

**Council of Governors**  
13<sup>th</sup> June 2023 at 17:00-19:30  
Monks Yard

**AGENDA**

	Action	Presenter	Time	Enclosure
1	<b>WELCOME AND APOLOGIES</b>	Chairman	17:00	Verbal
2	<b>QUESTIONS FROM MEMBERS OF THE PUBLIC</b>	Chairman		Verbal
3	<b>DECLARATIONS OF CONFLICT OF INTERESTS IN RESPECT TO ITEMS ON THE AGENDA</b>	Chairman		Verbal
4	<b>TO APPROVE THE DRAFT MINUTES OF THE PUBLIC MEETING HELD ON 9 MARCH 2023</b>	Chairman		Appendix 1
5	<b>TO APPROVE THE DRAFT MINUTES OF THE EXTRAORDINARY COUNCIL OF GOVERNORS HELD ON THE 20 MARCH 2023:</b> <ul style="list-style-type: none"> <li>• YDH</li> <li>• SFT</li> </ul>	Chairman		Appendix 2a Appendix 2b
6	<b>MATTERS ARISING</b>	Chairman		
7	<b>TO RECEIVE THE PUBLIC REGISTER OF COUNCIL OF GOVERNORS INTERESTS</b>	Chairman		Appendix 3
8	<b>CHAIRMAN'S UPDATE</b> <ul style="list-style-type: none"> <li>• Council of Governors' attendance</li> <li>• Statutory Duties of Governors 2023/24</li> <li>• To approve the Lead Governor and Deputy Lead Governor</li> </ul>	Chairman	17:25	Appendix 4 Appendix 5 Appendix 6
9	<b>PERFORMANCE UPDATE FROM THE EXECUTIVE DIRECTORS</b>		17:35	Appendix 7
10	<b>2022/23 CHAIRMAN APPRAISAL</b> <ul style="list-style-type: none"> <li>• Feedback from the 360 appraisal process</li> <li>• Objectives 23/24</li> <li>• Appraisal process 23/24</li> </ul>	IH	18:15	Appendix 8
11	<b>ICB UPDATE</b>	PvH/JH	18:30	Verbal
12	<b>2022/23 NON-EXECUTIVE DIRECTOR APPRAISAL</b> <ul style="list-style-type: none"> <li>• Feedback from the appraisal process</li> <li>• Appraisal process 23/24</li> </ul>			Appendix 9

<b>13 TO APPROVE THE NON-EXECUTIVE DIRECTOR REMUNERATION</b>	IH	19:00	Appendix 10
<b>14 TO APPROVE THE CHAIRMAN REMUNERATION</b>	IH	19:05	Appendix 11
<b>15 TO APPROVE TERMS OF REFERENCE</b>	RZ	19:10	
• The Membership, Involvement and Communications Working Group			Appendix 12
• The Nominations and Remuneration Group			Appendix 13
<b>16 TO APPROVE WORKING GROUP MEMBERSHIP</b>	RZ	19:20	Appendix 14

<b>17 FEEDBACK FROM:</b>		19:25	
a) The Lead and Deputy Lead Governors (Governors issues and any ensuing actions needed/taken)	IH/KB		Verbal
b) The Quality and Patient Experience Group meeting held on 10 May 2023	JG		Appendix 15
c) The Strategy and Planning Group meeting held on 11 May 2023	PR		Appendix 16
d) The Membership, Involvement and Communications Group meeting held on 10 May 2023	KB		Appendix 17
e) The Nomination and Remuneration Committee	IH		Appendix 18
f) Staff Governors	Staff Governors		Verbal
<b>18 ANY OTHER BUSINESS</b>	All		Verbal
• Future Agenda items for Council of Governors meetings			

<b>19 DATES OF NEXT MEETINGS</b>	Chairman	19:30	Verbal
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The dates for 2023 are confirmed as follows:

- Wednesday 20 September 2023 – 12:00-14:30– location to be confirmed

If a quorum is not present on the above dates (and for this meeting), the adjourned meeting will take place seven days after the above dates, at the same time and at a venue to be confirmed.

- Wednesday 27 June 2023 – 12:00-14:30

## **20 WITHDRAWAL OF PRESS AND PUBLIC**

To move that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.



## COUNCIL OF GOVERNORS' MEETING

Minutes of the meeting held on  
9 MARCH 2023 and HYBRID MEETING

### Present:

Colin Drummond

Chairman

#### **Elected Governors**

Ian Aldridge

Public – Somerset West and Taunton

Erica Adams

Public – Somerset West and Taunton

Jane Armstrong

Public – Somerset West and Taunton

Mick Beales

Public – South Somerset

Kate Butler

Public – Somerset West and Taunton

Bob Champion

Public - Mendip

Judith Goodchild

Public - Sedgemoor

Ian Hawkins

Public – South Somerset

Jeanette Keech

Public – Somerset West and Taunton

Paull Robathan

Public – South Somerset

Sue Steele

Public – South Somerset

Jack Torr

Public - Sedgemoor

Sumitar Young

Public – Somerset West and Taunton

Alan Peak

Public – Outside Somerset

Timothy Slattery

Public – Somerset West and Taunton

Judith Morris

Public - South Somerset

David Recardo

Public – South Somerset

Eddie Nicolas

Public - Sedgemoor

Dave Gudge

Public - Sedgemoor

#### **Staff Governors**

Manuel Blanco-Guzman

Staff - Acute

Lynn Pearson

Staff - Acute

Phil Hodgson

Staff - Acute

Joe Silsby

Staff - Acute

Shabnum Ali

Staff - Acute

Neil Thomas

Staff – Mental Health

#### **Appointed/Partnership Governors**

Caroline Toll

Carers UK

Heather Shearer

District and Borough Councils

Jos Latour

Universities

### In Attendance:

Peter Lewis

Chief Executive

Barbara Gregory

Non-Executive Director

Jan Hull

Non-Executive Director

Alexander Priest

Non-Executive Director

Stephen Harrison

Non-Executive Director

Phil Brice

Director of Corporate Services

Isobel Clements

Chief of People and Organisational Development

Andy Heron

Chief Operating Officer

David Shannon

Director of Strategic Development



Pippa Moger  
Ben Edgar-Attwell  
Emily Mock

Chief Finance Officer  
Deputy Director of Corporate Services  
Administration Assistant

**Apologies:**

Hayley Peters  
Robert Cornes  
Ria Zandvliet  
Daniel Meron  
Julius Ndlovu  
Nick Crow  
Paddy Ashe  
Owen Howell  
Kate Fallon  
Philip Jackson

Chief Nurse  
Taunton Samaritans  
Secretary to the Trust  
Chief Medical Officer  
Staff – Mental Health  
Public – South Somerset  
Public – South Somerset  
Staff – Mental Health  
Non-Executive Director  
Public - Mendip

Ref:	No:		Action
	1 1.1	<b>APOLOGIES FOR ABSENCE:</b> Colin Drummond welcomed everyone to the meeting and apologies were noted as above.	
	2 2.1	<b>DECLARATIONS OF INTE QUESTIONS FROM MEMBERS OF THE PUBLIC</b> There were no questions from members of the public.	
	3 3.1	<b>DECLARATION OF ELIGIBILITY TO VOTE</b> Due to the meeting being held on a hybrid platform, the Chairman requested that Governors indicated by a show of hands if they no longer met the eligibility criteria. There was no show of hands and this indicated that all Governors continued to meet the eligibility criteria.	
	4 4.1	<b>DECLARATIONS OF CONFLICT OF INTERESTS IN RESPECT TO ITEMS ON THE AGENDA</b> There were no declarations in respect of the agenda items.	
	5 5.1	<b>TO APPROVE THE DRAFT MINUTES OF THE PUBLIC MEETING HELD ON 14 DECEMBER 2022</b> The minutes of the public Council of Governors' meeting held on 14 December 2022 were <b>approved</b> as a true and accurate record.	
	6 6.1  6.2	<b>MATTERS ARISING AND REVIEW OF THE ACTION LOG</b> There were no actions.  Colin Drummond explained that an update from the ICB on how they plan to communicate with the public will be helpful and this will be scheduled for a future meeting.	
	7	<b>TO RECEIVE THE PUBLIC REGISTER OF COUNCIL OF GOVERNORS INTERESTS AND ANY DECLARATIONS OF CONFLICTS OF INTEREST RELATING TO AGENDA ITEMS</b>	

7.1	The declarations of interests were noted and there were no changes to the register.	
7.2	There were no declarations of conflicts of interest raised relating to agenda items.	
8 8.1	<p><b>CHAIRMAN'S UPDATE</b></p> <p>The Chairman explained that this was the last public Governors meeting before the merger on 1 April and Governor elections. A number of public and staff Governors have indicated that they will not be re-standing for election and the Chairman, on behalf of the Council of Governors, thanked them for their significant contributions and hard work.</p>	
8.2	<p><b>• COUNCIL OF GOVERNORS' ATTENDANCE</b></p> <p>The Chairman presented the report and advised that the Council of Governors' attendance remained very good. There were no attendance issues to be raised with the Council of Governors and the Chairman expressed his thanks to all Governors for their effort and time.</p>	
8.3	<p><b>• STATUTORY DUTIES OF GOVERNORS 2022/23</b></p> <p>The Chairman presented the report and advised that all Statutory Duties of Governors were being fulfilled.</p>	
9 9.1	<p><b>NED RECRUITMENT PROCESS</b></p> <p>Ian Hawkins presented the report and advised that in 18 months' time the Trust will lose three of its Non-Executive Directors (NEDs). Two of the Non-Executive Directors' terms of office had already been extended by one year to August 2024 in view of the need for continuity following the merger. The proposal was to start the recruitment process as soon as possible to be able to phase in new appointments. It was further proposed that the recruitment process will be led by an external consultant as this will enable a more target recruitment approach.</p>	
9.2	Ian Hawkins highlighted that the constitution required an Appointments Panel to be set up and this Panel will be involved in the selection and appointment process. Nominations for this Panel will be sought in the next few weeks.	
9.3	Ian Hawkins <u>proposed</u> , Kate Butler <u>seconded</u> and the Council of Governors approved the recommendations as set out in the report.	
9.4	Ian Hawkins explained that this was Stephen Harrison's last meeting as a NED and, on behalf of the Council of Governors, thanked him for his significant contributions over a large number of years.	
10 10.1	<p><b>PERFORMANCE UPDATE FROM THE EXECUTIVE DIRECTORS</b></p> <p>Pippa Moger explained that the slides were included in the papers and asked if Governors had any questions.</p>	

	10.2	<p>Eddie Nicolas asked what the reason was for the drop in 14-day cancer performance. Pippa Moger explained that referrals for a number of cancers had increased due to an increase in public awareness following celebrity deaths. Multiple diagnostic tests may need to be undertaken to diagnose some of the cancers and there was limited diagnostic capacity. In addition, there were also workforce capacity issues due to challenges to recruit to some of the vacancies. Peter Lewis explained that only a very small amount of people referred are diagnosed with cancer but all referrals need to be checked.</p>	
	10.3	<p>Barbara Gregory commented that there was evidence that there was an increase in cancer diagnosis. Peter Lewis advised that he was unsure about the exact diagnosis numbers but explained that cancer diagnosis was picked up in different ways - for example, a patient could be diagnosed with cancer as part of an unrelated hospital stay or treatment. Manuel Blanco-Guzman explained that head and neck cancer diagnosis were often made through urgent referrals to ED. He reassured the Governors that the two-week wait was only one way of referring into services and other options were available.</p>	
	10.4	<p>Jeanette Keech asked whether the new cancer centre in Bath would help alleviate pressure on SFT. Peter Lewis said that there was unlikely to be an impact as the centre in Bath will take new patients and not patients who were already being seen.</p>	
	10.5	<p>Ian Hawkins asked whether there was a plan to bring performance up to the 14-day target. Peter Lewis confirmed that detailed plans to bring performance up to the target had been developed and were being implemented.</p>	
	10.6	<p>Bob Champion commented that it appeared that generally there was a reduction in services and performance and, as an example, highlighted the reduction in home birthing services. He felt that this was a backwards step and asked what actions were being taken to improve services for women. Peter Lewis explained that workforce turnover in maternity services was really challenging with a number of staff retiring or leaving for other reasons. He did not agree that generally performance was deteriorating and some of the waiting times issues stemmed from the pandemic. In relation to maternity services, this was a real challenge which will need to be addressed.</p>	
	10.7	<p>Heather Shearer asked how the £13 million savings had been achieved. Pippa Moger explained that the savings were due to a number of reasons including: procurement and different contracts; service redesigns; skill mix; or the delivery of savings on a recurrent basis. There had further been an increase in vacancies and, as a consequence, a release of non-recurrent savings. Teams have also been looking at transforming services and this had resulted in some savings.</p>	

	10.8	<p>Jeanette Keech asked whether the £26 million of agency cost was correct. Pippa Moger explained that this figure was correct and it was recognised that this was a large sum of money to spend on agency. Agency expenditure had increased in this financial year compared to the previous year and reasons included: an increase in sickness levels; the need for enhanced care within wards to provide one to one support for patients; and the need to staff the additional escalation beds. It was not possible to manage this within existing resources. There was a national staffing shortage and the Trust needs to address the large elective backlog from Covid-19. There was a national focus on spending less on agency staffing. Manuel Blanco-Guzman asked whether the £26 million included bank staff. Pippa Moger explained that the £26 million only covered agency staff and the cost of bank staff was captured in the substantive staffing expenditure.</p>	
	10.9	<p>Ian Aldridge queried why the trust used agency to fill gaps but did not pay staff the pay increase they would like. He questioned whether it would be better to pay existing staff more and use less agencies. He also added his concern regarding the shortage in midwives and asked if the Trust was denying couples a home birth. Peter Lewis explained that the Trust had temporarily suspended home births as it was unable to support home births. The Trust was not making a choice to use agency over recruiting more staff for the Trust and sickness and escalation capacity were driving the need for agency cover.</p>	
	10.10	<p>Jane Armstrong asked if there were financial incentives for bank staff and if the Trust asked retired staff to consider joining the bank. Peter Lewis explained that the Trust was looking at incentive schemes and confirmed that the Trust already asked retirees to join the bank. Isobel Clements explained that in relation to gaps on doctors rota, a range of tools and local incentives were being used to be able to fill these gaps. The Trust had a large bank of staff and was able to fill many shifts with bank staff. She reassured the Council of Governors that the Trust does look at bank staff in the first instance and only when bank staff was not available, will agency staff be used. Jan Hull informed the Council of Governors that the Non-Executive Directors (NEDs) were focusing on the Trust's agency spend and, through the relevant Committees, have reviewed agency spend and discussed the reasons and actions being taken to reduce agency spend. She assured the Council of Governors that this was being closely monitored.</p>	
	10.11	<p>Sumitar Young commented that when the Trust employs staff, the Trust did not just pay salary but also contributed to training and pension. Agency staff did not receive these extra benefits.</p>	
	10.12	<p>Joe Silsby expressed concerns about the shortage of operating department practitioners (ODPs). The Trust paid for agency to cover the shortfall in shifts, but expectations were not always being met. He also asked about agenda for change and if there were plans to correct some of the pay and terms and conditions' concerns. Isobel Clements explained</p>	

		that there was some flexibility in terms of the agenda for change rules but, in terms of market forces, the Trust needed to ensure that it acted fairly.	
	11 11.1	<b>REVIEW AND CONFIRM THE AMENDMENTS TO THE CONSTITUTION.</b> Bob Champion proposed, Kate Butler seconded and the Council of Governors approved the amendments to the constitution.	
	12 12.1  12.2  12.3  12.4  12.5	<b>TO RECEIVE AN UPDATE ON THE PROGRESS OF DISCUSSION WITH YEOVIL DISTRICT HOSPITAL</b> David Shannon provided an update on the merger and circulated papers for information.  He advised that an Extra-Ordinary Council of Governors meeting had been scheduled for 20 March. It was important for this meeting to be quorate as the Governors will be asked to vote on the merger. He further advised that the NHSE review process had now concluded and the Board challenge session had been positive. Informal feedback from the session indicated that NHSE welcomed the opportunity of the merger to improve services for the local population.  A regional steering group meeting, at which the merger risk rating will be agreed, will take place on 15 March and the outcome of this meeting will be communicated via letter. The Trust was as confident as it could be that it will get an amber rating. This was the usual rating and no Trust had ever received a green rating. The rating will be presented to the Board and the COG meetings on 20 March. Paull Robathan asked if a slide was missing from the papers and David Shannon agreed to circulate the slide after the meeting.  David Recardo highlighted the change in local government structures over the years from one Somerset County Council to four District Councils to now one unitary Council. He was concerned that the Trust might follow the Council's path. Colin Drummond explained that the Trust had recognised this as a risk but it was important to get back to having the patients at the centre of everything we do and not focus on organisational form. Peter Lewis explained that there had been a change at national level and the focus was now on bringing the patient and the wider population back to the centre of services. Heather Shearer explained that the Trust need to find the efficiencies, but if the Trust does not have the patient at the heart of this, it will not work and improvements will cannot be made.  Bob Champion asked if the computer systems between the two Trusts were now linked. David Shannon explained that the Trust had been integrating IT systems and there will be some IT changes on day one of the merger. The Electronic Health Record programme was a bigger project and needs to be planned properly and safely. It was expected that	

		it will take three to four years to fully integrate a single electronic health record across all services.	
	12.6	Jeanette Keech asked if the size and control of the organisation was discussed at the meeting with NHSE. She added that communications were a concern and, after seeing the communications schedule for the public and patients, felt that this was not robust enough. She further commented that governors need to understand how the Trust was communicating with the public in regards to community hospitals as the public was concerned about the future of their community hospital. David Shannon explained that, in terms of the size of the organisation, there was a lot of challenge around governance arrangements. In relation to communications, Phil Brice commented that there were different ways of communicating with different age ranges. Fiona Reid explained that media work was being undertaken with the Health Service Journal, and the communications team was also looking at radio cover and the focus was on getting information out through many mediums as possible.	
	12.7	Eddie Nicolas asked what the PMO due diligence function was. David Shannon explained that this was the program management office where Victoria Keilthy and her team complete the key work around due diligence and other merger related work.	
	12.8	Mick Beales asked about the transport issues, which had been raised at a meeting yesterday. He also asked if the Trust was on track for the new website being online on day one of the merger. He advised that communications were ongoing but people were still saying that they do not know about the merger. David Shannon explained that the website will be ready by the merger date. In relation to the transport issues, transport had come up a number of times in the governor working groups. It was inevitable that patients need to travel to appointments, but it was recognised that transport needs to be accessible.	
	12.9	Ian Aldridge highlighted: the transport issue when attending planned appointments; the risk of having one centre for specific specialities, for example stroke; and the concern in relation to women not being able to give birth at home due to a lack in staff and felt that people might make a negative connection with the merger. Peter Lewis explained that the Integrated Care Board (ICB) were leading the consultation for the stroke services. This consultation would have happened irrespective of the merger.	
	12.10	Kate Butler asked about on-boarding and what the Board was planning to do to prevent this happening next year. It was explained that there had been a huge increase in the number of patients without criteria to reside in an inpatient ward and this, as well as the aging demographics and impact from Covid-19 were key drivers for the need for on-boarding. Colin Drummond explained that, with the delay in transfer of care, the Trust was forced to work in different ways. Phil Brice advised that conversations continue to take place with local authorities about the lack of social care	

