

Council of Governors
14 December 2023 at
The Canalside, Marsh Lane, Bridgwater, Somerset TA6 6LQ

AGENDA

	Action	Presenter	Time	Enclosure
1 WELCOME AND APOLOGIES	Receive	Chairman	14:00	None
2 QUESTIONS FROM MEMBERS OF THE PUBLIC	Receive	Chairman		None
3 DECLARATIONS OF CONFLICT OF INTERESTS RESPECT TO ITEMS ON THE AGENDA	Receive and Note	Chairman		None
4 TO APPROVE THE DRAFT MINUTES OF THE PUBLIC MEETING HELD ON SEPTEMBER 2023	Receive and Approve	Chairman		Appendix 1
5 MATTERS ARISING AND REVIEW OF THE ACTION LOG	Receive and Review	Chairman		Appendix 2
6 TO RECEIVE THE PUBLIC REGISTER OF COUNCIL OF GOVERNORS INTERESTS AND ANY DECLARATIONS OF CONFLICTS OF INTEREST	Receive and Note	Chairman		Appendix 3
7 TO APPROVE THE RE-APPOINTMENT OF A NON-EXECUTIVE DIRECTOR	Approve	Kate Butler		Appendix 4
8 CHAIRMAN'S UPDATE	Receive	Chairman	14:15	Appendix 5 Appendix 6
<ul style="list-style-type: none"> Council of Governors' attendance Statutory Duties of Governors 2023/24 – update 				
9 UPDATE FROM THE ICB	Receive	Paul von der Heyde	14:30	
10 PERFORMANCE UPDATE FROM THE EXECUTIVE DIRECTORS	Receive	Pippa Moger	15:30	Appendix 7
11 FEEDBACK FROM:	Receive		16:00	
a) The Lead and Deputy Lead Governors		KB / PR		Verbal



Governors issues and any ensuing actions needed/taken)		
b) The Quality and Patient Experience Group meeting held on 25 July 2023	JG	Appendix 8
c) The Strategy and Planning Group meeting held on 27 July 2023	PR	Appendix 9
d) The People Group meeting held on 28 July 2023	MR	Appendix 10
e) The Membership, Involvement and Communications Group held on 13 September 2023	KB	Appendix 11
f) The Nomination and Remuneration Committee meeting	- All	Appendix 12 Verbal
g) Staff Governors		

12 ANY OTHER BUSINESS AND CLOSE OF MEETING

To note

Chairman

16:20

Verbal

- Future Agenda items for Council of Governors meetings

13 DATE OF NEXT MEETING

COUNCIL OF GOVERNORS' MEETING

Minutes of the meeting held on
20 September 2023 at the
Monks Yard, Horton Manor, Horton Cross, Ilminster, Somerset, TA19 9PY

Present:

Colin Drummond

Chairman

Elected Governors

Virginia Membrey

Public – Mendip

Bob Champion

Public – Mendip

Eddie Nicolas

Public - Sedgemoor

Jeanette Keech

Public – West Somerset and Taunton

Ian Aldridge

Public – West Somerset and Taunton

Kate Butler

Public – West Somerset and Taunton

Jane Armstrong

Public – West Somerset and Taunton

Erica Adams

Public – West Somerset and Taunton

Ian Hawkins

Public – South Somerset

Sue Steele

Public – South Somerset

Mick Beales

Public – South Somerset

Paull Robathan

Public – South Somerset

Staff Governors

Joe Silsby

Staff Governor

Julie Reeve

Staff Governor

Lydia Karamura

Staff Governor

Adekunle Akinola

Staff Governor

Jonathan Moore

Staff Governor

Sun Sander-Jackson

Staff Governor

Heather Sparks

Staff Governor

**Appointed/Partnership
Governors**

Dirk Williams

SSL representative

In Attendance:

Peter Lewis

Chief Executive

Phil Brice

Director of Corporate Services

Isobel Clements

Chief of People and Organisational Development

Andy Heron

Chief Operating Officer

David Shannon

Director of Strategy and Digital Development

Daniel Meron

Chief Medical Officer

Mark Hocking

Deputy Chief Finance Officer

Lee Cornell

Associated Director of Planning and

Jonathan Brown

Performance

Ria Zandvliet

KPMG

Emily Mock

Secretary to the Trust

Alexander Priest

Administration Assistant

Graham Hughes

Non-Executive Director



Martyn Scrivens
Jan Hull
Alison Wootton

Non-Executive Director
Non-Executive Director
Non-Executive Director
Deputy Chief Nurse and Director of Infection and Prevention Control

Apologies:

Mark Robinson
Shabnum Ali
Heather Shearer
Jos Latour
Caroline Gamlin
Martin Davidson
Judith Goodchild
Peter Shorland
Alan Peak
Pippa Moger
Hayley Peters
Barbara Gregory
Kate Fallon

Staff Governor
Staff Governor
Somerset Council
Universities
ICB
Public – Sedgemoor
Public - Sedgemoor
Public – Dorset
Public – Rest of England (outside Somerset)
Chief Finance Officer
Chief Nurse
Non-Executive Director
Non-Executive Director

1 WELCOME AND APOLOGIES FOR ABSENCE

- 1.1 Colin Drummond welcomed everyone to the meeting and apologies were noted as above.
- 1.2 Colin Drummond formally welcomed the new staff Governors to the Council of Governors.

2 QUESTIONS FROM MEMBERS OF THE PUBLIC

- 2.1 Peter Lewis advised that there were two questions from a member of the public.
- 2.2 Ray Tostevin (Chair of the Quicksilver Community Group) submitted the questions below for discussion:

Question 1 – “Has the revised business case been accepted and agreed, with full commitment to finance, for both stage 1 and stage 2. (The latter is the extended development to include provision to cope with increasing numbers should YDH HASU close)? Surely this needs to be fully committed before the Somerset decision? What is Somerset’s contingency if the business case is not accepted or what is accepted does not have the capacity to take on the additional 255 patients per year?”

Question 2 – “250 -260 admissions per year is 5 per week on average. Is the intended first stage development of 5 HASU beds at DCH intended to meet the needs of the West Dorset population? Will the stage 2 development to increase to cope (with the additional from YDH closure) be guaranteed and running before the NHS Somerset proposal can be fully considered? “

2.3	Peter Lewis clarified that the consultation is not led by Somerset Foundation Trust but by the ICB. The Dorset County Hospital NHS Foundation Trust is currently developing a business case for stroke services in the Dorset area. Based on the outcome of that business case, and the services to be provided in the Dorchester area, the ICB will make the decision whether or not to close the Hyper Acute Stroke Unit (HASU) in Yeovil. The Somerset ICB is planning to make a final decision by 30 November 2023.
2.4	The Council of Governors discussed the current number of beds available within the Hyper Acute Stroke Unit (HASU) in Yeovil; the number of patients needing to use the service; and options available to these patients if it was decided to close the HASU in Yeovil.
2.5	Peter Lewis assured the Council of Governors that the ICB is working both with the Trust and Dorset County Hospital NHS Foundation Trust to ensure that capacity will be available.
3	DECLARATIONS OF CONFLICT OF INTERESTS IN RESPECT TO ITEMS ON THE AGENDA
3.1	There were no declarations in respect of the agenda items.
4	TO APPROVE THE DRAFT MINUTES OF THE PUBLIC MEETING HELD ON 13 JUNE 2023
4.1	The minutes from the meeting held on 13 June 2023 were approved as a true and accurate representation of the meeting.
5	MATTERS ARISING AND REVIEW OF THE ACTION LOG
5.1	<i>Colin Drummond advised that he would ask David Shannon to follow up on the transport concerns through the Strategy and Planning working group.</i> It was noted that this item had been discussed at the Strategy and Planning group.
5.2	<i>Regarding the ICB, Colin Drummond to invite Paul and his colleagues to come back in the future for an update. Add to future agenda.</i> Colin Drummond asked for an invite to be extended to the ICB for the next COG meeting in December 2023.
6	TO RECEIVE THE PUBLIC REGISTER OF COUNCIL OF GOVERNORS INTERESTS AND ANY DECLARATIONS OF CONFLICTS OF INTEREST
6.1	The Public Register and Declarations of Conflicts of Interest was noted. No changes to the declarations were received.
7	CHAIRMAN'S UPDATE COUNCIL OF GOVERNORS' ATTENDANCE
7.1	The attendance register was noted and the Chairman 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 time and effort.

Statutory Duties of Governors 2023/24

- 7.2 The report was noted and Colin Drummond confirmed that all statutory duties of Governors were being fulfilled as stated.

8 APPOINTMENT OF DEPUTY CHAIRMAN

- 8.1 Colin Drummond shared that Martyn Scrivens had expressed an interest to take on the role of Deputy Chairman as outlined in the papers.
- 8.2 The Council of Governors discussed the proposal and approved the appointment of Martyn Scrivens as Deputy Chairman.
- 8.3 Kate Butler shared her appreciation on behalf of the Governors for the work of Jan Hull as the previous deputy chairman.

