

**Somerset NHS Foundation Trust
Annual General Meeting and Annual Members Meeting
Programme for 20 September 2023**

3:30pm, Monks Yard, Horton Cross, Ilminster, TA19 9PY

3:30pm	<p>Welcome and Opening Remarks Colin Drummond, Chairman</p> <p>Approval of the minutes of the joint YDH and SFT Annual General Meeting and Annual Members Meeting held on 30 September 2022</p>
3:35pm	<p>Overview of the Year Peter Lewis, Chief Executive</p>
3:55pm	<p>To formally receive the Annual Report and Annual Accounts for 2022/23:</p> <p>SFT Annual Report and Annual Accounts for 2022/23 YDH Annual report and Annual Accounts for 2022/23</p> <p>The annual reports and accounts are available on the internet under the publication scheme</p>
4:00pm	<p>Presentation 1 – CAHMS Community Services Claudine Brown, Head of CAMHS Mark Conway, Deputy Head of CAMHS</p>
4:25pm	<p>Presentation 2 – Homelessness and Rough Sleeper Service Karen George, Clinical Lead for the Homeless and Rough Sleeper Nursing Service</p>
4:50pm	<p>Lead Governor reports and Items for information</p> <p>Kate Butler, Lead Governor</p> <p>To note:</p> <ul style="list-style-type: none"> • Update on membership strategy • Changes in Governors during the year • Report on the proceedings of the CoG (also included in the Lead Governors Report)
5:00pm	<p>Question and Answer Session</p>



	Panel: Peter Lewis, Chief Executive Andy Heron, Chief Operating Officer Daniel Meron, Chief Medical Officer David Shannon, Director of Strategy and Digital Development Isobel Clements, Chief of People and Organisational Development
5:25pm	Closing Remarks and Close Colin Drummond, Chairman

SOMERSET NHS FOUNDATION TRUST

ANNUAL MEMBERS MEETING

AND

YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST

ANNUAL GENERAL MEETING AND ANNUAL MEMBERS MEETING

Minutes of the joint meetings held on
30 September 2022 at 3.00 – 5.00 pm
At the Monks Yard, Horton Cross, Ilminster, TA19 9PY

Attendance: The meeting was attended by members of the Board of Directors, the Council of Governors, members, the public and colleagues.

No	
1	WELCOME AND OPENING REMARKS
1.1	Martyn Scrivens and Colin Drummond welcomed everyone to the joint Annual General Meeting and Annual Members Meeting and particularly thanked Governors and members for attending this meeting. Maryn Scrivens and Colin Drummond advised that this will be the first “in person” members meeting since the start of the Covid-19 pandemic.
2	APPROVAL OF THE MINUTES OF THE YDH ANNUAL GENERAL MEETING HELD ON 28 SEPTEMBER 2021
2.1	The minutes of the YDH Annual General Meeting held on 28 September 2021 were approved.
3	OVERVIEW OF THE YEAR
3.1	<p>Peter Lewis reiterated the trusts’ thanks to everyone for attending the joint meeting and welcomed the opportunity to meet again in person. He presented the overview of the year and highlighted the following topics:</p> <ul style="list-style-type: none">• What we are here to do – the organisational objectives and aims.• The overview of the challenges of 2021/22.• The support for colleagues throughout the pandemic; the findings of the NHS staff survey; and the focus on equality and diversity.• The care for our patients – the HSJ Mental Health Trust of the Year



	<p>national recognition; the joint response to the pandemic; the success of the Somerset Covid-19 vaccination programme; and the positive impact of integration to date on the WREN service.</p> <ul style="list-style-type: none"> • The access to services – three diagnostic centres in Somerset; and the strategic development programme. • Performance against the key performance standards. • The financial position – operational surplus position for both trusts. • A look to the future. • A thank you to our communities.
4	<p>TO FORMALLY RECEIVE THE ANNUAL REPORT AND ANNUAL ACCOUNTS FOR 2021/22</p> <p>Yeovil District Hospital Annual Report and Accounts 2021_22</p> <p>Somerset NHS Foundation Trust Annual report and Accounts 2021_22</p>
4.1	<p>The Annual report and Annual Accounts for 2021/22 of both trusts are available on the internet.</p>
5	<p>PRESENTATION 1 – HOSPITAL@HOME</p>
5.1	<p>Andy Heron introduced Tracy Evans and Charlie Davis.</p>
5.2	<p>Charlie Davis and Tracy Evans provided an overview of the work of the home treatment team and set out the importance of home treatment; what home treatment looks like; and what the team has learned and changed so far.</p>
5.3	<p>The audience was given an opportunity to ask questions and the following questions were raised:</p> <ul style="list-style-type: none"> • The presentation was very interesting. It was queried whether physiotherapy is covered by the team. <ul style="list-style-type: none"> - It was noted that community rehabilitation services were included in the services provided by the team and the team will take a holistic view with clear goals and outcomes. Hospital at Home was part of the pathway for treatment. • Does the location of where a patient live affects the availability of occupational health treatment? <ul style="list-style-type: none"> - It was noted that occupational therapists will be providing treatment at a patient's home, irrelevant of the patient's location. Whether