		<p>packages and bedded care and escalations plans had been produced. The two key issue related to managing the significant number of patients who do not need to be in hospital and how funding was best deployed. David Shannon explained that on-boarding was not becoming the norm and the operational teams were having ongoing conversations to reflect on what had happened and lessons learned. A new surgical unit had now been opened and there was no space for more beds at Musgrove Park Hospital.</p> <p>10.11 Judith Goodchild commented that people were not communicating with relatives and family involvement could help to get patient out of hospital. They were a key point of contact and were sometimes missed. Phil Brice advised that teams do not always get it right but family engagement was taking place. The delayed discharges reflected the pressures on all services.</p> <p>10.12 Jeanette Keech asked if there was a plan for people who want to go home and whether the question to go home and the answer were documented. Phil Brice advised that this was recorded. Caroline Toll commented that people want to go home and the process should start with identifying who is the carer and whether they have family to support them. She agreed that it was important to check with the family as this could relieve pressure on the NHS.</p> <p>12.13 Bob Champion queried about the number of patients leaving hospital and returning within two weeks due to early discharge. David Shannon explained that the number of readmissions were recorded and monitored. The number of readmission was low.</p>	
	<p>13 13.1  13.2  13.3</p>	<p><b>FEEDBACK FROM: THE LEAD AND DEPUTY LEAD GOVERNORS (GOVERNORS ISSUES AND ANY ENSUING ACTIONS NEEDED/TAKEN)</b></p> <p><b>THE QUALITY AND PATIENT EXPERIENCE GROUP MEETING HELD ON 14 FEBRUARY 2023</b></p> <p>Judith Goodchild advised that the last meeting was held on the 14 February 2023. She explained that it was hard to write notes and chair the group and apologised for not providing an update at this meeting.</p> <p><b>THE STRATEGY AND PLANNING GROUP MEETING HELD ON 16 FEBRUARY 2023</b></p> <p>Paull Robathan advised that the last meeting was held on 16 February 2023. The Group discussed the number and role of Primary Care Networks (PCNs) and how Governors can support the PCNs. The group asked for a further update from Jonathan Higman and Paul Von der Heyde. The Group felt that it would be good to have Governor representation on the ICB. Phil Brice agreed that this was a good point and agreed to raise this with the ICB's Director of Communications and Engagement.</p>	

	<p>13.4</p> <p>13.5</p> <p>13.6</p> <p>13.7</p> <p>13.8</p>	<p>David Recardo commented that Governors were informed about social media but had no idea where to find information to pass to members of the public. Fiona Reid advised that she could provide links to communications/information. She asked whether Governors read the weekly briefings and asked if they provided the Governors with the required information. Jane Armstrong advised that the links in the briefings were good and the links could also send via emails to the Governors.</p> <p><b>THE PEOPLE GROUP MEETING HELD ON 14 FEBRUARY 2023</b></p> <p>It was noted that the last meeting was held on the 14 February 2023. Lynn Pearson had to leave the Council of Governors meeting early and the Chairman referred to the feedback report included in the papers. Ian Hawkins explained that this was Lynn’s last Council of Governors meeting as Lynn will not be re-standing as a Governor. He thanked her for her work.</p> <p><b>THE MEMBERSHIP, INVOLVEMENT AND COMMUNICATIONS GROUP MEETING HELD ON 21 FEBRUARY 2023</b></p> <p>Ian Hawkins advised that the last meeting was held on 21 February 2023. This was the first meeting of the new Membership Working Group and the main discussion had focussed on the role of the Group and the Group’s Terms of Reference.</p> <p><b>THE NOMINATION COMMITTEE</b></p> <p>The Committee met on 23 February 2032 to discuss the Non-Executive Director recruitment process and this has been covered under a separate agenda item.</p> <p><b>STAFF GOVERNORS</b></p> <p>The Staff Governors had been working with Brendon Wood in relation to improving food provisions for staff.</p>	
	<p>14</p> <p>14.1</p> <p>14.2</p>	<p><b>ANY OTHER BUSINESS</b></p> <p>Caroline Toll advised this was her last meeting and thanked the group. She will miss everyone and will miss being up to date with the latest developments. Ian Hawkins thanked Caroline for her work and focus on carers. The Chairman also extended his thanks to Caroline for her significant contributions and focus on the Triangle of Care.</p> <p>Manuel Blanco-Guzman advised that he will not be re-standing. He had met some lovely people but he had a new role that will take priority. The Chairman thanked him for his work and congratulated him regarding his new role.</p>	
	<p>15</p> <p>15.1</p>	<p><b>DATES OF NEXT MEETINGS</b></p> <p>The dates for 2023 are confirmed as follows:</p> <ul style="list-style-type: none"> <li>• Tuesday 13 June 2023 – 17:00 – 19:30 – location to be confirmed</li> </ul>	

		<p>If a quorum is not present on the above dates (and for this meeting), the adjourned meeting will take place seven days after the above dates, at the same time and at a venue to be confirmed.</p> <ul style="list-style-type: none"> <li>• Tuesday 20 June 2023 – 17:00 – 19:30</li> </ul>	
	<p>16 16.1</p>	<p><b>WITHDRAWAL OF PRESS AND PUBLIC</b> To move that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.</p>	

**Yeovil District Hospital NHS Foundation Trust Council of Governors**  
 Minutes of the Extra Ordinary meeting held on 20 March 2023 via MS Teams/Boardroom

**Present:**

Martyn Scrivens	Chairman
Alison Whitman	Public Governor
Tony Robinson	Public Governor
Peter Shorland	Public Governor
Michael Beales	Public Governor
John Webster	Public Governor
Virginia Membrey	Public Governor
Steve Ashton	Public Governor
Ian Hawkins	Public Governor
Nigel Stone	Public Governor
Dirk Williamson	Partnership Staff Governor
Julie Reeve	Staff Governor
Adam Dance	Appointed Governor
Caroline Gamlin	Appointed Governor

**In Attendance:**

Peter Lewis	Chief Executive Officer
Dan Meron	Chief Medical Officer
Hayley Peters	Chief Nurse
Andy Heron	Chief Operating Officer
Phil Brice	Director of Corporate Services
David Shannon	Director of Strategy and Digital Development
Isobel Clements	Director of People and Organisational Development
Ria Zandvliet	Secretary to the Trust
Ben Edgar-Attwell	Deputy Director of Corporate Services
Victoria Keilthy	Director of Integration
Graham Hughes	Non-Executive Director
Jan Hull	Non-Executive Director
Alexander Priest	Non-Executive Director
Paul Mapson	Non-Executive Director

**Apologies:**

Liz Workman	Staff Governor
Nick Craw	Staff Governor
Mike Hewitson	Appointed Governor
Pippa Moger	Chief Finance Officer

Ref:	No:		
55-2223	<b>1</b> 1.1	<b>WELCOME AND APOLOGIES FOR ABSENCE</b> Martyn Scrivens welcomed everyone to the meeting. Apologies were noted as above. A roll call was undertaken, and the Chairman confirmed that the meeting was quorate.	
56-2223	<b>2</b> 2.1	<b>DECLARATION OF ELIGIBILITY TO VOTE</b> Martyn Scrivens asked for any Governors to state if they were prevented from being a Governor of the Council of Governors by any provision within the Constitution or the NHS Act. No declarations were made and it was confirmed all Governors were eligible to vote.	
57-2223	<b>3</b> 3.1	<b>DECLARATIONS OF CONFLICT OF INTERESTS IN RESPECT TO ITEMS ON THE AGENDA</b> No declarations of interest in respect of the agenda were made.	

58-2223	<b>4</b>	<b>MERGER UPDATE</b>	
	4.1	Martyn Scrivens advised that both the Somerset NHS Foundation and Yeovil District Hospital NHS Foundation Trust Boards have approved the submission of the application for Somerset NHS Foundation Trust (SFT) to acquire Yeovil District Hospital NHS Foundation Trust (YDH).	
	4.2	The Council of Governors had been provided with an update on the processes undertaken at the most recent Council of Governors meeting held on 10 March 2023. In addition, the Governors have been provided with regular updates as part of their meetings and development days.	
	4.3	David Shannon advised that NHS England (NHSE) had rated the transaction Amber which means the merger by acquisition may proceed. The feedback letter was very positive and set out a number of Amber-Green areas and one Amber-Red area. The key points from the letter are that NHSE have confidence that the Trust can address the matters they have identified given the strong governance structures and processes in place and previous integration experience. David Shannon confirmed that the Amber rating enables the merger by acquisition to go ahead, if approved by the Council of Governors.	
	4.4	Martyn Scrivens reiterated the positive nature of the letter and was a sound endorsement from NHSE, especially with the Amber-Green rating for quality and patient benefits delivery and integration delivery.	
	4.5	Nigel Stone asked for further detail on the Amber rating and the issues raised. David Shannon explained there are three ratings available. Green is where the Trusts can proceed with no follow-up from NHSE, Amber is where Trusts can proceed with follow-up from NHSE, and Red is where the Trusts cannot proceed. He said he is not aware of any transaction receiving a Green rating. In terms of the feedback, NHSE did identify some risks around the delivery of clinical integration within the timescales set out in the case, particularly given operational pressures. They also noted that key enablers, including culture and digital, have their own complexities. On finance, NHSE noted that a number of schemes had not been worked up at the time of their review. No specific concerns were raised but around ensuring there is continued programme oversight and delivery.	
	4.6	Mick Beales asked how confident the Boards were that these issues could be addressed and what the timescales were. David Shannon said that the programme of work was already set out in the Post-Transaction Integration Plan (PTIP) and the Merger Programme Board will continue for a period of six months to ensure oversight and delivery of actions. There was no set timescale for addressing these areas in the NHSE letter, although it is important to recognise the Trust has defined a number of Day 1 and Day 100 actions that need to be completed within a set timeframe. The clinical integration programme runs over a longer period of two to three years, and this varies by service, of which there are 48. Peter Lewis added that the feedback letter did not raise any points that the Trusts were not previously aware of and had therefore already built this into our plans and there is a process for the oversight and monitoring in place. Mick Beales said that this sounded positive and thanked David Shannon and Peter Lewis for the further detail.	
	4.7	Adam Dance asked about the ongoing Stroke Services consultation and whether the proposed merger was directly linked to this. Peter Lewis confirmed that this was separate to the merger and was being led by the Somerset Integrated Care Board (ICB). The ICB would be addressing this regardless of the merger as it was about the sustainability of the services. Adam Dance thanked Peter for the clarification;	

		Councillors have been getting regular communication from the public and Parish Councils regarding the consultation. Martyn Scrivens and Peter Lewis said they would chase for a response from the ICB on the Council's behalf.	<b>PL/ MS</b>
59-2223	<b>5</b>	<b>PROPOSED ACQUISITION OF YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST BY SOMERSET NHS FT – VOTE ON SUBMISSION OF TRANSACTION APPLICATION</b>	
	5.1	Martyn Scrivens advised that he fully supported the submission of the application for merger by acquisition. The merger by acquisition will be in the interest of patients and will enable seamless care to be provided. He outlined that the Council of Governors is asked to vote to approve the submission of the application for the proposed acquisition of Yeovil District Hospital NHS Foundation Trust by Somerset NHS Foundation Trust. The proposed acquisition represents a significant transaction as set out in the Somerset NHS Foundation Trust constitution.	
	5.2	Martyn Scrivens thanked Governors for their challenges and said the Trust Board recommends to the Council of Governors that they vote in favour of submission of the application for Somerset NHS Foundation Trust to acquire Yeovil District Hospital NHS Foundation Trust. A vote was held. Votes were received from all Governors and unanimous <b>approval</b> was received.	
	5.3	Martyn Scrivens said that this was a significant moment in the history of YDH; he wanted to reiterate that the merger was in the best interests of the people of Somerset and the people of YDH itself. He thanked the Governors for their continued support and challenge during the process. Governors have played an extremely important role in both this transaction, but also throughout the history of YDH and the impressive performance of the organisation.	
	5.4	Martyn Scrivens said that several Governors will be continuing into the merged organisation or standing in the elections. For those who will not be continuing, he wished to formally record thanks for their commitment to YDH and service users in the south and east of the County.	
	5.5	Alison Whitman asked if the outcome of the SFT Council of Governors meeting could be shared with the YDH Council. This would be circulated later today.	<b>MS/ BEA</b>
	5.6	Alison Whitman thanked Martyn Scrivens on behalf of the Council for his support as Chair of the Trust during this period, and the Non-Executives, Executive Directors and staff for their hard work and attitude both in recent years during the pandemic and over the longer term. She also wanted to thank all the Governors, and in particular thanked Tony Robinson for his support to her as Lead Governor.	
60-2223	<b>6</b>	<b>ANY OTHER BUSINESS AND CLOSE OF MEETING</b>	
	6.1	No other items of business were raised, and Martyn Scrivens closed the meeting.	

**SOMERSET NHS FOUNDATION TRUST**

**MINUTES OF THE EXTRA ORDINARY COUNCIL OF GOVERNORS' MEETING  
HELD ON 20 MARCH 2023 VIA MS TEAMS**

<b>PRESENT</b>	<b>POSITION / CONSTITUENCY</b>
Colin Drummond	Chairman
<b>Elected Governors</b>	
Ian Aldridge	Public – Somerset West and Taunton
Erica Adams	Public – Somerset West and Taunton
Jane Armstrong	Public – Somerset West and Taunton
Mick Beales	Public – South Somerset
Kate Butler	Public – Somerset West and Taunton
Bob Champion	Public - Mendip
Judith Goodchild	Public - Sedgemoor
Ian Hawkins	Public – South Somerset
Jeanette Keech	Public – Somerset West and Taunton
Paull Robathan	Public – South Somerset
Sue Steele	Public – South Somerset
Jack Torr	Public - Sedgemoor
Dave Gudge	Public - Sedgemoor
Sumitar Young	Public – Somerset West and Taunton
Alan Peak	Public – Outside Somerset
Timothy Slattery	Public – Somerset West and Taunton
Judith Morris	Public- South Somerset
Eddie Nicolas	Public - Sedgemoor
<b>Staff Governors</b>	
Manuel Blanco-Guzman	Staff - Acute
Owen Howell	Staff – Mental Health
Lynn Pearson	Staff - Acute
Phil Hodgson	Staff - Acute
Joe Silsby	Staff – Acute
<b>Appointed/Partnership Governors</b>	
Jos Latour	Universities
Caroline Toll	Carers UK
Robert Cornes	Taunton Samaritans
Heather Shearer	District and Borough Councils
<b>In Attendance</b>	
Peter Lewis	Chief Executive
Barbara Gregory	Non-Executive Director
Jan Hull	Non-Executive Director
Alexander Priest	Non-Executive Director
Stephen Harrison	Non-Executive Director
Martyn Scrivens	Non-Executive Director

Kate Fallon  
Graham Hughes  
Paul Mapson  
Hayley Peters  
Daniel Meron  
Andy Heron  
Phil Brice  
Isobel Clements

Non-Executive Director  
Non-Executive Director – YDH  
Non-Executive Director – YDH  
Chief Nurse  
Chief Medical Officer  
Chief Operating Officer  
Director of Corporate Services  
Chief of People and Organisational  
Development  
Director of Strategy and Digital Development  
Deputy Director of Corporate Services  
Director of Integration  
Director of Communications  
Administrative Assistant  
Secretary to the Trust (minute taker)

David Shannon  
Ben Edgar-Attwell  
Victoria Keilthy  
Fiona Reid  
Emily Mock  
Ria Zandvliet

**Apologies**

Shabnum Ali  
Julius Ndlovu  
Neil Thomas  
Phil Jackson  
David Recardo  
Paddy Ashe  
Nick Crow

Staff - Acute  
Staff – Mental Health  
Staff – Mental Health  
Public – Mendip  
Public – South Somerset  
Public – South Somerset  
Public – South Somerset

<b>1.</b>	<b>APOLOGIES FOR ABSENCE</b>
1.1	Colin Drummond welcomed everyone to the meeting and apologies for absence were noted as above.
1.2	The Chairman confirmed that the meeting was quorate.
<b>2.</b>	<b>DECLARATION OF ELIGIBILITY TO VOTE</b>
2.1	Due to this meeting being a virtual meeting, Governors were asked to confirm by raising their hand if they no longer met the eligibility to vote criteria. No hands were raised and this indicated that all Governors remained eligible to vote.
<b>3.</b>	<b>DECLARATIONS OF CONFLICT OF INTERESTS IN RESPECT TO ITEMS ON THE AGENDA</b>
3.1	There were no declarations in relation to any of the agenda items.
<b>4.</b>	<b>MERGER UPDATE</b>
4.1	The Director of Strategy and Digital Development advised that both the Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation

	Trust Boards approved the submission of the application for Somerset NHS Foundation Trust (SFT) to acquire Yeovil District Hospital NHS Foundation Trust (YDH) earlier at their meeting today.
4.2	<p>The Director of Strategy and Digital Development advised that the merger risk rating from NHS England (NHSE) had been received. The transaction had been rated Amber which was in line with expectations. The rating reflected that there were issues which will need to be addressed but the issues were not serious enough to stop or delay the merger. The feedback letter received from NHSE had been very positive and key points included:</p> <ul style="list-style-type: none"> <li>• NHSE have confidence that the trust can address the matters they have identified, given “the strong governance structures and processes in place and previous integration experience of the leadership.”,</li> <li>• “the strategic rationale and patient benefits are well articulated and comprehensive”,</li> <li>• There are “robust plans and effective governance structures in place to execute the transaction successfully”,</li> <li>• NHSE identified “some risks around the delivery of clinical integration within the timescales set out in the case, particularly given operational pressures”.</li> <li>• “key enablers, including culture and digital...have their own complexities to deliver the outcomes required to support integration”.</li> <li>• “a large proportion of finance schemes...had not been worked up at the time of the review.</li> </ul>
4.3	With exception of the finance schemes element, which had been rated Amber Red, all other elements had been rated Amber Green and this was an excellent result.
4.4	A number of recommendations had been made, the implementation of which was already covered as part of the Post Transaction Integration Plan (PITP) or were part of a different programme of work, e.g. continue to work with primary care and neighbourhood partners.
4.5	Governors were given the opportunity to ask questions but no questions were asked.
4.6	The Chairman commended David Shannon, and the team, including Victoria Keilthy, Ben Edgar-Attwell and Ria Zandvliet for their work on the merger and for ensuring that progress remained on track.