9 TO RECEIVE THE AUDITORS' REPORT ON THE 2022/23 ANNUAL ACCOUNTS AND ANNUAL REPORT FOR YDH AND SFT

- 9.1 Jonathan Brown presented the slides that were circulated within the papers and highlighted the following findings for the year:
- External pressures have made it a challenging year (industrial action/pay awards/post COVID-19)
 - There have been internal pressures with the merger and new teams.
 - The overall audit was a challenging process but clean opinions had been issued. There has been strong teamwork and a debrief process took place after the completion of the audit.
- 9.2 As part of the external audit responsibilities, he highlighted the following:
- Financial statements – auditors' role to review the financial statements to ensure that they are accurate and give a true reflection of the trusts' performance throughout the year.
 - Value for money - auditors' role to assess: arrangements in place, partnership working and that resources are being used effectively to support value for money.
 - Whole of Government accounts – auditors assess against these requirements to ensure the produced NHS provider sector accounts match the financial statements. Following the merger, Somerset NHS Foundation Trust is a larger organisation, which will require more reporting in next year's accounts.
 - Annual report – auditors assess against certain requirements to confirm that the information in the annual report is consistent with the knowledge they have of

- the trust. All requirements of the annual report must be included and must verify the accuracy of certain remuneration disclosures.
- 9.3 Jonathan Brown concluded that overall, it had been a challenging and complex audit. However, the auditors have a good relationship with the trusts' finance teams.
- 9.4 Bob Champion asked whether, over the nine years that Jonathan Brown has been in post, the audit findings have remained static or varied. Jonathan Brown explained that during those nine years, NHS funding has changed considerably, which has affected the accounting and audit processes. Last year, SFT ended the year in a break even position, but in the previous year the trust concluded the year with a small deficit. Additionally, during the pandemic, the trust was able to spend and reclaim COVID-19 expenses as needed. The financial position over the last few years, and over the next few years, will have been checked as part of the merger approval process. He added that, in terms of the cash position, debts and loans had been written off, therefore, cash was above plan.
- 9.5 Paull Robathan asked how auditors assess quality and appropriateness of the services regarding risks around land and buildings, especially with the increased reliance on technology. Jonathan Brown advised that, for any investments, the Trust reviews the revenue and capital implications and potential impact on impairments.
- 9.6 The Council of Governors discussed the ongoing industrial action and the cost to the Trust in terms of agency spend and overall cost to the NHS. The Council of Governors was assured that there were no legacy issues relating to industrial actions within the 2022/23 accounts and any impact on the 2023/24 accounts will be reviewed as part of the 2023/24 audit.

10 TO RECEIVE THE 2022/23 ANNUAL ACCOUNTS AND ANNUAL REPORT FOR YDH AND SFT

- 10.1 Mark Hocking advised that the Annual Accounts and Annual Report had been circulated with the papers.
- 10.2 The Council of Governors discussed joint ventures and the wholly owned subsidiaries of Somerset Foundation Trust - Simply Serve Limited and Symphony Health Services. Governors expressed concerns that they do not receive financial information related to these subsidiaries/joint ventures or are made aware of any challenges the subsidiary companies may present in terms of the Trust's financial position. Jonathan Brown explained that the accounts of the subsidiaries are audited separately but the audit follows the same assurance process as the overall Trust's accounts and the assets and liabilities of the subsidiary companies are summarised in the trust's accounts. SSL and SHS are wholly owned subsidiaries and sit within the control of SFT. Both the SSL and SHS Boards report directly to the Trust on a quarterly basis. Peter Lewis suggested including an item on the agenda of a future Governor Development Day to provide Governors with more information on joint ventures, contracts and subsidiaries and how they link into the Trust's processes and systems. Peter Lewis further advised that a review of the subsidiary governance structures and services had been carried out and the findings of this review can also be shared at a future Governors development day.

11 TO RECEIVE THE 2022/23 QUALITY REPORT/ QUALITY ACCOUNT FOR YDH AND SFT

- 11.1 Phil Brice presented the Quality Report/Quality Account for the legacy Trusts. As with previous years, although the reports are a statutory requirement and form part of the overall Annual Report, there was no requirement for an external audit to be undertaken as part of the annual accounts audit process.
- 11.2 He advised that there are many similarities between the two legacy Trusts' Quality Report and Quality Accounts, as the Trusts had adopted the same six quality priorities. Progress against the priorities is monitored through the Quality and Governance Assurance Committee and the Quality and Patient Experience Working Group.
- 11.3 Phil Brice further advised that the Annual Report/Quality Account summarised progress against the priorities for the previous year and included the priorities for the coming year. It was noted that the quality priorities had been structured around the following priority programmes:
- Positive steps: using the time waiting for surgery to optimise people's health and wellbeing both now and for the future
 - Independent Lives: helping older people to live as they wish, giving them time to do what is important to them
 - Stolen years: helping people with mental health conditions to live longer lives
 - Last 1,000 days: valuing people's previous time in the last chapter of life.
 - Connecting us: using time well by getting together to focus on what matters to people with complex needs
 - Function first – improving life chances for children by increasing their time in school

It was suggested carrying the 2022/23 quality priorities over into 2023/24.

- 11.4 As there was no requirement for the Quality Report/Quality Account to be externally audited, Paull Robathan queried how the report and progress was assessed and whether the report provided value to NHS England. He further queried whether the internal assessment process missed a step in terms of input by the Council of Governors. Phil Brice advised that progress made was monitored through the Quality and Governance Assurance Committee, and in terms of external input, feedback was sought from a number of stakeholders, including the Integrated Care Board; Oversight and Scrutiny Committee – Somerset County Council; Healthwatch; and from the Lead Governor on behalf of governors.
- 11.5 Jeanette Keech, on behalf of Judith Goodchild, expressed concerns about the reorganisation of the patient experience and PALS team and the increase in the number of outstanding complaints and enquiries and longer response times. Joe Silsby added that, after Covid-19, the number of meetings with relatives of patients, or with patients, had significantly increased but the meetings did not include key messages about the availability of the PALS service. He highlighted the need for

fast communication with families and patients to avoid complaints and legal actions and the need to have systems in place to divert patients to the PALS service. Phil Brice advised that the patient engagement and complaints systems have changed as a result of the merger. Phil Brice highlighted that data showed that communication is a key issue raised as part of the complaints and PALS process. He advised that Emma Davey is undertaking a review of the complaints and PALS service and this will include revisited structures and new processes.

11.6 Graham Hughes assured the Council of Governors that Emma Davey and her team will complete the review of the services as soon as possible.

11.7 Ian Aldridge asked how the hospital transport system works and mentioned that, as a voluntary driver, he was aware of other organisations providing patient transport, for example the Red Cross. He felt that public transport cannot be relied upon. Peter Lewis agreed that these were valid points. He advised that the ICB has recently procured a new patient transport contract aimed at taking patients to and from hospital. Erica Adams added that she provides patient transport from two services in Wellington. She felt that it is a good idea to liaise with other organisations as patient waiting times for appointments can differ. She highlighted that people are also cautious about getting in volunteers' cars after Covid-19.

11.8 Julie Reeve advised that she had experienced challenges in relation to patient transport especially for patients discharged from hospital. Peter Lewis agreed that there was an issue with the patient transport provider. In relation to patients discharged from hospital and delays in taking these patients home, he highlighted that the discharge lounges had been set up to manage discharges more effectively and the lounges provided a place for patients to wait whilst all discharge arrangements, including patient transport, were put in place.

11.9 Governors raised a concern around communication on discharge. It was noted that patients were discharged from the wards and family were phoned to collect the patient without clear communication about the need to wait for medication to be ready for collection. This had resulted in family members/friends having to park in the car park and pay whilst they wait for their family member.

11.10 The Council of Governors received the Quality Report/Quality Account and confirmed the adoption of the flagship programmes as the basis for the Quality Account priorities for 2023/24.

12 TO RATIFY THE APPOINTMENT OF THREE NON-EXECUTIVE DIRECTORS

12.1 The Council of Governors received the report regarding the appointment of three associate non-executive directors.

12.2 Colin Drummond advised that a thorough recruitment process has been followed and the report sets out the recommendation from the Appointments Panel. The Council of Governors approved the recommendations from the Panel as set out in report. The new Associate NEDs will join from 1 October 2023 and will take on a full non-executive director role at a time to be agreed during 2024.

12.3 Proposer: Paull Robathan, and Seconder: Jane Armstrong.

13 PERFORMANCE UPDATE FROM THE EXECUTIVE DIRECTORS

- 13.1 Peter Lewis advised that Governors had received an update on the findings of the Lucy Letby trial on 15 September 2023. An update was also provided to the September 2023 public board meeting as part of the Chief Executive report and Peter Lewis recommended that Governors read the update and note the actions which need to be taken. He advised that although the trial case had highlighted a number of failings, full details of what happened at the Countess of Chester Hospital and the actions taken by management were currently unknown and will be investigated as part of the enquiry. The enquiry report was expected to include a number of recommendations and all trusts will be asked to implement the recommendations and develop an action plan. In relation to concerns about the ability of staff at the Countess of Chester Hospital to speak up, Peter Lewis advised that, in relation to the trust, Caroline Sealey is our lead Freedom to Speak Up Guardian and provides regular progress reports to the Board. Significant work is already taking place to encourage colleagues to speak up and there is the option for colleagues to speak up anonymously. It was noted that October 2023 had been dedicated as the Freedom to Speak Up month.
- 13.2 Jeanette Keech highlighted a recent national report into sexual harassment within theatre services. Peter Lewis advised that this was a cultural issue and NHS England have produced a charter for sexual safety and how to create the right environment.
- 13.3 Colin Drummond introduced Lee Cornell as Associated Director of Performance and Mark Hocking as Deputy Chief Finance Officer. Lee Cornell advised that the presentation had been circulated with the papers and highlighted the performance slides, which covered the following areas: quality and patient safety; urgent care; mental health; referral to treatment – acute services; no criteria to reside; community physical health services; diagnostic; cancer waiting times; and people metrics.
- 13.4 Mark Hocking highlighted the finance slides covering the position as at 31 July 2023 and particularly highlighted: the £6.2 million deficit for the year to date; the £1.2 million cost to backfill posts as a result of the industrial actions; the extra income earned based on activity levels and the criteria for earning extra income; and the over achievement on the cost improvement programme.
- 13.5 Referring to the performance report, Peter Lewis explained that the Trust's "no criteria to reside" level will never be zero as there will always be patients waiting for a placement to become available, but this level should not be as high as it currently is and has been for some time. He advised that the number of acute beds lost due to patients categorised as "no criteria to reside" had increased from 164 in April 2023 to 175 in July 2023. Peter Lewis highlighted the reasons for the high number of beds lost and the impact this had on the ability to deliver the elective recovery trajectory.

