maternity, Jeanette Keech asked what measures the trust is taking: to ensure that the issues raised do not happen again and to improve the lack of confidence in governance arrangements. She further asked how the trust is communicating the actions being taken to offer reassurance to the public. Peter Lewis responded that the CQC concerns raised were related to the governance process around risks in business and not to the health and safety of mothers and babies. He agreed that it is important to make sure that the right

processes are in place within maternity services and across the trust as a whole. Peter Lewis confirmed that many actions have been implemented in terms of processes and services and the trust is now in a much better place. Progress has been communicated through interviews on BBC Radio Somerset and local media press releases. Families have come forward with some concerns but many have also provided positive feedback about maternity services. This report offered a good opportunity to have these conversations. Learning from the maternity inspection, although some areas are specific to maternity services, will be used to review other services across the trust. At MPH, the estate is a significant concern and impacted on the inspection findings. The trust has implemented a number of short-term mitigations but investment will need to be secured to move forward with a longer-term solution. The trust is in a better place, there were some areas of work that should have been completed and these have been addressed and corrected.

- 8.4 Jeanette Keech asked why the issues around management structure were not picked up and addressed sooner. Peter Lewis acknowledged that the trust was aware of a range of issues and had begun to take actions to correct many of the concerns. However, these processes began whilst the trust was completing the merger of the two legacy organisations and integrating services. The CQC inspection occurred part way through this process and the trust did not have the evidence to confirm that the actions had been implemented. The trust is now ensuring that these processes are in place.
- 8.5 In terms of the overview of governance, Judith Goodchild commented that this would be dependent on the information provided by departments to the trust. She advised that she attends the Quality and Governance Assurance Committee meetings which were well run and challenges are raised where appropriate. However the committee can only challenge if appropriate and relevant information is provided. Jan Hull said that there are a range of layers of reporting around governance, including papers relating to maternity services, but the committee is tasked with oversight of governance arrangements for the whole of the trust. The committee monitors data, standard of care, risk, and incidents. Unfortunately, the risks identified were greater than the committee realised in this instance. It was a challenge reviewing both maternity team and due diligence processes across both teams. Since the development of the action plan, further meetings with the CQC have taken place and the CQC are happy with the progress made. There is a much stronger governance structure in place and the information is now presented at the Committee and Board. Jan Hull assured the Council of Governors that the CQC did not imply or state that information was not shared by executive directors with non-executive directors.
- 8.6 Colin Drummond thanked the auditors for the report and confirmed that discussions are ongoing at board level to avoid this happening again in the future. Early triangulation of data and feedback from patients was good, but, on this occasion, the triangulation had not identified all the concerns raised by the CQC but actions were now being taken to rectify this. He acknowledged that the midwives are being asked to work in in very difficult conditions and that it is the duty of the government to provide colleagues with an appropriate environment to provide quality services.

9 To receive the 2023/24 Annual Account and Annual Report

- 9.1 Ben Edgar Attwell advised that the Annual Accounts and Annual Report had been circulated with the papers and could be found on the trust's website. He advised that the annual report included detailed information relating to the findings from the CQC inspection, and actions taken. He advised that the annual accounts and annual report had been signed off by the Board and laid before parliament.
- 9.2 Pippa Moger presented the 2023/24 financial accounts and highlighted the following:
- The trust ended the financial year with a breakeven position. The absorption of bringing the YDH accounts into the SFT accounts has resulted in the accounts showing a surplus but this is an accounting surplus and not cash.
 - This report is the first full account of the year as a new merged trust and the merger of the YDH and SFT accounts had been complex.
 - The accounts provide a breakdown of sources of income, such as NHS commissioners (Somerset, Dorset, and NHS England), medical education and training related funding and wider workforce training funding.
 - Additionally, it provides information on how and where money is invested. The majority of spend, is on workforce and delivering services. Another area is investment in estates (rent, rates, rental costs and building work); spend around drugs, pathology, implants, dressings, blood projects and delivery of care.
 - A significant amount of capital has been spent, including building work on the new surgical centre at MPH, and a theatre and modular ward at YDH.
 - The change in the accounting process for leases and the absorption of leases into the ledger.
 - The expenditure relating to the move of Rowan Ward to the Summerlands site in Yeovil.
 - The headline figures: a break-even position, the delivery of savings of £31million; a healthy balance of £71million in cash, and non-current assets valued at £543million.
- 9.3 Eddie Nicolas asked if Pippa Moger could explain the financial asset reserve. Pippa Moger said she would have to look into this and would respond outside of the meeting. **(ACTION)**
- 9.4 Sue Steele asked if the figures being presented were in line with the original business case predictions. Pippa Moger advised that the figures included elements of merger related savings, delivered in line with the business case, with further

savings to be delivered over time. For 2023/34, Pippa Moger confirmed that the savings have been delivered in line with the business case.

- 9.5 Jeanette Keech asked about performance in relation other trusts and against the national standards. Peter Lewis confirmed that the acute sites are performing well against other trusts; however, most trusts are not performing well against the national standards. There is a backlog of patients waiting, and this backlog had increased as a result of the pandemic, but the trust is performing well. For non-acute service, the trust is also doing well and overachieving on standards in many areas. CAHMS waiting times, for instance, were one of the best in the country. Overall, it is a mixed picture with some areas performing better than others.
- 9.6 David Recardo referred to the image on page 13 of the report showing healthcare sites, and commented that although Governors will know what all these dots signify, he was concerned that the public might not understand what the dots refer to. He asked if a clearer and labelled map of sites could be included in the report. Ben Edgar-Attwell said that he could not amend this for the current report as the report had already been published but agreed that he action this in the 2024/25 report. **(ACTION)**
- 9.7 The Governors wanted to send their thanks to Pippa Moger and the finance team for all the hard work across all financial areas but especially around cost savings.

10 To receive the 2023/34 Quality Report / Quality Account

- 10.1 Steve Thompson presented the Quality Report and Account and advised that, as with previous years, there was no requirement for an external audit opinion on the Quality Account. He added that, in terms of layout, the report can be complicated to compile as they must be submitted in a certain format and must contain certain content. The report included progress against the 2023/24 priority programmes for delivering the five clinical care and support strategy aims and set out the proposed priorities for 2024/25; and stakeholder feedback. Section three included a clear benchmarking guide and opportunities to reflect information about the trust.
- 10.2 Colin Drummond commented that the stakeholder feedback is useful and enables Peter Lewis and the team to identify key areas of focus.
- 10.3 Jack Torr asked for a more recent summary of hospital mortality figures. Steve Thompson advised that the figures were up to date at the time of publication. Melanie Iles confirmed that the figures have remained stable since the report.
- 10.4 Judith Goodchild advised that she had read the report on behalf of Healthwatch and advised that she felt that the report provided good continuity and good explanations and it was easier to follow and comment on.

11 Performance update from the Executive Directors

- 11.1 Pippa Moger presented the financial performance update and provided the following highlights:

- The trust has a deficit of £13.2million which is £1.2million adverse from plan as at the end of July. This variance is due to the costs of the Junior Doctor industrial action. Funding from the Department of Health has been confirmed but the trust has not as yet been advised of its allocation. This funding will cover the cost of junior doctor backfill but not the loss of income, e.g. surgery and outpatient cancellations. The trust will aim to recover this variance as the financial year progresses.
- Agency spend has improved compared to last year. Significant activity is taking place at service level to further reduce agency spend and to ensure that the use of agency staffing is appropriate. NHS England have advised all trusts not to use off framework agencies, however the trust has to use off framework agencies to provide the required cover in specialist areas, e.g. paediatrics and MIU enhanced nurse practitioners. The largest usage of agencies is within the medical workforce. It was expected that the use of agency cover in mental health services will reduce following the appointment of overseas doctors.
- The overall cost improvement plan is £64million of which £12.9million has been delivered on plan. A plan to address the shortfall in identified savings schemes was being developed.
- The trust is looking at new capital schemes to ensure the spend of the full capital allocation.
- The forecast position is a breakeven position by 31 March 2025.
- Ian Aldridge asked whether the ICB can divert or top slice some of the funding to compensate for the costs of the junior doctors industrial action for other uses. Pippa Moger advised that the funding will be earmarked and the ICB will not be able to use the funding for other purposes.
- David Recardo asked whether the trust has experienced difficulties recruiting staff from overseas, including from the EU. Pippa Moger responded that there had been issues with visas for people from some countries and this has impacted on recruitment. Isobel Clements added that the recruitment team have recently secured a new pipeline from Israel and feedback from this pipeline had been positive.
- Pippa Moger presented the performance update and highlighted areas of good performance and areas with challenges. She further highlighted:
 - The low number of mental health patients that have to be moved outside of Somerset for care. The decision to move patients outside of Somerset is based on clinical needs.
 - An ED performance of above 76%. Both EDs are receiving increased numbers of patients and this is causing delays in ambulance handovers, particularly in YDH, due to volume of patients coming into the hospital and the number of patients with no criteria to reside impacting on the number of available beds.

- The exceptional performance across all mental health services and the talking therapy service data issues. It was noted that there may be a decline in performance in talking therapy services as data is based on patients leaving the service.
- The national target to have zero patients waiting beyond 65 weeks by the end of September. It was noted that additional capacity has been put in place to support the delivery of the 65 weeks referral to treatment target. Forecasts indicate that 258 patients will be waiting beyond 65 weeks by the end of September 2024. The specialties with delays were trauma and orthopaedics; ear, nose and throat; and urology. It is expected that the zero target will be delivered by the end of November 2024. Pippa Moger advised that, based on non-delivery of the zero target by the end of September 2024, the trust has been put into a virtual tiering system, which will involve weekly meetings between NHS England, the trust and the ICB to discuss the current position and to focus on individual patient journeys.
- The ongoing challenges with the number of patients with no criteria to reside. The position has not improved and continued to impact on patient flow at YDH, MPH and community hospitals. It was noted that further actions are being implemented to reduce this number of patients. This is impacting flow at YDH, MPH and community sites.
- The pressures within muscular skeletal services due to a number of vacancies and a high volume of patients. It was noted that the service had set up a one day pop-up clinic, attended by 150 patients, and aimed to set up a further pop-up clinic in the near future. It was further noted that the podiatry service is prioritising high-risk patients.
- The additional funding agreed by the Dorset ICB to support extra dental service theatre sessions.
- The diagnostic performance – performance remains steady but there are still capacity issues within echo, MRI, and audiology services. It was noted that additional capacity has been put in place but that it will take time for this to be reflected in performance.
- The compliance with the faster cancer diagnosis standard of 75%.
- The performance for the people indicators - retention is good due to the trust being part of the pilot site for retention and the focus on the people plan. It was noted that monthly discussions on how to improve career conversation performance were taking place at service level.

11.2 In relation to the referral to treatment (RTT) performance, Phil Hodgson-Purves queried how much of the increase in demand could be forecasted and whether more could be done to produce more accurate forecasts. Andy Heron replied that Xanthe Whittaker tracks the RTT daily movements, and the trust did foresee some of the challenges but it is not always easy or possible to resolve issues. He

advised that orthopaedics is particularly challenging due the make up of the population and the increase in unplanned elective surgeries. Additionally, the number of falls generate a higher demand for trauma surgery. He further advised that the trust has 20% more trauma surgery compared to the national average which has an impact on pathways for other patients. Although the trust knows about this, being able to plan for this increase can be challenging.

- 11.3 The Council of Governors asked about sickness rates and the actions taken to support colleagues throughout winter. Andy Heron agreed that sickness rates are a challenge, particularly in view of the winter pressures, and every effort will be made to ensure that colleagues are supported. The covid and flu vaccinations team work hard to ensure that all colleagues, who want the vaccination, can receive it, and communicating key messages with colleagues is vital for supporting colleagues.
- 11.4 Jeanette Keech raised concerns about the length of time patients had to wait for complex surgery and asked how patients are prioritised, particularly patients requiring longer and more complex surgery. Peter Lewis said that the clinical needs of patients are reviewed and that the level of complexity does not affect the waiting time. Patients are treated chronologically unless clinical needs requires earlier intervention.
- 11.5 Kate Butler commented that, since the pandemic, people have not been taking responsibility for their own health and the level of complexity of patients is increasing. She asked what actions the ICB is taking to support the trust in helping patients take responsibility for their own health. Colin Drummond replied that the ICB is working with Somerset Council and have produced a good analysis on public health. This analysis shows the areas of decline and the ICB and Somerset Council are looking at the next campaign which could help to make a difference to public health. Caroline Gamlin added that public health is the biggest challenge and the aim is to look at areas, such as high blood pressure, how smoking impacts on health, obesity and the impact on the ability to recover from surgery. Peter Lewis advised that teams are supporting patients to get fitter before surgery to aid a quicker recovery.
- 11.6 Ian Aldridge commented that there are challenges with an ageing population that need addressing but there are longer term challenges if people are not taking care of their own health, particularly in relation to diabetes and obesity. He asked if the trust is looking into the demographics to determine the areas of demand and if there is a focus on health prevention. Colin Drummond advised that childhood obesity is one area that needs to remain a focus, as well as diabetes. The NHS has made good progress in supporting patients in a number of areas but cannot resolve everything. The system recognises the importance of prevention over treatment. Peter Lewis added that type 2 diabetes remains an area of focus as this can have a real impact on post-surgery recovery. He advised that the peri-operative services have carried out significant work with patients with diabetes to enable their surgery to take place and to enable them to recover quicker. Additionally, the trust will focus on tobacco cessation, as stopping smoking has an immediate positive impact on health.