<p><b>5.</b></p> <p>5.1</p> <p>5.2</p> <p>5.3</p> <p>5.4</p> <p>5.5</p> <p>5.6</p> <p>5.7</p>	<p><b>PROPOSED ACQUISITION OF YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST BY SOMERSET NHS FT – VOTE ON SUBMISSION OF TRANSACTION APPLICATION</b></p> <p>The Chairman advised that the Board of Directors of both SFT and YDH have noted the risk rating issued by NHS England and have approved its support for the acquisition of YDH by SFT. The Boards have also approved the signing of the application letter (which formally applied for the transaction to proceed) and its submission to NHSE, subject to both Councils of Governors supporting the submission of the transaction application.</p> <p>The Chairman commented that the Council of Governors was asked to vote to approve the submission to NHSE of the application for the proposed acquisition of Yeovil District Hospital NHS Foundation Trust by Somerset NHS Foundation Trust. It was noted that the proposed acquisition represented a significant transaction as set out in the Somerset NHS Foundation Trust constitution and more than half the governors in post on the Council will need to vote in favour for the vote to pass.</p> <p>The Chairman advised that the merger by acquisition will be in the best interest of patients and will enable seamless care to be provided. He therefore supported the merger by acquisition.</p> <p>Jack Torr, <u>proposed</u>, Phil Hodgson <u>seconded</u> and the Council of Governors voted in favour of the submission of the application for Somerset NHS Foundation Trust to acquire Yeovil District Hospital NHS Foundation Trust. As a majority vote will be required, Governors were asked to raise a virtual hand to show that the vote was supported by majority vote. All governors raised their hand in support of the vote and the vote was therefore carried.</p> <p>On behalf of the Governors, Ian Hawkins commended and thanked the Non-Executive Directors for the impressive way with which they have been cross examining the Executive Directors to gain assurance about the due diligence and other merger related processes. He further thanked David Shannon and Victoria Keilthy for their support and for the progress made.</p> <p>Ian Hawkins further thanked Colin Drummond for his leadership of the Trust and Council of Governors.</p> <p>The Chairman expressed his thanks to the Council of Governors for their significant support and focus on ensuring that the patients in Somerset received the best possible care. The Council of Governors have shown a great vision in driving through change for the benefit of both patients with mental health and physical health issues across the county and this support was greatly appreciated.</p>
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<b>6.</b>	<b>ANY OTHER BUSINESS</b>
6.1	Jeanette Keech queried whether the pay award for nurses and junior doctors will impact on the work going forward. The Chief Executive advised that unions will be asking their members to vote on the proposals negotiated with the government and it was the expectation that any excess pay costs resulting from the proposals will be fully funded. However, the details of the proposals and national guidance will need to be reviewed when received. In relation to the junior doctors, an agreement had not as yet been reached but this will not impact on the merger.
6.2	Dave Gudge commented that he was impressed with the work carried out by the Chief of People and Organisational Development and her team. Dave Gudge further asked for a meeting with the Chairman to discuss a number of issues and this will be followed up outside of the meeting.
<b>7.</b>	<b>CLOSE OF MEETING</b>
7.1	The Chairman closed the meeting.

Somerset NHS Foundation Trust	
<b>REPORT TO:</b>	Council of Governors
<b>REPORT TITLE:</b>	Declarations of Interest
<b>SPONSORING EXEC:</b>	Colin Drummond, Chairman
<b>REPORT BY:</b>	Ria Zandvliet, Secretary to the Trust
<b>PRESENTED BY:</b>	Colin Drummond, Chairman
<b>DATE:</b>	13 June 2023

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

<b>Executive Summary and Reason for presentation to Committee/Board</b>	<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 at 5 June 2023.</p> <p>The changes made since the March 2023 meeting have been marked in red.</p>
<b>Recommendation</b>	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
<b>Details:</b> N/A					
<b>Equality</b>					
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 checked="" type="checkbox"/> This report has not been assessed against the Trust's Equality Impact Assessment Tool and there are no proposals or matters which affect any persons with protected characteristics					
<input type="checkbox"/> This report has been assessed against the Trust's Equality Impact Assessment Tool and there are proposals or matters which affect any persons with protected characteristics and the following is planned to mitigate any identified inequalities					
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)					
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 type="checkbox"/> Well Led	
<b>Is this paper clear for release under the Freedom of Information Act 2000?</b>				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

## SOMERSET NHS FOUNDATION TRUST

### DECLARATION OF COUNCIL OF GOVERNORS' INTERESTS

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

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

<b>Governor</b>	<b>Constituency</b>	<b>Declaration of Interest (Financial and other interests)</b>
Mr David Recardo	Public – South Somerset	<ol style="list-style-type: none"> <li>1. Elected member of South Somerset District Council.</li> <li>2. Member of the National Trust</li> <li>3. Member of the RHS</li> <li>4. Member of Yeovil Golf Club</li> <li>5. Trustee for the Woborns Almshouses in Yeovil</li> </ol>
Dr Paull Robathan	Public – South Somerset	<ol style="list-style-type: none"> <li>1. Chairman of the South Petherton Community Hospital League of Friends</li> <li>2. Daughter is a GP and lecturer in General Practice in Wales</li> <li>3. Member of the Independent Panel for Somerset Councilors</li> </ol>
Vacancy	Public – South Somerset	
Mr Alan Peak	Public - Outside Somerset	None to be declared
Peter Shorland	Public – Dorset	<ol style="list-style-type: none"> <li>1. President and Trustee - Sherborne West End Community Association</li> <li>2. Member – Conservative Party</li> </ol>
<b>Staff Governors</b>		
Dr Joe Silsby	Staff	Private Practice at SNH
Dr Shabnum Ali	Staff	None to be declared
Vacancy – YDH	Staff	
Vacancy	Staff	
Vacancy	Staff	
Vacancy	Staff	

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



Somerset NHS Foundation Trust	
<b>REPORT TO:</b>	Council of Governors
<b>REPORT TITLE:</b>	Council of Governors – meeting attendance
<b>SPONSORING EXEC:</b>	Colin Drummond, Chairman
<b>REPORT BY:</b>	Ria Zandvliet, Secretary to the Trust
<b>PRESENTED BY:</b>	Colin Drummond, Chairman
<b>DATE:</b>	13 June 2023

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

For Assurance
  For Approval / Decision
  For Information

**Executive Summary and Reason for presentation to Committee/Board**

According to the Trust’s Constitution – Annex 6 paragraph 1 - if a Governor fails to attend any meeting of the Council of Governors for three successive meetings of the Council of Governors, his/her tenure is to be immediately terminated by the Council of Governors unless the Council of Governors is satisfied that:

- 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.

There are no instances of a failure by a Governor to attend three consecutive meetings to be brought to the attention of the Council of Governors.

**Recommendation**

The Council of Governors is asked to note the overview of meeting attendance.

**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**  
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 not 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)

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 type="checkbox"/> Well Led |
|-------------------------------|------------------------------------|---------------------------------|-------------------------------------|-----------------------------------|

<b>Is this paper clear for release under the Freedom of Information Act 2000?</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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**SOMERSET NHS FOUNDATION TRUST - GOVERNOR ATTENDANCE RECORD  
AT COUNCIL OF GOVERNORS' MEETINGS**

Governor	Constituency	15 June 2022	28 September 2022	14 December 2022	9 March 2023	20 March 2023	Meetings	
							Possible	Actual
Erica Adams	Public –Somerset West and Taunton	√	√	√	√	√	5	5
Ian Aldridge	Public –Somerset West and Taunton	√	√	√	√	√	5	5
Jane Armstrong	Public –Somerset West and Taunton	√	√	√	√	√	5	5
Kate Butler	Public – Somerset West and Taunton	√	√	√	√	√	5	5
Jeanette Keech	Public –Somerset West and Taunton	√	√	√	√	√	5	5
Bob Champion	Public – Mendip	√	√	√	√	√	5	5
Virginia Membrey	Public – Mendip						0	New Governor
Vacancy	Public - Mendip						--	--
Judith Goodchild	Public – Sedgemoor	√	√	√	√	√	5	5
Jack Torr	Public - Sedgemoor	√	√	√	√	√	5	5
Eddie Nicolas	Public - Sedgemoor	√	√	√	√	√	5	5
Martin Davidson	Public – Sedgemoor						0	New Governor
Ian Hawkins	Public – South Somerset	√	√	√	√	√	5	5
Sue Steele	Public – South Somerset	√	√	√	√	√	5	5
Mick Beales	Public – South Somerset	√	√	√	√	√	5	5
David Recardo	Public – South Somerset	√	√	X	√	X	5	3
Paull Robathan	Public – South Somerset	√	√	√	√	√	5	5
Vacancy	Public – South Somerset						--	--
Peter Shorland	Public – Dorset						0	New Governor
Alan Peak	Public – Outside Somerset	X	X	√	√	√	5	3

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

Governor	Constituency	15 June 2022	28 September 2022	14 December 2022	9 March 2023	20 March 2023	Meetings	
							Possible	Actual
Shabnum Ali	Staff	√	√	√	√	X	5	4
Joe Silsby	Staff	√	√	√	√	√	5	5
Julie Reeve	Staff						0	New Governor
Nick Crow	Staff						0	New Governor
Mark Robinson	Staff						0	New Governor
Lydia Karamura	Staff						0	New Governor
Vacancy	Staff						-	New Governor
Vacancy	Staff						-	New Governor
Vacancy	Staff						-	New Governor
Vacancy	Staff						-	New Governor
Vacancy	Staff						-	New Governor
Vacancy	Staff						-	New Governor

**Appointed Governors**

Governor	Organisation	15 June 2022	28 September 2022	14 December 2022	9 March 2023	20 March 2023	Meetings	
							Possible	Actual
Vacancy	Somerset GP Board						-	--
Caroline Gamlin	Somerset Integrated Care Board				X	X	2	0
Jos Latour	Universities	√	√	√	√	√	5	5
Cllr Heather Shearer	Somerset County Council	√	√	X	√	√	5	4
Vacancy	Somerset County Council						--	--
Dirk Williamson	Simply Serve						0	New Governor

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

<b>Governor</b>	<b>Organisation</b>	<b>15 June 2022</b>	<b>28 September 2022</b>	<b>14 December 2022</b>	<b>9 March 2023</b>	<b>20 March 2023</b>	<b>Meetings</b>	
Vacancy	Symphony Health Services						--	--
Vacancy	Voluntary, Community and Social Enterprise (VCSE)						--	--
Vacancy	Voluntary, Community and Social Enterprise (VCSE)						--	--

Somerset NHS Foundation Trust	
<b>REPORT TO:</b>	Council of Governors
<b>REPORT TITLE:</b>	Statutory Duties of Governors 2023/24
<b>SPONSORING EXEC:</b>	Colin Drummond, Chairman
<b>REPORT BY:</b>	Ria Zandvliet, Secretary to the Trust
<b>PRESENTED BY:</b>	Colin Drummond, Chairman
<b>DATE:</b>	13 June 2023

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

<b>Executive Summary and Reason for presentation to Committee/Board</b>	<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>
<b>Recommendation</b>	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	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

<b>Details:</b> N/A				
<b>Equality</b>				
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 checked="" type="checkbox"/> This report has not been assessed against the Trust's Equality Impact Assessment Tool and there are no proposals or matters which affect any persons with protected characteristics				
<input type="checkbox"/> This report has been assessed against the Trust's Equality Impact Assessment Tool and there are proposals or matters which affect any persons with protected characteristics and the following is planned to mitigate any identified inequalities				
<b>Public/Staff Involvement History</b>				
(Please indicate if any consultation/service user/patient and public/staff involvement has informed any of the recommendations within the report)				
N/A				
<b>Previous Consideration</b>				
(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.				
<b>Reference to CQC domains</b> (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
<b>Is this paper clear for release under the Freedom of Information Act 2000?</b>			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**STATUTORY DUTIES OF GOVERNORS FOR 2023/24**  
**(Progress on actions taken all relate to 2023/24 unless indicated otherwise)**

<b>Completed in year or currently underway</b>		<b>Action Taken</b>	<b>Action Completed?</b>
Recruitment/appointment of Non-Executive Director	Review of the Non-Executive Director end of term dates for 2023/24	<p>A succession planning report setting out (re)appointments due in 2023 was presented to the May 2022 Remuneration and Nomination Committee meeting. The recommendations set out in the report were approved at the June 2022 Council of Governors meeting.</p> <p>A recommendation in relation to the (re)appointment of the Chairman was presented to the September 2022 meeting and the re-appointment of the Chairman from 1 April 2023 for a further term was approved.</p> <p>A report on the recruitment of three Non-Executive Directors to replace three Non-Executive Directors whose term of office will</p>	Ongoing.

		come to an end in 2024 was presented to the March 2023 Council of Governors meeting and a recruitment process is currently being undertaken.	
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 is included on the agenda of the June 2023 Council of Governors meeting.	Ongoing
Consider the Annual Accounts and Annual Report		The 2022/23 Annual Accounts and Annual Report and external audit opinion will be presented to the September 2023 Council of Governors meeting and to the September 2023 Annual Members meeting.	Ongoing.
Assist the Board of Directors in setting the strategic direction of the Trust and targets for the Trust's performance		Governors approved the Quality Account priorities for 2022/23 at its September 2022 meeting. The Quality Report for 2022/23 and the Quality Account priorities will be presented to the September 2022 Council of Governors meeting.	Ongoing.

		Input into the strategic direction of the Trust is provided through the Strategy and Planning Group.	
<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"> <li>• considering whether the interests of the public ‘at large’ have been factored into board decision-making</li> <li>• 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</li> <li>• compliance with the triple aim duty of better health and wellbeing for everyone, better quality of health services for all individuals, and sustainable use of NHS</li> </ul>		<p>Performance is discussed through a number of different ways:</p> <ul style="list-style-type: none"> <li>• Governors Strategy and Planning Working Group</li> <li>• Governors Quality and Patient Experience Group</li> <li>• Governors People Group</li> <li>• Governors’ attendance to Public Board meetings</li> <li>• weekly Governor briefings</li> <li>• report of the Board of Directors to the Council of Governors meetings</li> <li>• invitations for Governors to attend Board Committee and</li> </ul>	Ongoing

<p>resources.</p> <ul style="list-style-type: none"> <li>• The role of the Trust in relation to reducing health inequalities in access, experience and outcomes.</li> </ul>		<p>Governance Group meetings</p> <ul style="list-style-type: none"> <li>• feedback by Non-Executive Directors to the Council of Governors meetings</li> <li>• Non-Executive Director and Governor meetings</li> <li>• Governor Development Days</li> <li>• availability of detailed finance and performance reports on the Trust's website.</li> </ul>	
<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>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</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>Actions will be considered by the Membership, Involvement and Communication Group.</p>	<p>Ongoing</p> <p>Ongoing</p>

return.			
Agree with the Audit Committee the criteria for appointing, reappointing and removing external auditors following a written recommendation from the Audit Committee		The appointment of the external auditor was approved at the March 2021 Council of Governors meeting and a tendering exercise will not be undertaken in 2023/24.	Completed
Appraisal process for Chairman and Non-Executive Directors		<p>Feedback on the Non-Executive Directors appraisals for 2022/23 and the appraisal process for 2023/24 has been included on the agenda of the June 2023 meeting.</p> <p>A 360 degree feedback process for the Chairman has been undertaken and the outcome of the appraisal process will be presented to the June 2023 Council of Governors meeting.</p> <p>The Chairman's appraisal process for 2023/24 will be presented to the June 20223 meeting.</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
To decide whether the Trust's private patient work		This will be raised with the Council of Governors as and	Ongoing

would significantly interfere with the Trust's principal purpose.		when required.	
To approve any proposed increases in non-NHS income of 5% or more in any financial year.		The Trust does not anticipate a proposed increase in non-NHS income of 5% or more for the 2023/24 financial year.	Ongoing
To approve an application by the Trust to enter into a merger, acquisition, separation or dissolution (obtain assurance that the board of directors has been thorough and comprehensive in reaching its decision to undertake a transaction and has undertaken due diligence and that it considered the interests of members and the public as part of the decision-making process).		Governors were involved in the transaction to enter into the merger of SFT and YDH from 1 April 2023.  No further merger, acquisition, separation or dissolution is envisaged for 2023/24.	Completed.
To approve a significant transaction.		The definition of a significant transaction is included in the Constitution and was approved by the Council of Governors and Board.  No significant transaction is envisaged for 2023/24.	Completed.

To approve proposed changes to the Constitution.		The Constitution will be kept under review and changes proposed as and when required.	Ongoing. -
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Somerset NHS Foundation Trust	
<b>REPORT TO:</b>	Council of Governors
<b>REPORT TITLE:</b>	Appointment of Lead and Deputy Lead Governor
<b>SPONSORING EXEC:</b>	Colin Drummond, Chairman
<b>REPORT BY:</b>	Ria Zandvliet, Secretary to the Trust
<b>PRESENTED BY:</b>	Colin Drummond, Chairman
<b>DATE:</b>	13 June 2023

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

<b>Executive Summary and Reason for presentation to Committee/Board</b>	The report sets out the outcome of the election process for the Lead and Deputy Lead Governor roles.
<b>Recommendation</b>	<p>The Council of Governors is asked to approve the appointment of Kate Butler as Lead Governor and Paull Robathan as Deputy Lead Governor until the end of their current term of office.</p> <p>The Council of Governors is further asked to acknowledge the significant contributions made by Ian and Kate in their roles over the last three years.</p>

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 type="checkbox"/> Legislation	<input type="checkbox"/> Workforce	<input type="checkbox"/> Estates	<input type="checkbox"/> ICT	<input type="checkbox"/> Patient Safety/ Quality
<b>Details:</b> 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

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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)

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]

N/A

**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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<b>Is this paper clear for release under the Freedom of Information Act 2000?</b>	✓ Yes	<input type="checkbox"/> No
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# SOMERSET NHS FOUNDATION TRUST

## APPOINTMENT OF LEAD AND DEPUTY LEAD GOVERNOR

### 1. PURPOSE

- 1.1 To present the outcome of the expressions of interest for the Lead and Deputy Lead Governor role to the Council of Governors.

### 2. BACKGROUND

- 2.1 The “Code of Governance” issued by Monitor/NHS Improvement (now changed to NHS England) in 2009 requires the Trust to have a Lead Governor.
- 2.2 The statutory role of the Lead Governor is to act as a contact between NHS England (NHSE) and the Council of Governors. The need for a point of contact will apply to a limited number of circumstances and in particular where it may not be appropriate to communicate through the normal channels, e.g. via the Chairman or the Secretary to the Trust.
- 2.3 The main circumstances where NHSE will contact a Lead Governor are where they have concerns as to Board leadership or where there is a risk that the Trust may be in significant breach of its terms of its licence.
- 2.4 The Lead Governor also acts as a point of contact between Governors and NHSE in the case of any constitutional concerns.
- 2.5 The Trust has widened this role and, in view of the size of the Council of Governors, previously agreed to have a Lead and Deputy Lead Governor role. The Chairman regularly meets with the Lead and Deputy Lead Governors to update them on any key issues and discuss any areas of concern expressed by Governors.
- 2.6 It is the role of the Council of Governors to approve the Lead and Deputy Lead Governors.
- 2.7 Ian Hawkins and Kate Butler were appointed as Lead and Deputy Lead Governors in 2020 and their term of office has come to an end.

### 3. NOMINATION PROCESS

- 3.1 Expressions of interest for both roles were sought and the following expressions of interest were received:

**Lead Governor**

Kate Butler  
Paull Robathan

**Deputy Lead Governor**

Eddie Nicolas  
Jane Armstrong  
Paull Robathan

- 3.2 As more expressions of interests had been received than seats available, a ballot was undertaken. During the ballot, Paull Robathan withdrew his expression of interest for the Lead Governor role, resulting in Kate Butler being the only candidate for this role.
- 3.3 In relation to the Deputy Lead Governor ballot, nine votes were received and Paull Robathan received the highest number of votes.

**4. RECOMMENDATION**

- 4.1 The Council of Governors is asked to approve the appointment of Kate Butler as Lead Governor and Paull Robathan as Deputy Lead Governor until the end of their current term of office.
- 4.2 The Council of Governors is further asked to acknowledge the significant contributions made by Ian and Kate in their roles over the last three years.

**CHAIRMAN**

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 brown, and are scattered across the left side of the page.