- 13.6 Jeanette Keech queried whether the cost of using hotel rooms for suitable patients had been considered. Peter Lewis advised that care hotels had been considered but there were concerns about the ability to safely staff the care hotels.
- 13.7 Ian Hawkins commented that, although the Trust is within budget, this may, potentially, be at the cost of the quality of services. He queried whether auditors had provided an opinion on the quality of services. Peter Lewis advised that auditors had not provided an opinion on the quality of services but their comments related to the level of agency expenditure.
- 13.8 Julie Reeve expressed concerns about the ability to manage the winter pressures. Although Hospital@Home provided a great opportunity to support the management of the winter pressures, this was, in itself, not sufficient. She advised that, whilst the Trust stated that good progress was being made, colleagues are unhappy with performance and the level of services they are able to provide this winter. Peter Lewis agreed that the winter pressures have a significant impact on colleagues.
- 13.9 Jane Armstrong asked about the impact of the industrial actions and felt that the public mood and support for the industrial actions was changing. Peter Lewis advised that there was a cost associated with industrial actions.
- 13.10 Colin Drummond reiterated that he has seen good performance metrics and commented that colleagues are performing a great job. There is a huge impact as a result of the number of beds lost due to “no criteria to reside” and colleagues have faced significant pressures this summer. He thanked all colleagues for their dedicated work.
- 13.11 Kate Butler added the governors’ appreciation about the volume of work completed across the trust.

14 SFT CHARITIES OVERVIEW

- 14.1 Graham Hughes informed the group that the Somerset NHS Charity has been formally launched. Formerly, the two legacy organisations had their own individual charities which needed to evolve with the new merged organisation. The new charity includes a parent and child model and this allows for both Yeovil and Musgrove to continue receiving dedicated individual funds.
- 14.2 Graham Hughes advised that stakeholders have tested the new charity brand and feedback indicate that the new brand makes it clear that the charity covers services across the whole county.
- 14.3 It was noted that James Kirton is the Head of Charities and Zoe Steer is managing the fundraising teams. The governance arrangements are overseen by the Charity Committee which is chaired by Graham Hughes. Graham Hughes thanked Barbara Gregory and Stephen Thomson for their work on the legacy Musgrove and community charities.
- 14.4 Graham Hughes highlighted the current campaigns:

- The Breast Appeal in Yeovil raised £2.46 million, surpassing the original target of £2 million.
- 25th Anniversary Appeal raised £173,000. The target was £250,000, however, due to changes in priorities and services the target had been reduced to £175,000.

It was noted that the charity held funds to the value of £5.8 million, of which £2.8 million is committed to projects such as the Breast Unit and other funded projects. It was noted that the charity continues to work with the League of Friends.

- 14.5 Jane Armstrong asked if the trust publish opportunities to bid for funding, and if so, how and where. She further queried whether individuals can donate to a specific team or service. Graham Hughes advised that colleagues are able to submit a bid for funding and all bids are considered by the Charity Committee. He further confirmed that individuals can donate to a specific team or service and this funding will be ringfenced for that specific purpose.
- 14.6 Ian Hawkins advised that he is the dedicated governor observing the Charity Committee and he commented how the NHS charity have been creating links with the Frome league of friends.
- 14.7 David Shannon added that the charity model for community hospitals had not changed and the trust is looking to continue to support community hospital fundraising.

15 FEEDBACK FROM:

The Lead and Deputy Lead Governors:

Kate Butler and Paull Robathan made the following comments:

- It has been a good year, very interesting and busy. Kate Butler thanked Ian Hawkins for leading the governors through the merger. It has been a challenging year following Covid-19 with an increasing number of people attending acute, community and mental health services.
- They wanted to take this opportunity to thank the executive team and all staff for their dedication and for fulfilling the trust's values. It is great to have new staff governors and their role is invaluable.
- The informal governor meetings are going well and provide a safe space to have informal discussions or raise any concerns.
- Many thanks to Colin Drummond for the support he provides through these challenging times.

The Quality and Patient Experience Group meeting held on 25 July 2023

Judith Goodchild sent her apologies for this meeting but in her absence Sue Steele provided the following highlight from the meeting:

- The meetings are very interesting and helpful to understand the issues faced by both the trust and patients. Governors are fortunate to receive important and useful updates and welcome the opportunity to ask questions.

The Strategy and Planning Group meeting held on 27 July 2023

Paull Robathan provided the following comments:

- This group has a different role and the Council looks to the group to confirm the strategic issues that have been considered. The group also reviews the trust's assets and technology.
- Martin Davidson observes the Finance Committee and reports back to the group.
- Paull Robathan sits on the Electronic Health Record Committee.
- He thanked David Shannon for the information and updates provided to the group and confirmed that the group has robust discussions.

The People Group meeting held on 25 July 2023

Mark Robinson sent his apologies for this meeting, and in his absence Kate Butler provided the following highlight from the meeting:

- This is one of the most important groups gaining feedback from within the trust. She thanked Isobel Clements for the updates provided to the group and for always being open to all questions.

The Membership, Involvement and Communications Group meeting held on 13 September 2023

Kate Butler provided the following comments:

- The Membership, Involvement and Communications group has started off well and is supported by Emma Davey, Fiona Reid and Phil Brice.
- Paull Robathan, Jane Armstrong and Kate Butler attended the ICB's AGM with the trust's new membership recruitment materials. The group is looking for more engagement with current and future members.

The Nomination and Remuneration Committee

Colin Drummond advised that a full update was covered in the reports.

Staff Governors

Sun Sander-Jackson raised a concern regarding international staff not having opportunities to progress. She asked if the trust could consider a Non-Executive Director from a diverse background. Colin Drummond commented that it was not possible to recruit specifically for someone from a diverse background, and historically, not many candidates from a diverse background apply for a NED post. Options to encourage candidates to apply will need to be considered.

16 ANY OTHER BUSINESS

16.1 Future Agenda items for Council of Governors meetings

- Update from ICB
- Update on our Subsidiaries
- Quality and Patient Experience information on PALs
- Transport Issues

16.2 Mick Beales asked if minutes from meetings could be circulated earlier than the papers when ready and if it is possible to receive the minutes from all working groups not just of those meetings each governor attends. The Council was advised that the team would look to circulate minutes as soon as possible and would be looking into ways of sharing minutes from all working groups with all governors.

16.3 The Council discussed the usage of the Modular Theatre at Yeovil as it was felt that the theatre was under-used. It was queried whether this was due to a workforce problem. David Shannon commented that there is a workforce challenge, and work is being completed to return the theatre to full capacity.

17 DATES OF NEXT MEETINGS

17.1 The dates for 2023 are confirmed as follows:

Wednesday 14 December 2023 – 14:00-16:30 – location to be confirmed

17.2 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 21 December 2023 – 14:00-16:30

18 WITHDRAWAL OF PRESS AND PUBLIC

18.1 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.

SOMERSET NHS FOUNDATION TRUST
ACTION NOTES FROM THE PUBLIC COUNCIL OF GOVERNORS MEETING
HELD ON 14 DECEMBER 2023

AGENDA ITEM	ACTION	BY WHOM	DUE DATE	PROGRESS
13 June 2023				
17.4	Regarding the ICB, Colin Drummond to invite Paul and his colleagues to come back in the future for an update. Add to future agenda.	Tina Hickinbottom- Tacey	December	December 2023 Agenda Item – Paul von der Heyde in attendance

SOMERSET NHS FOUNDATION TRUST

DECLARATION OF COUNCIL OF GOVERNORS' INTERESTS

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

Governor	Constituency	Declaration of Interest (Financial and other interests)
Virginia Membrey	Public – Mendip	1. None to be declared
Vacancy	Public – Mendip	
Vacancy	Public – Mendip	
Mrs Judith Goodchild	Public –Sedgemoor	1. Chair - Healthwatch Somerset and on their behalf sits on: <ul style="list-style-type: none"> - Health and Wellbeing Board - CCG Governing Body - Fit for My Future Programme Board - Primary Care Commissioning Group - Observer - Integrated Care Board 2. Trustee Bridge Multi-Academy Trust.
Mr Eddie Nicolas	Public – Sedgemoor	1. Member – East Quay Medical Centre PPG 2. Member – Somerset Mental Health Stakeholders Engagement Forum 3. Member - Somerset NHS Citizens Panel
Mr Jack Torr	Public - Sedgemoor	1. None to be declared
Mr Martin Davidson	Public – Sedgemoor	1. Daughter - Anesthetist Royal Hampshire County Hospital, Winchester 2. Son-in-Law – Anesthetist Royal Hampshire County Hospital, Winchester
Mr Ian Hawkins	Public – South Somerset	1. Trustee - South Petherton League of Friends
Mrs Sue Steele	Public – South Somerset	1. Member – Conservative Party
Mr Michael (Mick) Beales	Public – South Somerset	1. Vice- Chair for Preston Grove Patient Participation Group (PPG). 2. Volunteer (advertising) for fundraising team of St Margaret’s Hospice”.