- 11.7 Judith Goodchild referred to the Somerset Board, which comprises of local councillors, Police, other agencies, Healthwatch, as well as Peter Lewis and Colin Drummond, and the focus of the Board on the integrated care strategy. She advised that a meeting is planned for Friday and public members can join and ask questions. This meeting would provide governors with an opportunity to ask questions about the system plans for long term public health. She asked Tina Hickinbottom-Tacey to circulate the meeting information. (ACTION)
- 11.8 Eddie Nicolas commented that the criteria to reside and discharge position is not improving and asked whether there were separate discharge teams for YDH and MPH or whether there is single team. He further queried what planned changes are being implemented to reduce these figures. Peter Lewis advised that there are discharge teams at both sites. The trust discharges many patients every week but the real challenge are the 10-12% of patients who need supported discharge, either through a care home bed or reablement. The trust recognises that there is a need to make changes to intermediate care services to ensure that the right patient can be treated at the right place at the right time.

12 Feedback from:

Lead Governor

- 12.1 Kate Butler commented that it has been a challenging year, integrating the trust, learning, and accepting culture change and coming together as a much larger trust. Although, understandably, meeting venues must cover the whole of Somerset, some governors have had difficulties attending meetings. Several governors have struggled to reassure themselves that they are holding the NEDs to account as there are not many face-to-face meetings and the relationships could be strengthened. A deep dive into the relationship between governors and NEDs will be undertaken and actions to improve this relationship will be identified and it was hoped that this work will ensure that governors feel that they are carrying out their statutory duties. Kate Butler and Paull Robathan will arrange a small group of governors to meet with some NEDs to further discuss this and will bring an update to the next Governor Development Day.
- 12.2 Following a presentation from Northamptonshire NHS Foundation Trust at the latest governor focus conference, the governors are looking to agree commitments for the year which will give all governors the opportunity to commit for a specific goal/action linked to the statutory duties.

Quality and Patient Experience working group

- 12.3 Judith Goodchild presented the summary of the working group. Additionally, she advised that she had met with two colleagues who are part of the team creating the box set initiative, which is a learning tool using videos and eLearning, to support colleagues who might need a refresher and to improve the wellbeing and experience for patients. Governor attendance at the meetings can sometimes be a challenge, however, following the new governor induction, the attendance / membership will be reviewed and new governors can choose which working group to join.

Strategy and Planning working group

12.4 Paull Robathan presented the summary from the working group. The group focused on the new objective eight, which covers delivering the vision of the trust by transforming services, researching innovation, and looking into opportunities for development. He advised that Rachel Johns attended the meeting to discuss weekend discharges. At the next meeting, the group will receive an update on sustainability within Symphony Healthcare Services.

12.5 Judith Goodchild asked what quality assurance measures are in place to ensure that all Symphony practice patients are receiving the same standard of care. Peter Lewis advised that Symphony receives funding from Somerset ICB. Symphony has historically taken on practices that have failed and, as a result, they will need time and additional resource to improve performance. He advised that performance of all Symphony practices was monitored on a monthly basis and presented to the Symphony Board. Peter Lewis highlighted that some members of the SFT Board are also members of the Symphony Board and the Board reviews the financial and performance statistics of each practice. Some are still challenged and there are some differences in delivery but the organisation is looking into ways to improve this.

People working group

12.6 Tina Hickenbottom-Tacey presented the summary from the People working group. She commented that Staff Governor Surgeries have been established and a variety of locations/timings are being explored. Governors have suggested trialling a post box for colleague feedback and this will be discussed at a future meeting.

Membership, Involvement and Communication working group

12.7 Kate Butler presented the summary report from the group. Ben Edgar-Attwell said that the group have had good discussions around needing a quality engaged membership over quantity. The Youth Group has been formed to discuss and focus on the involvement with young children.

Staff Governors

12.8 Colin Drummond thanked the staff governors for attending and for all the support they give the trust.

13 Any other business

13.1 There was no other business raised.

14 Date of the Next Council

14.1 Tuesday 17 December 2024, 13:00 – 15:30, Taunton Rugby Club

SOMERSET NHS FOUNDATION TRUST
ACTION NOTES FROM THE PUBLIC COUNCIL OF GOVERNORS MEETING
HELD ON 24 SEPTEMBER 2024

AGENDA ITEM	ACTION	BY WHOM	DUE DATE	PROGRESS
14 December 2023				
Item 12	Add the following items to future Council of Governors or Governors Development Day agendas: <ul style="list-style-type: none"> (12.2) Update from the ICB (invite Paul von der Heyde and colleagues when appropriate) (12.3) Update from Local Authority to include an invite to Mel Lock. 	Tina Hickinbottom-Tacey	December 2024	December 2024 <ul style="list-style-type: none"> Paul von der Heyde and a colleague will be joining the Council in December 2024. Cannot invite to the December Council, future invite to be discussed with the new chair.
19 June 2024				
Item 11	(11.11) Isobel Clements to look into staff member concerns around confidentiality within the staff survey and speaking up.	Isobel Clements	December 2024	September 2024 The staff survey was released and provided more assurance around the confidential nature of the survey. Isobel Clements commented she is happy to discuss concerns at the people group or with governors outside of the meeting. (ACTION TO BE CLOSED)

<p>Item 11</p>	<p>(11.16) Graham Hughes to look into the suggestion from Governors about reinstating the “buggy” that was used around MPH.</p>	<p>Graham Hughes</p>	<p>December 2024</p>	<p>November 2024</p> <p>Graham Hughes and David Shannon discussed the action regarding transporting patients (using a small buggy) around MPH outside of the meeting. The previous project was discontinued as usage by patients was poor and varied at best, obtaining drivers was difficult and the insurance cover was significant. Due to the entrances and locations, it only really worked for the Beacon Centre. Currently, the building works would make it impossible, as that is where the drop offs are located. The main entrances to the site have not changed which would suggest usage would remain the same. Based on the above, the trust would not look to reinstate a similar project.</p> <p>(ACTION TO BE CLOSED)</p>
<p>24 September 2024</p>				
<p>Item 6</p>	<p>Public Register of Declaration</p> <p>(6.2) Tina Hickinbottom-Tacey to update Judith Goodchild’s declaration.</p>		<p>December 2024</p>	<p>November 2024</p> <p>Tina Hickinbottom-Tacey updated the public register.</p> <p>(ACTION TO BE CLOSED)</p>

<p>Item 9</p>	<p>To receive the 2023/24 Annual Account and Annual Report</p> <p>(9.6) Pippa Moger to review the information on the financial asset reserve and respond to Eddie Nicolas outside of the meeting.</p>		<p>December 2024</p>	<p>December 2024</p> <p>Pippa Moger has been in contact with Eddie Nicholas to respond to his query.</p> <p>(ACTION TO BE CLOSED)</p>
<p>Item 9</p>	<p>To receive the 2023/24 Annual Account and Annual Report</p> <p>(9.9) Ben Edgar-Attwell to review the map of sites used in the Annual report to look at providing a clearer labelled image for the benefit of the general public.</p>		<p>September 2025</p>	<p>September 2024</p> <p>Ben Edgar-Attwell confirmed he will review and update the image for the Annual Report next year.</p> <p>(ACTION TO BE CLOSED)</p>
<p>Item 11</p>	<p>Performance Update from the Executive Directors</p> <p>(11.20) Tina Hickinbottom-Tacey to circulate information relating to the Somerset Board.</p>		<p>December 2024</p>	<p>November 2024</p> <p>Tina Hickinbottom-Tacey circulated the date and teams link / information relating to the Somerset Board.</p> <p>(ACTION TO BE CLOSED)</p>

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:	December 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 16 December 2024.</p> <p>The changes made since the September 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"> 1. Chair - Healthwatch Somerset and on their behalf sits on: <ul style="list-style-type: none"> - Health and Wellbeing Board - Primary Care Commissioning Group - Observer - Integrated Care Board 2. Trustee Bridge Multi-Academy Trust.
Mr Eddie Nicolas	Public – Sedgemoor	<ol style="list-style-type: none"> 1. Member – East Quay Medical Centre PPG 2. Member – Somerset Mental Health Stakeholders Engagement Forum 3. Member - Somerset NHS Citizens Panel
Mr Jack Torr	Public - Sedgemoor	<ol style="list-style-type: none"> 1. None to be declared
Mr Martin Davidson	Public – Sedgemoor	<ol style="list-style-type: none"> 1. Daughter - Anesthetist Royal Hampshire County Hospital, Winchester 2. Son-in-Law – Anesthetist Royal Hampshire County Hospital, Winchester
Mr Ian Hawkins	Public – South Somerset	<ol style="list-style-type: none"> 1. Trustee - South Petherton League of Friends
Mrs Sue Steele	Public – South Somerset	<ol style="list-style-type: none"> 1. Member – Conservative Party
Mr Michael (Mick) Beales	Public – South Somerset	<ol style="list-style-type: none"> 1. Vice- Chair for Preston Grove Patient Participation Group (PPG). 2. 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 Promise Works 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	
Jayne Knowles	Voluntary, Community and Social Enterprise	1. Chief Executive Officer of Somerset Activity and Sports Partnership (SASP)

	(VCSE)	2. Trustee of Somerset Cricket Foundation
Val Bishop	Voluntary, Community and Social Enterprise (VCSE)	<ol style="list-style-type: none"> 1. Chief Executive Officer of the Community Council for Somerset (partner and provider for Trust) 2. Director of Smart Communities Ltd. – Trading Subsidiary Company of CCS.

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:	December 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, 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 two 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"> • Nick Craw has missed four consecutive meetings due to clinical activities and he has sent assurance to the Council of Governors of his commitment to attend future meetings. • Adam Dance has missed three consecutive meetings and he has sent assurance to the Council of Governors of his commitment to attend future meetings.
Recommendation	<p>The Council of Governors is asked to note the overview of meeting attendance and to accept the assurance that Nick Craw and Adam Dance will be able to attend future meetings.</p>



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 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 |
|------------------------------------|---|------------------------------------|----------------------------------|------------------------------|--|

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	14 December 2023	20 March 2024	19 June 2024	24 September 2024	22 October 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	√	√	√			3	3
Kate Butler	Public – Somerset West and Taunton	√	√	√	√	√	5	5
Jeanette Keech	Public –Somerset West and Taunton	√	√	√	√	√	5	5
Bob Champion	Public – Mendip	√	√	√	X	√	5	4
Virginia Membrey	Public – Mendip	X	√	√	√	√	5	4
Alison James	Public - Mendip				√	√	2	2
Utpal Barua	Public – Mendip						--	--
Judith Goodchild	Public – Sedgemoor	√	√	√	√	√	5	5
Jack Torr	Public - Sedgemoor	√	X	√	√	√	5	4
Eddie Nicolas	Public - Sedgemoor	√	√	√	√	√	5	5
Martin Davidson	Public – Sedgemoor	√	√	√	√	√	5	5
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	5	2
Paull Robathan	Public – South Somerset	√	√	X	√	√	5	4
Sarah Duncan	Public – South Somerset				√	√	2	2
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	14 December 2023	20 March 2024	19 June 2024	24 September 2024	22 October 2024	Meetings	
							Possible	Actual
Shabnum Ali	Staff	X	√	X			3	1
Joe Silsby	Staff	√	√	√	X	X	5	3
Julie Reeve	Staff	√	√	√	√	√	5	5
Nick Crow	Staff	√	X	X	X	X	5	1
Mark Robinson	Staff	X	X	√	X	X	5	1
Lydia Karamura	Staff	X	X	√	X	√	5	2
Phil Hodgson-Purves	Staff	X	√	√	√	X	5	3
Halley Kimber-Keirle	Staff	X	X	X	√	X	5	1
Heather Sparks	Staff	X	X	√	X	√	5	2
Jonathan Moore	Staff	√	X	√	X	√	5	3
Adekunle Akinola	Staff	√	√	X	√	√	5	4
Sun Sander-Jackson	Staff	X	√	X	X	√	5	2