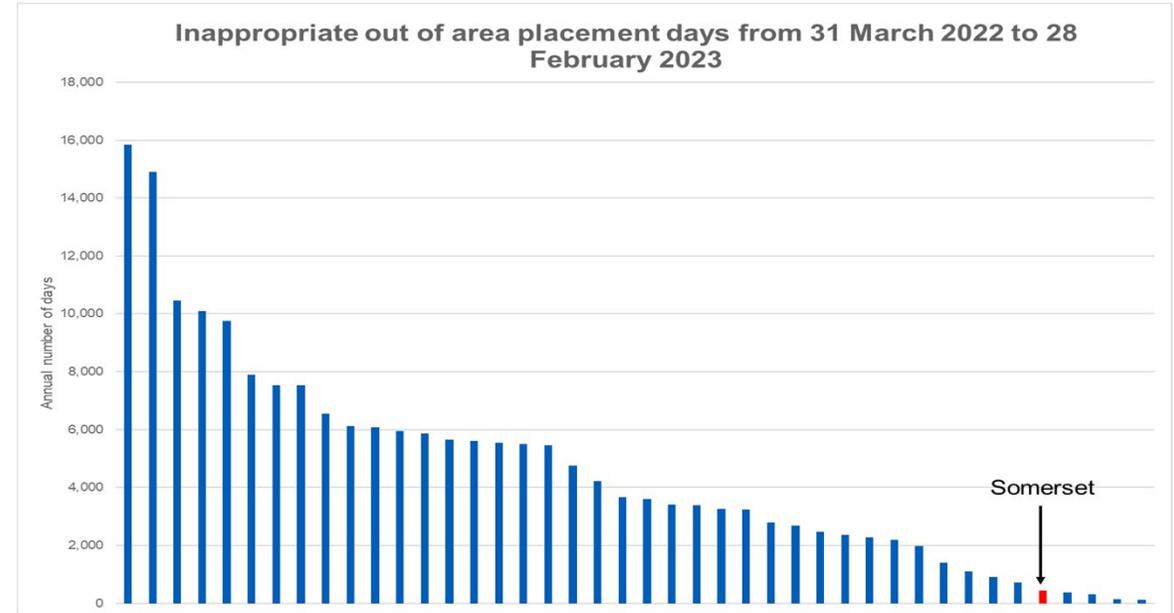
# Finance and Performance: Report to the Council of Governors

Kindness, Respect, Teamwork  
Everyone, Every day

Pippa Moger, Chief Finance Officer  
13 June 2023

# Quality and patient safety

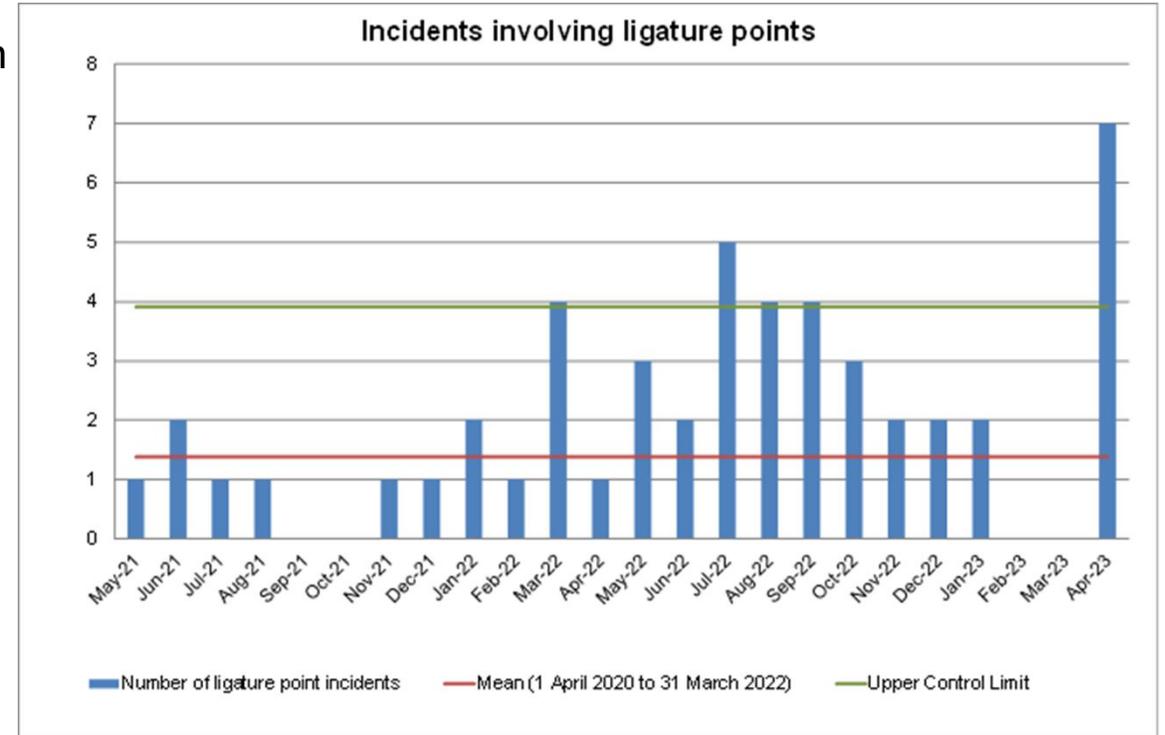
- During April 2023, three patients were placed out of area, for a total of 78 days. Two patients who were both placed out of county during March 2023 remain so placed, awaiting the outcome of secure pathway assessments. Another patient who was placed out of county on 13 April 2023 returned to Somerset on 6 May 2023. We continue to have amongst the lowest rates of such placements nationally.
- Infection Control: MRSA: There were no Trust-attributed MRSA bloodstream infections (BSIs) reported during April 2023.
- MSSA: Six Trust-attributed MSSA BSIs were reported during April 2023. An internal threshold is due to be reviewed and agreed end of May 2023.
- C. diff: There were seven Trust-attributed cases in April 2023 against a threshold for the year of 54.
- E. coli: 18 Trust-attributed E. coli BSIs were reported in April 2023. against a threshold of 105.



Area	Nov	Dec	Jan	Feb	Mar	Apr
MRSA	0	0	0	0	1	0
C.Diff	3	2	7	4	3	7
MSSA	5	6	7	5	6	6
E.coli	5	12	13	10	12	18

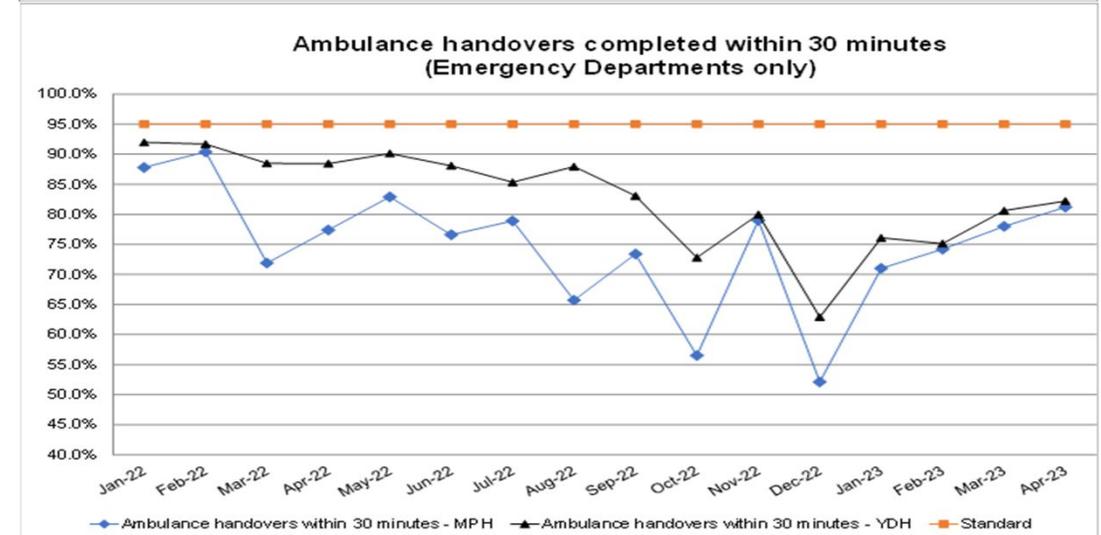
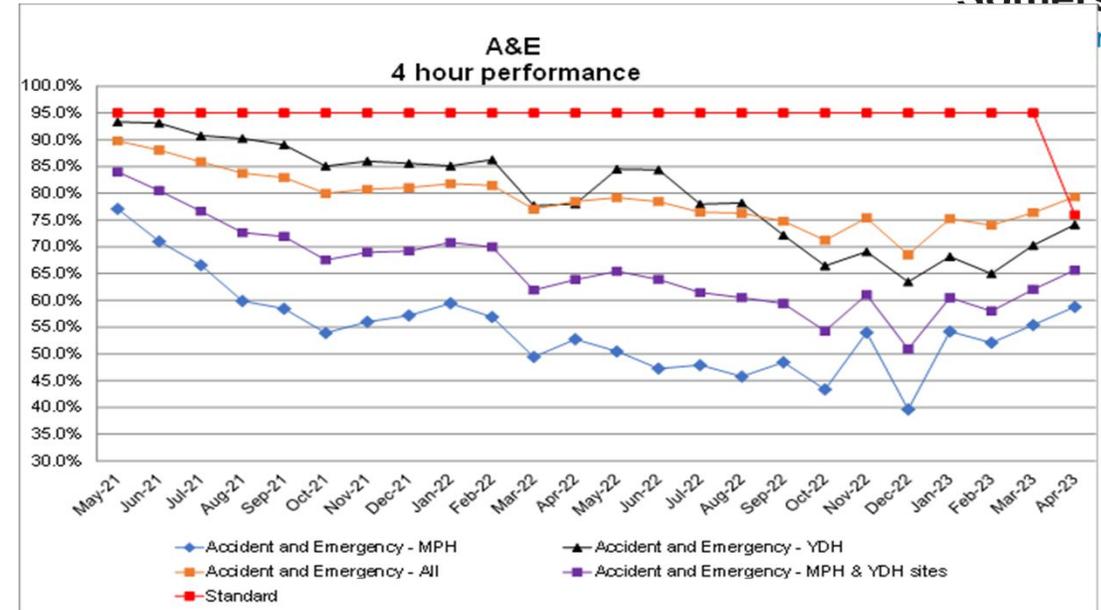
# Quality and patient safety

- During April 2023 a total of seven ligature point incidents and 54 ligature incidents were reported.
- Of the seven ligature point incidents, five occurred at Rydon Ward 2, relating to two patients. A further two incidents occurred at Rowan Ward.
- Of the seven ligature point incidents, one resulted in moderate harm and two resulted in minor harm. The remaining four resulted in no harm.
- Of the 54 ligature incidents, two resulted in moderate harm and six resulted in minor harm. The remaining 46 resulted in no harm.
- A new fixed ligature point has been identified within the shelving units within the patient bedrooms. This issue has been escalated to estates managers for an urgent resolution.
- The latest NHS Benchmarking Network report showed that Somerset NHS Foundation Trust had comparatively lower levels of ligature incidents than peer providers nationally.



# Urgent Care

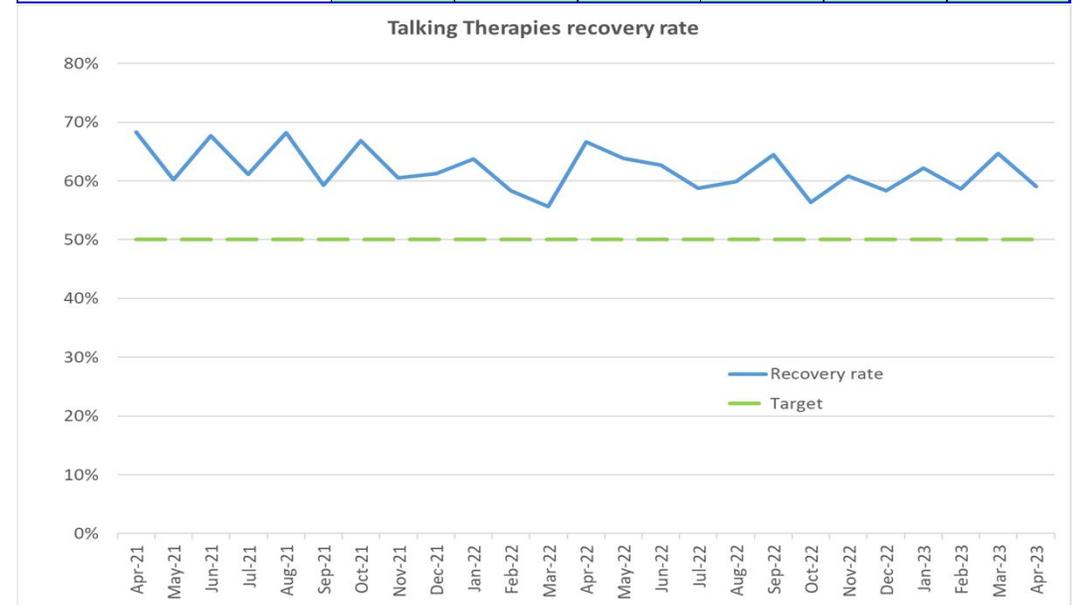
- Trust-wide A&E 4-hour performance for April 2023, was 65.6% - the highest monthly rate recorded since February 2022 (70.0%). National average performance was 60.9%. Compliance within our Minor Injury Units (MIUs) was 98.1%. Overall compliance across all attendance types was 79.3%, above the revised national standard of 76%, to be achieved by March 2024.
- Compliance in respect of our two A&E departments was 58.8% for Musgrove Park Hospital (MPH) and 74.1% for Yeovil District Hospital (YDH). Combined A&E attendances at MPH and YDH in April 2023 were 2.9% higher than April 2022 levels.
- The latest figures circulated by our regional office show that SFT was the second best-performing of 13 Trusts in the South West in respect of the four-hour target across all attendance types (at 79.4%) during the week ending 28 May 2023 (behind only Royal Cornwall Trust at 80.0%). The regional average was 68.2%.
- During April 2023, the percentage of ambulance handovers completed within 30 minutes was 81.2% at MPH and 82.2% at YDH. The average performance across all hospitals served by South Western Ambulance Service NHS Foundation Trust (SWAST) in April 2023 was 62%. YDH and MPH were ranked respectively as the third and fourth best-performing of 19 sites served by SWAST.



# Mental health

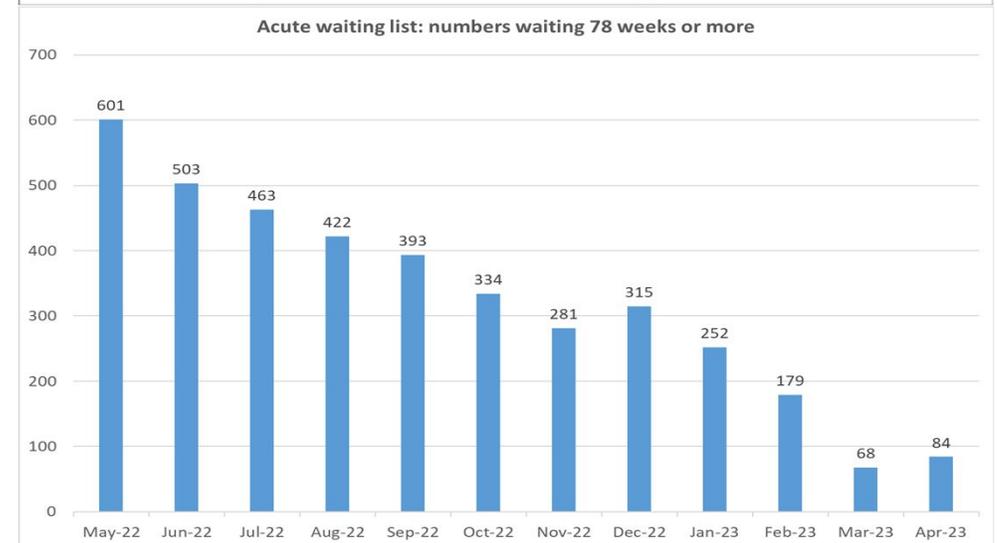
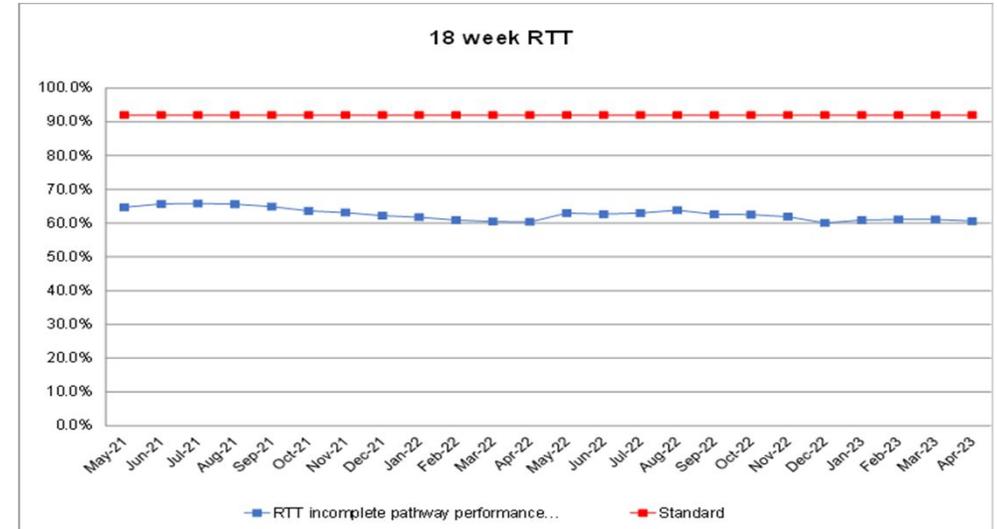
- The percentage of people waiting six weeks or less to be seen by our adult community mental health services was 89.6% in April 2023. 93.6% of children and young people referred to Child and Adolescent Mental Health Services (CAMHS), and 88.9% of people referred to our learning disabilities service had waited under six weeks. 86.5% of older people had waited six weeks or less for a first appointment.
- The performance of our adult and older persons mental health services has been affected by the continued level of vacancies which affects the capacity of the services to meet levels of demand. Underperformance within our learning disabilities service was due to a delay in one patient being seen, due to choice.
- The percentage of people with a first episode of psychosis beginning treatment with a NICE-recommended care package within two weeks of referral was 83.3% in the three months to 31 March 2023 – the latest data available, above the national standard of 60%. Recovery rates for Talking Therapies (formerly Improving Access to Psychological Therapies [IAPT]) have also remained consistently higher than the 50% national standard.
- However, the percentage of Talking Therapies patients beginning treatment within six weeks of referral remained below the 75% standard, at 66%. The fall in compliance has been primarily due to rising levels of demand and a shortfall in capacity within the service.