Governor	Constituency	Declaration of Interest (Financial and other interests)
Mr David Recardo	Public – South Somerset	<ol style="list-style-type: none"> 1. Elected member of South Somerset District Council. 2. Member of the National Trust 3. Member of the RHS 4. Member of Yeovil Golf Club 5. Trustee for the Woborns Almshouses in Yeovil
Dr Paull Robathan	Public – South Somerset	<ol style="list-style-type: none"> 1. Chairman of the South Petherton Community Hospital League of Friends 2. Daughter is a GP and lecturer in General Practice in Wales 3. Member of the Independent Panel for Somerset Councilors
Vacancy	Public – South Somerset	
Mr Alan Peak	Public - Outside Somerset	<ol style="list-style-type: none"> 1. None to be declared
Peter Shorland	Public – Dorset	<ol style="list-style-type: none"> 1. President and Trustee - Sherborne West End Community Association 2. Member – Conservative Party
Staff Governors		
Dr Joe Silsby	Staff	<ol style="list-style-type: none"> 1. Private Practice at SNH
Dr Shabnum Ali	Staff	<ol style="list-style-type: none"> 1. None to be declared
Mark Robinson	Staff	<ol style="list-style-type: none"> 1. None to be declared
Julie Reeve	Staff	<ol style="list-style-type: none"> 1. None to be declared
Nick Crow	Staff	
Lydia Karamura	Staff	<ol style="list-style-type: none"> 1. None to be declared
Phil Hodgson-Purves	Staff	<ol style="list-style-type: none"> 1. Husband is an employee of Somerset NHS Foundation Trust, as an Assistant Clinical Skills Trainer within the Learning & Development Dept.
Halley Kimber	Staff	<ol style="list-style-type: none"> 1. None to be declared

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

Vacancy	Voluntary, Community and Social Enterprise (VCSE)	
Vacancy	Voluntary, Community and Social Enterprise (VCSE)	

Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Declarations of Interest
SPONSORING EXEC:	Colin Drummond, Chairman
REPORT BY:	Ria Zandvliet, Secretary to the Trust
PRESENTED BY:	Colin Drummond, Chairman
DATE:	14 December 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

Executive Summary and Reason for presentation to Committee/Board	<p>As required by the Regulatory Framework, Section 7 in the Council of Governors Standing Orders all governors are to declare any interests they may have outside of their role as a governor which may be relevant and material to the business of the Trust.</p> <p>The attached report outlines the current interests declared by governors as at 14 December 2023.</p> <p>The changes made since the September 2023 meeting have been marked in red.</p>
Recommendation	The Council of Governors is asked to note the governors' declarations of interest.

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

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

Equality and Inclusion

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

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

Not applicable to this report.

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

Public/Staff Involvement History

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

Not applicable to this report.

Previous Consideration

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

The report is presented to every meeting.

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

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

☒ Yes

☐ No

Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Re-appointment of a Non-Executive Director
SPONSORING EXEC:	Colin Drummond, Chairman
REPORT BY:	Ria Zandvliet, Secretary to the Trust
PRESENTED BY:	Kate Butler, Chairman Nomination and Remuneration Committee
DATE:	14 December 2023

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

Executive Summary and Reason for presentation to Committee/Board	The report sets out the terms of office for all Non-Executive Directors and highlights that Martyn Scrivens' term of office will come to an end on 1 April 2024.
Recommendation	The Council of Governors is asked to approve the re-appointment of Martyn Scrivens for a further three year term from 1 April 2024.

Links to Joint Strategic Objectives (Please select any which are impacted on / relevant to this paper)	
<input type="checkbox"/> Obj 1	Improve health and wellbeing of population
<input type="checkbox"/> Obj 2	Provide the best care and support to children and adults
<input type="checkbox"/> Obj 3	Strengthen care and support in local communities
<input type="checkbox"/> Obj 4	Reduce inequalities
<input type="checkbox"/> Obj 5	Respond well to complex needs
<input type="checkbox"/> Obj 6	Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture
<input type="checkbox"/> Obj 7	Live within our means and use our resources wisely
<input checked="" type="checkbox"/> Obj 8	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 and Inclusion
The Trust aims to make its services as accessible as possible, to as many people as possible. We also aim to support all colleagues to thrive within our organisation to be able to provide the best care we can.



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

Not applicable to this report.

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

Public/Staff Involvement History

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

Not applicable to this report.

Previous Consideration

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

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 checked="" type="checkbox"/> Well Led
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Is this paper clear for release under the Freedom of Information Act 2000?

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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SOMERSET NHS FOUNDATION TRUST

RE-APPOINTMENT OF A NON-EXECUTIVE DIRECTOR

1. PURPOSE

- 1.1 To ask the Council of Governors to consider the re-appointment of a Non-Executive Director.

2. BACKGROUND

- 2.1 The length of office served by each Non-Executive Director is set out in the table below. As the Council of Governors is aware, we are losing three of our most senior Non-Executive Directors in the middle of next calendar year. Maintaining an element of continuity is a key part of our plans.

Term of Office

Non-Executive Director	Appointment start date	Appointment end date
Barbara Gregory	1 August 2017	31 July 2024
Jan Hull	1 August 2017	31 July 2024
Alexander Priest	1 April 2020	31 March 2026
Colin Drummond	1 April 2020	31 March 2026
Kate Fallon	29 May 2018	28 May 2024
Martyn Scrivens	1 April 2021	31 March 2024
Sube Banerjee	1 July 2021	30 June 2024
Paul Mapson	1 April 2023	31 March 2026
Graham Hughes	1 April 2023	31 March 2026
James Phipps	1 October 2023	date to be confirmed
Tina Oakley	1 October 2023	date to be confirmed
Inga Kennedy	1 October 2023	date to be confirmed

- 2.2 The information shows that Martyn Scrivens' term of office will come to an end on 31 March 2024. Martyn Scrivens has indicated that he is willing to stand for a further term of office and is eligible for a further term of office.

3. RE-APPOINTMENT

- 3.1 The process for re-appointing Non-Executive Directors is set out in the Constitution and in line with the Constitution, the re-appointment has been considered by the Nomination and Remuneration Committee and, having considered his last two years' appraisals, the Committee recommends the re-appointment of Martyn Scrivens.

4. RECOMMENDATION

- 4.1 The Council of Governors is asked to approve the re-appointment of Martyn Scrivens for a further three year term from 1 April 2024.

KATE BUTLER

Somerset NHS Foundation Trust		
REPORT TO:	Council of Governors	
REPORT TITLE:	Council of Governors – meeting attendance	
SPONSORING EXEC:	Colin Drummond, Chairman	
REPORT BY:	Ria Zandvliet, Secretary to the Trust	
PRESENTED BY:	Colin Drummond, Chairman	
DATE:	14 December 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
Executive Summary and Reason for presentation to Committee/Board	<p>According to the Trust's Constitution – Annex 6 paragraph 1 - if a Governor fails to attend any meeting of the Council of Governors for three successive meetings of the Council of Governors, his/her tenure is to be immediately terminated by the Council of Governors unless the Council of Governors is satisfied that:</p> <ul style="list-style-type: none"> the absence was due to reasonable cause, and; that the Governor will be able to start attending meetings of the Council of Governors within such a period as it considers reasonable. <p>There are two instances of a failure by a Governor to attend three consecutive meetings to be brought to the attention of the Council of Governors:</p> <ul style="list-style-type: none"> Shabnum Ali has missed three consecutive meetings and we are aware that some of the meetings have clashed with her clinical commitments. Shabnum is committed to attending future meetings. David Recardo has also missed three consecutive meetings and he will be able to assure the Council of Governors of his commitment to attend future meetings at the meeting. 	
Recommendation	The Council of Governors is asked to note the overview of meeting attendance and to accept the assurance that both Shabnum and David will be able to attend future meetings.	



Links to Joint Strategic Objectives (Please select any which are impacted on / relevant to this paper)	
<input type="checkbox"/> Obj 1	Improve health and wellbeing of population
<input type="checkbox"/> Obj 2	Provide the best care and support to children and adults
<input type="checkbox"/> Obj 3	Strengthen care and support in local communities
<input type="checkbox"/> Obj 4	Reduce inequalities
<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

Details: N/A

Equality and Inclusion
<p>The Trust aims to make its services as accessible as possible, to as many people as possible. We also aim to support all colleagues to thrive within our organisation to be able to provide the best care we can.</p> <p>How have you considered the needs and potential impacts on people with protected characteristics in relation to the issues covered in this report?</p>

Not applicable to this report.

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

Public/Staff Involvement History
<p>How have you considered the views of service users and / or the public in relation to the issues covered in this report? Please can you describe how you have engaged and involved people when compiling this report.</p>
Not applicable to this report.

Previous Consideration
<p>(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]</p>

The report is presented to every meeting.

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 - GOVERNOR ATTENDANCE RECORD
AT COUNCIL OF GOVERNORS' MEETINGS**

Governor	Constituency	14 December 2022	9 March 2023	20 March 2023	13 June 2023	20 September 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				√	√	2	2
Vacancy	Public - Mendip						--	--
Vacancy	Public – Mendip						--	--
Judith Goodchild	Public – Sedgemoor	√	√	√	√	X	5	4
Jack Torr	Public - Sedgemoor	√	√	√	√	X	5	4
Eddie Nicolas	Public - Sedgemoor	√	√	√	√	√	5	5
Martin Davidson	Public – Sedgemoor				√	X	2	1
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	X	X	5	1
Paull Robathan	Public – South Somerset	√	√	√	√	√	5	5
Vacancy	Public – South Somerset						--	--
Peter Shorland	Public – Dorset				√	X	2	1
Alan Peak	Public – Outside Somerset	√	√	√	√	X	5	4

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

Governor	Constituency	14n December 2022	9 March 2023	20 March 2023	13 June 2023	20 September 2023	Meetings	
							Possible	Actual
Shabnum Ali	Staff	√	√	X	X	X	5	2
Joe Silsby	Staff	√	√	√	√	√	5	5
Julie Reeve	Staff					√	1	1
Nick Craw	Staff					X	1	0
Mark Robinson	Staff					X	1	0
Lydia Karamura	Staff					√	1	1
Phil Hodgson-Purves	Staff					X	1	0
Halley Kimber	Staff					X	1	0
Heather Sparks	Staff					√	1	1
Jonathan Moore	Staff					√	1	1
Adekunle Akinola	Staff					√	1	1
Sun Sander-Jackson	Staff					√	1	1

Appointed Governors

Governor	Organisation	14 December 2022	9 March 2023	20 March 2023	13 June 2023	20 September 2023	Meetings	
							Possible	Actual
Vacancy	Somerset GP Board						-	--
Caroline Gamlin	Somerset Integrated Care Board		X	X	√	X	4	1
Jos Latour	Universities	√	√	√	√	X	5	4
Cllr Heather Shearer	Somerset Council	X	√	√	√	X	5	3
Cllr Adam Dance	Somerset Council					X	1	0

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

Governor	Organisation	14 December 2022	9 March 2023	20 March 2023	13 June 2023	20 September 2023	Meetings	
Dirk Williamson	Simply Serve				√	√	2	2
Vacancy	Symphony Health Services						--	--
Vacancy	Voluntary, Community and Social Enterprise (VCSE)						--	--
Vacancy	Voluntary, Community and Social Enterprise (VCSE)						--	--

Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Statutory Duties of Governors 2023/24
SPONSORING EXEC:	Colin Drummond, Chairman
REPORT BY:	Ria Zandvliet, Secretary to the Trust
PRESENTED BY:	Colin Drummond, Chairman
DATE:	14 December 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

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

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

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



Details: N/A

Equality and Inclusion

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

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

Not applicable to this report.