Appointed Governors

Governor	Organisation	14 December 2023	20 March 2024	19 June 2024	24 September 2024	22 October 2024	Meetings	
							Possible	Actual
Vacancy	Somerset GP Board						-	--
Caroline Gamlin	Somerset Integrated Care Board	X	√	√	√	√	5	4
Jos Latour	Universities	√	X	X	√	X	5	1

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

Governor	Organisation	14 December 2023	20 March 2024	19 June 2024	24 September 2024	22 October 2024	Meetings	
Cllr Heather Shearer	Somerset Council	√	√	√	X	√	5	4
Cllr Adam Dance	Somerset Council	X	√	X	X	X	5	1
Dirk Williamson	Simply Serve	√	√	√	√	X	5	4
Vacancy	Symphony Health Services						--	--
Jane Knowles	Voluntary, Community and Social Enterprise (VCSE)				X	X	2	0
Val Bishop	Voluntary, Community and Social Enterprise (VCSE)				X	√	2	1

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:	17 December 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> <p>A report on the appointment of a new Chair was presented to the September 2024 Council of Governors meeting.</p>	<p>Ongoing</p> <p>Completed</p>
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 were included on the agenda of the September 2024 Council of Governors meeting and the September 2024 Annual Members meeting.	Completed

<p>Assist the Board of Directors in setting the strategic direction of the Trust and targets for the Trust's performance</p>		<p>The Quality Report for 2023/24 and the Quality Account priorities were presented to 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>Completed</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 		<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 	<p>Ongoing</p>

<p>and wellbeing for 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. 		<ul style="list-style-type: none"> report of the Board of Directors to the Council of Governors meetings 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 and the findings of the tendering exercise was presented to the September 2024 Council of Governors meeting.</p>	<p>Completed</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 purpose.</p>		<p>This will be raised with the Council of Governors as and when required.</p>	<p>Ongoing</p>

<p>To approve any proposed increases in non-NHS income of 5% or more in any financial year.</p>		<p>The Trust does not anticipate a proposed increase in non-NHS income of 5% or more for the 2024/25 financial year.</p>	<p>Ongoing</p>
<p>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).</p>		<p>Governors were involved in the transaction to enter into the merger of SFT and YDH from 1 April 2023.</p> <p>No further merger, acquisition, separation or dissolution is envisaged for 2024/25.</p>	<p>Completed.</p>
<p>To approve a significant transaction.</p>		<p>The definition of a significant transaction is included in the Constitution and was approved by the Council of Governors and Board.</p> <p>No significant transaction is envisaged for 2024/25.</p>	<p>Completed</p>
<p>To approve proposed changes to the Constitution.</p>		<p>The Constitution will be kept under review and changes proposed as and when</p>	<p>Ongoing.</p>

		required. A report setting out proposed changes to the Constitution and Standing Orders has been included on the agenda of the December 2024 CoG meeting.	
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Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Constitution and Standing Orders Review
SPONSORING EXEC:	Jade Renville, Director of Corporate Services
REPORT BY:	Ria Zandvliet, Secretary to the Trust
PRESENTED BY:	Ria Zandvliet, Secretary to the Trust
DATE:	17 December 2024

Purpose of Paper/Action Required (Please select any which are relevant to this paper)

<input type="checkbox"/> For Assurance	<input checked="" type="checkbox"/> For Approval / Decision	<input type="checkbox"/> For Information
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Executive Summary and Reason for presentation to Committee/Board	<p>The Constitution and Standing Orders for the merged organisation were approved in May 2022 and two small changes to the Constitution were further approved in March 2023.</p> <p>The Standing Orders and Constitution have been reviewed in the light of the publication of the revised Code of Governance and a change is recommended in relation to the appointment process for the Chairman and Non-Executive Directors. Whilst the process for new appointments is currently very prescribed, the recommended change will enable a more flexible process; will transfer responsibility for the appointments process from the Appointments Panel to the Governor led Nomination and Remuneration Committee; and will be in line with best practice as set out in the Code of Governance.</p> <p>A further change is recommended relating to the disqualification criteria for Staff Governors to take account of best governance practices and to avoid conflict of interests.</p> <p>The proposed changes were approved at the November 2024 Board meeting.</p>
Recommendation	The Council of Governors is asked to approve the proposed changes set out in the report.

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 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:

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 for this report.

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

Public/Staff Involvement History

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

Not applicable for this report.

Previous Consideration

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

A report was last presented to the March 2023 Council of Governors meeting.

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

- | | | | | |
|-------------------------------|------------------------------------|---------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Safe | <input type="checkbox"/> Effective | <input type="checkbox"/> Caring | <input type="checkbox"/> Responsive | <input checked="" type="checkbox"/> Well Led |
|-------------------------------|------------------------------------|---------------------------------|-------------------------------------|--|

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
AMENDMENTS TO THE CONSTITUTION

1. INTRODUCTION

- 1.1. The Constitution and Standing Orders for the merged organisation were approved in May 2022 and two small changes to the Constitution were further approved in 2023.
- 1.2. The Standing Orders and Constitution have been reviewed in the light of the publication of the revised Code of Governance and a change is recommended in relation to the appointment process for the Chairman and Non-Executive Directors. Whilst the process for new appointments is currently very prescribed, the recommended change will enable a more flexible process; will transfer responsibility for the appointments process from the Appointments Panel to the Governor led Nomination and Remuneration Committee; and will be in line with best practice as set out in the Code of Governance.
- 1.3. A further change is recommended relating to the disqualification criteria for Staff Governors to take account of best governance practices and avoid conflict of interests.

2. PROPOSED AMENDMENTS

Appointment of Chairman and Non-Executive Directors

- 2.1. The current wording in relation to the appointment of the Chairman and Non-Executive Directors is set out below and the proposed changes have been highlighted in red print.

“Decisions and processes regarding the appointment and reappointment of the Chairman and Non-Executive Directors of the Trust are solely within the purview of the Council of Governors.

The Nominations and Remuneration Committee has delegated powers from the Council of Governors to consider the Non-Executive Director or Chairman vacancies due in the next 12 months and make recommendations to the Council of Governors.

The Nominations and Remuneration Committee shall:

- recommend the re-appointment of an existing Non-Executive Director/Chairman or if applicable the recruitment process for the Chairman and Non-Executive Directors (as may be the case).

- take advice, as necessary, from the Director of People and Organisational Development and the Trust Secretary or other internal or external sources.
- report its recommendations regarding the re-appointment of the Non-Executive Director or Chairman as an agenda item in a timely manner at a Council of Governors meeting for decision, or:
- report its recommendations regarding the recruitment process for the Non-Executive Director or Chairman post as an agenda item in a timely manner to the Council of Governors meeting for decision.
- make recommendations to the Council of Governors meeting in relation to pay and tenure of Non-Executive Directors/Chairman for the Council of Governors' decision. Each period of appointment (or re-appointment) will be to a maximum of three years, and any re-appointment over six years will be subject to particularly rigorous review. Any re-appointment over six years will be subject to annual re-appointment to provide assurance that the Non-Executive Director seeking re-appointment retains their independence of character and judgement.
- ensure that a formal, rigorous and transparent procedure is followed, which takes into account the needs of the organisation, the balance of expertise and experience on the Board, eligibility of existing Non-Executive Directors or Chairman to stand for a further term, and any other relevant factors. This is not an exhaustive list of the matters which may need to be considered by the Nominations and Remuneration Committee, but is merely intended to act as a guide.

The process for appointing new Non-Executive Directors and the Chairman, including the potential re-appointment of the Chairman and Non-Executive Directors, will be as follows:

- No later than six months before the end of the term of office of the Chairman or a Non-Executive Director (as the case may be), the Nominations and Remuneration Committee will consider the formal performance evaluation for the Non-Executive Director or Chairman for the previous two years, skills and experience and eligibility of existing Non-Executive Directors prepared to stand for re-appointment. The reason for considering the performance of existing Non-Executive Directors will be to inform the decisions made regarding the re-appointment of the Non-Executive Director or Chairman, or the recruitment process to be followed. However, nothing within this paragraph will preclude the Nominations and Remuneration Committee from considering other relevant circumstances when deciding on the recruitment process. Having due regard to the needs of the composition of the Board, the Nominations and Remuneration Committee may either 1) recommend to the Council of Governors that 1) an external recruitment process is followed or 2) recommend the re-

appointment, pay, length of term of an existing Non-Executive Director. ~~For the avoidance of doubt, if the recommendation to re-appoint a Non-Executive Director or Chairman is approved by the Council of Governors, there is no requirement to set up an Appointments Panel, unless this is specifically requested by the Council of Governors.~~

- The current Chairman or a Non-Executive Director may stand for reappointment, subject to the conditions above.
- ~~In the case of new appointments, Following a recommendation to follow an external recruitment process, the Nomination and Remuneration Committee will discuss the composition of the selection panel and, if required the recruitment process to be followed, with NHS England, as set out in the Code of Governance, and present the proposed recruitment process to the Council of Governors for approval. and subject to the Council of Governors' agreement, the Council of Governors will appoint an Appointments Panel to undertake the recruitment process. The Appointments Panel will be constituted in accordance with paragraphs 4.4.4 and 4.4.5 below.~~

~~The Appointments Panel for the Chairman will consist of the Senior Independent Director, or if the Senior Independent Director is standing for appointment a Non-Executive Director who is not standing for appointment, two Elected Governors, and one Appointed Governor. If the number of Elected/Appointed Governors prepared to serve on the Appointments Panel is greater than the number of places available, the Panel members will be selected by election by the Elected/Appointed Governors respectively. A Public Governor will chair the Appointments Panel. Each member of the Appointments Panel will have one vote. The chairman of another NHS foundation trust will be invited to act as an independent assessor to the Appointments Panel.~~

~~The Appointments Panel for Non-Executive Directors will consist of the Chairman, two Elected Governors, and one Appointed Governor. If the number of Elected/Appointed Governors prepared to serve on the Appointments Panel is greater than the number of places available, the Panel members will be selected by election by the Elected/Appointed Governors respectively. The Chairman will chair the Appointments Panel. Each member of the Appointments Panel will have one vote.~~

Appropriate candidates (not more than 5 (five) for each vacancy) will be identified by the ~~an Appointments Panel.~~ Nomination and Remuneration Committee.

The ~~Nomination and Remuneration Committee~~ ~~Appointments Panel~~ ~~constituted under paragraphs 4.4.4 and 4.4.5 above~~ will be supported by appropriate advice from the Trust's Chief of People and Organisational Development on the qualifications, skills and experience required for each position. They may also work with an external organisation recognised as expert at appointments to identify the qualifications, skills and experience

required for Non-Executive Directors.

The Council of Governors will not consider nominations for the Chairman and other Non-Executive Directors other than those made by the **Nomination and Remuneration Committee** ~~appropriate Appointments Panel~~.

The ~~Appointments Panel~~ **Nomination and Remuneration Committee** will make recommendations to the Council of Governors meeting about the preferred candidate to be appointed to the Non-Executive Director or Chairman post for the Council of Governors' decision."

Council of Governors Disqualification Criteria

- 2.2. The disqualification criteria are set out in the Constitution and do not currently cover situations where colleagues are subject to investigations. To protect colleagues and to avoid conflict of interests, and in line with NHS Provider guidance, it is recommended to add the following criteria:

"Governors who are subject to any form of investigation, either by the Trust or by an external organisation, resulting in suspension from their substantive role will be suspended from their Governor role pending the outcome of the investigation".

3. RECOMMENDATION

- 3.1 The Council of Governors is asked to approve the proposed changes to the Constitution and Standing Orders.

SECRETARY TO THE TRUST

A large, stylized graphic of many birds in flight, arranged in a shape that resembles the number '7'. The birds are in various colors including blue, green, purple, and white, and are scattered across the left side of the page.