	<p>treatment was provided at home or in a hospital, the key focus will be on shared decision making with the individual patient and the care plan will therefore be key. Tracy Evans advised that the team is very skilled at providing these services and they recognise and review the risks and benefits of care at home. For example, if handrails are needed in the home, these can be arranged and the team can advise on options to create a safer environment. Team members will, at all times, respect a patient's home.</p> <ul style="list-style-type: none"> • Will the quality of services delivered at home be the same as services delivered in hospital? <ul style="list-style-type: none"> - It was noted that patients with frailty or respiratory health issues may feel more comfortable in hospital than at home under the care of the hospital at home team. It will be the team's role to determine whether a patient can live independently at home, and if not, additional support will need to be put in place. • The number of deaths at home has increased during the pandemic and it was queried whether part of this increase was as a result of the hospital@home project. <ul style="list-style-type: none"> - It was noted that people prefer to die where they feel safe and this is one of the team's core values and taken into account as part of the care planning process. Members of the team can stay for three to four days to support a patient during an expected end of life. End of life care can be provided by district nurses with additional support by the team when needed. • It was suggested that primary care was not sufficiently supported by the trust. <ul style="list-style-type: none"> - It was noted that primary care was in a difficult position. The lack of GPs in the wider system was one of the key workforce challenges and this impacted on the availability of primary care services. The trust, through Symphony Healthcare Services, was trying to help out where needed but was unable to fill the gaps in primary care provision across the county. It was recognised that pressures in primary care services impacted on the system as a whole.
5.4	Tracy Evans and Charlie Davis were complimented on this excellent project.
5.5	Martyn Scrivens and Colin Drummond thanked Charlie Davis and Tracy Evans for their informative presentation.
6	PRESENTATION 2 – UROLOGY SERVICES INTEGRATION
6.1	Paul Foster provided an overview of the clinical integration of urology services and set out the reasons for integration; the solution and the need to getting it right

6.2	<p>first time; the successes and barriers.</p> <p>The audience was given an opportunity to ask questions and the following questions were raised:</p> <ul style="list-style-type: none"> • The integration of urology services was explained really well and it was queried whether this approach will also be applied to other specialties. <ul style="list-style-type: none"> - It was noted that the integration approach will apply to all specialties, but the goals may be different for each specialty. - • It was queried what progress had been made and whether achievements had already become visible. <ul style="list-style-type: none"> - It was noted that good progress was being made but that progress had been delayed due to the pandemic.
6.3	The Chairmen thanked Paul Foster for his presentation.
7	<p>LEAD GOVERNOR REPORTS AND ITEMS FOR INFORMATION</p> <p>7.1 Alison Whitman (Lead Governor for YDH) and Ian Hawkins (Lead Governor for SFT) presented their reports and highlighted the items to note:</p> <ul style="list-style-type: none"> • Membership Strategy Update • Changes in Governors during the year • Report on the proceedings of the CoG (also included in the Lead Governors Report) <p>7.2 Alison Whitman advised that she has been a Governor for the last eight years and is proud to be a governor and is also proud of the work of the trust. Staff at Yeovil Hospital have been amazing throughout the pandemic, approach their work with a smile, and achieve excellent results. Alison Whitman thanked staff on behalf of all the governors.</p> <p>7.3 Ian Hawkins acknowledged the access that governors have to the Executive Team and expressed his thanks to them for their time. On behalf of the governors, he also thanked all colleagues for their dedication and excellent work.</p> <p>7.4 The Chairmen thanked all governors for their support and specifically thanked Alison Whitman and Ian Hawkins for their support and commitment.</p>
8	<p>QUESTION AND ANSWER SESSION</p> <p>8.1 Panel members</p> <ul style="list-style-type: none"> • Peter Lewis, Chief Executive • Andy Heron, Chief Operating Officer (Mental Health, Neighbourhoods and

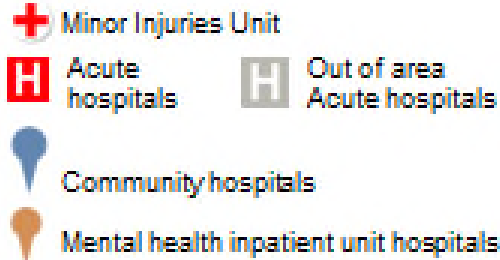
	<p>Families)</p> <ul style="list-style-type: none"> • Hayley Peters, Chief Nurse • Meredith Kane, Medical Director for Acute Hospitals • David Shannon, Director of Strategy and Digital Development
8.2	<p>Peter Lewis thanked all presenters and introduced the panel of Executive members of both YDH and SFT.</p>
8.3	<p>Members of the audience asked the following questions:</p> <ul style="list-style-type: none"> • As a result of the merger, will patients have to travel to a different trust for treatment? If so, this may create transport difficulties. <ul style="list-style-type: none"> - It was noted that most services will continue to be provided at both acute hospitals but there will be some exceptions, e.g. stroke services. The aim is to retain most other services at both sites. Meredith Kane advised that core services will stay where people can access the help and support they need but, since the implementation of the hospital@home project, some services could be provided at home. The trust would only make changes to services and the way of delivering services if it was in the interest of patients or if it was needed to have all expertise in one place. Meredith Kane agreed that transport links will need to be taken into account and, where needed, discussions will take place on a system wide basis. If appropriate, a public consultation will be held. • What progress has the trust made in relation to the role of AI and robotics to deal with staff shortages. <ul style="list-style-type: none"> - It was noted that the use of robotics and AI had already commenced in lung cancer treatment. David Shannon advised that the use of robotics and AI was a really interesting and fast moving area and the trust was moving in the right direction. AI was also used, for example, to read x-rays. However, safety is a major consideration and all new systems and processes will need to be tested to ensure that they are safe. Technology is moving very fast, e.g. virtual consultations, and its use can be further extended. The Hospital at Home project will provide an opportunity to further test technology. David Shannon further commented that, from a digital perspective, it will be important to recognise inequality in terms of access to internet services. <p>Andy Heron advised that AI is already being used in primary care to check data to predict risk including risks of possible hospital admissions. Digital monitoring equipment can be placed in a patient's home and the trust can use this monitoring technology to track vital signs and take appropriate actions where needed. It was noted that urology services are using robotics technology.</p>