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

Public/Staff Involvement History

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

Not applicable to this report.

Previous Consideration

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

The report is presented to every meeting.

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

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

☒ Yes

☐ No

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

Completed in year or currently underway		Action Taken	Action Completed?
Recruitment/appointment of Non-Executive Director	Review of the Non-Executive Director end of term dates for 2023/24	<p>A report on the recruitment of three Non-Executive Directors to replace three Non-Executive Directors whose term of office will come to an end in 2024 was presented to the March 2023 Council of Governors meeting. A recommendation for the appointment of three new Non-Executive Directors was approved at the September 2023 meeting.</p> <p>A further report is presented to the December 2023 meeting about the reappointment of an existing NED and the replacement of one further NED in 2024.</p>	Ongoing.
Decide the terms and conditions of the Chairman and Non-Executive Directors	Annual remuneration review	An annual remuneration review for Non-Executive Directors and the Chairman was carried out in June 2023 and the proposals were approved at the June 2023	Completed.

		Council of Governors meeting.	
Consider the Annual Accounts and Annual Report		The 2022/23 Annual Accounts and Annual Report and external audit opinion were presented to the September 2023 Council of Governors meeting and to the September 2023 Annual Members meeting.	Completed.
Assist the Board of Directors in setting the strategic direction of the Trust and targets for the Trust's performance		<p>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 were presented to the September 2023 Council of Governors meeting. The priorities for 2023/24 were approved at the September 2023 meeting.</p> <p>Input into the strategic direction of the Trust is provided through the Strategy and Planning Group.</p>	Ongoing.
To hold the Non-Executive Directors, individually and collectively to account for		Performance is discussed through a number of different ways:	Ongoing

<p>the performance of the Board of Directors, including:</p> <ul style="list-style-type: none"> • considering whether the interests of the public ‘at large’ have been factored into board decision-making • be assured of the Board’s performance in the context of the system as a whole, and as part of the wider provision of health and social care • compliance with the triple aim duty of better health and wellbeing for everyone, better quality of health services for all individuals, and sustainable use of NHS resources. • The role of the Trust in relation to reducing health inequalities in access, experience and outcomes. 		<ul style="list-style-type: none"> • Governors Strategy and Planning Working Group • Governors Quality and Patient Experience Group • Governors People Group • Governors’ attendance to Public Board meetings • weekly Governor briefings • report of the Board of Directors to the Council of Governors meetings • invitations for Governors to attend Board Committee and Governance Group meetings • feedback by Non-Executive Directors to the Council of Governors meetings • Non-Executive Director and Governor meetings 	
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		<ul style="list-style-type: none"> • Governor Development Days • availability of detailed finance and performance reports on the Trust's website. 	
<p>Represent the interests of the members of the Trust as a whole and form a rounded view of the interests of the public 'at large', which includes the population of the Somerset system.</p> <p>To interact regularly with members of the trust and public to understand their views and to clearly communicate information on trust and system performance and planning in return.</p>		<p>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 taken forward through the Membership, Involvement and Communication Group.</p>	<p>Ongoing</p> <p>Ongoing</p>
<p>Agree with the Audit Committee the criteria for appointing, reappointing and removing external auditors following a written recommendation from the Audit Committee</p>		<p>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.</p>	<p>Completed</p>

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 was presented to the June 2023 Council of Governors meeting.</p> <p>A 360 degree feedback process for the Chairman has been undertaken and the outcome of the appraisal process was presented to the June 2023 Council of Governors meeting.</p> <p>The Chairman's appraisal process for 2023/24 was approved at the June 20223 meeting.</p>	<p>Completed.</p> <p>Completed.</p> <p>Completed.</p>
To decide whether the Trust's private patient work would significantly interfere with the Trust's principal purpose.		This will be raised with the Council of Governors as and when required.	Ongoing
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).		<p>Governors were involved in the transaction to enter into the merger of SFT and YDH from 1 April 2023.</p> <p>No further merger, acquisition, separation or dissolution is envisaged for 2023/24.</p>	Completed.
To approve a significant transaction.		<p>The definition of a significant transaction is included in the Constitution and was approved by the Council of Governors and Board.</p> <p>No significant transaction is envisaged for 2023/24.</p>	Completed.
To approve proposed changes to the Constitution.		The Constitution will be kept under review and changes proposed as and when required.	<p>Ongoing.</p> <p>-</p>

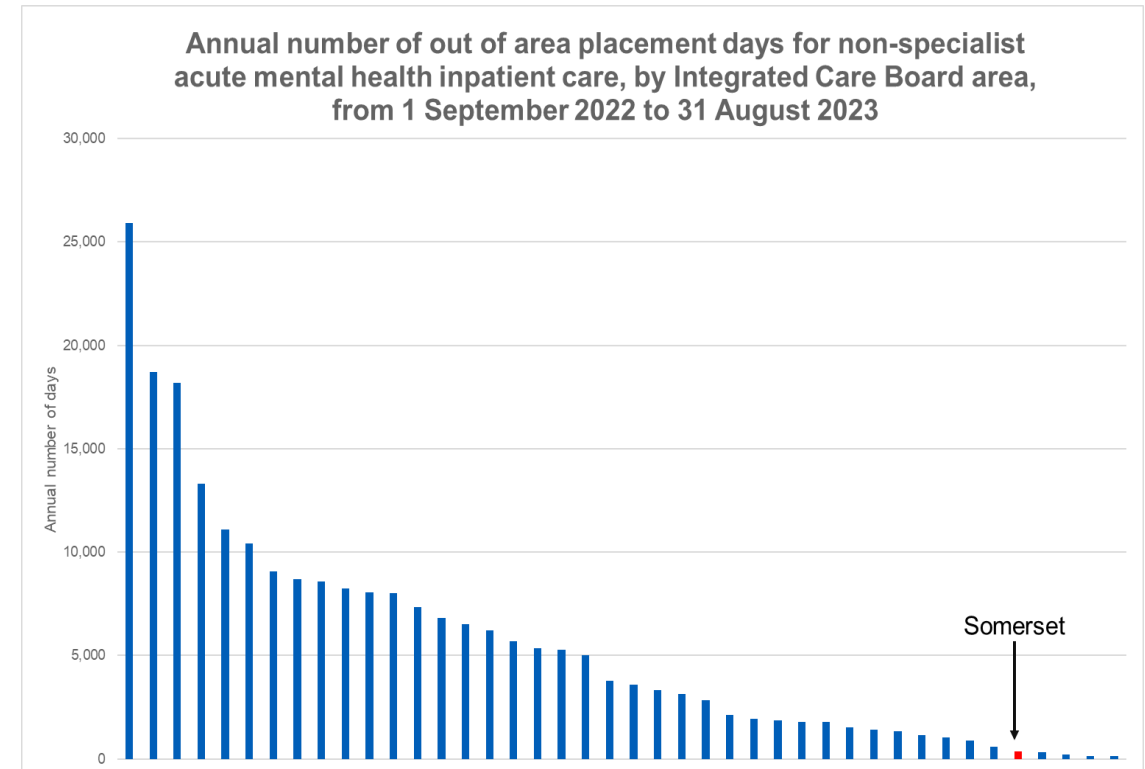
Finance and Performance: Report to the Council of Governors

Kindness, Respect, Teamwork
Everyone, Every day

Pippa Moger, Chief Finance Officer
14/12/23

Quality and patient safety

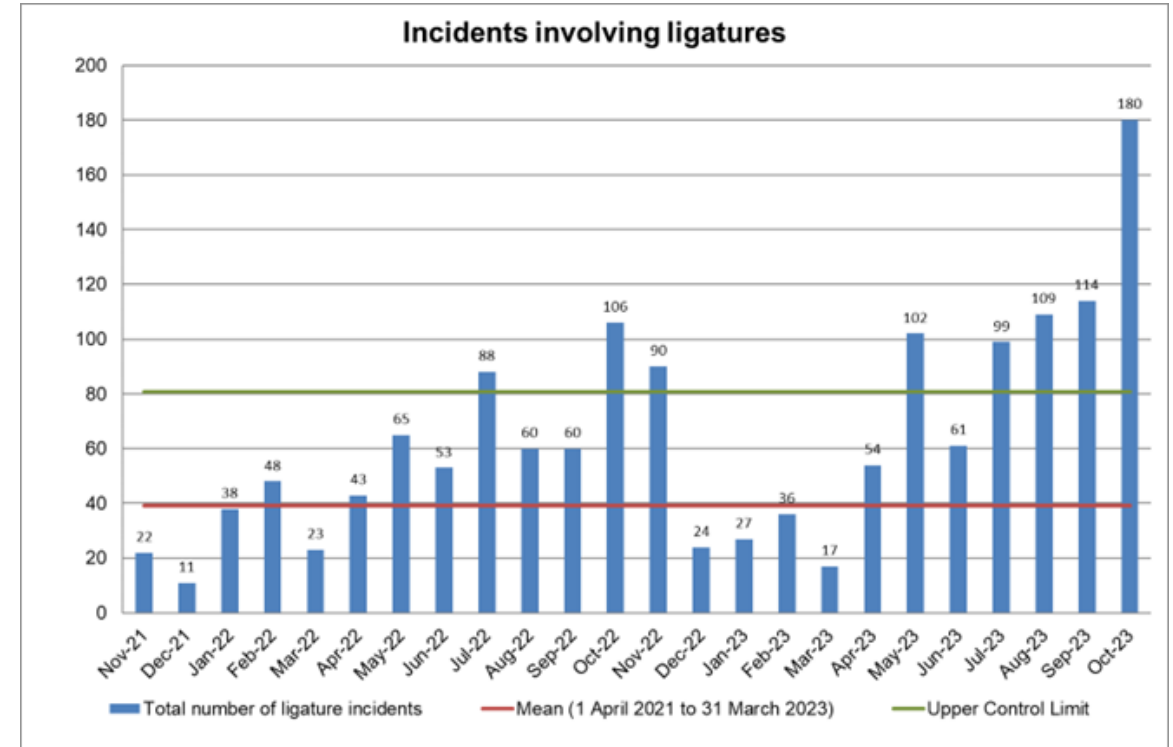
- During October 2023, one patient was placed out of area for non-specialist mental health inpatient care, for a total of 24 days. The patient has since been repatriated. We continue to have amongst the lowest rates of such placements nationally.
- Infection Control: MRSA: There were no Trust-attributed MRSA bloodstream infections (BSIs) reported during October 2023. The total for the year to date is two.
- MSSA: Four Trust-attributed MSSA BSIs were reported during October 2023. The total since 1 April 2023 was 38 against an internal threshold for the year of 64.
- C. diff: There were three Trust-attributed cases in October 2023. The total since 1 April 2023 was 47 against an annual threshold of 54.
- E. coli: seven Trust-attributed E. coli BSIs were reported in October 2023. The total since 1 April 2023 was 86, against an annual threshold of 105.
- Covid: as at 30 November 2023 there were 18 patients with Covid in beds across the Trust; 14 at MPH, and four at YDH.