Finance and Performance: Report to the Council of Governors

Kindness, Respect, Teamwork
Everyone, Every day

Pippa Moger, Chief Finance Officer

Finance

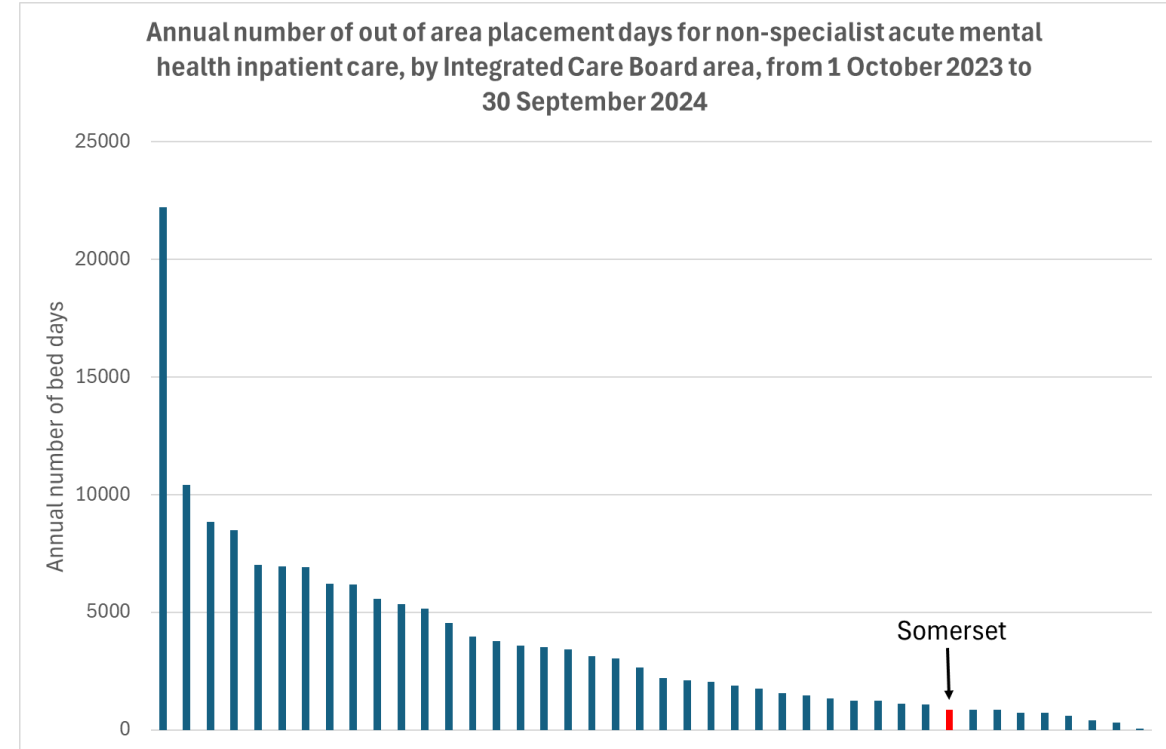
- At the end of October (Month 7), the Trust had a cumulative deficit of £11.2m, this was in line with the planned position. The key financial headlines are:-
- Savings of £28.4m have been delivered in the first seven months of the year which is consistent with the planned level. Of these, £9.6m (34%) have been recurrent. We continue to work on reducing the risk in efficiency plans and closing the gap.
- Total agency expenditure at the end of October was £17.9m, this is £3.9m lower than the equivalent 23/24 period. Medical vacancies continue to be the primary driver. Work is continuing to fill gaps by exploring alternative options e.g. overseas recruitment and new staffing models to reduce the need for agency.
- Operational pressures are increasing as we approach peak winter escalation. Funding of £1.8m has been agreed with the ICB to support the additional costs resulting from these extra pressures on services.

Statement of comprehensive income	Month 7 (October) 2024/25		
	Plan	Actual	Variance Fav/(Adv)
	Year to date £'000	Year to date £'000	Year to date £'000
Operating income from patient care activities	580,706	591,037	10,331
Other operating income	38,521	41,950	3,429
Employee expenses	(433,769)	(438,082)	(4,313)
Operating expenses excl employee expenses	(190,242)	(202,489)	(12,247)
Operating Surplus/(Deficit)	(4,784)	(7,584)	(2,800)
Net Finance Costs/Corporation tax	(6,212)	(4,529)	1,683
Surplus/(Deficit)	(10,996)	(12,113)	(1,117)
Adjustments to Financial Performance	(252)	865	1,117
Adjusted Financial Performance Surplus/(Deficit)	(11,248)	(11,248)	0

- Capital expenditure to date was £38.2m (Plan £40.4m). We are planning to fully spend the programme funding by year end.
- The Trust remains on track to deliver a break-even position in line with the agreed plan.

Quality and patient safety

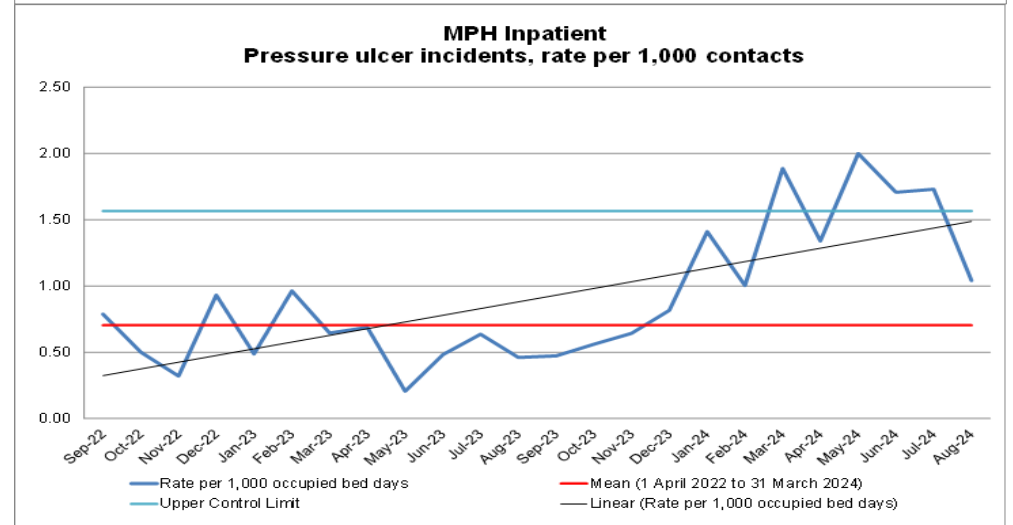
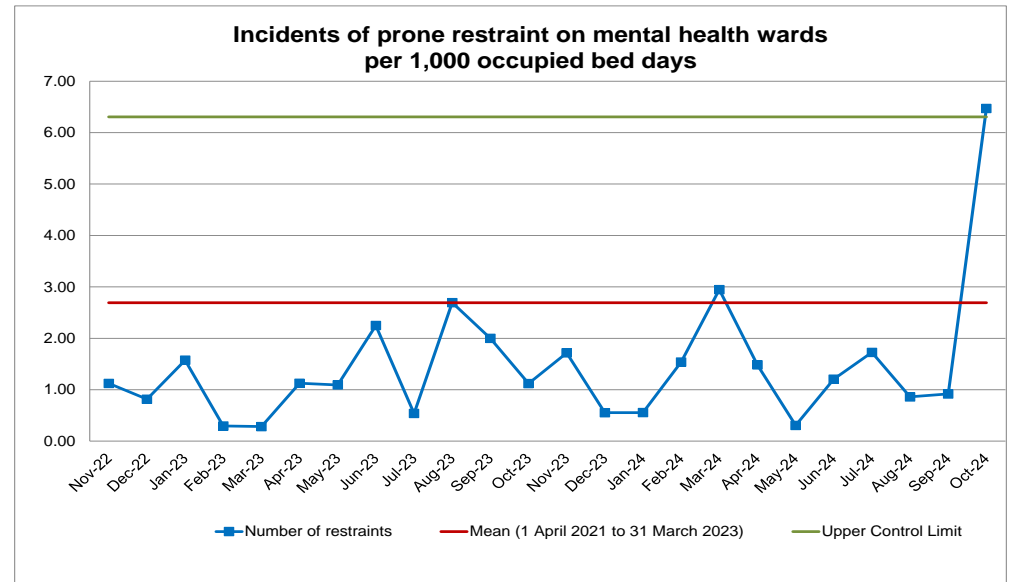
- As at 31 October 2024, four patients were placed out of area.
- One patient was placed out of county on 28 June 2024. This was clinically indicated due to their requiring a gender-specific Psychiatric Intensive Care Unit (PICU).
- Another patient was placed out of county on 31 July 2024 and is currently awaiting a medium secure bed. The other two patients were repatriated back into Somerset in early November 2024.
- In the 12 months to 31 October 2024, all inappropriate out of area admissions were due to the need for PICU, of which 75% were due to the need for a gender-specific ward. We continue to have amongst the lowest rates of out of area placements nationally.
- Infection Control: MRSA: No Trust-attributed MRSA bloodstream infections (BSIs) were reported during October 2024.
- MSSA: Seven Trust-attributed MSSA BSIs were reported during the month.
- C. diff: There were 12 Trust-attributed cases in October 2024.
- E. coli: Ten Trust-attributed E. coli BSIs were reported in October 2024.
- Covid: as at 31 October 2024 there were 28 patients with Covid in beds across the Trust; 13 at MPH, 15 at YDH, and none in mental health wards or community hospitals.



Area	May	Jun	Jul	Aug	Sep	Oct
MRSA	1	0	0	0	1	0
C.Diff	11	5	14	6	8	12
MSSA	8	3	4	9	4	7
E.coli	16	6	9	7	13	10

Quality and patient safety

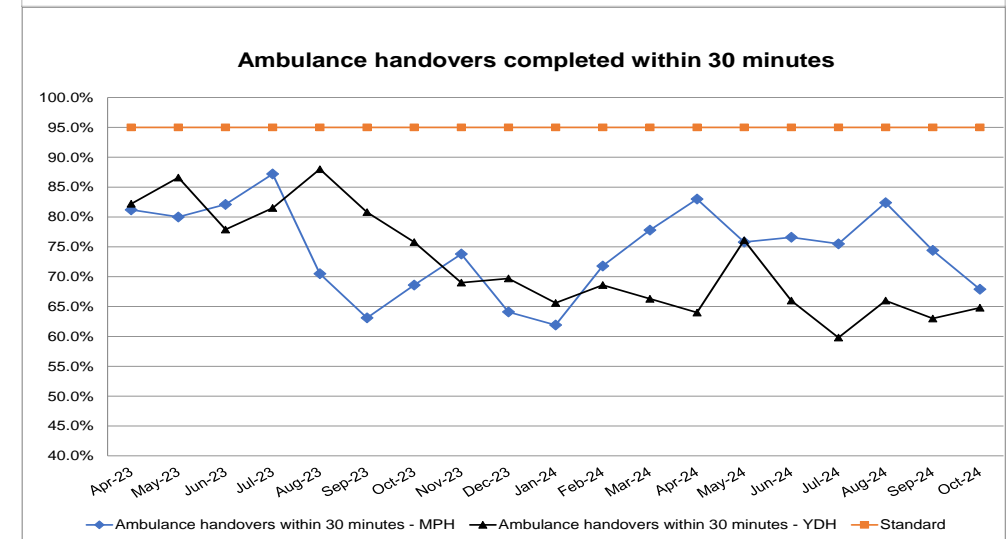
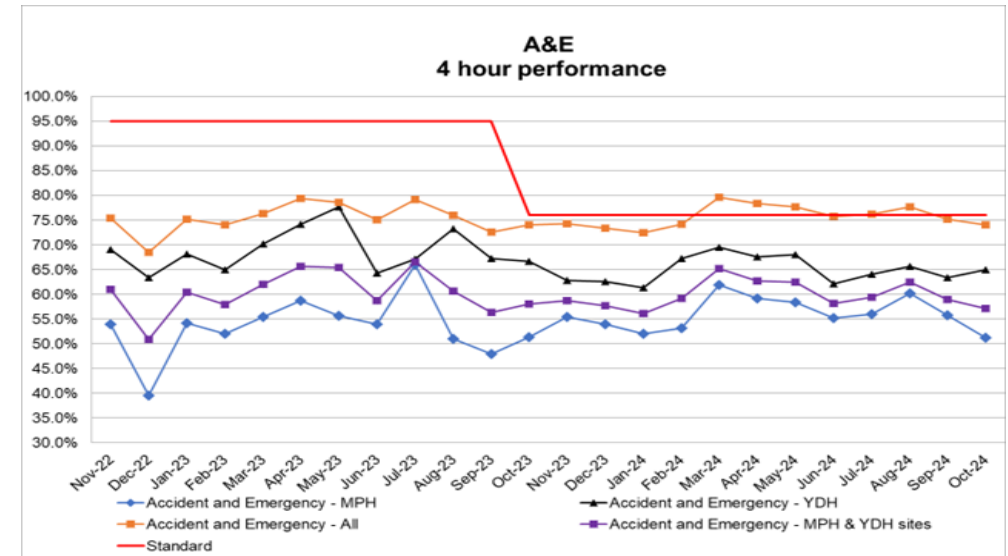
- During October 2024 there were 57 incidents of restraint reported with our mental health wards. Of these, 22 resulted in a prone restraint, a rate of 6.47 per 1,000 occupied bed days and above the Upper Control Limit of 6.31.
- Of the 22 incidents reported, 11 occurred on Holford Ward, our Psychiatric Intensive Care Unit (PICU). Six incidents were reported on Rowan Ward 1.
- The incidents related to a small number of patients and were mainly planned interventions, relating to administering medication, and safe withdrawal from seclusion to prevent violent behaviour that risked harm to others.
- We are also undertaking some focused work to look at pressure ulcer incident numbers, which have risen in recent months, particularly at Musgrove.
- It is notable that the increase coincides with training being delivered on the Musgrove wards by the Tissue Viability team, so it may well be that the increase is due to improved reporting of incidents.
- The Tissue Viability lead will present a quarterly report to the Quality and Governance Committee and there will be tighter assurance, direct from governance meetings with service groups, regarding local actions.