	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Adult mental health services	90.0%	86.3%	90.2%	92.7%	94.0%	89.6%
Older Persons mental health services	90.8%	89.8%	91.1%	95.2%	94.4%	86.5%
Learning disabilities service	100.0%	88.9%	92.3%	100.0%	92.9%	88.9%
Children and young people's mental health services	100.0%	95.9%	95.1%	96.5%	95.4%	93.6%



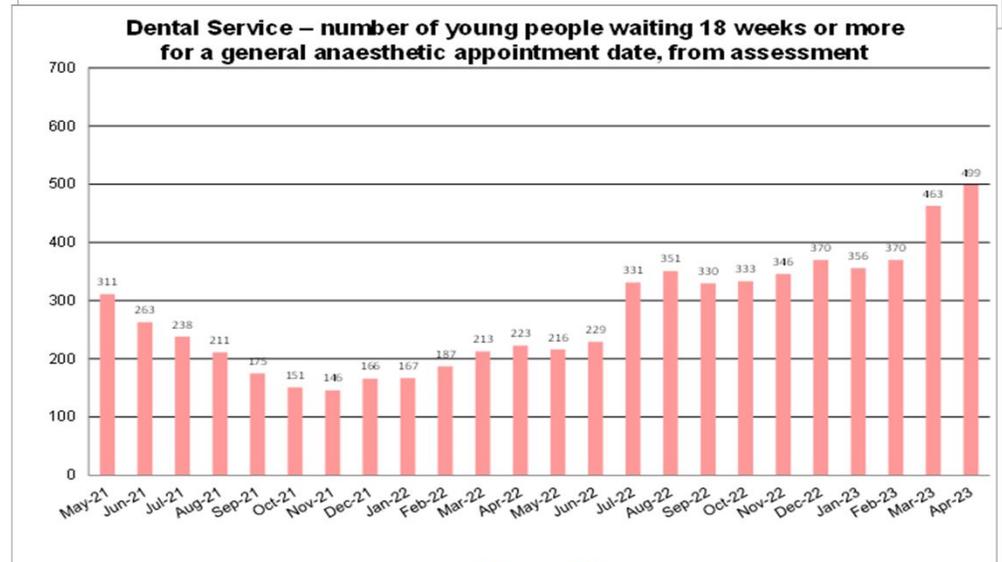
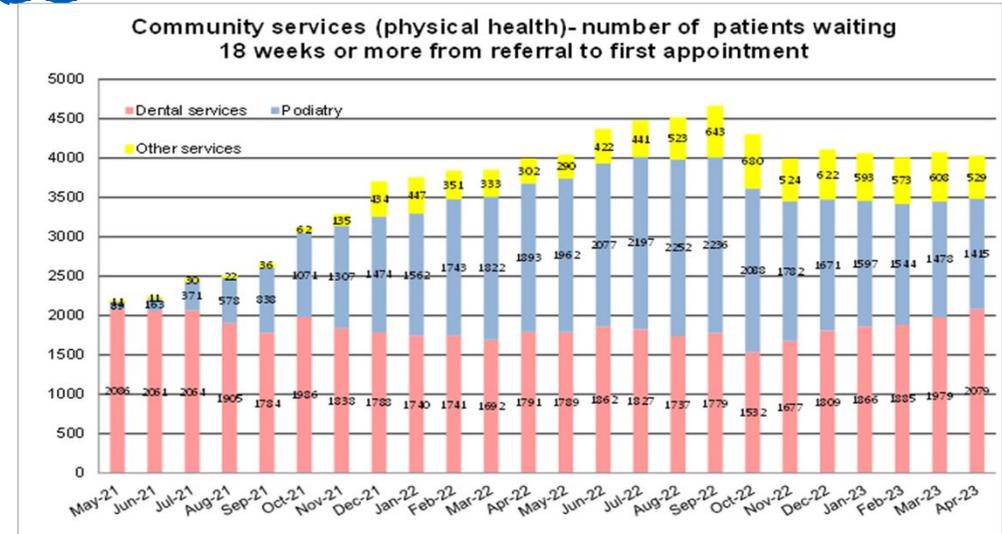
# Referral to Treatment (RTT): acute services

- The percentage of patients waiting under 18 weeks from referral to treatment was 60.6% in April 2023. National average performance in March 2023 – the latest data national available – was 58.6%. Our performance was 61.1%
- The total waiting list size at the end of April 2023 was 53,351, up by 482 from March 2023, but 321 lower than (i.e. better than) the target trajectory of 53,672.
- Four patients had waited 104 weeks or more as at 30 April 2023, all due clinical complexity. The number of patients waiting over 52 weeks increased by 60 in April 2023 to 2,247, but was better than the trajectory of 2,371 or fewer. The number of patients waiting over 65 weeks was 714 at month-end, 391 better than trajectory (1,105). The number of patients waiting 78 weeks or more increased by 16 to 84, but has reduced by 86% since May 2022.
- A significant programme of work to support elective care recovery in the medium and long-term is in place, and waiting list validation is being undertaken, including contacting patients to check that they still need to be seen.



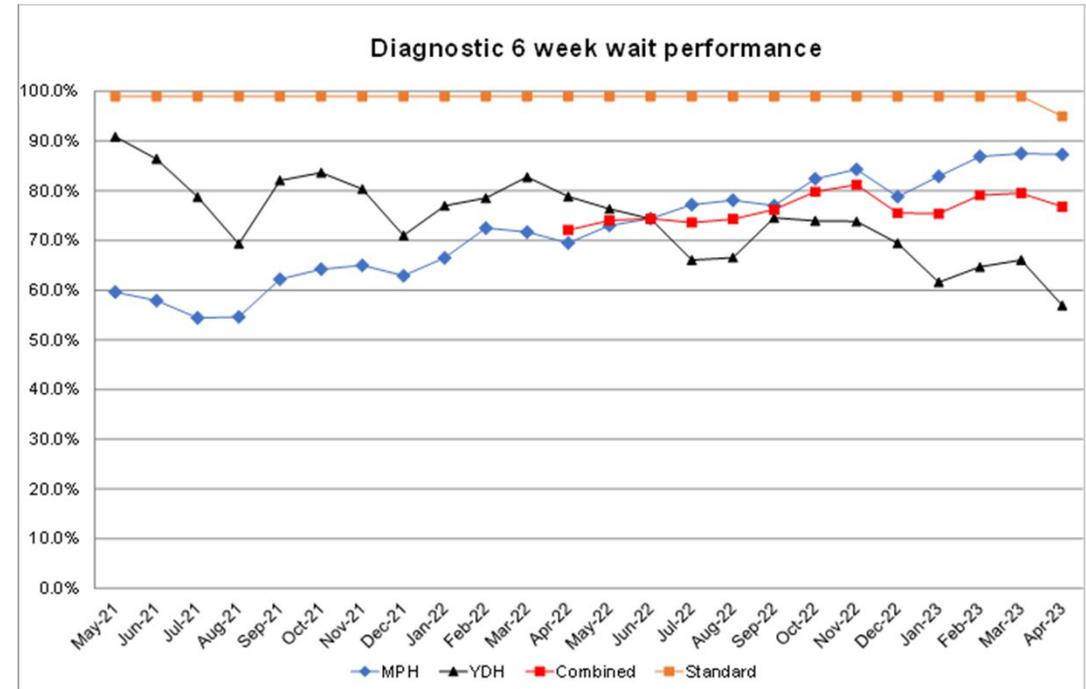
# Community physical health services

- As at 30 April 2023, the number of patients waiting 18 weeks or more reduced by 42 to 4,023. Our Somerset and Dorset dental service had 2,079 patients waiting 18 weeks or more to be seen, up from 1,979 in March 2023, and the sixth month in a row that the number has increased. This was mainly due to long-term sickness absence and vacancies. The number of people waiting 18 weeks or more to be seen by our Podiatry service reduced to 1,415 patients, from 1,478 as at 31 March 2023, the eighth month in a row that the number has fallen. The service has had significant levels of vacancies for a long time and is prioritising high risk vascular / diabetic foot care and acute nail surgery cases. A waiting list initiative has been in progress since September 2022.
- Of the numbers within 'Others', 41.8% related to our Musculoskeletal Physiotherapy (MSK) service, which decreased from 292 as at 31 March 2023 to 273 as at 30 April 2023. A review of demand and capacity is in progress.
- As at 30 April 2023, 499 young people had waited 18 weeks or more for a dental appointment for treatment involving a general anaesthetic (GA), an increase of 36 compared to 31 March 2023. The service continues to have significant levels of vacancies, exacerbated by sickness/absence that affects capacity within the service, as well as the loss of some theatre slots.



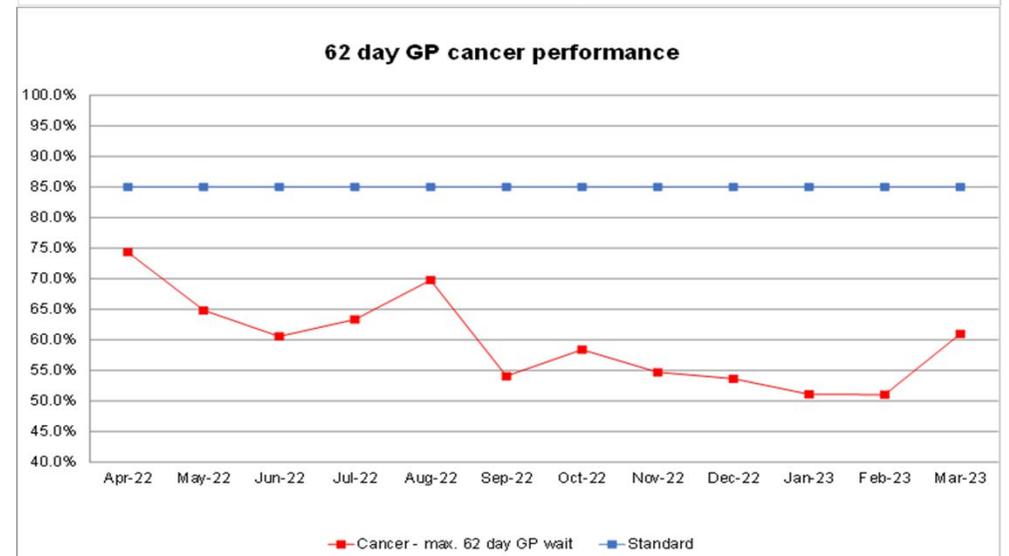
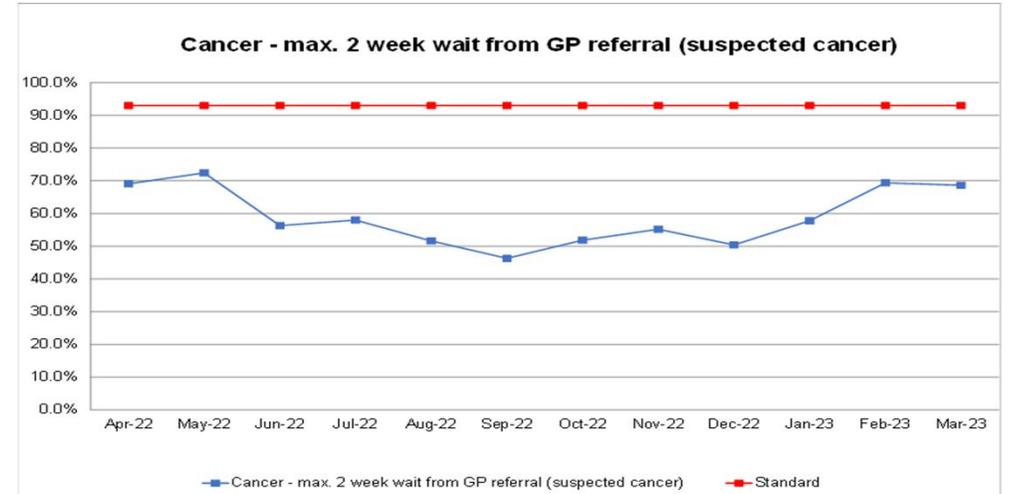
# Diagnostics

- The Trust-wide percentage of patients waiting under six weeks for their diagnostic test decreased from 79.5% in March 2023 to 76.9% in April 2023.
- The number of patients waiting over six weeks increased; the highest numbers of patients were waiting for an echo (636; 27% of over six-week waiters), Colonoscopy (358; 15%), and Audiology (358; 15%), together making up 57% of the long waiters.
- The total waiting list size increased, largely due to an increase in the longer-waiting echo patients at the YDH site because of an ongoing capacity shortfall.
- An additional echo room is being established on the YDH site, and is nearing completion. The clinical reporting system is also being changed to make it consistent with the MPH system. This will allow image sharing across sites and more flexible use of capacity.
- Funding has been agreed to recruit a trained nurse endoscopist, to increase colonoscopy capacity. Additional in-house clinics are being run in audiology, to support backlog clearance, on top of the existing outsourcing contract.



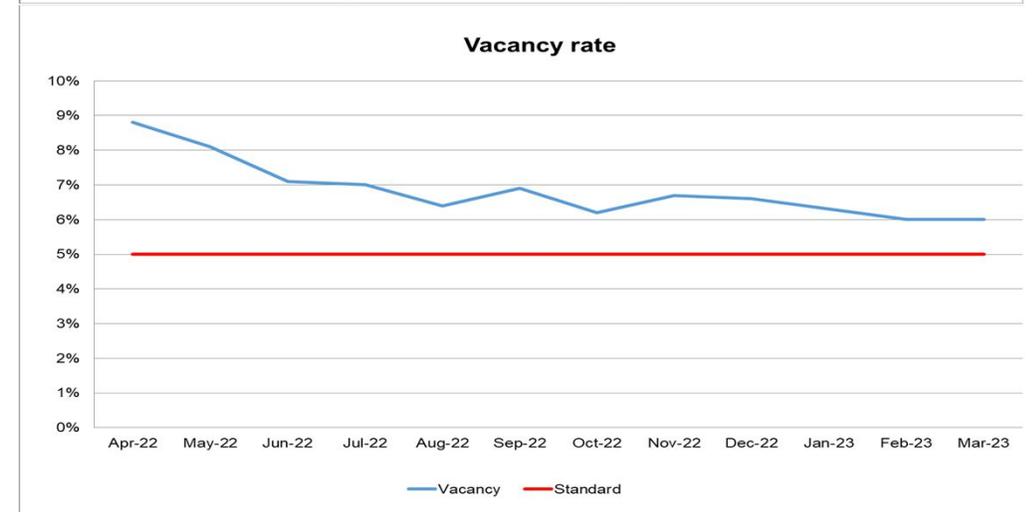
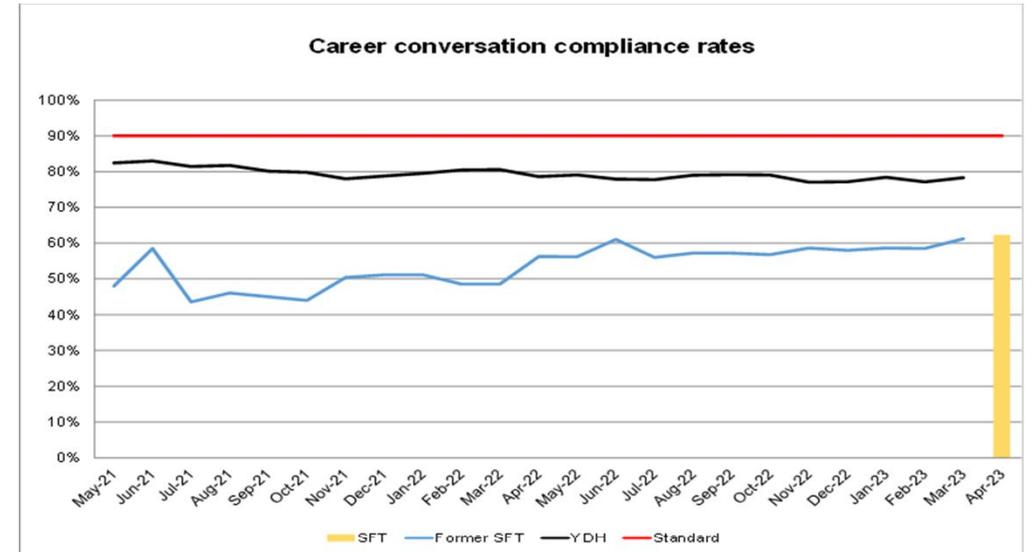
# Cancer waiting times

- The percentage of patients seen within 14 days of referral by their GP for a suspected cancer was 68.6% in March 2023, down slightly from 69.4% in February 2023, and below both the 93% national standard and the national average of 83.9%. Lower GI (Gastrointestinal) pathways made up 37% of breaches of the two-week waiting time standard, gynaecology made up 19% and breast made up 16%. High levels of demand continue to be the challenge for the colorectal and gynaecology services.
- The Trust-wide percentage of cancer patients treated within 62 days of referral by their GP was 61.0% in March 2023. This represents an improvement on the previous month's performance of 51.0%, and the highest level of performance since August 2022 (69.8%). The main breaches of the 62-day GP standards were in urology (39% of breaches), colorectal (24%), and breast (13%). The main causes of the breaches were very high growth in demand in urology (up 16% over the last three months, relative to same pre-COVID period) and an associated increase in diagnostic waiting times.
- A new lead nurse post has been introduced within the Faster Diagnosis Team, to bring together and streamline the processes across the MPH and YDH sites. This should help to speed up the management of colorectal patients for this phase of their pathway..



# People

- As 30 April 2023, the percentage of career conversation reviews undertaken at least annually was 62.1%, against a target of 90% or more. Career conversations continue to be a key area of discussion in directorate and service group meetings to ensure this is reviewed at every opportunity and given the right level of focus.
- As at 30 April 2023, our mandatory training rate was 90.2%. Operational pressures, and limited capacity for areas with large backlogs such as life support and safeguarding continue to remain a challenge to full recovery.
- Our Trust-wide vacancy level was 6.0% as at 31 March 2023 – the latest validated data available - the same as the rate in February 2022, against a target of no more than 5%.
- Our sickness absence rate for the 12 months to 30 April 2023 was 5.1%, down from 5.6% in March 2023.



# Finance

- The Trust 2023/24 financial plan was developed with reference to the national planning guidance and locally determined priorities.
- The final plan was submitted on 4 May; the Trust and Somerset system has submitted a balanced plan

## Key points from the plan include:

- Capital programme = c£80m
- CIP of 3.4% embedded within plan = £33.8m with expectation that 70% is delivered recurrently
- Agency cap of £30m (significant reduction on 22/23 run rate)
- Escalation funding included but is a risk given experience in 22/23
- Elective recovery performance – a % of income (c£125m) is now linked directly to activity delivered

Statement of comprehensive income	2022/23	2023/24
	Outturn £'000	Plan £'000
Operating income from patient care activities	918,055	908,685
Other operating income	94,297	55,308
Employee expenses	(684,592)	(644,817)
Operating expenses excluding employee expenses	(362,525)	(303,893)
<b>Operating Surplus/(Deficit)</b>	<b>(34,765)</b>	<b>15,283</b>
Finance Costs/Corporation tax	(9,275)	(14,083)
<b>Surplus/(Deficit) 2023/24</b>	<b>(44,040)</b>	<b>1,200</b>
Adjustments to Financial Performance	44,040	(1,200)
<b>Adjusted Financial Performance Surplus/Deficit</b>	<b>0</b>	<b>0</b>

# Finance

- In April, the Trust recorded a deficit of £1.608m, this was £0.438m adverse compared with the plan for the month.
- This is primarily the unfunded financial impact of the post graduate doctors in training industrial (there is further action planned for June which will again create a financial pressure).
- Agency expenditure was £3.1m in April (March 2023 £3.9m), this is above the cap. Service groups continue to exercise firm control on demand to minimise usage.
- CIP performance was below plan in month. Q1 represents a modest level of delivery compared to later periods. Services continue to identify schemes.
- The impact of escalation and industrial action is likely to impact our elective delivery which this year falls within the aligned payment incentive (API) contract is fully variable.
- Cash balances remain good with £60.3m at the end of April.