Area	May	Jun	Jul	Aug	Sept	Oct
MRSA	1	0	0	1	0	0
C.Diff	11	8	3	9	6	3
MSSA	6	4	6	6	6	4
E.coli	15	12	8	15	11	7

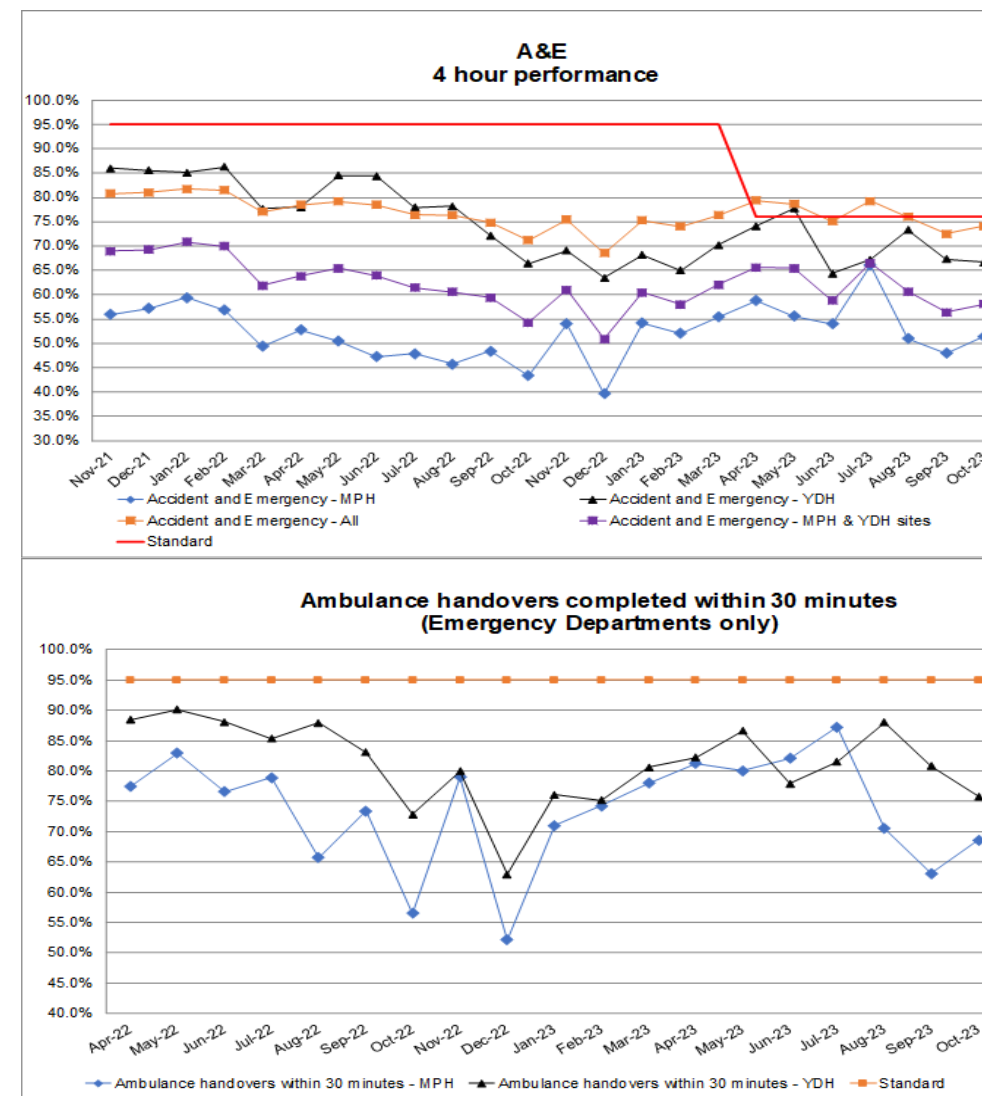
Quality and patient safety

- During October 2023 a total of 180 ligature incidents were reported. No ligature point incidents were reported.
- Of the 180 incidents, 60 occurred at St Andrews, with 36 relating to one patient, who during September 2023 accounted for 34 incidents. Rydon Ward 1 reported 46 incidents, with 43 relating to one patient.
- 15 of the 180 incidents resulted in minor harm, and one resulted in moderate harm.
- The Rydon Ward 1 patient is diagnosed with Recurrent Depressive Disorder and has been involved in a total of 173 incidents since May 2023. The risks presented by this patient have increased since being in hospital, so a Senior Clinical Review Panel is being considered to support a decision about discharge from hospital.
- Risk management plans are in place, and are carefully managed in order not to adopt an overly restrictive approaches, which would severely impact on patients' privacy and dignity.



Urgent Care

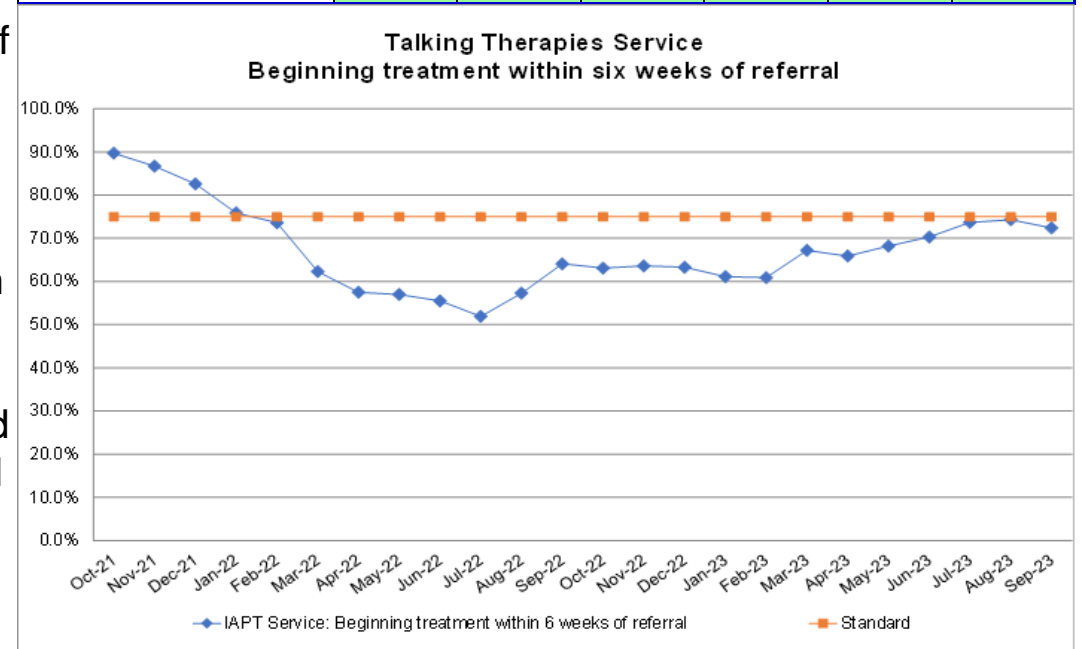
- Trust-wide A&E 4-hour performance for October 2023 was 58.1%, up from 56.4% in September 2023. National average performance in October was 55.9%. Compliance within our Minor Injury Units (MIUs) was 96.9%. Overall compliance across all attendance types was 74.1%, below the revised national standard of 76%, to be achieved by March 2024, but above the national average of 70.2%
- Compliance in respect of our two A&E departments was 51.4% for Musgrove Park Hospital (MPH) and 66.6% for Yeovil District Hospital (YDH). Combined A&E attendances at MPH and YDH to the end of October 2023 were 1.3% higher than 2022/23 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, with performance of 76.6% during the week ending 26 November 2023. The regional average was 67.7%.
- During October 2023, the percentage of ambulance handovers completed within 30 minutes was 68.6% at MPH and 75.8% at YDH. The average performance across all hospitals served by South Western Ambulance Service NHS Foundation Trust (SWAST) in October 2023 was 47%. YDH and MPH were ranked respectively as the third and fifth best-performing of 19 sites served by SWAST.