Urgent Care

- Trust-wide A&E 4-hour performance for October 2024 was 57.1%, down from 59% in September 2024. National average performance in October was 58.1%. Compliance within our Urgent Treatment Centres (formerly Minor Injury Units) was 97.5%. Overall compliance across all attendance types was 74.1%, below the national standard of 76%, which will rise to 78% in March 2025, but above the national average of 70.3%. The regional average performance for October was 69% and SFT was the second-best-performing Trust out of 13 in the region.
- Compliance in respect of our two A&E departments was 51.3% for Musgrove Park Hospital (MPH) and 65% for Yeovil District Hospital (YDH). Combined A&E attendances at MPH and YDH for the period from 1 November 2023 to 31 October 2024, were 5% higher than the same months of 2022/23.
- During October 2024, the percentage of ambulance handovers completed within 30 minutes was 67.9% at MPH and 64.8% at YDH. The average performance across all hospitals served by South Western Ambulance Service NHS Foundation Trust (SWAST) during the month was 51.1%.
- The main issue affecting handover times at YDH has been the number patients awaiting admission to specialty, coupled with an increase in bed occupancy levels. Outward flow from the department has been a particular challenge. Jasmine ward has been opened as an escalation space, with the aim of improving this.

Kindness, Respect, Teamwork
Everyone, Every day

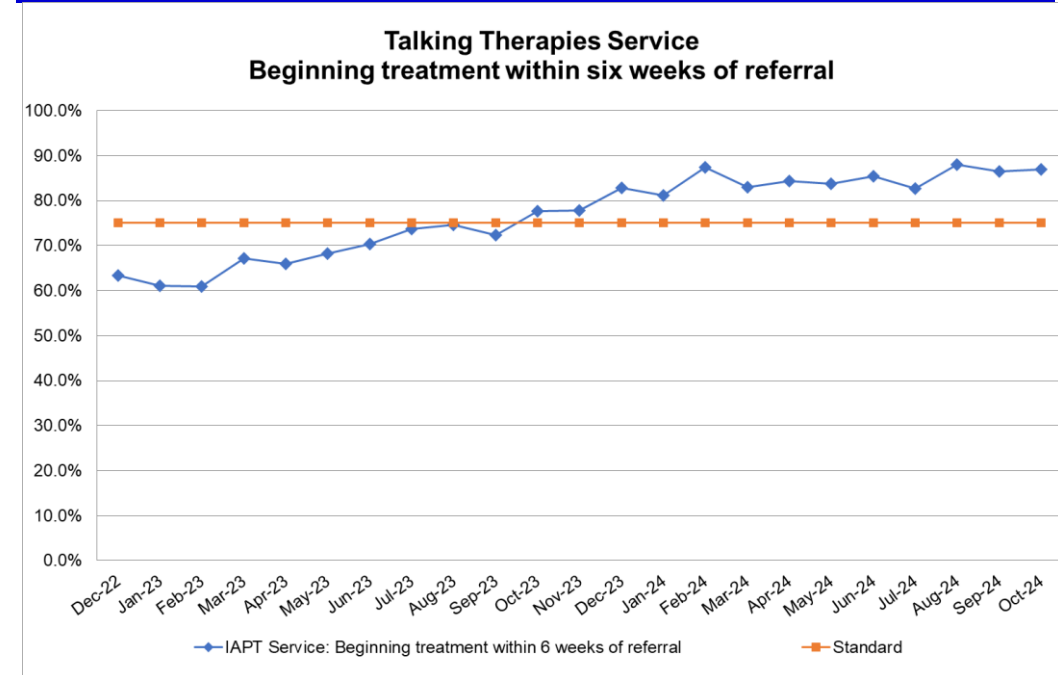


Pippa Moger

Mental health

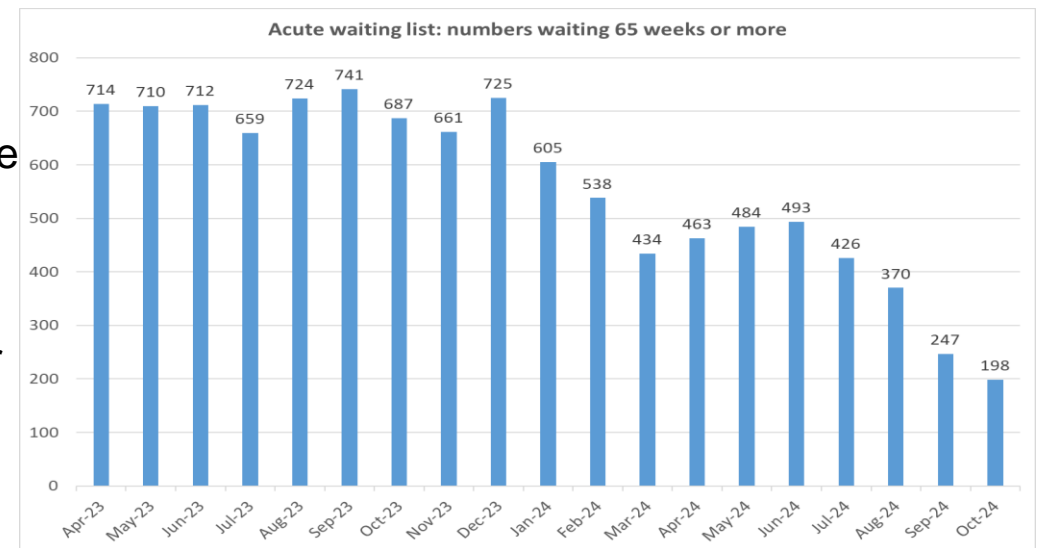
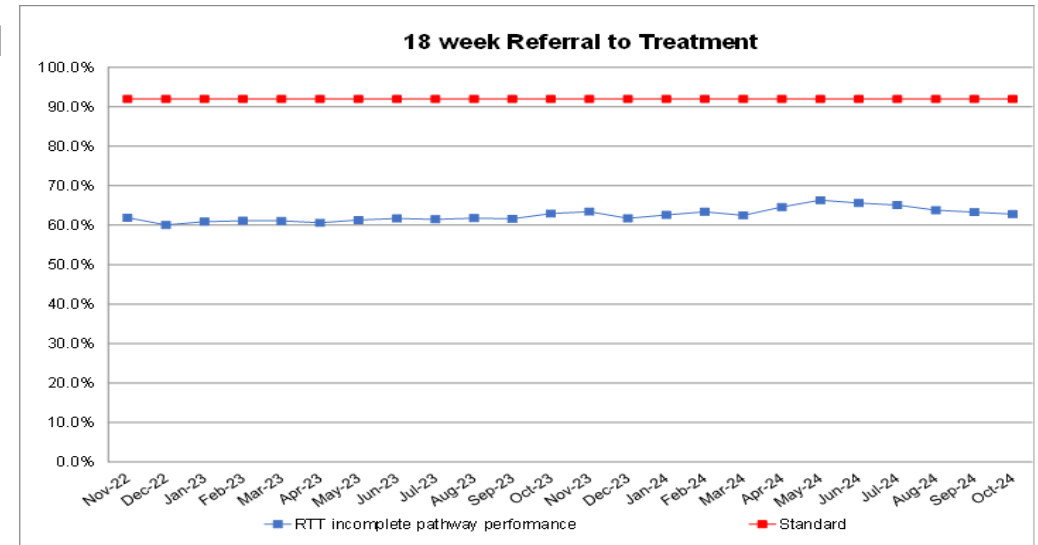
- The percentage of people waiting six weeks or less to be seen by our adult community mental health services was 90.3% in October 2024, and 97.8% of older people on the waiting list for a first appointment had waited under six weeks. 97.8% of children and young people referred to Child and Adolescent Mental Health Services (CAMHS), and all people referred to our learning disabilities service had waited under six weeks.
- All people referred with a first episode of psychosis began treatment with a NICE-recommended care package within two weeks of referral in the three months to 31 October, against the national standard of 60%. Recovery rates for Talking Therapies have also remained higher than the 50% national standard, and standards were also achieved for access to perinatal mental health services and Children & Young People’s eating disorders services, with both services performing better than the national average.
- The percentage of Talking Therapies patients beginning treatment within six weeks of referral was above the 75% standard in October 2024, at 86.9%.
- The number of people waiting over 18 weeks to be seen by Talking Therapies has continued to rise, due to a shortfall in capacity within the service. This is likely to affect waiting times compliance adversely later in the year.

	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
Adult mental health services	94.7%	92.5%	94.2%	91.5%	90.4%	90.3%
Older Persons mental health services	97.0%	100.0%	97.2%	93.8%	93.4%	97.8%
Learning disabilities service	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Children and young people's mental health services	95.4%	95.3%	98.5%	97.8%	98.8%	97.8%



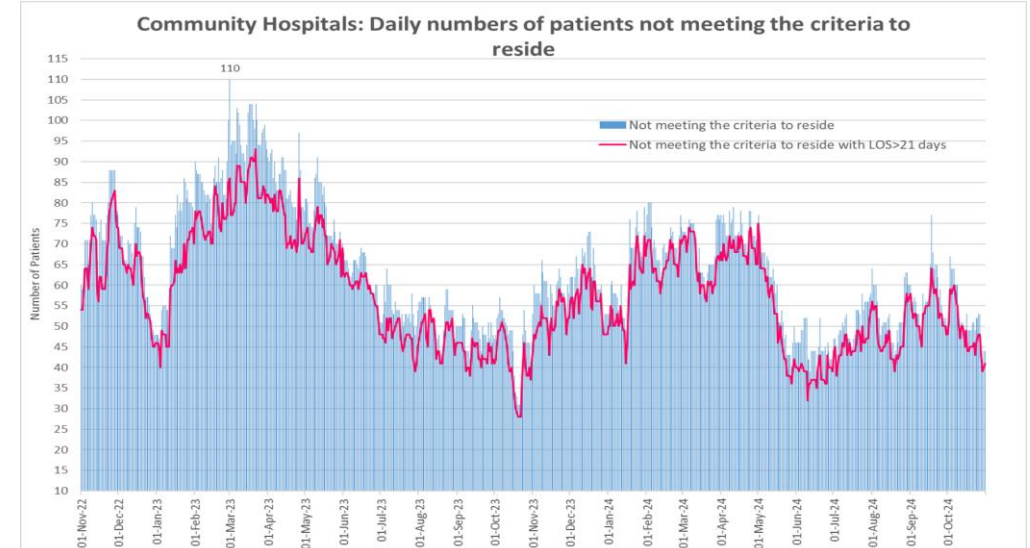
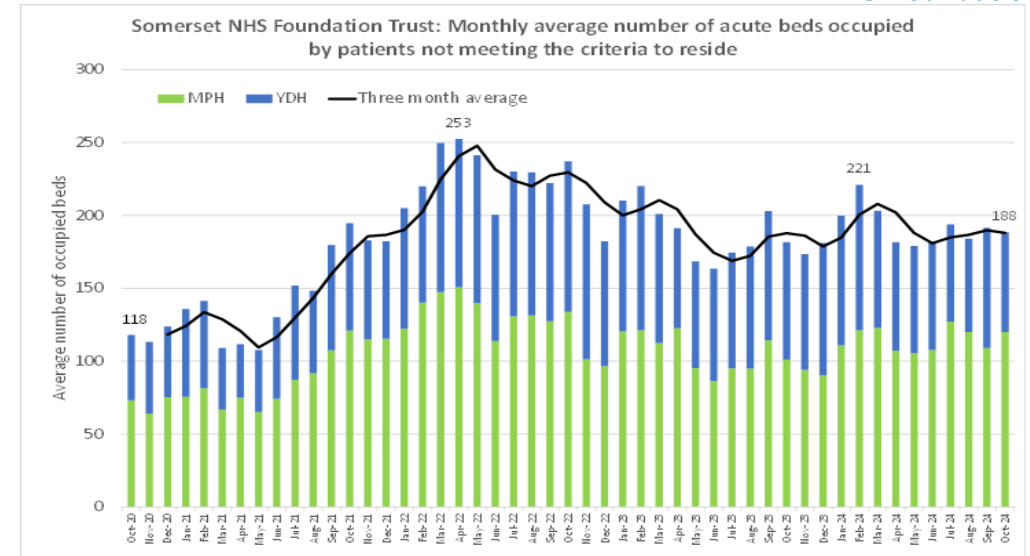
Referral to Treatment (RTT): acute services

- The percentage of patients waiting under 18 weeks from referral to treatment was 62.8% in October 2024. National average performance in September 2024 – the latest data national available – was 58.5%. Our performance in September 2024 was 63.3%.
- The total waiting list size at the end of October was 58,725, up by 613 from the previous month, and 6,319 patients higher than (i.e. worse than) the target trajectory.
- The number of patients waiting over 52 weeks at the end of October was 1,445 - better than the trajectory of 2,012 or fewer. The number of patients waiting over 65 weeks was 198, against a target of zero. Our aim is to have no patients waiting over 65 weeks by 22 December 2024.
- A significant programme of improvement work to support elective care recovery in the medium and long-term remains in place. A programme of waiting list validation continues, which includes contacting patients to check they still need to be seen.
- Additional validation is taking place for patients in the December 2024 65-week cohort, to check the waiting times are being correctly reported.