	<ul style="list-style-type: none"> • Will there continue to be a focus on mental health services as a result of the merger? <ul style="list-style-type: none"> - It was noted that the merger will result in extra clinicians focussing on the physical and mental health of patients. The current focus will need to be maintained as it is recognised that some patients will have both physical and mental health needs. Hayley Peters commented that, from a clinical perspective, it will be important to care for patients holistically and the nature of conversations have changed as a result of the merger between Somerset Partnership NHS Foundation Trust and Taunton and Somerset NHS Foundation Trust in 2020. Meridith Kane advised that change will not be easy but the merger will provide big opportunities by bringing the best from both organisations together into a single organisation and some benefits are already being realised. • Loneliness was an area of concern and the use of technology and virtual consultations will further increase loneliness. A plea was made to return to face to face consultations. <ul style="list-style-type: none"> - It was agreed that this is a really important issue and that loneliness can lead to, or worsen, health issues. The trust has looked into technology that focused on loneliness, enabling access to services, friends and family and this will continue to be an area of focus. • It was queried whether the voluntary sector can be used to support people in local communities. <ul style="list-style-type: none"> - It was noted that the community council is looking into this and there is further an investment in primary care to look at social prescribing. Libraries can lend iPads for people to talk to each other. The trust looked into this during Covid but the technology did not work as well as expected and was therefore not followed up.
9	CLOSING REMARKS AND CLOSE
9.1	Martyn Scrivens said that he hoped that the presentations had been interesting and thanked everyone for their support.
9.2	Colin Drummond commented that there is something special about Somerset and what we are doing in the NHS with our partners and in the community. He thanked all for coming and thanked the presenters.
9.3	The AGM/AMM was closed.

Welcome to our Annual Members' Meeting

Kindness, Respect, Teamwork
Everyone, Every day

Peter Lewis, Chief Executive
20 September 2023



- ❑ Population 590,000
- ❑ Area of 1600 square miles
- ❑ One Integrated Care System
- ❑ One Tier 1 Unitary Authority
- ❑ 13 Primary Care Networks

Kindness, Respect, Teamwork
Everyone, Every day

What we are here to do

Our aims are to:

1. IMPROVE THE HEALTH AND WELLBEING OF THE POPULATION

- Enable people to live socially connected, healthy, independent lives, promote early intervention and prevent avoidable illness

2. PROVIDE THE BEST CARE AND SUPPORT TO CHILDREN AND ADULTS

- Ensure safe, sustainable, effective, high quality, person-centred support in the most appropriate setting

3. STRENGTHEN CARE AND SUPPORT IN LOCAL COMMUNITIES

- Develop and enhance support in local neighbourhood areas and bring care and support closer to home

4. REDUCE INEQUALITIES

- Value all people alike, target our resources and attention to where it is most needed, giving equal priority to physical and mental health

5. RESPOND WELL TO COMPLEX NEEDS

- Improve outcomes for children and adults with complex needs through personalised, co-ordinated support

Organisational objectives

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

Overview of the challenges of 2022/3

- Huge demand for NHS services
 - NHS Recovery Plan and treating patients who have waited a long time
 - Demand for same day urgent care
 - Ongoing challenges discharging patients.
- Ensuring we have the right facilities and services in the right place
- Supporting our colleagues
- Workforce shortages – recruitment and retention
- Whole system response.

Our response

- Support for patients
 - Support out of hospital – Hospital@Home
 - Support within hospital - “Ready to go units” at both MPH and YDH
- Services developed in different settings
 - Two ophthalmic diagnostic centres
 - Community diagnostic hub in Burnham-on-Sea
 - Specialist community hub in the Horizon Centre in Taunton
 - Physical and emotional support for farmers and agricultural workers at two new health hubs at Frome Livestock Market and Exmoor Farmers Livestock Auction.
 - Health and wellbeing hub in former Victoria Park Medical Centre in Bridgwater.

- Ongoing development of and investment in facilities at our acute hospitals
 - £11.5 million surgical assessment unit at MPH
 - New £5 million day theatre opened at YDH earlier this year
 - £15 million funding secured for a new ward and fifth operating theatre at YDH
 - Construction began on the Breast Care Unit at YDH
 - Construction began recently on the main building of the new surgical centre at MPH
 - We continue to work with the national New Hospital Programme on a much-needed new maternity and children's building and further development of our emergency services.

Reflecting on our merger

- Final preparations to merge on 1 April 2023
- Reasons for merger
 - Consistent access to care across the county
 - Providing integrated care where possible and appropriate
 - Removing restrictive organisational boundaries
 - One organisation puts us in a better position to deliver our clinical strategy and organisational objectives.
- Together we provide – acute services from YDH and MPH, community-based services, services from our 13 community hospitals, mental health and learning disability services across the county, and a quarter of the county's GP practices via our subsidiary Symphony Healthcare Services.

Our colleagues

- Over 13,000 colleagues
- Huge amount of change and uncertainty over the last three years.
- Strategic aim to support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture
- Focus on culture – development of our values Kindness, Respect, Teamwork
- NHS Staff Survey results –
 - YDH received the best scores nationally in five elements
 - Both YDH and Somerset FT ranked first and second in order of colleagues “agreeing” or “strongly agreeing” they would recommend their trust as a place to work.
- However, ongoing pressure on individuals and teams with some still going through organisational change processes.