Mental health

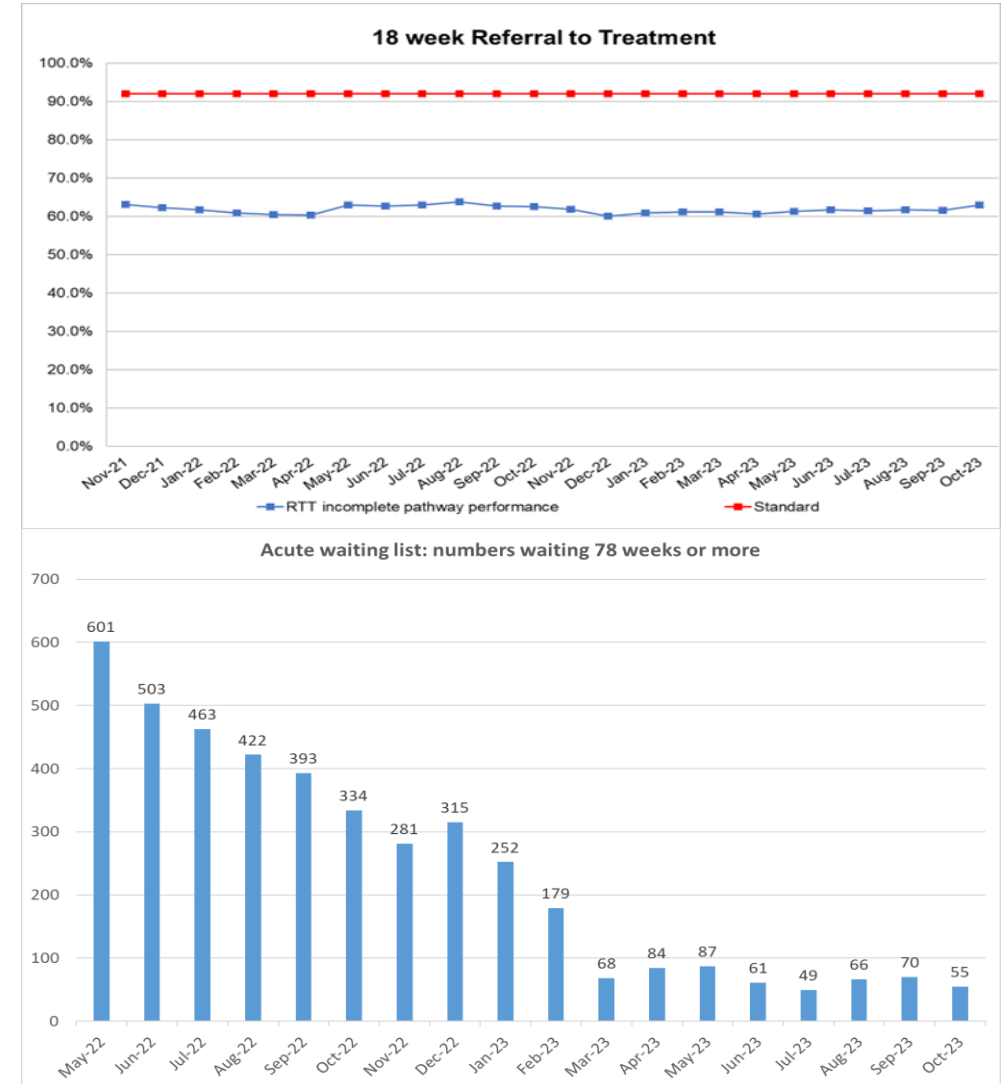
- The percentage of people waiting six weeks or less to be seen by our adult community mental health services was 88.7% in October 2023, and 87.5% of older people had waited six weeks or less for a first appointment. 92% of children and young people referred to Child and Adolescent Mental Health Services (CAMHS), and all people referred to our learning disabilities service had waited under six weeks. As at 30 November 2023, performance for adults and older people had been restored to 90% and 95% respectively.
- The percentage of people with a first episode of psychosis beginning treatment with a NICE-recommended care package within two weeks of referral was 84.6% in the three months to 31 October 2023, above the national standard of 60%. Recovery rates for Talking Therapies have also remained consistently higher than the 50% national standard, and standards were also achieved for access to perinatal mental health services and Children & Young People's eating disorders services, with both services performing better than the national average.
- However, the percentage of Talking Therapies patients beginning treatment within six weeks of referral remained below the 75% standard as at 30 September 2023 – the latest data available - at 72.4%. The fall in compliance has been primarily due to high levels of demand and a shortfall in capacity within the service.

	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
Adult mental health services	92.4%	94.5%	95.2%	90.4%	93.7%	88.7%
Older Persons mental health services	87.2%	92.0%	91.2%	94.0%	89.0%	87.5%
Learning disabilities service	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Children and young people's mental health services	95.1%	95.4%	93.2%	96.9%	100.0%	92.0%



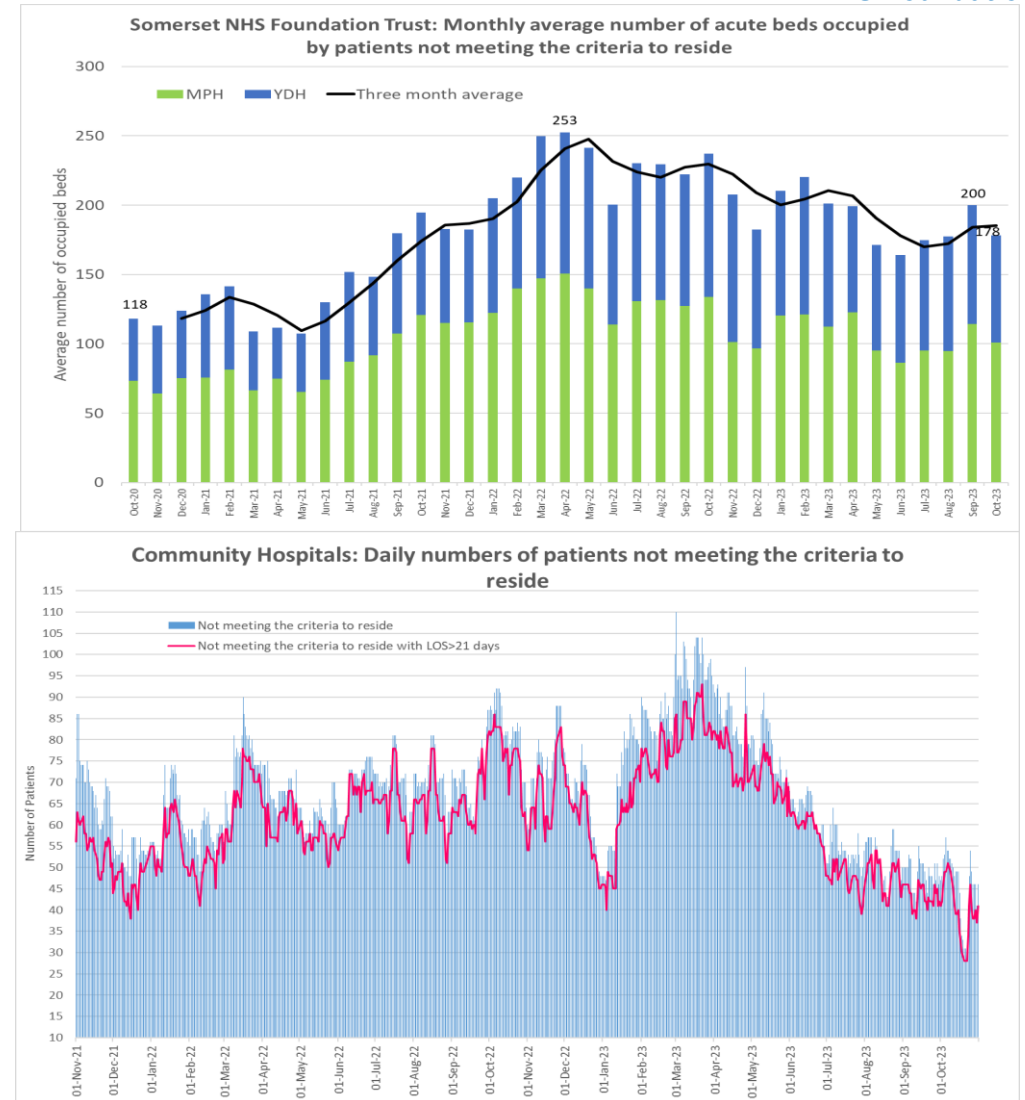
Referral to Treatment (RTT): acute services

- The percentage of patients waiting under 18 weeks from referral to treatment was 62.9% in October 2023. National average performance in September 2023 – the latest data national available – was 58%. Our performance in September 2023 was 61.6%
- The total waiting list size at the end of October 2023 was 54,777, down by 755 from September 2023, and 2,880 lower than (i.e. better than) the target trajectory.
- The number of patients waiting over 52 weeks at the end of October 2023 was 2,547, better than the trajectory of 3,958 or fewer. The number of patients waiting over 65 weeks reduced by 54 to 687, which was 353 better than the trajectory of 1,040 or fewer. The number of patients waiting 78 weeks or more also reduced, by 15 to 55.
- 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.