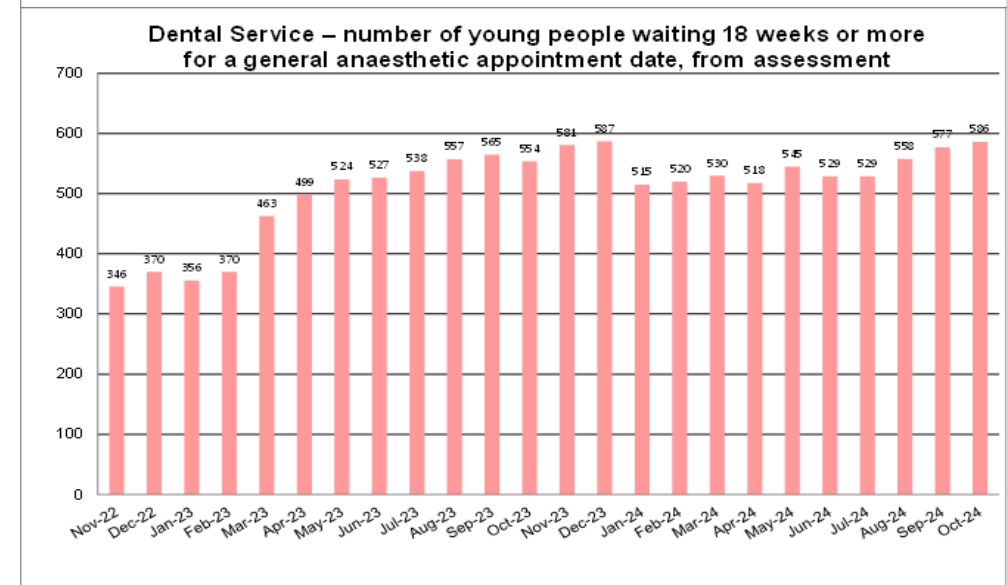
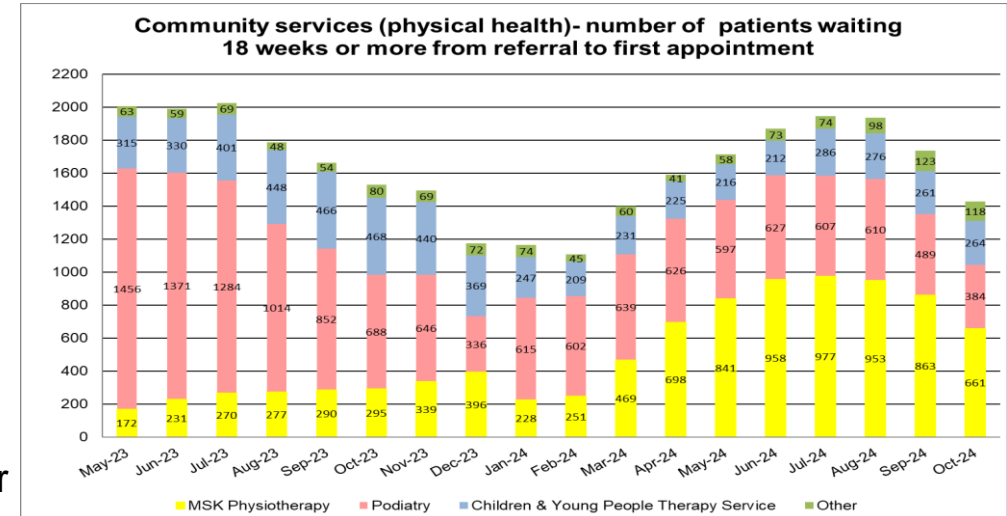
Criteria to Reside

- During October 2024, the Trust-wide number of acute bed days occupied by patients not meeting the criteria to reside was 5,843 (3,721 at MPH and 2,122 at YDH), up from 5,744 in September 2024. This equates to 188 fully occupied beds for the month of October 2024, down from 191 in September 2024.
- As at 31 October 2024, national best-quartile performance was that 8.7% of Adult General & Acute and critical care beds were occupied by patients who did not meet the criteria to reside. Our performance as at that date was 19.1% of beds. We were ranked 96 of 119 Trusts nationally.
- In our community hospitals, number of patients not meeting the criteria to reside reduced, from 50 at the end of September (and 60 at the end of August), to 44 at the end of October.
- A range of actions are being taken to improve patient flow, care for people at home where appropriate, facilitate timely and appropriate discharge from hospital, and address the difficulties in the domiciliary care market.



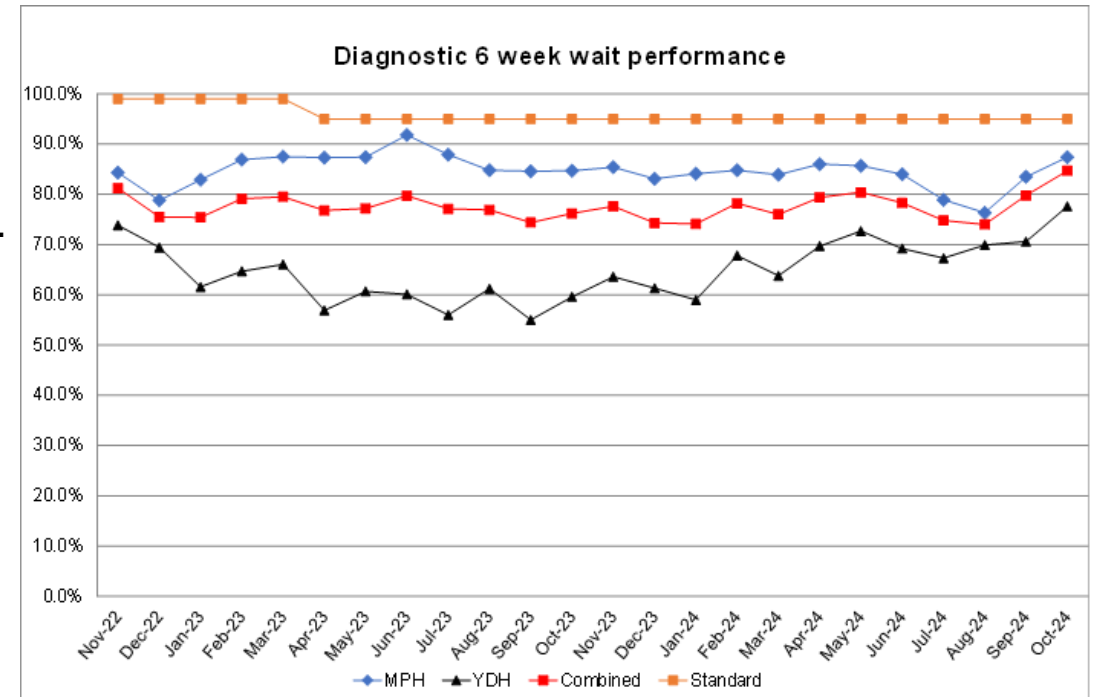
Community physical health services

- As at 31 October 2024, the number of patients waiting 18 weeks or more to be seen by our community physical health services (excluding Dentistry) reduced by 310 to 1,426, which was 124 patients lower (i.e.) better than the plan of 1,550 or fewer.
- The highest numbers of patients are waiting for musculoskeletal Physiotherapy and Podiatry. Both services have had significant issues with sickness absence and vacancy levels, but both services have made good progress in bringing down their numbers of patients with long waiting times.
- As at 31 October 2024, we were also performing better than plan for the numbers of patients waiting 52 weeks (236, against a plan of 407 or fewer) and 104 weeks (86, against a plan of 95 or fewer)..
- The numbers waiting over 18 weeks to be seen by our Somerset and Dorset dental service were unchanged from the previous month, at 2,394.
- As at 31 October 2024, 586 young people had waited 18 weeks or more for a dental appointment for treatment involving a general anaesthetic (GA) , up from 577 as at 30 September. The service continues to face considerable challenges due to vacancies, sickness absence and insufficient cover for colleagues on maternity leave. More junior dentists have been recruited, and further recruitment drives are planned over the Winter and Spring.



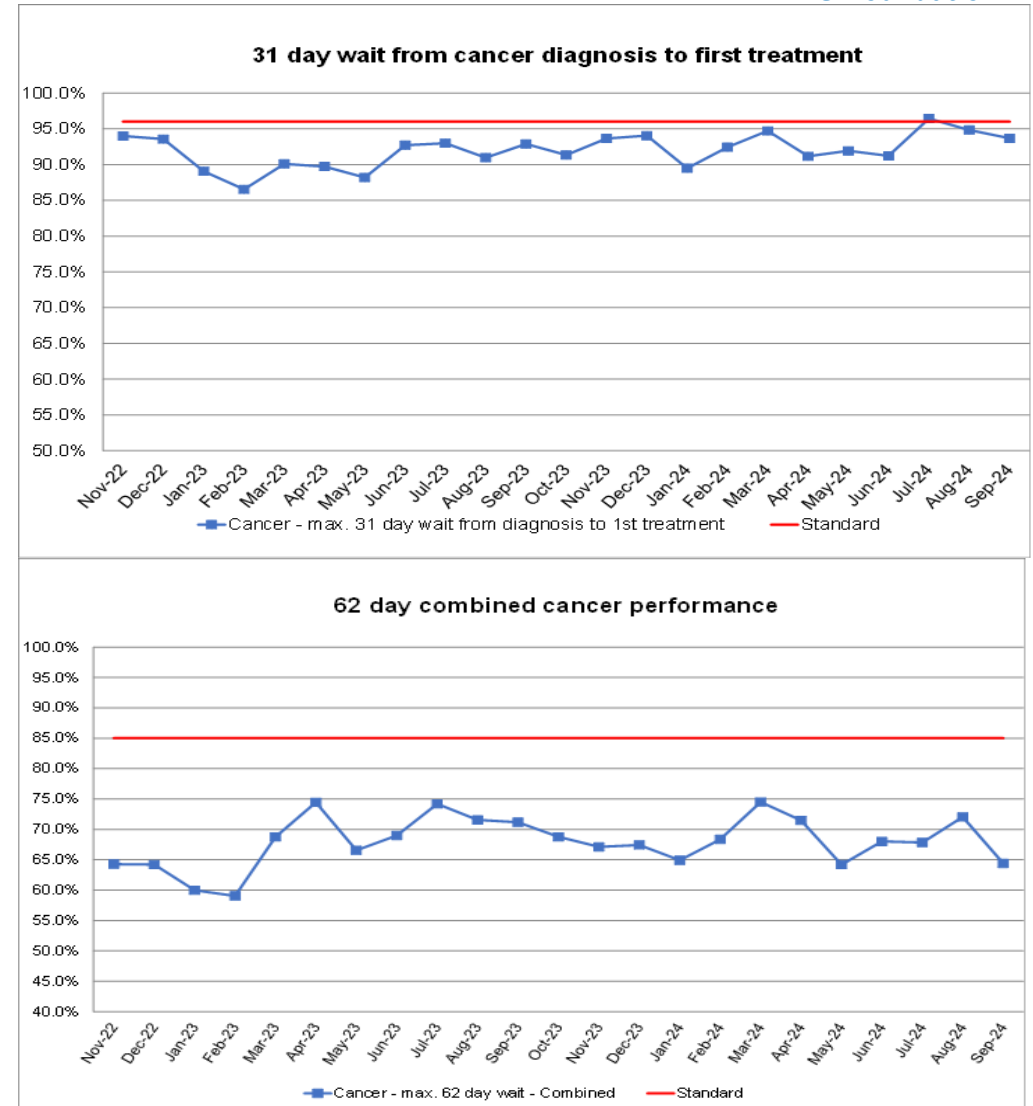
Diagnosics

- The Trust-wide percentage of patients waiting under six weeks for their diagnostic test was 84.7% in October 2024. National average performance for NHS providers (i.e. excluding Independent Sector providers) was 76.5% in September 2024, the latest data available. Our performance in September was 79.8%.
- The highest numbers of patients were waiting for an echo (down from 1,050 to 752; 45% of over six-week waiters) and MRI (down from 385 to 376; 22%), together making up 67% of the long waiters.
- In October, 97.2% of urgent CTs were turned around within the standard of seven days, and 99.7% of routine CTs were turned around within the standard of 28 days. The corresponding compliance levels for MRI were 87.9% and 99.1%, and for Plain Film X-rays they were 93.3% and 99.9%.
- Additional echo capacity has been established through the extension of the insourcing contract which is currently in place, and weekend waiting list initiatives have been established. Additionally, a member of the team will return from maternity leave in the next few months.
- Additional MRI capacity has been established, through the rental of a modular scanning unit, which is now being rented until March 2025, and additional MRI waiting list initiatives are also being run.