Our achievements

- Pat Wilcox celebrated 50 years as part of the ED team at YDH
- Débora Horta shortlisted in the Nurse Leader of the Year category of this year's Nursing Times awards
- Sarah Levy shortlisted for Macmillan Cancer Support's "Whatever It Takes" Award
- Consultant sonographer Steve Savage named "Sonographer of the Year" by the British Medical Ultrasound Society (BMUS)
- Our homelessness nursing team shortlisted for a prestigious Royal Society of Public Health award for "health and wellbeing"
- Somerset's Open Mental Health alliance recognised with a national NHS Improvement Award for collaboration
- Musgrove Park Hospital and Infinity Health shortlisted for an HSP Partnership Award for a project to 'banish the bleep out of hours', replacing paper task lists and bleeps for a digital task management solution that was found to save an average of 91 minutes per doctor, per shift.

Performance

Performance measure	YDH	SFT	Target
ED: percentage of patients within the 4-hour standard	73.1%	76.2%	95%
Percentage of ambulance handovers within 30 minutes	80.9%	72.1%	95%
Cancer - percentage of patients seen within 62 days from urgent GP referral	63%	57%	93%
Cancer: percentage of patients diagnosed within 28-days of referral	72%	61%	75%
Referral to treatment: percentage of patients waiting under 18 weeks	67.8%	58.5%	92%
Referral to treatment: percentage of patients waiting over 52 weeks	2.5%	4.7%	-
Referral to treatment: percentage of patients waiting over 78 weeks	0.1%	0.2%	-
Diagnostics: percentage of patients waiting under 6 weeks for a diagnostic test	66.1%	87.5%	99%

Performance measure	YDH	SFT	Target
Early Intervention In Psychosis: people to begin treatment with a NICE-recommended care package within 2 weeks of referral	-	83.3%	60%
Talking Therapies Recovery	-	64.3%	50%
Community mental health (Adults, CYP, Older people, LD): % waiting under 6 weeks	-	94.4%	90%
Percentage of people seen by the children and young people's eating disorders service within one week (urgent)	-	100%	95%
Percentage of people seen by the children and young people's eating disorders service within four weeks (routine)	-	95.4%	95%
Percentage of mental health inpatients followed up within 72 hours of discharge	-	95.5%	80%
Rapid Response: % of referrals not resulting in admission to hospital	-	85.2%	80%
Percentage of patients seen by the Urgent Community Response service within two hours	-	83.2%	70%

Finance

YDH

- Breakeven
- Investment - £19m
- Single Oversight Framework – Segment 2

Somerset FT

- Surplus - £0.6m
- Investment - £48m
- Single Oversight Framework – Segment 2

Reflections on 2023/4 so far

- Merger of services
- New ways of doing things
- Transforming our sites – YDH, MPH, community, mental health
- National recognition for colleagues and services
- Challenging year for the NHS.



Thank you to our communities



Somerset CAMHS Community Services

Kindness, Respect, Teamwork
Everyone, Every day

Claudine Brown and Mark Conway
20 September 2023

Somerset CAMHS



- Where we were
- Where we are now
- Where we are heading

Where we were



What we did

- Reduce waiting times and caseloads sizes
- Promote the message of 'do-able' jobs
- Build a positive culture of teamwork and innovation
- Support collaborative management of risk and strong clinical leadership
- Listen to young people and respond to their feedback
- Modernise and expand services to meet current levels of need
- Develop multi-agency partnership working



2018

Inspected and rated

Requires Improvement



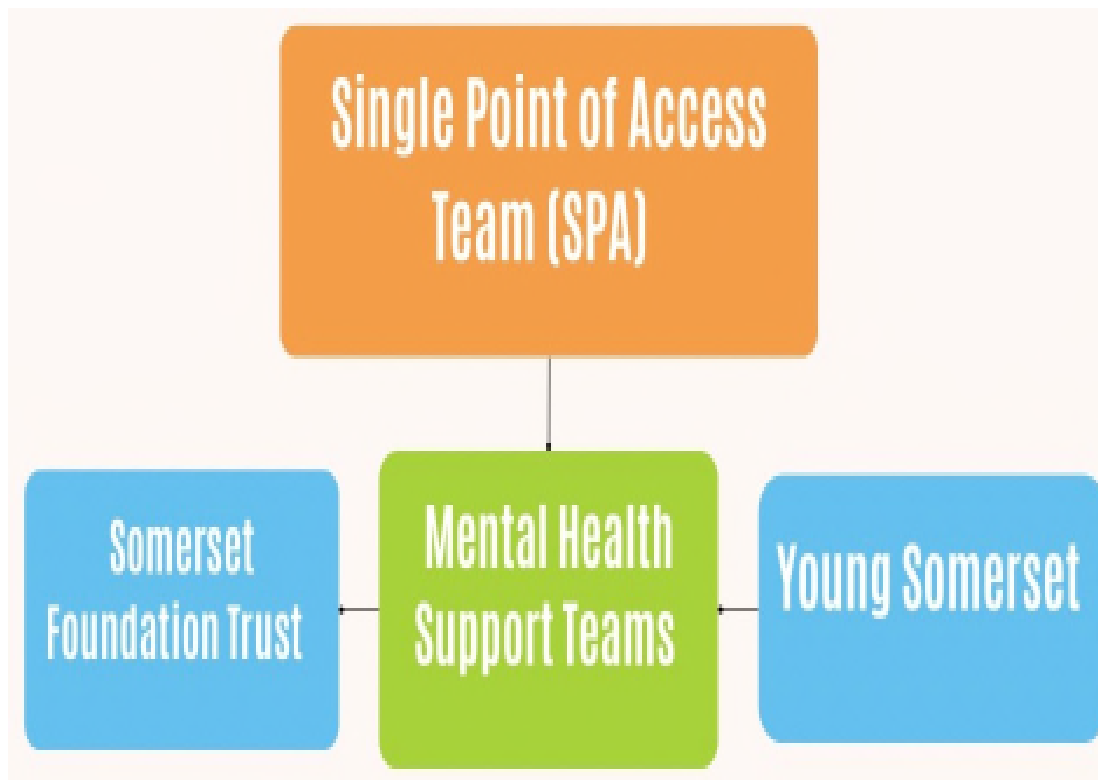
2023

Inspected and rated

Outstanding



CAMHS Early Intervention Service



- Enhanced triage and support in finding the right help.
- Working closely with families and carers.
- Supporting self-referral.
- CBT and evidences based early intervention.
- A 'whole school' approach