Statement of comprehensive income	Month 1 (April)		
	Plan £'000	Actual £'000	Variance £'000
Operating income from patient care activities	75,810	74,636	(1,174)
Other operating income	4,386	4,824	439
Employee expenses	(55,100)	(55,479)	(379)
Operating expenses excl employee expenses	(25,159)	(24,984)	175
<b>Operating Surplus/(Deficit)</b>	<b>(64)</b>	<b>(1,003)</b>	<b>(939)</b>
Finance Costs/Corporation tax	(1,006)	(879)	(127)
<b>Surplus/(Deficit) 2023/24</b>	<b>(1,070)</b>	<b>(1,882)</b>	<b>(812)</b>
Adjustments to Financial Performance	(100)	274	374
<b>Adjusted Financial Performance Surplus/Deficit</b>	<b>(1,170)</b>	<b>(1,608)</b>	<b>(438)</b>

Somerset NHS Foundation Trust	
<b>REPORT TO:</b>	Council of Governors
<b>REPORT TITLE:</b>	2022/23 Chairman appraisal, 2023/24 objectives and appraisal process
<b>SPONSORING EXEC:</b>	Colin Drummond, Chairman
<b>REPORT BY:</b>	Ria Zandvliet, Secretary to the Trust
<b>PRESENTED BY:</b>	Ian Hawkins, Chairman of the Nomination and Remuneration Committee
<b>DATE:</b>	13 June 2023

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

<b>Executive Summary and Reason for presentation to Committee/Board</b>	<p>The report sets out the findings of the 360 degree Chairman appraisal process and includes the proposed objectives and appraisal process for 2023/24.</p> <p>Based on the 360 degree feedback, the Nomination and Remuneration Committee concluded that the Chairman's performance during 2022/23 had been excellent.</p>
<b>Recommendation</b>	<p>The Nominations and Remuneration Committee recommends that the Council of Governors:</p> <ul style="list-style-type: none"> <li>• note the outcome of the appraisal process</li> <li>• approve the objectives for 2023/24</li> <li>• approve the Chairman's appraisal process for 2023/24</li> </ul>

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

- 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 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**  
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 not 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)

Governors and Board members have contributed to the appraisal process.

**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 on an annual basis.

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

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

<b>Is this paper clear for release under the Freedom of Information Act 2000?</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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## **SOMERSET NHS FOUNDATION TRUST**

### **REPORT FOR THE COUNCIL OF GOVERNORS MEETING ON 13 JUNE 2023**

#### **CHAIRMAN'S APPRAISAL FOR 2022/23; OBJECTIVES AND APPRAISAL PROCESS FOR 2023/24**

##### **1. PURPOSE**

- 1.1 To provide the Council of Governors with feedback on the 2022/23 Chairman's appraisal process.
- 1.2 To present the Chairman's draft objectives for 2023/24.
- 1.3 To present the proposed appraisal process for 2023/24.

##### **2. APPRAISAL PROCESS**

- 2.1 The Chairman's objectives and appraisal process for 2022/23 were approved by the Council of Governors at its meeting held on 15 June 2022 and the appraisal process includes a 360 degree feedback process.
- 2.2 The 360 degree feedback process sought the views on the Chairman's performance against each of the objectives from a number of stakeholders including:
  - Board members – feedback was provided direct to the Senior Independent Director;
  - Governors – as part of the 360 degree feedback form.
- 2.3 Performance was assessed using a scoring system of one to five with one being "Poor" and five being "Exemplary". Governors were also given the opportunity to provide comments on the Chairman's overall performance.
- 2.4 The 360 degree feedback process was carried out between 3 and 15 May 2023 and the scores against each of the objectives were discussed at the Nomination and Remuneration Committee meeting held on 19 May 2023 and at the appraisal meeting held on 30 May 2023.
- 2.5 The Chairman's appraisal meeting was conducted by Ian Hawkins, Lead Governor, and Kate Fallon, Senior Independent Director.

### **360Degree feedback**

- 2.6 The feedback received from Board members and Governors indicated that the Chairman's performance during 2022/23 had been excellent especially in relation to managing the merger.
- 2.7 In view of the large size of the merged organisation, the Committee highlighted the need to continue to focus on local communities and recognise the wide range of non acute services provided by the Trust.
- 2.8 Based on the 360 degree feedback, the Nomination and Remuneration Committee agreed that the Chairman's performance during 2022/23 had been excellent.

### **3. CHAIRMAN'S OBJECTIVES FOR 2023/24**

- 3.1 The Nomination and Remuneration Committee discussed the Chairman's objectives for 2023/24 and the proposed objectives are set out below.
  - 1. Ensure that the merger benefits identified in our final business case are delivered per plan. (This is essentially about delivering integrated patient centred care and helping our patients to take control of their own health).
  - 2. Recruit and integrate new NEDs who share our values and vision in order to replace the three senior NEDs who are retiring in 2024/25.
  - 3. Play our full role in the ICS, driving forward the items under our control and working with our partners on items where responsibility lies at a system/ICB level (including social care, the crisis in general practice and the development of population health management as noted above).
  - 4. In particular ensure that Symphony Healthcare becomes an exemplar of general practice at scale, working seamlessly with acute, mental health and social care, under NHS ownership.

### **4. CHAIRMAN APPRAISAL PROCESS FOR 2023/24**

- 4.1 It is recommended that the appraisal process for 2023/24 mirrors the process used for 2022/23 and an overview of the process is appended as an attachment.

## **5. RECOMMENDATION**

5.1 The Nominations and Remuneration Committee recommends that the Council of Governors:

- note the outcome of the appraisal process
- approve the objectives for 2023/24
- approve the Chairman's appraisal process for 2023/24

**IAN HAWKINS**

**Chairman of the Nominations and Remuneration Committee**

## NOMINATIONS AND REMUNERATION COMMITTEE THE APPRAISAL PROCESS 1: THE CHAIRMAN

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As Governors of the Trust we have a duty to take the lead on determining the process for evaluating the Chairman.

The process as set out below was approved at the June 2022 Council of Governors meeting.

### **Broad principles**

We should be guided by three broad principles:

- the appraisal should be based on reliable evidence provided by those best able to assess the Chair's performance. These include the members of the Board, both executive and non-executive, along with the Governors;
- the performance of the Chair should be appraised against two things: performance as Chairman of the Board of Directors as well as the specific objectives that have been agreed for the year in question;
- while respecting the individuals' confidentiality, the appraisal should be as open and transparent as possible.

### **The Board and the Council of Governors**

The chair has two distinct roles. They serve as the Chair of the Board and as the Chair of the Council of Governors. In view of this, it seems sensible to distinguish between these two roles when undertaking the appraisal.

### **Collecting the evidence**

To ensure a high response rate, a questionnaire has been developed for 360 degree feedback from Board members and Governors. To ensure compliance, the Senior Independent Director will collect the returns from all members of the Board, executive and non-executive, chasing up non-respondents as necessary. Similarly, the Lead Governor will perform the same function for Governors.

Respondents should be assured that their responses will be treated in strictest confidence.

In addition to individual responses from executive and non-executive directors NHS Improvement has stated in its *Code of Governance* that non-executive directors should meet once a year to discuss the chairman's performance. The Senior Independent Director should convene such a meeting before the directors make their individual assessments.

**Collating the responses**

The responses from the feedback provided by Governors will be compiled into a single document and discussed at a Nomination and Remuneration Committee meeting prior to the appraisal meeting. A verbal update on the feedback received from board members will be provided to the Nomination and Remuneration Committee meeting.

**The appraisal interview**

The feedback received will form the basis for discussion in an interview between the Lead Governor, the Senior Independent Director and the Chair.

**Communicating the results**

A report from the Nomination and Remuneration Committee will be presented to the Council of Governors.



## **SOMERSET NHS FOUNDATION TRUST**

### **FEEDBACK FROM THE 2022/23 NON-EXECUTIVE DIRECTORS APPRAISALS AND 2023/24 APPRAISAL PROCESS**

#### **1. INTRODUCTION**

- 1.1 The NHS Improvement Code of Governance sets out that the appraisals of Non-Executive Directors will be led by the Chairman but that the outcome of the appraisals will need to be shared with the Council of Governors.
- 1.2 An appraisal process was agreed by the Council of Governors at its meeting held in June 2022.

#### **2. NON-EXECUTIVE DIRECTORS APPRAISAL**

- 2.1 The Nomination and Remuneration Committee discussed feedback from the 2022/23 Non-Executive Directors appraisals at its meeting held on 19 May 2023.
- 2.2 The Nomination and Remuneration Committee concluded that all Non-Executive Directors had had a successful year and that, in spite of the challenges created by the ongoing pressures, all Non-Executive Directors have performed well above the standards required.
- 2.3 The Committee did not identify any performance issues which will need to be brought to the Council of Governors' attention.

#### **3. APPRAISAL PROCESS FOR 2023/24**

- 3.1 The Nomination and Remuneration Committee discussed the appraisal process for 2023/24. The previous SFT appraisal process was conducted solely by the Chairman whilst the previous YDH process included feedback from Governors.
- 3.2 It is proposed that the previous process used by YDH is adopted for the 2023/24 appraisal process. This process consists of the usual performance review by the Chairman as well as feedback from Governors on each of the Non-Executive Director's performance.
- 3.3 The feedback process will consist of the following questions for governors to complete:
  1. How well do you think I have performed against the objectives attached?

2. What do you think I am doing well?

3. What areas could I improve or could I be more effective?

3.4 The feedback received from Governors will feed into the appraisal meeting between the Chairman and Non-Executive Director.

#### **4. RECOMMENDATION**

4.1 The Council of Governors is asked to accept the conclusion of the Nomination and Remuneration Committee that during 2022/23 all Non-Executive Directors have performed well above the standards required.

4.2 The Council of Governors is asked to approve the Non-Executive Directors appraisal process for 2023/24 as set out in section three.

**IAN HAWKINS**

**Chairman of the Nominations and Remuneration Committee**

## **APPRAISAL PROCESS FOR NON-EXECUTIVE DIRECTORS**

Governors of the Trust have a duty to agree the process for evaluating the Non-Executive Directors. This paper sets out the process agreed for 2021/22.

### **Broad principles**

The appraisal process should be guided by four broad principles:

- the appraisal process should be clear, simple and straightforward and should lead to constructive outcomes;
- the appraisal should be based on reliable evidence about performance;
- the performance of the Non-Executives should be appraised against three things: their general role as a member of the Board; any specific roles that they play, such as serving on a committee of the Board, as well as the specific objectives that have been agreed for the year in question;
- while respecting the individuals' confidentiality, the appraisal should be as open and transparent as possible.

### **Collecting the evidence**

All appraisals should be based on reliable evidence. In the case of Non-Executive Directors there are, in practical terms, just two sources of evidence: the Non-Executives Directors themselves and the Chairman. Care should be taken, therefore, to ensure that the evidence is complete, accurate and not subject to bias. To this end, there should be a means of appeal in cases where the evidence, or the conclusions that are drawn from it, is in dispute.

The starting point for the appraisal should be a self-evaluation form. This should provide scope for an overall assessment, as well as a means of assessing performance against agreed objectives for the year in question.

### **The appraisal interview**

The self-evaluation form provides the basis for discussion in an interview between each Non-Executive Director and the Chairman. Following the discussion the self-evaluation form should be amended as necessary, and signed by both parties.

### **Dispute mechanism**

In cases where there is a disagreement about the evidence, or the conclusions that are drawn from it, the Non-Executive Director should have the right of appeal, without prejudice, to the Lead Governor and the Chair of the Nominations and Remuneration Committee with the aim of arriving at an agreed appraisal.

**Communicating the results**

Once the appraisal is agreed by each party, a summary should be reviewed by the Nominations and Remuneration Committee and feedback provided to the Council of Governors.

Somerset NHS Foundation Trust	
<b>REPORT TO:</b>	Council of Governors
<b>REPORT TITLE:</b>	Feedback from the 2023/23 Non Executive Director appraisal process and 2023/24 appraisal process
<b>SPONSORING EXEC:</b>	Colin Drummond, Chairman
<b>REPORT BY:</b>	Ria Zandvliet, Secretary to the Trust
<b>PRESENTED BY:</b>	Ian Hawkins, Chairman of the Nomination and Remuneration Committee
<b>DATE:</b>	13 June 2023

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

<b>Executive Summary and Reason for presentation to Committee/Board</b>	<p>The report sets out the findings of the Non-Executive Directors' appraisal process and includes the proposed appraisal process for 2023/24.</p> <p>Based on the feedback received at its 19 May 2023 meeting, the Nomination and Remuneration Committee concluded that all Non-Executive Directors have performed well above the standards required.</p>
<b>Recommendation</b>	<p>The Council of Governors is asked to accept the conclusion of the Nomination and Remuneration Committee that during 2022/23 all Non-Executive Directors have performed well above the standards required.</p> <p>The Council of Governors is asked to approve the Non-Executive Directors appraisal process for 2023/24 as set out in section three of the report.</p>

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,

<p>inclusive and learning culture</p> <p><input type="checkbox"/> Obj 7 Live within our means and use our resources wisely</p> <p><input type="checkbox"/> Obj 8 Develop a high performing organisation delivering the vision of the Trust</p>
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**Implications/Requirements (Please select any which are relevant to this paper)**

<input type="checkbox"/> Financial	<input type="checkbox"/> Legislation	<input type="checkbox"/> Workforce	<input type="checkbox"/> Estates	<input type="checkbox"/> ICT	<input type="checkbox"/> Patient Safety/ Quality
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**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 not 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)

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 on an annual basis.

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

<input type="checkbox"/> Safe	<input type="checkbox"/> Effective	<input type="checkbox"/> Caring	<input type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well Led
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<b>Is this paper clear for release under the Freedom of Information Act 2000?</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Somerset NHS Foundation Trust	
<b>REPORT TO:</b>	Council of Governors
<b>REPORT TITLE:</b>	Non-Executive Director Remuneration
<b>SPONSORING EXEC:</b>	Colin Drummond, Chairman
<b>REPORT BY:</b>	Ria Zandvliet, Secretary to the Trust
<b>PRESENTED BY:</b>	Ian Hawkins, Chairman of the Nomination and Remuneration Committee
<b>DATE:</b>	13 June 2023

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

<b>Executive Summary and Reason for presentation to Committee/Board</b>	The report sets out the findings of the Non-Executive Director remuneration review carried out by the Nomination and Remuneration Committee at its meeting held on 19 May 2023.
<b>Recommendation</b>	The Council of Governors is asked to review the report and approve the recommendations from the Nomination and Remuneration Committee as set out in section nine.

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

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

### Equality

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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)

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]

A remuneration review was previously presented to the June 2020 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
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<b>Is this paper clear for release under the Freedom of Information Act 2000?</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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## **SOMERSET NHS FOUNDATION TRUST**

### **NON-EXECUTIVE DIRECTORS' REMUNERATION**

#### **1. PURPOSE**

- 1.1 To ask the Council of Governors to review the remuneration of Non-Executive Directors for 2023/24 following the merger of Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust on 1 April 2023.
- 1.2 The report below was discussed at the Nomination and Remuneration Committee meeting held on 19 May 2023 and the recommendation from the Committee is included in section nine.

#### **2. BACKGROUND**

- 2.1 The Nominations and Remuneration Committee's duties require it to carry out a review of the Non-Executive Directors' remuneration on an annual basis. A detailed remuneration review was undertaken as part of the merger between SomPar and TST in April 2020 and a further review has since not been undertaken.
- 2.2 In view of the recent merger, a further detailed review will be required to ensure that remuneration levels remain competitive and appropriate to attract high quality candidates for the Non-Executive Director vacancies in 2024.
- 2.3 NHS wages/salaries in general, excluding re-banding and a non-consolidated payment, have increased by 10.3% since 2020.
- 2.4 Salaries for Executive Directors were separately reviewed when the current single executive was put in place late 2021 (and similarly previously when the preceding single SomPar/SFT executive was put in place); they are due for review again as of 1 April 2023. Updated guidance on 'very senior managers' pay is awaited from NHSE. This will be handled by the Board's Nomination and Remuneration Committee.
- 2.5 In line with Trust policies, performance reviews have been completed for the NEDs and will be reported separately to the Council of Governors. Overall their performance has been excellent.
- 2.6 The review covers salary levels for 2023/24. Given recent inflation it is important to note the dates of the various comparators below.

2.7 As the Council of Governors is aware, SFT is one of the largest and most complex trusts in England.

### **3. CURRENT REMUNERATION**

3.1 The current annual remuneration levels are as follows:

- Non-Executive Director basic remuneration - £14,000
- Chairman of the Audit Committee - £17,000 (basic remuneration plus £3,000 increase)
- Independent Senior Director - £17,000 (basic remuneration plus £3,000 increase)
- Deputy Chairman - £17,000 (basic remuneration plus £3,000 increase).

### **4. IMPACT ON REMUNERATION LEVELS**

4.1 The merger has impacted on remuneration levels for a number of Non-Executive Directors due to the loss of remuneration for joint Non-Executive roles, or in the case of Martyn Scrivens, the loss of his remuneration for his role as Chairman of Yeovil District Hospital NHS Foundation Trust. This loss of remuneration is accompanied by a reduction in responsibilities though their span of control has not changed. A detailed overview of pre- and post-merger remuneration was presented to the Nomination and Remuneration Committee meeting held on 19 May 2023.

### **5. NATIONAL GUIDANCE 2019**

5.1 NHS Improvement issued guidance on 1 November 2019 setting out the expected remuneration structure for all NHS Trusts. The 2019 guidance addressed the longstanding disparities between the remuneration of chairs and non-executive directors of NHS Trusts and NHS Foundation Trusts and provided a benchmark for levels of remuneration. The principle aims of the guidance were to:

- establish greater transparency, consistency and alignment in remuneration across provider trusts.
- maintain proportionality in remuneration and avoid unnecessary future escalation.

- effectively respond to current challenges associated with the attraction, recruitment and retention of chairs and non-executive directors, particularly within NHS trusts.

- 5.2 The guidance set out that a single rate of £13,000 would apply to all Non-Executive Directors but organisations would have local discretion to award limited supplementary payments depending on the organisation's size in recognition of designated extra responsibilities, e.g. Chairman of the Audit Committee, Senior Independent Director, and Deputy Chair. This supplementary payment was limited to up to £2,000 per payment.
- 5.3 Although there was an expectation that trusts would work within the ranges set out in the guidance, it recognised that there might be specific circumstances that require special consideration of particular terms and conditions. The guidance was therefore based on the "comply or explain" principle and the rationale for any deviation from the guidance would need to be explained to NHS Improvement and included in the Trust's annual report.
- 5.4 The guidance was applicable to any new appointments or all future re-appointments.
- 5.5 In 2020, the Nomination and Remuneration Committee recognised that the Trust, as a Foundation Trust, had greater autonomy, and the Committee specifically chose to go above the guidance levels indicated recognising the scale and complexity of the merged SomPar/TST organisation. Other Foundation Trusts have chosen to do the same (see below) for a variety of reasons.

## **6. ICB GUIDANCE**

- 6.1 The 2019 Trust Guidance has not been updated. However NHS England has recently issued guidance for NED salaries on the newly created Integrated Care Boards (ICBs), which is £13,000 p.a. for those working two days per month and £16,000 for those working three days or more per month.
- 6.2 In addition extra payments are permitted for special roles such as Audit and Rem Com Chair.
- 6.3 Somerset NHS Foundation Trust NEDs work three days or more per month (and have greater legal and other responsibilities than ICB NEDs).

## 7. BENCHMARKING INFORMATION

- 7.1 NHS Providers carries out annual remuneration surveys and benchmarking information is divided into “acute” and “non acute” trusts. The benchmarking information does not take account of the complex nature of a combined community, mental health and acute trust.
- 7.2 The 2022 survey showed a range of £11,000 to £18,300 with a national average remuneration of £13,738.
- 7.3 Key comparison data is set out below:

### Large sized acute trusts across the country (20)

Minimum range	Maximum range	Average	Trust remuneration
12,000	18,300	14,517	14,000

The following trusts are showing a remuneration of £14,000+:

• Newcastle Upon Tyne Hospitals	15,000
• Sheffield Teaching Hospitals	15,500
• Northumbria Healthcare	15,518
• Hampshire Hospitals	15,742
• University Hospitals Dorset	16,000
• York and Scarborough Teaching Hospitals	16,061
• County Durham and Darlington	16,088
• University Hospitals Birmingham	17,000
• Northern Care Alliance	18,300

University Hospitals Dorset is a close comparator both geographically and as a recently merged trust. It is somewhat smaller than SFT (9000 employees as opposed to 13000 in SFT); it is also less complex (not having community/mental health/primary care); its CQC rating is ‘requires improvement’ versus SFT “good”.