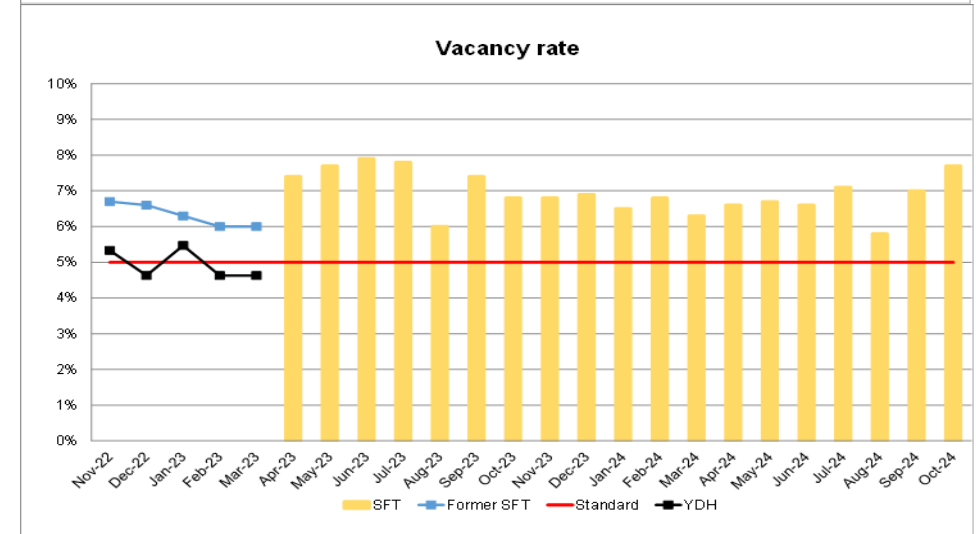
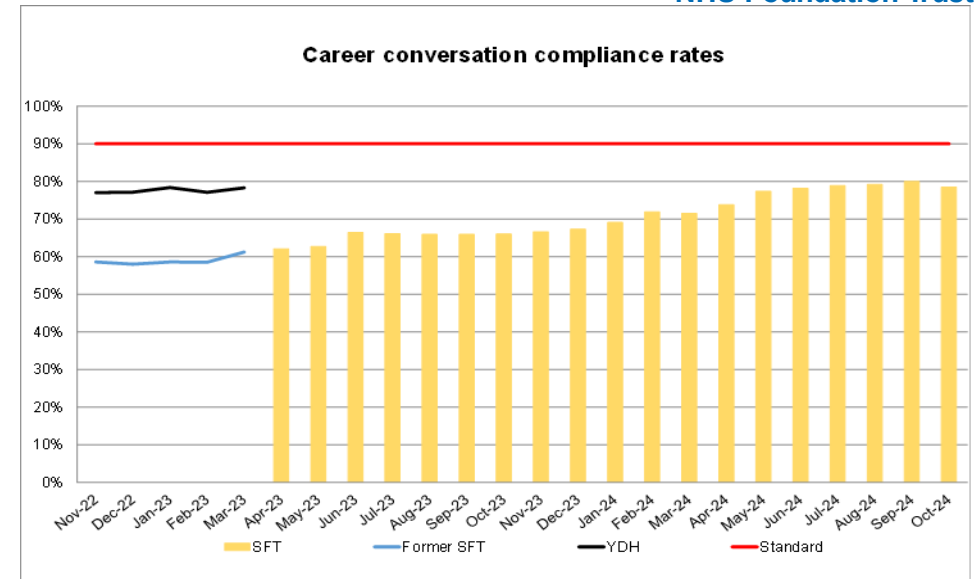
Cancer waiting times

- The percentage of patients diagnosed with a cancer or given a benign diagnosis within 28 days of referral was 75.4% in September 2024 – the latest national data available – slightly above the 75% national standard. The standard will rise to 77% in March 2025.
- The percentage of cancer patients receiving a first treatment within 31 days of diagnosis was 93.7% in September, below the 96% national standard but above the national average of 90.6%. The main breach areas of the 31-day standard were skin, urology, and colorectal.
- The percentage of cancer patients treated within 62 days of referral was 64.4% in September, below the national standard of 85%, and also below the national average of 67.3%. The main cause of the breaches continues to be surges in demand during the last three to four months, especially for skin, with the seasonal rise in referrals from the summer.
- The increase in skin breaches also relates to the sooner than planned repatriation of the service from University Hospitals Bristol and Weston NHS Foundation Trust (UHBW)
- A dermatology consultant has been appointed, who will fill the gap left by a departure in September 2024. Additional insourcing capacity has also been established to meet demand for both first appointments and minor procedures. GPs with Extended Roles (GPwERs) also continue to provide capacity for the service.



People

- In respect of retention, 88.7% of colleagues who were in post as at 31 October 2023 were still with the Trust as at 31 October 2024. Our aim is to achieve a rate of at least 88.3%. As one of 23 NHS People Promise Exemplar sites, we have a detailed plan in place to improve retention across the Trust.
- As 31 October 2024, the percentage of career conversation reviews undertaken at least annually was 78.5%, down from 80% at the end of September, and still significantly below the standard of 90%. Career conversations continue to be a key area of discussion in directorate and service group meetings.
- As at 31 October 2024, our mandatory training rate was 93.7%. Operational pressures, and limited capacity for areas with backlogs such as life support and safeguarding remain a challenge.
- Our Trust-wide vacancy level was 7.7% as at 31 October 2024, against a target of no more than 5%. Twenty-three risks on the risk register relate to recruitment challenges. The highest-scoring risks are with senior medical and nursing and allied health professional roles with community hospitals, pharmacy, theatres, bowel cancer screening and digital recruitment challenges scoring 15 and above.
- Our sickness absence rate for the 12 months to 31 October 2024 was 5.1%, the same as it was as at 30 September 2024.



Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Report from the Quality and Patient Engagement working group held on 20 November 2024
SPONSORING EXEC:	Jade Renville
REPORT BY:	Tina Hickinbottom-Tacey, Corporate Services Officer
PRESENTED BY:	Judith Goodchild
DATE:	17 December 2024

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

Executive Summary and Reason for presentation to Committee/Board	<p>The minutes of the last Quality and Patient Experience Group were approved as a true and accurate record of the meeting.</p> <p>The group made the decision to suspend the action around identifying drop off locations at acute sites until after the building works have been completed. The group will look to review in the future.</p> <p>Regarding the action around transport, the group would like to continue discussions but amend the action to reflect the concerns raised about transport to and from rural sites and shelters when waiting for public transport.</p> <p>Judith Goodchild and Tina Hickinbottom-Tacey to discuss, review and remove actions from the action plan that are no longer needed.</p> <p>Krystle Pardon presented the results from the National Inpatient survey from November 2023 and highlighted the following:</p> <ul style="list-style-type: none"> • The overall response rate was good. • Responses from the survey help assess performance, monitor ongoing compliance, and review areas where improvements are needed. • Based on demographics of those completed, it is important to find ways of communicating to the smaller groups of patients that have not responded. • Results show the trust is performing averagely in comparison to other trusts, which is not bad but it is not where the trust would like to be. • There are some areas where the trust is performing better and worse comparatively and learning from this will be shared amongst all service groups.
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- Areas to review:
 - patients did not feel they were getting enough water, so a quality improvement plan is in place to support nutrition and hydration.
 - Benchmarked with other trusts on hospital acquired infections linked to catheter usage, pieces of work have been completed and these rates have since lowered from 32% down to 15.5%.
 - Focussed training on some wards across YDH and MPH to help reduce pressure ulcers.
 - Phase 1 of Marthas rule is in testing phase.
- Where the trust would like to be, and next steps to help achieve this was discussed.
- Regular feedback will now be included in the Quality and Governance Assurance committee.

Liz Berry and Jayne Cooper joined to update the group on the progress of the Chief Nurse Core Standards box set. They highlighted the following:

- Background information on why Hayley Peters commissioned the standards, relating to the lowering of the standards of care from pressure within the NHS and following the pandemic.
- Colleagues recruited into posts with little induction. Training was stood down due to the pandemic. A junior workforce was being used.
- Aim is to create an essential box set of training created from looking at issues/ trends raised from incidents and complaints. Currently, all are available on leap, and is a mixture of eLearning, videos, and interactive videos.
- The next steps include a core skills project which include visiting and investing in one ward at a time, for about 4 – 6 weeks, led by the matron, supported by clinical skills and other teams. The teams will look at the matrix for individual wards, completing a self-assessment of skills, reviewing complaints and feedback, and formalising this data to then work alongside the ward to improve on these areas. A plan will be developed for each individual ward as some ward's experiences may be different to others.

Lee Cornell updated the group on the Quality and Performance Exception report and highlighted the following:

- Good number of areas where the trust is performing well comparatively, however there are some areas the trust is not performing as well as would like.
- SFT was the second-best performing trust in the Southwest, in terms of ED performance. Performance



has been a particular challenge in MPH, heavily affected by patient flow and patients with no criteria to reside.

- For ambulance handovers, both sites were below the national standard but above the average.
- At YDH, patient flow has been affected specifically for those patients waiting for speciality wards. YDH has opened Jasmine Ward to help with capacity.
- Total size of acute waiting list currently has 5000 more patients than the planned level.
- Urgent Community response in September saw 90% of patients within 2 hours of being contacted, which is significantly clear of the national standard.
- In terms of cancer waiting times for 28-day cancer diagnosis, the trust did not hit the standard, the trust performance was 71% in August and 75% in September. Additional capacity has been provided in these areas.
- Within tissue viability, there has been focussed work to look at pressure ulcers as incidents have been rising from October last year. However, these results could be related to effect of training and the improvement of reporting incidents. A deep dive with tissue viability team and nursing colleagues is planned.

Caroline Walker updated the group on the Complaints and PALS Manager report she highlighted:

Complaints

- A decrease of 33% in complaints. 53 formal complaints and seven second letters received.
- The target for responding within an agreed timeframe is 90%, the trust is currently performing at 54%. The trust has not managed to hit this target since the merger.
- Medicine and Surgical have stayed at the top for the services receiving the most complaints.
- Key categories are medical treatment general, communication (within medical), nursing care (surgical), attitude of staff and communication to relatives.

PALS

- Increase in PALS by 13%.
- The target for cases closed within PALS is 90% but this has not been met since the merger, performance currently sits at 60%.
- Action plan for PALS to be fully using radar by Spring of next year.

	<ul style="list-style-type: none"> • PALs are recorded and can sometimes be across more than one theme/category. • Thematic analysis to take place using AI to review commonality between PALs and formal complaints. <p>Emma Davey shared an update on a project/pilot involving the use of AI to support the patient experience and engagement teams. A further update will be taken to the Patient Experience and Engagement Committee in December and assurance report from this group will come to the February working group.</p> <p>Additionally, Emma Davey is reviewing the Vexatious complainant process and will be setting up a panel to ensure the trust is unbiased and following this policy in a compassionate, clear, and supportive way.</p> <p>The group raised concerns around an issue with delayed letters within YDH. Ben Edgar-Attwell confirmed this was isolated to a number of specialities, the trust are aware and action plan has been put in place to resolve this issue.</p> <p>The group noted the Assurance report from Quality and Governance Committee and the Mental Health Act Committee.</p> <p>Tina Hickinbottom-Tacey suggested circulating the good to know log weekly with the briefing as a reminder for Governors to send in feedback (positive as well as negative) to the Council. The group agreed this would be a good idea. (ACTION)</p> <p>Sue Steele shared a personal positive experience from a family members recent journey into the trust.</p> <p>Alison James commented on the use of acronyms, and the confusion this can cause, as a new governor. Ben Edgar-Attwell referred to the acronym buster, which is included in the induction workbook but if there are ones missing the new governors are not sure of, Tina Hickinbottom-Tacey is happy to sit down and look through and add to the collection. (ACTION)</p>
Recommendation	The Council of Governors is asked to note the items discussed at the meeting.