5 Top Tips from our CAMHS Transformation

1

Clear
Direction Of
Travel

2

Grow Your
Own
Culture

3

Fix The
Foundations

4

Simplify
And
Enable

5

Fit and
Alignment

Further Innovation

CAMHS and Paediatrics Blended Leadership

Homes & Horizons,
Therapeutic
Education and
Safe Space

Intensive
Treatment
Houses

Link LDA

Vision

- Better integrate physical and mental health services.
- Develop multi agency partnerships to achieve better outcomes for young people.
- Improve the health and life for our most vulnerable children and young people

The Story of Somerset CAMHS

Where we were...



Where we are
now...



Where we are
heading...





Somerset
NHS Foundation Trust



Kindness, Respect, Teamwork
Everyone, Every day

Somerset NHS Foundation Trust

Homeless & Rough Sleepers Nursing Team

NHS Parliamentary Health Equalities Award Winner 2023

Kindness, Respect, Teamwork
Everyone, Every day

Karen George
20/09/2023

‘We are a small team doing a big job’

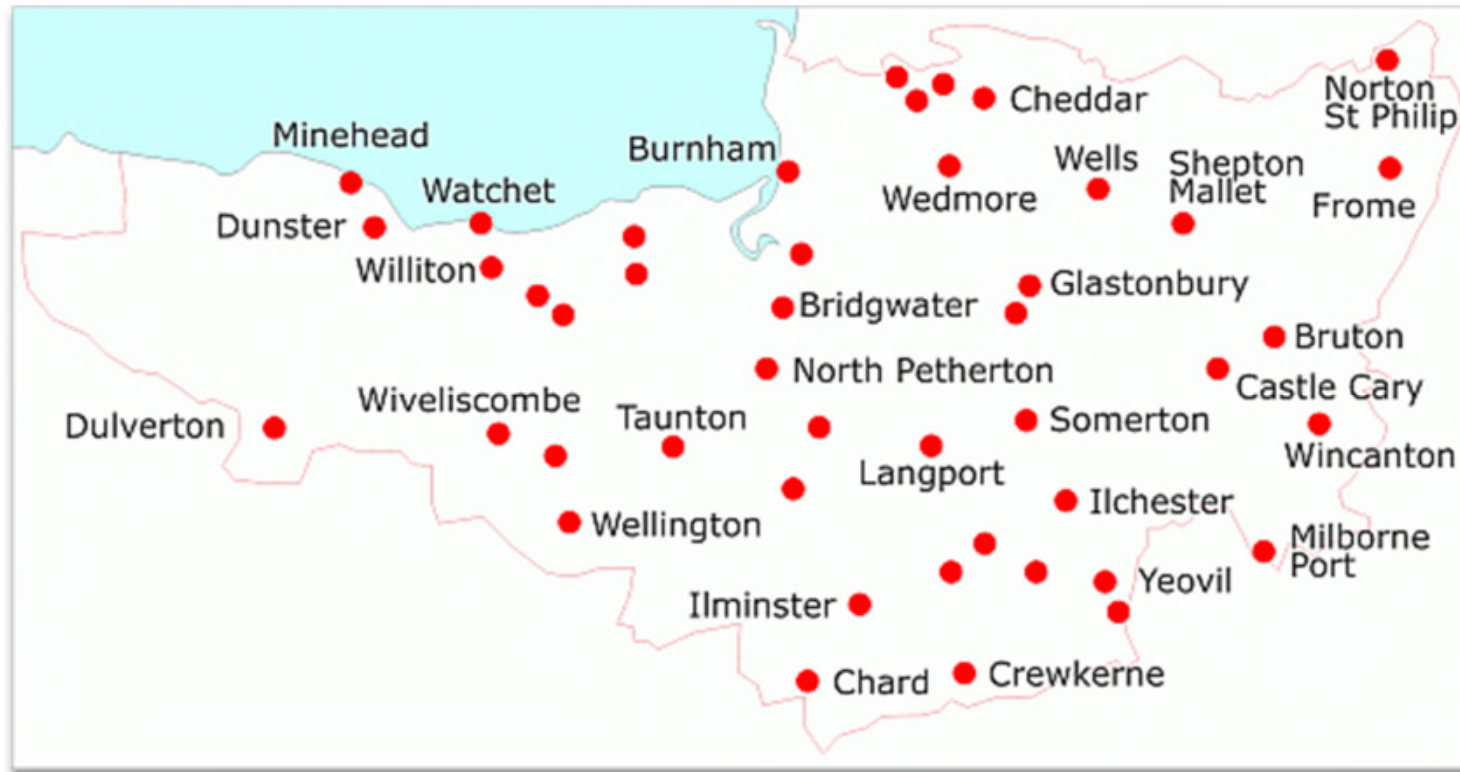
The Homeless and Rough Sleeper Nursing Team

- 1 Clinical Lead Nurse prescriber, with a background in Accident and Emergency and Substance Misuse
- 3 Experienced Nurses with backgrounds in A&E, Safeguarding and Custody Nursing
- 1 Paramedic
- 3 Health Link Workers
- 2 Mental Health Nurses
- 2 Peer Support Workers
- 1 Team Administrator



We also have 2 Health Inclusion GP's that work alongside us on a part time basis at our drop-in clinics around Somerset.