Northern Care Alliance is an outlier; larger than SFT (18,000 employees) and its CQC rating is outstanding.

### Large sized non acute trusts across the country (3)

Minimum range	Maximum range	Average	Trust remuneration
14,000	15,000	14,333	14,000

The following trust is showing a remuneration of £14,000+:

- Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust 15,000

## **8. GENERAL NHS WAGE/SALARY INCREASES**

- 8.1 Since SFT NED salaries were last reviewed in 2020, general NHS 'cost of living' awards have been: 2021 - 3%; 2022 - 2% non consolidated (not included in basic pay for future years) plus bonus of £1250 to £1600; 2023 - 5%. This represents a cumulative total of just over 10.3% excluding the non-consolidated amount. (Actual inflation has been higher and a number of colleagues are arguing for a higher increase).

## **9. RECOMMENDATION**

- 9.1 The Nomination and Remuneration Committee considered the information set out above and, based on:

- The need to be able to attract high quality candidates for the three 2024 Non-Executive Director positions
- The lack of inflationary pay increases since 2020
- Staff salary increases since 2020
- And the increase in complexity and size of the trust following the merger

the Committee asks the Council of Governors to:

- Approve an increase for all Non-Executive Directors to £16,500, backdated to 1 April 2023
- Agree to retain the supplementary payment for the Deputy Chairman, Senior Independent Director, and Audit Committee Chairman roles at £3,000 for each role
- Agree to conduct a further remuneration review in 2024.

**IAN HAWKINS**  
**CHAIRMAN OF THE NOMINATION AND REMUNERATION COMMITTEE**

Somerset NHS Foundation Trust	
<b>REPORT TO:</b>	Council of Governors
<b>REPORT TITLE:</b>	Chairman Remuneration
<b>SPONSORING EXEC:</b>	
<b>REPORT BY:</b>	Ria Zandvliet, Secretary to the Trust
<b>PRESENTED BY:</b>	Ian Hawkins, Chairman of the Nomination and Remuneration Committee
<b>DATE:</b>	13 June 2023

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

<b>Executive Summary and Reason for presentation to Committee/Board</b>	The report sets out the findings of the Chairman remuneration review carried out by the Nomination and Remuneration Committee at its meeting held on 19 May 2023.
<b>Recommendation</b>	The Council of Governors is asked to review the report and approve the recommendations from the Nomination and Remuneration Committee as set out in section eight.

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

Implications/Requirements (Please select any which are relevant to this paper)					
<input checked="" type="checkbox"/> Financial	<input type="checkbox"/> Legislation	<input type="checkbox"/> Workforce	<input type="checkbox"/> Estates	<input type="checkbox"/> ICT	<input type="checkbox"/> Patient Safety/ Quality
<b>Details:</b> 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 not 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)

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]

A remuneration review was previously presented to the June 2020 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
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<b>Is this paper clear for release under the Freedom of Information Act 2000?</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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## **SOMERSET NHS FOUNDATION TRUST**

### **CHAIRMAN REMUNERATION**

#### **1. PURPOSE**

- 1.1 To ask the Council of Governors to review the remuneration of the Chairman following the merger of Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust on 1 April 2023.
- 1.2 The report below was discussed at the Nomination and Remuneration Committee meeting held on 19 May 2023 and the recommendation from the Committee is included in section eight.

#### **2. BACKGROUND**

- 2.1 The Nomination and Remuneration Committee's duties require it to carry out a review of the Chairman's remuneration on an annual basis. A detailed remuneration review was undertaken as part of the merger between SomPar and TST in April 2020 and a further review has since not been undertaken.
- 2.2 In view of the recent merger, a further detailed review will be required to ensure that remuneration levels remain competitive and appropriate.
- 2.3 Salaries for Executive Directors were separately reviewed when the current single executive was put in place late 2021 (and similarly previously when the preceding single SomPar/SFT executive was put in place); they are due for review again as of 1 April 2023. Updated guidance on 'very senior managers' pay is awaited from NHSE. This will be handled by the Board's Nomination and Remuneration Committee.

#### **3. CURRENT REMUNERATION**

- 3.1 The current annual remuneration level for the Chairman is £50,500.

#### **4. NATIONAL GUIDANCE 2019**

- 4.1 NHS Improvement issued guidance on 1 November 2019 setting out the expected remuneration structure for all NHS Trusts. The 2019 guidance addressed the longstanding disparities between the remuneration of chairs and non-executive directors of NHS Trusts and NHS Foundation

Trusts and provided a benchmark for levels of remuneration. The principle aims of the guidance were to:

- establish greater transparency, consistency and alignment in remuneration across provider trusts.
- maintain proportionality in remuneration and avoid unnecessary future escalation.
- effectively respond to current challenges associated with the attraction, recruitment and retention of chairs and non-executive directors, particularly within NHS trusts.

4.2 The guidance based the remuneration of the Chairman on the turnover of the organisation and the complexity of the organisation. Based on the Trust's turnover (>£501 million), it falls into the extra large Trust size, with remuneration ranging from £50,500 (lower quartile) to £58,500 (Upper quartile).

4.3 Although there was an expectation that trusts would work within the ranges set out in the guidance, it recognised that there may be a specific circumstances that require special consideration of particular terms and conditions. The guidance is therefore based on the “comply or explain” principle and the rationale for any deviation from the guidance will need to be explained to NHS Improvement and included in the Trust's annual report.

4.4 The guidance was applicable to any new appointments or all future re-appointments.

## **5. ICB GUIDANCE**

5.1 The 2019 Trust Guidance has not been updated. However NHS England has recently issued guidance for Chair remuneration on the newly created Integrated Care Boards (ICB) and the rate for a Chair of an ICB of Somerset scale is £65,000.

## **6. BENCHMARKING INFORMATION**

6.1 NHS Providers carries out annual remuneration surveys and benchmarking information is divided into “acute” and “non acute” trusts. The benchmarking information does not take account of the complex nature of a combined community, mental health and acute trust.

6.2 The 2022 survey shows a range of £40,000 to £70,000 with a national average remuneration of £49,781.

6.3 Key comparison data is set out below:

**Large sized acute trusts across the country (20)**

<b>Minimum range</b>	<b>Maximum range</b>	<b>Average</b>	<b>Trust remuneration</b>
46,000	64,500	56,745	50,500

**Large sized non acute trusts across the country (3)**

<b>Minimum range</b>	<b>Maximum range</b>	<b>Average</b>	<b>Trust remuneration</b>
40,000	51,400	47,398	50,500

**7. GENERAL NHS WAGE/SALARY INCREASES**

7.1 Since SFT NED salaries were last reviewed in 2020, general NHS 'cost of living' awards have been: 2021 - 3%; 2022 - 2% non consolidated (not included in basic pay for future years) plus bonus of £1250 to £1600; 2023 - 5%, an approximate total of 10%. (Actual inflation has been considerably higher which is a significant factor in the current wage disputes among our nursing and other colleagues).

**8. RECOMMENDATION**

8.1 The Nomination and Remuneration Committee considered the information set out above and, based on:

- The lack of inflationary pay increases since 2020
- Staff salary increases since 2020
- And the increase in complexity and size of the trust following the merger

the Committee asks the Council of Governors to:

- Approve an increase to £55,000 backdated to 1 April 2023
- Agree to conduct a further remuneration review in 2024.

Somerset NHS Foundation Trust	
<b>REPORT TO:</b>	Council of Governors
<b>REPORT TITLE:</b>	Membership, Involvement and Communication Group Terms of Reference
<b>SPONSORING EXEC:</b>	Phil Brice, Director of Corporate Services
<b>REPORT BY:</b>	Ria Zandvliet, Secretary to the Trust
<b>PRESENTED BY:</b>	Ria Zandvliet, Secretary to the Trust
<b>DATE:</b>	13 June 2023

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

<b>Executive Summary and Reason for presentation to Committee/Board</b>	<p>The Terms of Reference for the People Group, Patient Experience Group, and Strategy and Planning Group were approved at the March 2023 meeting.</p> <p>As the Membership, Involvement and Communication Group had only been reinstated in February 2023, the Terms of Reference were still being discussed by the Group and it was agreed to present the Terms of Reference to the June 2023 Council of Governors meeting.</p> <p>At its meeting held on 10 May 2023, the Group agreed to recommend approval of its Terms of Reference to the Council of Governors.</p>
<b>Recommendation</b>	The Council of Governors is asked to approve the Terms of Reference.

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



Obj 8 Develop a high performing organisation delivering the vision of the Trust

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

Financial     Legislation     Workforce     Estates     ICT     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 not 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)

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]

N/A

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

Safe     Effective     Caring     Responsive     Well Led

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

## **SOMERSET NHS FOUNDATION TRUST (THE 'TRUST')**

### **MEMBERSHIP INVOLVEMENT AND COMMUNICATIONS GROUP OF THE COUNCIL OF GOVERNORS**

#### **TERMS OF REFERENCE**

#### **1. Strategic Statement**

- 1.1 The Council of Governors hereby resolves to establish a Group to be known as Membership Involvement and Communications Group (the Group). The Group has delegated authority from the Council of Governors as described in these Terms of Reference. The Membership Involvement and Communications Group is accountable to the Council of Governors. The Group has been appointed by the Council of Governors to undertake this specific role, providing the Council of Governors with advice and recommendations as required.
- 1.2 The Group has delegated authority from the Council of Governors to make decisions on behalf of and be accountable to the Council of Governors for recruiting and engaging with the Trust's membership and facilitating the representation of the interests of constituent members.

#### **2. Authority**

- 2.1 The Group is a sub-group of the Council of Governors and has no executive powers, other than those specifically delegated in these Terms of Reference.
- 2.2 The Group is authorised by the Council of Governors to investigate any activity within its terms of reference.
- 2.3 The Committee may require the attendance at its meetings of any officer of the Trust and the production of any document.

#### **3. Membership**

- 3.1 The Group will be established by the Council of Governors, in accordance with the Constitution. The core membership of the Group will comprise:
  - the lead and deputy lead governor
  - a maximum of 10 other governors (public, appointed or staff)
  - the Secretary to the Trust or nominated deputy
  - the Director of Communications or nominated representative of the communications team
  - the Director of Patient Experience and Engagement and/or Head of Patient Engagement and Involvement

- 3.2 The Group shall elect one of its Governor members as Chairperson and the Group shall elect a Deputy Chairperson to act in their absence.
- 3.3 The Secretary to the Trust, or their nominated deputy, shall provide secretarial support to the Group and shall attend to take minutes of the meeting and provide support to the Chairperson of the Group and Group members.

#### **4. Attendance**

- 4.1 All members should attend a minimum of two meetings per year.
- 4.2 The Group may routinely require the attendance of an executive director or Trust management staff for advice, support and information at meetings
- 4.3 Attendance will be recorded within the minutes of each meeting and monitored annually.

#### **5. Quorum**

- 5.1 A quorum will be at least five Governors, and at least one officer of the Trust or their nominated deputy.
- 5.2 At any meeting, governors must equal or exceed the directors/officers of the Trust present.
- 5.3 All Governors, regardless of whether or not they are a member of the Group, will be deemed eligible for the purposes of establishing a quorum.
- 5.4 If a meeting is not quorate no decisions can be made but recommendations will be shared with all Group members for ratification.

#### **6. Frequency of Meetings**

- 6.1 Meetings will be held quarterly. The frequency of meetings may be reviewed if required.
- 6.2 Meetings may be held by electronic means and their decisions accepted as valid and binding.

#### **7. Objectives**

- 7.1 The Group's objectives are:

##### **Membership Strategy**

- To deliver the membership strategy and monitor progress made implementing the strategy.

- To support the development of an engaged membership that is representative of the communities we service, with a strong focus on widening the age range of the trust membership; the diversity of the membership and ensuring appropriate levels of geographic representation from all public constituencies.

### **Communications**

- To support the delivery of the Trust's Communications Strategy, particularly identifying and support the role of governors in achieving the aims of the strategy relating to membership.
- To develop strategies or processes to support effective communications with members.

### **Patient and Public Engagement**

- To support the delivery of the Patient and Public Engagement strategy, particularly identifying and support the role of governors in achieving the aims of the strategy relating to engagement with members.
- To develop strategies or processes to improve engagement with and the involvement of members in trust service development and improvement.

## **8. Discharge of Duties**

8.1 In support of these objectives the Group will:

### **Membership Strategy**

- Develop a work plan to set out the actions to be taken to deliver the strategy and to monitor the work plan at every meeting.
- Review and analyse membership on a regular basis.
- Contribute to and oversee the implementation and delivery of the objectives in the workplan.
- Raise awareness of membership with colleagues across the trust.
- Continue building and maintaining an accurate membership database
- Consider actions for growing a representative membership.
- Identify the promotion and involvement required from Governors to ensure appropriate support at all recruitment and engagement events.
- Review the effectiveness of the annual membership recruitment activities and engagement events.

## **Communications**

- Identify opportunities for two-way communication between members and Governors.
- Review and evaluate the communication of the benefits of membership to members and the general public.
- Continue to produce regular information to members, including members briefings and members' events, using a wide range of communication media to meet the needs of specific membership groups.
- Review and contribute to the content of the membership pages on the internet.
- Receive regular progress reports on the implementation of the communications strategy relating to membership.
- Consider the requirements of Governors in communicating with: their constituencies; between themselves and; with the Board of Directors
- Consider any issues regarding communication with members and colleagues within the remit of the Terms of Reference and make recommendations to the Council of Governors and the executive lead to address these, including consideration of how governors can support this.

## **Patient and Public Engagement**

- Identify and develop membership engagement opportunities and events.
- Review the effectiveness of and contribute to the improvement of our relationship with members to enable them to be engaged meaningfully in the trust's plans to improve services.
- Consider channels and mechanisms for Governors to engage with local health organisations, for example GP practices, parish councils or patient representative groups as means for communication for the trust and Governors.
- Identify opportunities for members, or specific membership groups, to take part in research projects or Trust surveys.
- Receive regular progress reports on the implementation of the Patient and Public Involvement Strategy relating to engagement with members.
- Consider any issues regarding engagement with members and colleagues within the remit of the Terms of Reference and make recommendations to the Council of Governors and the executive lead to address these, including consideration of how governors can support this.

## **9. Accountability and Reporting Responsibilities**

- 9.1 The Group will function as a sub-group of the Council of Governors. The Group is accountable to the Council of Governors and will keep the Council of Governors apprised of the work of the Group.
- 9.2 The Group meetings will be formally recorded and the minutes will be submitted at the next meeting of the Group.
- 9.3 The Group's Chairperson shall present a written report to the Council of Governors after each meeting and draw to the attention of the Council any issues that cause concern or require further action
- 9.4 The Committee will be administratively supported by the Secretary to the Trust, or a nominated deputy, who will be solely responsible to the Chairman of the Group when undertaking work for the Group.
- 9.5 The agenda and any supporting papers shall be distributed no less than three working days prior to a meeting, wherever possible. In agreement with the Chairperson or Deputy Chairperson, if an item needs to be raised on the day, this shall be covered under Any Other Business, subject to there being available time.

## **10 Subgroups**

- 10.1 The Group may consider the establishment of sub-groups in order to explore a particular area in more depth, as required, and will report back to the Group. Discussions at these groups will not formally be minuted but an action plan will be developed.
- 10.2 The Group may not delegate their powers to the sub-group unless expressly authorised by the Council of Governors. The Council of Governors may not delegate to any group any of the powers or responsibilities which are to be exercised by the Council of Governors at a formal meeting.

## **11 Relationships with other Groups**

- 11.1 This Group and other Governor led Groups have a shared responsibility to provide assurances to the Council of Governors. As such, all Groups need to work collaboratively, to ensure that the Council of Governors receive comprehensive assurances relating to the Trust's business and activities within the remit of the Council of Governors.
- 11.2 The lead governor will attend the Trust Board meetings and will report back to the Group and advise the Board of any views or concerns that the Group has expressed in relation to the delivery of the membership strategy and membership communication and involvement related issues.

## **12 Conduct of Meetings**

- 12.1 Members of the Group shall be required to declare any potential and actual conflicts of interest relating to issues discussed by the Group and these shall be recorded in the minutes. In the event of any disclosed material conflict of interest, a member of the Group may be excluded from the discussion relating to that item.

## **13 Monitoring of Effectiveness**

- 13.1 The Group will develop and agree an annual workplan and will review its work and effectiveness annually.
- 13.2 The effectiveness of the Group shall be monitored by the Council of Governors through its regular reporting and an annual assessment.

## **14 Review**

- 14.1 The Group will review these Terms of Reference at least annually or more frequently if required.
- 14.2 The Group will present the Terms of Reference to the Council of Governors for approval

Somerset NHS Foundation Trust	
<b>REPORT TO:</b>	Council of Governors
<b>REPORT TITLE:</b>	Nomination and Remuneration Group Terms of Reference
<b>SPONSORING EXEC:</b>	Colin Drummond, Chairman
<b>REPORT BY:</b>	Ria Zandvliet, Secretary to the Trust
<b>PRESENTED BY:</b>	Ria Zandvliet, Secretary to the Trust
<b>DATE:</b>	13 June 2023

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

<b>Executive Summary and Reason for presentation to Committee/Board</b>	<p>The Terms of Reference for the People Group, Patient Experience Group, and Strategy and Planning Group were approved at the March 2023 meeting.</p> <p>As the Nomination and Remuneration Group's Terms of Reference lists the names of each of the members, it was agreed to present the Terms of Reference after the Governor elections.</p> <p>Following the election process, two seats on the Group became vacant. One of the seats was allocated to a Staff Governor and Shabnum Ali expressed an interest for this seat.</p> <p>Expressions of interests for the remaining seat were sought and four expressions of interest were received. A ballot was undertaken and, from the eight responses received, Judith Goodchild received the highest number of votes.</p> <p>The Terms of Reference have been amended to include both Shabnum and Judith and have further been amended to align to the format used for other Terms of References.</p>
<b>Recommendation</b>	The Council of Governors is asked to approve the Terms of Reference.

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

- 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 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

This report has not 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)

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]

N/A

**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 (THE 'TRUST')

### NOMINATION AND REMUNERATION GROUP OF THE COUNCIL OF GOVERNORS

#### TERMS OF REFERENCE

#### 1. Strategic Statement

- 1.1 The Council of Governors hereby resolves to establish a Group to be known as the Nominations and Remuneration Group (the Group).
- 1.2 The Group has delegated authority from the Council of Governors as described in these Terms of Reference.

#### 2. Authority

- 2.1 The Group is a sub-group of the Council of Governors and has no executive powers, other than those specifically delegated in these Terms of Reference.
- 2.2 The Group is authorised by the Council of Governors to investigate any activity within its terms of reference.
- 2.3 The Committee may require the attendance at its meetings of any officer of the Trust and the production of any document.