Links to Joint Strategic Objectives
(Please select any which are impacted on / relevant to this paper)

- Obj 1 Improve health and wellbeing of population
- Obj 2 Provide the best care and support to children and adults
- Obj 3 Strengthen care and support in local communities
- Obj 4 Reduce inequalities
- Obj 5 Respond well to complex needs
- Obj 6 Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture
- Obj 7 Live within our means and use our resources wisely
- Obj 8 Delivering the vision of the Trust by transforming our services through research, innovation and digital technologies

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

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|------------------------------------|--------------------------------------|------------------------------------|----------------------------------|------------------------------|---|
| <input type="checkbox"/> Financial | <input type="checkbox"/> Legislation | <input type="checkbox"/> Workforce | <input type="checkbox"/> Estates | <input type="checkbox"/> ICT | <input checked="" type="checkbox"/> Patient Safety/ Quality |
|------------------------------------|--------------------------------------|------------------------------------|----------------------------------|------------------------------|---|

Details: N/A

Equality
 The Trust wants its services to be as accessible as possible, to as many people as possible. Please indicate whether the report has an impact on the protected characteristics

- This report has been assessed against the Trust’s Equality Impact Assessment Tool and there are no proposals or matters which affect any persons with protected characteristics
- This report has been assessed against the Trust’s Equality Impact Assessment Tool and there are proposals or matters which affect any persons with protected characteristics and the following is planned to mitigate any identified inequalities

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

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

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

- | | | | | |
|-------------------------------|------------------------------------|---------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Safe | <input type="checkbox"/> Effective | <input type="checkbox"/> Caring | <input type="checkbox"/> Responsive | <input type="checkbox"/> Well Led |
|-------------------------------|------------------------------------|---------------------------------|-------------------------------------|-----------------------------------|

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

Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Report from the Strategy and Planning Group held on 19 November 2024
SPONSORING EXEC:	David Shannon, Director of Strategy and Digital Development
REPORT BY:	Paull Robathan, Chairman Strategy and Planning Group
PRESENTED BY:	Paull Robathan, Chairman Strategy and Planning Group
DATE:	17 December 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 group approved the minutes from the last meeting held on the 23rd July 2024, as a true and accurate record of the meeting.</p> <p>Stuart Hill attended the meeting and updated the group on the progress of the electronic health record (EHR). He explained that the joint business case has now been through a few cycles of review with regional and national teams, the business case is now back with the trust to review the options and is due to be re-submitted at the end of November. In January, it will be submitted to the national OBC and Cabinet Office for review, and the trust is looking to gain national approval by April 2025. Following the procurement exercise from April to October, the full business case will then be sent for national, regional and Cabinet Office approval in March 2026.</p> <p>The group raised a concern around the safety and accessibility of patient data due to IT/network outage. David Shannon provided assurance and explained that currently for this year the trust has only lost 4.4% of network uptime. The trust has cyber security accreditation, which helps prevent hackers and network triangulation. Previously, there was an incident with a cable being cut and this caused disruption. The current triangulation means that the trust is connected to three data centres, whereby if one cable gets cut, it would allow the trust to connect directly to another data centre to ensure continued data security.</p> <p>Kerry White attended the meeting and updated the group on the sustainability of Symphony Healthcare Services (SHS). SHS continue to provide a significant percentage of Primary Care in Somerset. The recruitment of clinical and non-clinical staff has been successful. Finance within SHS continues to be a significant issue, which is a challenge across all of primary care, not just with Symphony. Continued work in South Somerset West, wholly</p>
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	<p>Symphony PCN, to build new models of shared working between GP practices and wider healthcare providers.</p> <p>David Shannon provided an update on the Yeovil Diagnostic Centre, which is progressing with delays and is now scheduled for completion at the end of January 2025. The group also asked about the development of the new multi-storey carpark at the Musgrove site. He explained that with the new hospital programme review, plans for the carpark will not progress until February/March 2025. Whilst the business case has been approved, the new car park at the Musgrove site has been paused until the new hospital programme agrees the profiling and timing of schemes. Once the timings of the new hospital programme have been confirmed, the car park will be the first item completed ahead of the main scheme.</p>
Recommendation	The Council of Governors is asked to note the items discussed at the meeting.

Links to Strategic Objectives
(Please select any which are impacted on / relevant to this paper)

- Obj 1 Improve health and wellbeing of population
- Obj 2 Provide the best care and support to children and adults
- Obj 3 Strengthen care and support in local communities
- Obj 4 Reduce inequalities
- Obj 5 Respond well to complex needs
- Obj 6 Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture
- Obj 7 Live within our means and use our resources wisely
- Obj 8 Delivering the vision of the Trust by transforming our services through research, innovation and digital technologies

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

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| <input checked="" type="checkbox"/> Financial | <input type="checkbox"/> Legislation | <input type="checkbox"/> Workforce | <input checked="" type="checkbox"/> Estates | <input type="checkbox"/> ICT | <input type="checkbox"/> Patient Safety/ Quality |
|---|--------------------------------------|------------------------------------|---|------------------------------|--|

Details: N/A

Equality and Inclusion

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

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

Not applicable to this report.

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



Public/Staff Involvement History

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

Not applicable to this report.

Previous Consideration

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

A report is presented to every meeting.

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

<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

Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Report from the People Group held on 18 November 2024
SPONSORING EXEC:	Isobel Clements
REPORT BY:	Tina Hickinbottom-Tacey
PRESENTED BY:	Tina Hickinbottom-Tacey
DATE:	18 November 2024

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

Executive Summary and Reason for presentation to Committee/Board	Due to apologies, the meeting on the 18 November 2024 was cancelled and will be rescheduled at a suitable time in the New Year.
Recommendation	

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 checked="" 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 type="checkbox"/> Legislation	<input checked="" type="checkbox"/> Workforce	<input type="checkbox"/> Estates	<input type="checkbox"/> ICT	<input type="checkbox"/> Patient Safety/ Quality

Details: N/A

Equality	
The Trust wants its services to be as accessible as possible, to as many people as possible. Please indicate whether the report has an impact on the protected characteristics	
<input type="checkbox"/>	This report has been assessed against the Trust's Equality Impact Assessment Tool and there are no proposals or matters which affect any persons with protected characteristics

This report has been assessed against the Trust's Equality Impact Assessment Tool and there are proposals or matters which affect any persons with protected characteristics and the following is planned to mitigate any identified inequalities

Public/Staff Involvement History

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

Previous Consideration

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

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

<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	
REPORT TO:	Council of Governors
REPORT TITLE:	Report from the Membership, Involvement and Communications Group held on 22 November 2024
SPONSORING EXEC:	Jade Renville, Director of Corporate Services and Affairs
REPORT BY:	Kate Butler, Chair of the Membership, Involvement and Communications Group
PRESENTED BY:	Kate Butler, Chair of the Membership, Involvement and Communications Group
DATE:	17 December 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 minutes of the Membership, Involvement and Communications Group held on 31 July 2024 were approved as a true and accurate record.</p> <p>Emily Mock updated the group on the progress of the Young People Engagement subgroup, including confirming the four core members: Heather Shearer, Jack Torr, Jos Latour, Kate Butler and Emily Mock for admin support. The group has held three meetings and has been discussing how the group can work towards the aim of forming a youth forum and giving the younger members a voice. Jack Torr has created a draft survey with the support of the other members. The survey had been sent to Fiona Reid and Tina Hickinbottom-Tacey for comments.</p> <p>Tina Hickinbottom-Tacey provided the group with an update on the September Members newsletter which included the results from the survey circulated within the newsletter. The email campaign was sent to 4397 members, where 151 bounced back and therefore did not receive the email. The email open rate was 55% with a total of 720 views, where participants spent an average of 3 minutes viewing the newsletter. The average completion rate was 43%. Regarding the survey, the average time spent completing the questions was over 10 minutes and the survey received 32 responses. From this survey, the trust can see the quieter voices, and some minorities are not responding, which is something that the group would like to investigate and improve upon.</p> <p>Fiona Reid gave an overview of the latest data that shows the communication activity for the trust and how far it is reaching. The communication strategy for the trust is to tell the story of services, sites, colleagues, and patients by describing people's experiences within the organisation. Within September, communication was</p>
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83% positive and 17% negative. The trusts' social media is important, it allows the team to speak directly with the public. It is great to see the charity and recruitment websites pages within the top viewed pages. The team is using campaigns, design, and photography, this helps provide information through eye catching posts and helps the team to tell a story. Ahead of 2025, the team are looking at what they want to achieve next year.

Krystle Pardon informed the group that the team have been undertaking visits to different communities. The aim of these visits is to ensure that everyone has the right access to health care; and if there are any issues, finding ways in which the trust can help. The team visited the gypsy and traveller community to engage with residents and was able to help sort issues with equipment and with communication to GPs.

The team have linked in with familiar people who are already known and trusted within these communities to help prevent resentment and build relationships. The team has been able to give out information and signpost for various services. Visits are also planned with refugees, people who are homeless, those residing in prison and expectant mothers and new parents. The team have been working with the engagement leads, Healthwatch, the Council, ICB and the voluntary sector to share ideas and make conversations count. Krystle Pardon will bring further feedback from these visits to the February meeting.

Emily Mock noted the updated membership statistics and explained how some of the figures might look different to expectations. The trust now has 10,389 public members, including welcoming 19 new public members, since August which is lower than the team expected. Usually, figures include staff members who have left the trust and converted to public members. During the summer period, a cohort of doctors always leave to allow for a new cohort to join. This number was not reflected in the figures. Following a discussion with CIVICA, they believe for this time period, this step may have been missed and will investigate and let the team know if this is the case and rectify this. The trust has 5427 public members who have shared an email address. Emily Mock advised that there is an error on slide seven, members within Sedgemoor with an email address should say 717.

Kate Butler introduced the project around Governor Commitments, where governors will commit to a goal for the year, record their progress and share this with the other Governors. This project will provide extra documentation of how the Council is fulfilling its statutory duties.

Tina Hickinbottom-Tacey introduced the PowerPoint slides and workbook she has created in support of this project. She

	<p>suggested to bring these items to a future development day to introduce the commitment activity to the full council. The commitments should be achievable and in support of the statutory duties and could be anything as simple as committing to attend the Council of Governor meetings to committing to attend a certain committee to gain more information on a specific topic. She received some good feedback from the group regarding how to communicate this project to the governors and making sure the governors' expectations of the workload are managed. Additionally, it was indicated that new governors might find this challenging, and how it is important that the information about this is shared in the right way.</p> <p>Tina Hickinbottom-Tacey assured the Governors that they do not need to commit to any extra work, for example if they are already volunteering/ are a part of ppg groups etc., the activities they are already involved in, should be acknowledged as a commitment and monitored so that the governors hard work and time spent is celebrated and recorded appropriately. Kate Butler suggested a practice run using these materials by a selection of governors from this group to provide feedback and review user compatibility.</p>
Recommendation	The Council of Governors is asked to note the items discussed at the meeting.

Links to Strategic Objectives
(Please select any which are impacted on / relevant to this paper)

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- Obj 7 Live within our means and use our resources wisely
- Obj 8 Delivering the vision of the Trust by transforming our services through research, innovation and digital technologies

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

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| <input type="checkbox"/> Financial | <input type="checkbox"/> Legislation | <input type="checkbox"/> Workforce | <input type="checkbox"/> Estates | <input type="checkbox"/> ICT | <input checked="" type="checkbox"/> Patient Safety/ Quality |
|------------------------------------|--------------------------------------|------------------------------------|----------------------------------|------------------------------|---|

Details: N/A

Equality and Inclusion

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

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

Not applicable to this report.

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

Public/Staff Involvement History

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

Not applicable to this report.

Previous Consideration

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

A report was presented to the March 2024 meeting.

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

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

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Report from the Nomination and Remuneration Group
SPONSORING EXEC:	Colin Drummond, Chairman
REPORT BY:	Ria Zandvliet, Secretary to the Trust
PRESENTED BY:	Kate Butler, Chairman of the Nomination and Remuneration Group
DATE:	17 December 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	The Committee has not met since the September 2024 Council of Governors meeting.
Recommendation	The Council of Governors is asked to note the report.

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 checked="" type="checkbox"/> Obj 8	Delivering the vision of the Trust by transforming our services through research, innovation and digital technologies

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

Details: N/A

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



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

Not relevant for this report.

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

Public/Staff Involvement History

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

N/A

Previous Consideration

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

The report is presented to the Council of Governors at every meeting.

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

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

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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