Rural Somerset



Together we cover the whole of Somerset, taking healthcare to anyone that is homeless, rough sleeping or living in temporary or vulnerable accommodation such as, sofa surfing, YMCA, hostels, prison releases, caravans, tents etc...

What we do.....

We can treat and assess the following issues:

- Health Checks
- Wound care
- Blood tests including Hep C/Hep B/HIV testing/ Syphilis testing.
- Help with Medical Appointments
- Advise and support with medication concerns.
- Sexual health promotion, contraception advice and STI checks
- Dental health promotion
- Swabs, removal of stitches/staples
- Confidential advice/ advocacy
- Referrals can be made via our email:



HomelessNursing@somersetft.nhs.uk

Office Tel: 01643 701652 (This number does not have an answerphone)

Our Team of Nurses do not cover the following, but can support and help engage with:

SDAS, Dual Diagnosis and Mental Health Teams
Community Services such as Social Care,
food banks and the CAB etc

Taking Healthcare to the Clients



The team have set up nurse led drop-in clinics in a variety of venues across Somerset which are easily assessable for our clients.

Being there on a set day at a set time builds trust and relationships with this sometimes-chaotic group in our society.

Alongside these drop-ins the nurses will 'see and treat' in the community, whether it is in a field or a shop doorway, or a churchyard, we take healthcare to them.



Joined up Working

The team work closely with the ICB, dual diagnosis, the council, public health, police, the ambulance service, and probation amongst others



We accept referrals for Nursing care from any Service, including, RSI Teams, County Council, Mental Health Teams, GPs, Hospitals, Police, Probation, HMPs, MIUs and A & E

Building the Bridge

As a team we are very proud of the work we are doing to bridge the gap in healthcare, to rebuild trust, and to help our clients engage with mainstream care, but also helping to re-educate mainstream care to loosen their boundaries for this group in our society.



Some Facts and Figures

51% of young homeless people have been excluded from school

34% of young homeless people have committed a crime or being taken into custody overnight

Up to 70% of homeless young people have mental health problems and 3% self-harm

One in every 206 people in England are currently without a home

Crisis said there are even more people across England "slipping through the cracks" who are not recorded in these figures.

* Data from HRS team from March 2021 – June 2023

871
referrals

4469
appointments

24% of
clients
registered
with GP

**Referrals to
team increased
by 296% from
2021 - 22**

Somerset Foundation Trust Homeless and Rough Sleeper Nursing Service



Karen George – Clinical Lead Tel: 07825 573587 <i>Lucy Williams – Administrator Tel: 07825 573608</i> Office Telephone Number: 01643 701652			
Taunton & West Somerset	Sedgemoor	Mendip	Yeovil & South Somerset
RN - Justine Brunton Tel: 07825844166	Paramedic -Vicky Pennack Tel: 07867 142783	RN – Denise Newman Tel: 07721 611334	RN - Georgie Higgins Tel: 07557 489722
HLW - Louise Jackson	Tel: 07442 942483	HLW - Emma Morgan HLW - Kat Patman	Tel: 07825 573617 Tel: 07795 906310
Dulverton Minehead Taunton Watchet Wellington Williton Wiveliscombe	Axbridge Bridgwater Burnham-on-Sea Cheddar Highbridge North Petherton Wedmore	Frome Glastonbury Shepton Mallet Street Wells	Bruton Castle Cary Chard Crewkerne Ilminster Langport Marlock Somerton Wincanton Yeovil
Homeless and Rough Sleeper Mental Health Access Support Team			
RMN - Freya Norton Tel: 07920 045278		RMN – Stephen Bonar Tel: 07557 185750	
Peer Support Worker – Louis Bowden Tel: 07557 185748		Peer Support Worker – Kenny Bowers Tel: 07557 185749	

'Finding the forgotten'

NHS

Somerset
NHS Foundation Trust



Kindness, Respect, Teamwork
Everyone, Every day

LEAD GOVERNOR REPORT ANNUAL MEMBERS MEETING 2022/23

1. Whilst this has been a very busy year for us all, firstly I would like to thank Ian Hawkins for his excellent guidance and support to the Governors over the past 2 years, and I am personally delighted that Paull Robotham has taken over the role of Deputy Lead Governor of the newly merged Trust.
2. This has been a challenging year for the Trust; coming out of Covid; completing the merger and undertaking the transition to the merged trust; the challenges of an increase in patients through the door and the consequences of lack of social care out in the community which has left many patients having a longer stay in hospital, both at Yeovil and Taunton.
3. I would like to take this opportunity on behalf of the Governors to thank both the Executive team and all staff, for their dedication and hard work in ensuring the trusts values of kindness, respect and teamwork have been fulfilled despite difficult circumstances this year.
4. An extraordinary Governors meeting was held on the 20th March 2023 for Governors from both trusts to approve the merger by acquisition of Yeovil District Hospital NHS FT by Somerset NHS FT. Such was approved by both councils, having been fully satisfied that all criteria had been met, and the non-executive directors had provided the Governors with the assurance they had undertaken scrutiny and due diligence of the proposed merger.
5. The Governors from Taunton and Yeovil have continued working together throughout the year and several of the Yeovil governors stood for election to the trust and now we are merged we are working hard to become a cohesive and representative Council.
6. Our Council meetings are once again being held face to face and this is helping in the understanding of our role as Governors within a unique and enlarged trust.
7. As well as several new public and appointed Governors, we have a new set of staff Governors who we are delighted to be working with, they are providing us with informative data and giving us a greater insight to our staff.
8. As we return to normal following Covid, we are now setting up more training for our Governors in addition to our Governor Development days and are looking forward to the next NHS Providers Training to be held in November.
9. Our working groups are continuing to be held quarterly as they are giving Governors the ability to gain not only a greater understanding of the trust, but



they are proving a forum for both our public, appointed and staff governors to feed back into the executive team from their constituents.