#### 3. Membership

- 3.1 The Group will be established by the Council of Governors, in accordance with the Constitution. The core membership of the Group will comprise:
  - Lead Governor
  - Deputy Lead Governor
  - Jeanette Keech Elected Governor
  - Judith Goodchild Elected Governor
  - Shabnum Ali Staff Governor
- 3.2 The Group will be chaired by the Lead Governor who shall nominate a Deputy Chairman to act in their absence.
- 3.3 The Secretary to the Trust, or their nominated deputy, shall provide secretarial support to the Group and shall attend to take minutes of the meeting and provide support to the Chairperson of the Group and Group members.

#### **4. Attendance**

- 4.1 All members should attend a minimum of 50% of the meetings per year.
- 4.2 The Group may routinely require the attendance of an executive director or Trust management staff for advice, support and information at meetings
- 4.3 Attendance will be recorded within the minutes of each meeting and monitored annually.

#### **5. Quorum**

- 5.1 A quorum will be at least three Governors.
- 5.2 At any meeting, governors must equal or exceed the directors/officers of the Trust present.
- 5.3 If a meeting is not quorate no decisions can be made but recommendations will be shared with all Group members for ratification.

#### **6. Frequency of Meetings**

- 6.1 The Group will meet as often as required. A two week notice for each meeting to be arranged will apply.
- 6.2 Meetings may be held by electronic means and their decisions accepted as valid and binding.

#### **7. Objectives**

- 7.1 The Group's objectives are:
  - To ensure that the Appointments Panels for the appointment of the Chairman and Non-Executive Directors to the Board of the Somerset Partnership NHS Foundation Trust (annex 4 paragraphs 4.4.4 or 4.4.5 of the Standing Orders) are set up in line with the constitution. (Approval of the Appointments Panel will rest with the Council of Governors).
  - To consider the Non-Executive Director and Chairman vacancies due in the next 12 months and 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) to the Council of Governors.
  - To advise the Council of Governors as to the remuneration and allowances and of the Terms and Conditions of the office of the Chairman and other Non-Executive Directors

- To review the Chairman and Non-Executive Directors' performance on an annual basis and provide feedback to the Council of Governors.

## **8. Discharge of Duties**

8.1 In support of these objectives the Group will (as set out in Annex 4 of the Standing Orders):

- Consider the Non-Executive Director or Chairman vacancies due in the next 12 months and make recommendations on the recruitment process, person specification and Terms of Office to the Council of Governors.
- take advice, as necessary, from the Chief of People and Organisational Development and the Secretary to the Trust or other internal or external sources
- 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.
- 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.
- Monitor the performance of the Chairman and other Non-Executive Directors and make a report, at least annually, to the Council of Governors.
- Consider any proposal for removing the Chairman or the non-executive directors, for recommendation to the Council of Governors for approval.

### **Appointment Panel**

8.2 In line with the constitution, an Appointments Panel will be established for every external appointment of a non-executive director or chairman.

- membership of the Appointments Panel for non-executive appointments to include:

- Chair of the NHS Foundation Trust (who will chair the Nominations Committee)
  - two elected Governors
  - one appointed Governor
  - membership of the Appointments Panel for chairman appointments to include:
    - Senior Independent Executive Director – or deputy;
    - two elected Governors;
    - one appointed Governor;
    - Chairman of another NHS Foundation Trust, to act as an independent assessor.
    - the Chief of People and Organisational Development, or a member of the People or Recruitment team, will be in attendance as required.
- 8.3 The Council of Governors will have the final decision on which Governor will serve on the Appointments Panel and if the number of Governors prepared to serve on the Appointments Panel is greater than the number of places available, the members will be selected by election by their peer Governors.
- 8.4 The Appointments Panel for re-appointments, if required, will consist of members of the Nomination and Remuneration Group.

## **9. Accountability and Reporting Responsibilities**

- 9.1 The Group will function as a sub-group of the Council of Governors. The Group is accountable to the Council of Governors and will keep the Council of Governors apprised of the work of the Group.
- 9.2 The Group meetings will be formally recorded and the minutes will be submitted at the next meeting of the Group.
- 9.3 The Group's Chairperson shall present a written report to the Council of Governors after each meeting and draw to the attention of the Council any issues that cause concern or require further action
- 9.4 The Committee will be administratively supported by the Secretary to the Trust, or a nominated deputy, who will be solely responsible to the Chairman of the Group when undertaking work for the Group.
- 9.5 The agenda and any supporting papers shall be distributed no less than three working days prior to a meeting, wherever possible. In agreement with the Chairperson or Deputy Chairperson, if an item needs to be raised on

the day, this shall be covered under Any Other Business, subject to there being available time.

## **10 Subgroups**

- 10.1 The Group may consider the establishment of sub-groups in order to explore a particular area in more depth, as required, and will report back to the Group. Discussions at these groups will not formally be minuted but an action plan will be developed.
- 10.2 The Group may not delegate their powers to the sub-group unless expressly authorised by the Council of Governors. The Council of Governors may not delegate to any group any of the powers or responsibilities which are to be exercised by the Council of Governors at a formal meeting.

## **11 Conduct of Meetings**

- 11.1 Members of the Group shall be required to declare any potential and actual conflicts of interest relating to issues discussed by the Group and these shall be recorded in the minutes. In the event of any disclosed material conflict of interest, a member of the Group may be excluded from the discussion relating to that item.
- 11.2 The information provided to the Group in respect of nominations and remuneration may be confidential. In such instances, members of the Group will keep confidential all information relating to these discussions, unless required to disclose it by law.

## **12 Monitoring of Effectiveness**

- 13.1 The effectiveness of the Group shall be monitored by the Council of Governors through its regular reporting and an annual assessment.

## **13 Review**

- 14.1 The Group will review these Terms of Reference at least annually or more frequently if required.
- 14.2 The Group will present the Terms of Reference to the Council of Governors for approval

Somerset NHS Foundation Trust	
<b>REPORT TO:</b>	Council of Governors
<b>REPORT TITLE:</b>	Membership of the governor working groups
<b>SPONSORING EXEC:</b>	Phil Brice, Director of Corporate Services
<b>REPORT BY:</b>	Ria Zandvliet, Secretary to the Trust
<b>PRESENTED BY:</b>	Ria Zandvliet, Secretary to the Trust
<b>DATE:</b>	13 June 2023

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

<input type="checkbox"/> For Assurance	<input type="checkbox"/> For Approval / Decision	<input checked="" type="checkbox"/> For Information
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<b>Executive Summary and Reason for presentation to Committee/Board</b>	In view of the merger and governor elections this year, a review of working group membership has been carried out and the proposed membership is set out in the attached report.
<b>Recommendation</b>	The Council of Governors is asked to approve the proposed membership for each of the working groups.

**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 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**  
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 not 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)

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]

Membership was last reviewed in December 2022.

**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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<b>Is this paper clear for release under the Freedom of Information Act 2000?</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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## SOMERSET NHS FOUNDATION TRUST

### MEMBERSHIP OF THE GOVERNOR WORKING GROUPS

#### 1. PURPOSE

- 1.1 To provide the Council of Governors with an update on the membership of the working groups.

#### 2. BACKGROUND

- 2.1 The Council of Governors approved the membership of the working groups at its December 2022 meeting.
- 2.2 In view of the merger and governor elections, a membership review has been carried out and the proposed membership for each of the working groups is set out below.

#### 3. MEMBERSHIP OF THE WORKING GROUPS

##### Existing Groups

- 3.1 The current working group structure consists of:
- People Group
  - Strategy and Planning Group
  - Quality and Patient Experience Group
  - Membership, Involvement and Communications Group

##### Proposed Membership

- 3.2 A skills analysis has been undertaken and Governors have, as much as possible, been allocated to the working group closely aligned to their area of expertise or interest. Proposed membership is set out below:

<b>People Group</b>	<b>Strategy and Planning Group</b>	<b>Quality and Patient Experience</b>	<b>Membership Involvement and Communications Group</b>
Virginia Membrey Martin Davidson Ian Aldridge Erica Adams Peter Shorland Staff Governor Staff Governor Staff Governor Julie Reeve Mark Robinson Lydia Karamura Dirk Williamson	Paull Robathan Bob Champion Eddie Nicolas Martin Davidson Jeanette Keech Ian Aldridge David Recardo Alan Peak Shabnum Ali Staff Governor Nick Craw Caroline Gamblin	Judith Goodchild Virginia Membrey Jack Torr Kate Butler Jane Armstrong Sue Steele Mick Beales Joe Silsby Staff Governor Mark Robinson Heather Shearer Jos Latour	Kate Butler Jack Torr Jane Armstrong Ian Hawkins Mick Beales David Recardo Paull Robathan Staff Governor Staff Governor Heather Shearer Representative of Voluntary Organisations Jos Latour

3.3 As the staff elections have not fully concluded, and nominations from voluntary organisations have not yet been received, these vacancies have been included in the table above.

#### **4. RECOMMENDATION**

4.1 The Council of Governors standing orders requires the Council of Governors to approve the appointments to each of the groups which it has formally constituted.

4.2 The Council of Governors is asked to approve membership of the working groups, including the unnamed vacant spaces for the staff members/voluntary organisations, as set out above.

#### **SECRETARY TO THE TRUST**

Somerset NHS Foundation Trust	
<b>REPORT TO:</b>	Council of Governors
<b>REPORT TITLE:</b>	Report from the Quality and Patient Experience Group meeting held on 10 May 2023
<b>SPONSORING EXEC:</b>	N/A
<b>REPORT BY:</b>	Judith Goodchild, Chair of the Quality and Patient Experience Group
<b>PRESENTED BY:</b>	Judith Goodchild, Chair of the Quality and Patient Experience Group
<b>DATE:</b>	13 June 2023

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

For Assurance
  For Approval / Decision
  For Information

**Executive Summary and Reason for presentation to Committee/Board**

The report sets out the items considered at the meeting held on 10 May 2023.

**1. Approval of the Draft Minutes**

Mick Beales raised a concern around parking at YDH. Car park had been full on occasion and members of public had been asked to park in the town centre which is of concern if public are really unwell or unable to walk far.  
ACTION to raise concern with Phil Brice.

**2. Update on Tissue Viability**

Verbal update from Kerry Grimshaw regarding tissue viability.

- Challenges at Musgrove, YDH and Community sites. Governors are concerned that since the last update 6 months ago there seems to have been little progress.
- Away days discussing decreasing and preventing pressure ulcers including agreement to include Pressure Ulcer prevention and management module as part of mandatory training for key staff members across the system.
- Overseas and newly qualified nursing concerns and the standards of care being reviewed and reset with a

refresh of the induction programme and investment in colleagues.

ACTION Emma Davey and Judith Goodchild to connect outside of meeting on Nursing Core Standard Box set.

**3. Update on Pathways for patients with complex mental health and physical need as result of substance abuse.**

Owen Howell provided an update:

- Strategy work on suicide prevention
- Staff training on dealing with substance abuse and mental health.
- Drop in clinic (informal and flexible) in Yeovil for homeless and public with mental health concerns.

No actions raised within this item.

**4. Patient Exception Report, Complaint and PALS manager report and update on the carers and triangle of care work.**

- Last report with only SFT data.
- Reviewing complaints and PALS and engagement. Holding a stakeholder session to review and discuss.
- Discussed PALS teams coming together including a communication workshop.
- Krystle Pardon updated on roles out for recruitment and discussed a carers hub.
- Friends and family test has been amended slightly.
- Emma Davey provided an update on the patient engagement strategy.

ACTION Emma Davey asked if any Governors would like to help with the stakeholder session to provide some feedback. Governors interested in being part of the group PALS to email Emma to express an interest.

	<p><b>5. Good to know log</b></p> <ul style="list-style-type: none"> <li>• Ophthalmology Hub praised</li> <li>• Bus routes and transport are a concern.</li> </ul>
<b>Recommendation</b>	The Council of Governors is asked to note the items discussed at the meeting.

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

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

**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 not 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)

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 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	
<b>REPORT TO:</b>	Council of Governors
<b>REPORT TITLE:</b>	Report from the Strategy and Planning Group meeting held on 11 May 2023
<b>SPONSORING EXEC:</b>	N/A
<b>REPORT BY:</b>	Paull Robathan, Chairman of the Strategy and Planning Group
<b>PRESENTED BY:</b>	Paull Robathan, Chairman of the Strategy and Planning Group
<b>DATE:</b>	13 June 2023

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

For Assurance
  For Approval / Decision
  For Information

**Executive Summary and Reason for presentation to Committee/Board**

The report sets out the key items considered at the meeting held on 11 May 2023

1. Access by public transport to the Diagnostic Centre and Optometry Service at Blackbrook was discussed further. Members of the public, and governors, are often not aware of pre-decision discussions about new locations for service provision. It is likely that the public will consider the NHS FT responsible for ensuring patient safety and access to our facilities. Updates on further evaluation of options to avoid long walks, cold and wet bus stops for all planned developments would be desirable – based on volume some exceptional provision could prove effective.
2. Future plans for new estate development and site infrastructure will be brought to a future meeting. Activity such as the new Diagnostic Centre at Yeovil and enhanced capability at Taunton Diagnostic Centre will be of great public interest along with the Acute Stroke consultation and similar service development.
3. Governors are keen to understand how the Local Community Networks are being established. Public Governors have a strong local connection and would potentially be worthwhile members of LCNs. It is understood that the ICB will be responsible for how the NHS is represented and an early update on any role for Governors would be welcomed.

	<p>4. Luke Gompels, Chief Clinical Information Officer, introduced the Strategy Group to the work underway to develop a comprehensive Electronic Health Record for the whole of the Somerset FT. There are 800 systems, of which a proportion will need to be replaced, and others upgraded to interface to the new records structure. The Strategy Group look forward to a significant presentation on progress at our September meeting. The resilience and security of patient data records will be a key characteristic to be assured as will the cost/benefit both financial and functional.</p>
<b>Recommendation</b>	The Council of Governors is asked to note the items discussed at the meeting.

<b>Links to Joint Strategic Objectives</b> (Please select any which are impacted on / relevant to this paper)
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<input checked="" type="checkbox"/> Obj 1 Improve health and wellbeing of population
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<b>Implications/Requirements</b> (Please select any which are relevant to this paper)
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<input type="checkbox"/> Financial	<input type="checkbox"/> Legislation	<input type="checkbox"/> Workforce	<input type="checkbox"/> Estates	<input type="checkbox"/> ICT	<input type="checkbox"/> Patient Safety / Quality
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**Details:** N/A

<b>Equality</b> 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
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**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)

N/A

**Previous Consideration**

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**Is this paper clear for release under the Freedom of Information Act 2000?**

Yes

No

Somerset NHS Foundation Trust	
<b>REPORT TO:</b>	Council of Governors
<b>REPORT TITLE:</b>	Report from the Membership, Involvement and Communications Group meeting held on 10 May 2023
<b>SPONSORING EXEC:</b>	N/A
<b>REPORT BY:</b>	Kate Butler, Chair of the Membership, Involvement and Communications Group
<b>PRESENTED BY:</b>	Kate Butler, Chair of the Membership, Involvement and Communications Group
<b>DATE:</b>	13 June 2023

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

For Assurance
  For Approval / Decision
  For Information

**Executive Summary and Reason for presentation to Committee/Board**

The report sets out the key items considered at the meeting held on 10 May 2023:

- Appointment of Chair and Deputy Chair**  
 Chair Kate Butler  
 Deputy Chair Jane Armstrong
- Review the Terms of Reference**  
 The ToRs were approved
- Membership Statistics**  
 Overall membership has increased since the last meeting, including numbers for South Somerset. Discussion around the need for meaningful membership and targeted communications.
- Review the Workplan**  
 The work plan will be ready for the next meeting as the group needed to approve the ToRs before creating a work plan.
- Review of membership/recruitment information**  
 Membership/recruitment information will be updated with the new branding.
- Engagement with other representative groups**  
 Discussion around linking in with the League of friends and the patient participation groups. Tina and Emily have linked in with Mark Carter (the Simulation

	<p>Outreach Facilitator) and are in communication with him regarding the promotion of membership and working with young people.</p> <ul style="list-style-type: none"> <li>• <b>Communications Update</b> Fiona Reid updated the group and explained the work in relation to the implementation of the Communications strategy, which was signed off by the Board in October. Communications team has introduced a new trust intranet and the new trust website launched on 3 April. A number of workstreams in support of the communication strategy were being set up and feedback from the relevant workstreams will be provided to a future meeting.</li> <li>• <b>Recruitment communication</b> <ul style="list-style-type: none"> <li>• Targeted Communications</li> <li>• Governor Surgeries</li> </ul> </li> <li>• <b>Engagement and Involvement Update</b> Emma Davey has been undertaking a stocktake of engagement in place for the different service groups to understand the demands. Focus is on patient feedback, and working with the ICB on making feedback more meaningful.</li> </ul>
<b>Recommendation</b>	The Council of Governors is asked to note the items discussed at the meeting.

<b>Links to Joint Strategic Objectives</b> (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

<b>Implications/Requirements (Please select any which are relevant to this paper)</b>
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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 type="checkbox"/> Patient Safety / Quality
<b>Details:</b> N/A					
<b>Equality</b>					
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 checked="" type="checkbox"/> This report has not been assessed against the Trust's Equality Impact Assessment Tool and there are no proposals or matters which affect any persons with protected characteristics					
<input type="checkbox"/> This report has been assessed against the Trust's Equality Impact Assessment Tool and there are proposals or matters which affect any persons with protected characteristics and the following is planned to mitigate any identified inequalities					
<b>Public/Staff Involvement History</b>					
(Please indicate if any consultation/service user/patient and public/staff involvement has informed any of the recommendations within the report)					
N/A					
<b>Previous Consideration</b>					
(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.					
<b>Reference to CQC domains</b> (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	
<b>Is this paper clear for release under the Freedom of Information Act 2000?</b>				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Somerset NHS Foundation Trust	
<b>REPORT TO:</b>	Council of Governors
<b>REPORT TITLE:</b>	Report from the Nomination and Remuneration Group meeting held on 19 May 2023
<b>SPONSORING EXEC:</b>	N/A
<b>REPORT BY:</b>	Ria Zandvliet, Secretary to the Trust
<b>PRESENTED BY:</b>	Ian Hawkins, Chairman of the Nomination and Remuneration Group
<b>DATE:</b>	13 June 2023

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

<b>Executive Summary and Reason for presentation to Committee/Board</b>	<p>The Committee met on 19 May 2023 to discuss:</p> <ul style="list-style-type: none"> <li>Feedback from the 2022/23 Non-Executive Directors appraisal process</li> <li>Non-Executive Directors' remuneration</li> <li>Feedback from the 2022/23 Chairman appraisal process</li> <li>Chairman remuneration</li> </ul> <p>Reports for each of the items above have been included on the agenda as separate items.</p> <p><b>Appointment Panel</b> In view of the recruitment of three Non-Executive Directors, an Appointment Panel will need to be established and the requirements for the Panel are set out in the Council of Governors' Standing Orders.</p> <p>Expressions of interests for two elected governor and one appointed governor seat on the Panel have been sought and six expressions of interests for the two elected seats were received. One expression of interest has been received for the appointed governor seat.</p> <p>A ballot has been undertaken and based on the outcome of this ballot, it is proposed that the Appointments Panel consists of:</p>
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	<ul style="list-style-type: none"> <li>• Heather Shearer – appointed governor</li> <li>• Kate Butler – elected governor</li> <li>• Jane Armstrong – elected governor.</li> </ul>
<b>Recommendation</b>	The Council of Governors is asked to approve membership of the Appointments Panel as set out above.

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

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

**Details:** N/A

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

**Previous Consideration**

(Indicate if the report has been reviewed by another Board, Committee or Governance Group before submission to the Board or is a follow up report to one previously considered by the Board – 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 type="checkbox"/> Well Led
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