10. Following the merger, a new working group has been set up, this is the Membership, Involvement and Communication group. This was already a working group at Yeovil, and it was decided this was an area of particular importance as we had lost a number of members due to the two mergers. We have therefore replicated and enlarged the group with new Terms of Reference, so it is suitable for the merged trust.
11. The group is particularly concerned with how we attract members especially the young. It is hoping to develop a Young People's Forum over the next year. We are working closely with two of the colleges to raise the awareness of membership and the advantages of becoming a member.
12. We are also planning Governor surgeries with the support of the trust to keep our constituents informed of the increasingly valuable work our trust is undertaking and the advantages that are available from the newly merged trust.
13. In addition to the Governor groups three governors continue to sit on the trust's main committees, Finance, People and Mental Health; there is also representation on the Nomination and Charitable Funds committee that will present a report to the relevant working group.
14. Our Informal Governor meetings have continued online providing a safe and welcome place where governors can talk freely about concerns or worries they may have, either for themselves and their role, or queries from their constituents.
15. Ian and I have throughout the year continued to hold regular meetings with Colin Drummond and prior the merger Martyn Scrivens and NED's from both Yeovil and Taunton. This enabled us to express or raise queries from the Governors of both Trust. Paull and I are now continuing with these meeting with Colin Drummond and two of the non-executive directors. We are also attending the Board meetings on a face-to-face basis both the public and confidential meetings.
16. As a Council of Governors, we have been very grateful to the continued support and inclusiveness the board have shown us throughout the merger and in the following months while the transition to our larger trust is undertaken.
17. It is up to all Governors to ensure that although the trust is large, it remains a trust where the patient remains at its heart, and our colleagues are valued and supported, and we look forward to working with all and our constituents over the next year.

Kate Butler
Lead Governor

PROGRESS IN RELATION TO THE MEMBERSHIP STRATEGY

SOMERSET NHS FOUNDATION TRUST

We recognise the importance of having a strong and engaged membership. With circa 21,275 members (public and staff combined), the Trust has access to the local population, interaction with which helps to improve services.

The membership strategy for 2020/23 came into effect from 1 April 2020. The focus of the Trust's membership strategy is on improving meaningful engagement with its members and a key form of engagement is through the annual members' meeting held in September each year.

Engagement with members during 2022/23 has, in view of the continued COVID-19 pandemic, been mainly through virtual means but regular members' Briefings have been produced and emailed to members for whom an email address is on their record. A hard copy of a members' briefing was also posted to members without an email.

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

A new membership strategy for the post merger organisation, covering the period 2023 to 2026, has been developed by a group consisting of both YDH and SFT Governors. The membership strategy was approved at the September 2022 Council of Governors meeting and has come into effect on 1 April 2023.

The membership strategy sets out a series of objectives for the Trust to grow, engage and involve its membership. The strategy will be delivered within the wider framework of Trust strategies, which address the issues of equality and diversity, public, patient and carer involvement, user engagement and communications.

The strategy sets out the key priorities for building an effective, engaged, involved and representative membership body that will assist in ensuring that the Trust is fit for its future in the changing NHS environment.

The strategy draws on the FT Code of Governance and best practice identified nationally. The agreed objectives for 2023 to 2026 are:



- To build an engaged membership that is representative of the communities we service, with a strong focus on the recruitment of younger members and members from the South Somerset, Dorset and Taunton areas.
- To improve engagement with members.
- To effectively communicate with members.

An action plan is being developed and implementation of the strategy will be overseen by the recently established Membership, Involvement and Engagement Group.

YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST

YDH recognised the importance of having a strong and representative membership. With approximately 7,000 public members, the Trust had access to an extensive community of users and supporters. The aim for the Trust was to encourage members to sign up to Somerset Foundation Trust, to improve the quality of engagement with the members and to recruit younger members. YDH has a membership coordinator who works with the communications and patient experience teams to develop and implement the membership strategy.

In the latter part of 2022/23, with changes to policies and procedures following the COVID-19 pandemic and visitors being allowed into the hospital, the governors were able to begin Governor Surgeries in the outpatient department. Further options were constantly discussed to assist with membership and public engagement in a socially distanced and safe manner.

Further engagement with members as part of the process for the proposed integration with Somerset NHS Foundation Trust included letters from the CEO and the membership team. These letters were posted and emailed to the Trust members throughout the last year.

There was a Membership and Communications Working Group of the Council of Governors, which was established to set and evaluate the strategic priorities in relation to membership and to review membership recruitment opportunities and activities. The working group comprised public and staff governors and reported to the Council of Governors. The Group reviewed the Membership Strategy for the merged organisation from 2023 to 2026.

Yeovil District Hospital held events, produced marketing and publicity material and distributed a hospital newsletter to all members. Governors undertook opportunistic recruitment and communication within their communities.

CHANGES IN GOVERNORS

The Council of Governors is required to report on any changes which have taken place since the last annual meeting and below an overview of the changes over the period 30 September 2022 to 18 September 2023.

Governor	Constituency	Comments
Appointed Governors		
<p>The organisations eligible to nominate Appointed Governors are set out in the Constitution. Between 30 September 2022 to 18 September 2023 there have been the following changes to the governors:</p> <ul style="list-style-type: none"> The Somerset County Council (2) and District Council (2) seats have been replaced with two seats for Somerset Council – Heather Shearer and Adam Dance have been nominated as Somerset Council representatives. Ross Henley left as the nominated Governor from 1 April 2023. Somerset ICB – Caroline Gamlin was nominated from 9 November 2022. Due to a change in the Constitution following the merger on 1 April 2023, the Carers UK (Caroline Toll) and Taunton and Somerset Samaritans (Robert Cornes) seats have been abolished and replaced with general voluntary sector seats. These seats are currently vacant. 		
Public and Staff Governors		
GOVERNOR ELECTIONS – MAY 2023		
<p>The following Governors have left due to their term of office coming to an end:</p> <ul style="list-style-type: none"> Phil Jackson – Mendip Dave Gudge – Sedgemoor Sumitar Young – West Somerset and Taunton Tim Slattery – West Somerset and Taunton Paddy Ashe – South Somerset Judith Morris – South Somerset Owen Howell – staff Lynn Pearson – staff 		



- Neil Thomas – staff
- Manuel Blanco-Guzman – staff
- Julius Ndlovu – staff

The following Governors were elected:

- Virginia Membrey – Mendip
- Martin Davidson – Sedgemoor
- Peter Shorland – Dorset
- Lydia Karamura – staff
- Julie Reeve – staff
- Mark Robinson – staff
- Sun Sander-Jackson – staff
- Phil Hodgson-Purves – staff
- Heather Sparks – staff
- Halley Kimber – staff
- Akinola Adekunle – staff
- Jonathan Moore – staff

The following Governors were re-elected:

- Bob Champion – Public - Mendip
- Eddie Nicolas – Sedgemoor
- Jack Torr – Sedgemoor
- Ian Hawkins – South Somerset
- Jane Armstrong – West Somerset and Taunton
- Erica Adams – West Somerset and Taunton
- Ian Aldridge – West Somerset and Taunton
- Nick Crow – change from public to staff

OTHER CHANGES

Dirk Williamson	Nominated Governor for Simply Serve Ltd from 1 April 2023
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COUNCIL OF GOVERNORS PROCEEDINGS COVERING THE PERIOD 1 SEPTEMBER 2022 TO 31 AUGUST 2023

SOMERSET NHS FOUNDATION TRUST

The Council of Governors met five times between 1 September 2022 and 31 August 2023.

The Council of Governors met on 28 September 2022, 14 December 2022, 9 March 2023, 20 March 2023, and 13 June 2023.

The standard agenda items for the scheduled meetings are:

- Minutes of the previous meeting and matters arising.
- Public Register of Council of Governors' Interests.
- Chairman Update; including Council of Governors meeting attendance and statutory duties of Governors 2022/23.
- Performance report from the Board of Directors.
- Updates on the proposed merger between Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust.
- Feedback from working groups – Strategy and Planning Group; the People Group; the Quality and Patient Experience Group; Membership, Involvement and Communications Group; and the Nominations and Remuneration Committee.
- Feedback from Governors, including Staff Governors.

The remaining items discussed at the Council of Governors meetings are set out below:

28 September 2022

- 2021/22 annual accounts, including the external audit opinion on the accounts, annual report and quality account, including the quality report.
- Approval of the Membership Strategy for 2023/26.



- Approval of the re-appointment of the Chairman.

14 December 2022

- Update on the role and priorities of the Integrated Care Board.
- Approval of the updated working group membership.

9 March 2023

- Approval of the Non-Executive Director recruitment process.
- Approval of amendments to the Constitution.
- Approval of working group Terms of References.

20 March 2023

- Approval of the submission of the transaction application relating to the acquisition of Yeovil District Hospital NHS Foundation Trust by Somerset NHS Foundation Trust.

13 June 2023

- Approval of the Lead and Deputy Lead Governor.
- Feedback from the Chairman's appraisal for 2022/23 and approval of the appraisal process and objectives for 2023/24.
- Feedback from the Non-Executive Director appraisals for 2022/23 and approval of the appraisal process for 2023/24.
- Approval of the Non-Executive Director and Chairman remuneration.
- Update from the Integrated Care Board.
- Approval of the Terms of Reference for the Membership, Involvement and Communications Group and the Nominations and Remuneration Group.
- Approval of working group membership.

YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST

The Council of Governors met four times between 1 September 2023 and 31 March 2023. The Council of Governors was abolished on 1 April 2023 as a result of the merger.

The Council of Governors met on 12 September 2022, 1 December 2022, 10 March 2023 and 20 March 2023.

The standard agenda items for the scheduled meetings are:

- Minutes of the previous meeting and matters arising.
- Public Register of Council of Governors' Interests.
- Executive report.
- Updates on the Quality and Operational Performance Dashboard; financial performance; and patient experience.
- Updates on the proposed merger between Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust.
- Feedback from the Non-Executive Directors and Board Assurance Committees.
- Feedback from Governor committee and working groups – Strategy and Performance Group; the Patient Experience Group; the Membership and Communications Group; and feedback from Board attendance.

The remaining items discussed at the Council of Governors meetings are set out below:

12 September 2022

- 2021/22 annual accounts, including the external audit opinion on the accounts, annual report and quality account, including the quality report.
- Membership Strategy for 2023/26.
- Strategic Objective Update.
- Update on the YDH 2030 programme.
- Update on public engagement.

1 December 2022

- Update on operational pressures and winter planning.
- Receive the addendum to the Guide for NHS Foundation Trust Governors.

10 March 2023

- Ratification of a Non-Executive Director appointment.
- Approval of a change to the Constitution.
- Update on people related performance, including staff health and wellbeing; and workforce/turnover.

20 March 2023

- Approval of the submission of the transaction application relating to the acquisition of Yeovil District Hospital NHS Foundation Trust by Somerset NHS Foundation Trust.