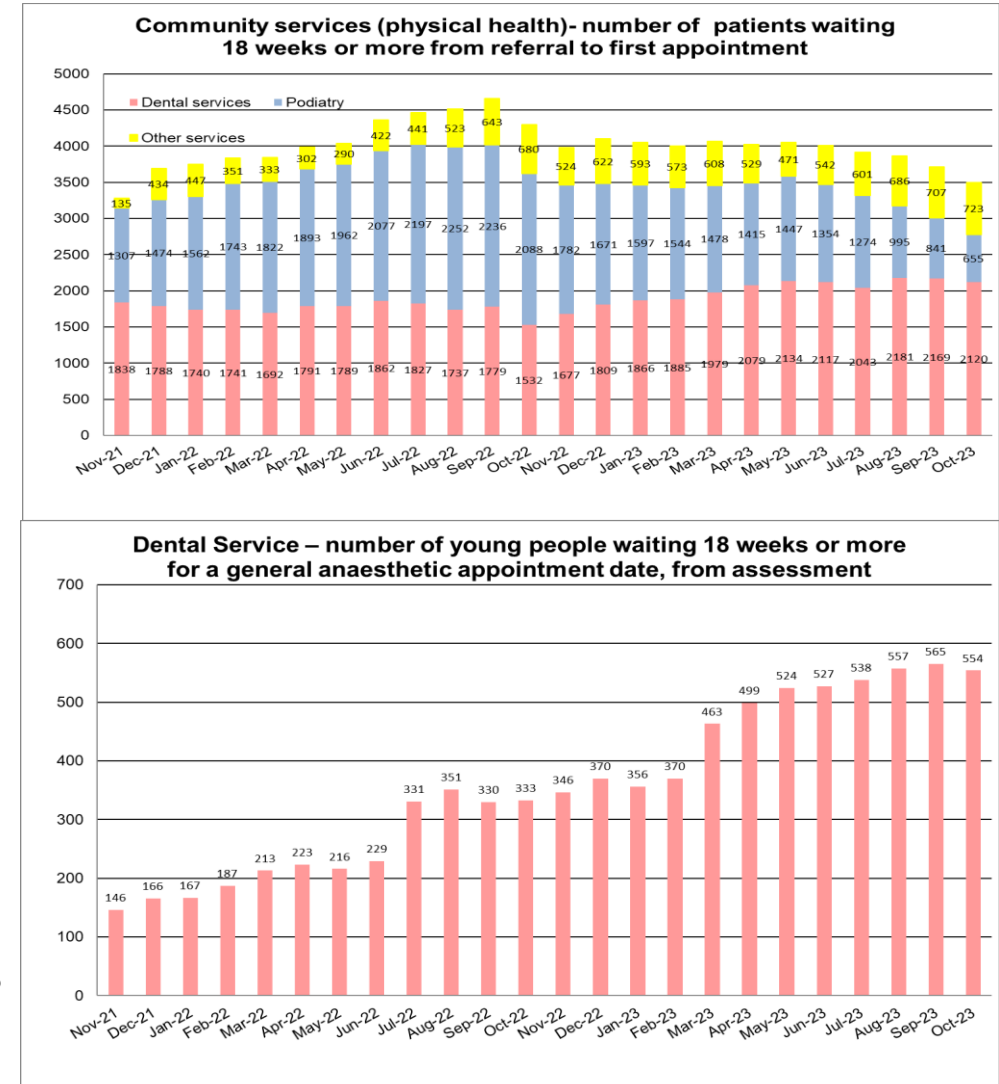
Criteria to Reside

- During October 2023, the Trust-wide number of acute bed days occupied by patients not meeting the criteria to reside was 5,520 (3,134 at MPH and 2,386 at YDH), down from 6,001 in September. This equates to 178 fully occupied beds during the month of October, down from 200 in September.
- In our community hospitals, the number of patients not meeting the criteria to reside reduced slightly, from 48 as at 30 September 2023 to 46 as at 31 October 2023, and the numbers not meeting the criteria to reside with a length of stay of 21 days or more also fell slightly, from 42 at the end of September to 41 at the end of October.
- A range of actions are being taken to improve patient flow, care for people at home where appropriate, facilitate timely and appropriate discharge from hospital, and address the difficulties in the domiciliary care market.



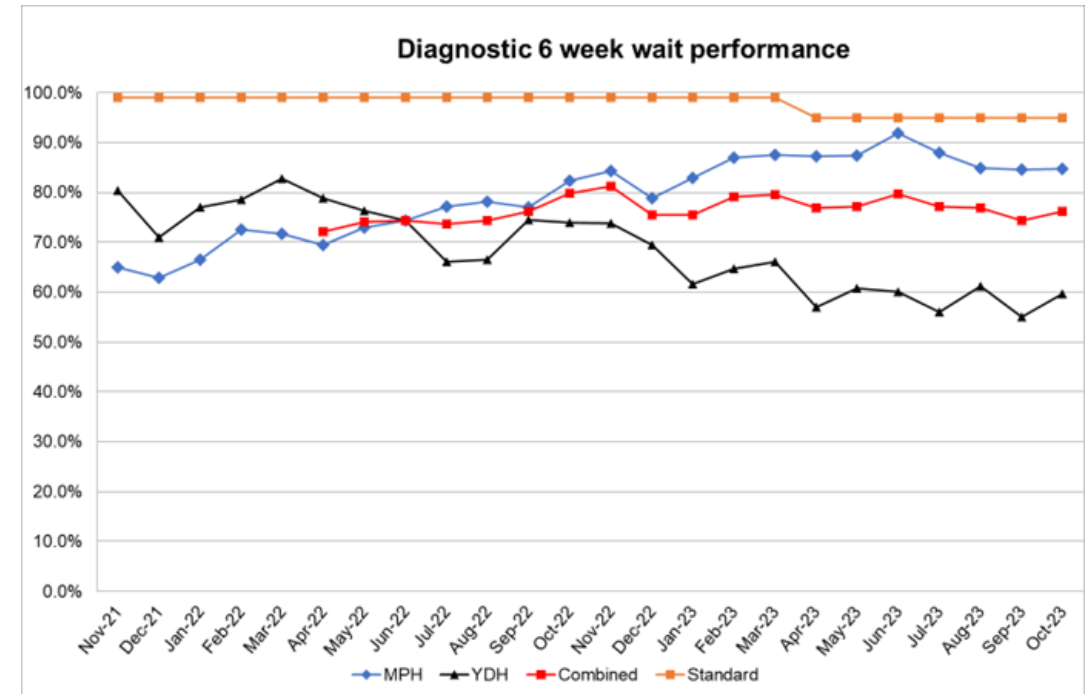
Community physical health services

- As at 31 October 2023, the number of patients waiting 18 weeks or more to be seen by our community physical health services reduced by 219 to 3,498, the fifth month in a row that the numbers had fallen. The numbers waiting over 18 weeks to be seen by our Somerset and Dorset dental service reduced from 2,169 to 2,120 and the numbers waiting over 18 weeks to be seen by our Podiatry service reduced from 841 to 655, the fifth month in a row that the numbers had reduced.
- The numbers of patients waiting over 52 weeks, over 65 weeks, and over 78 weeks all reduced, and were all lower than (i.e. better than) target levels.
- As at 31 October 2023, 554 young people had waited 18 weeks or more for a dental appointment for treatment involving a general anaesthetic (GA), a reduction of 11 compared to 30 September 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.



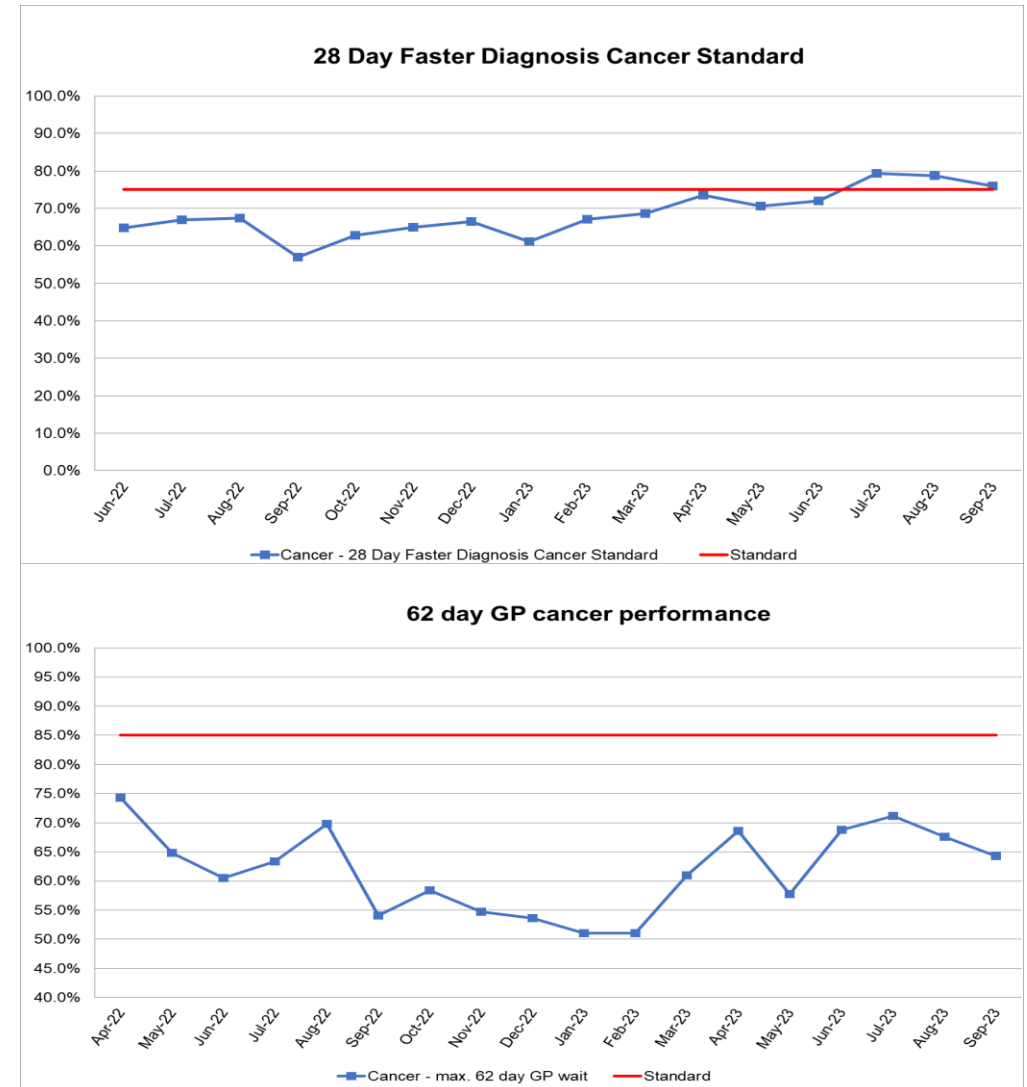
Diagnostics

- The Trust-wide percentage of patients waiting under six weeks for their diagnostic test was 76.2% in October 2023. National average performance for NHS providers (i.e. excluding Independent Sector providers) was 72.8% in September 2023, the latest data available. Our performance in September 2023 was 74.4%.
- The number of patients waiting over six weeks reduced by 145; the highest numbers of patients were waiting for a non-obstetric ultrasound (down from 951 to 718, 24% of over six-week waiters), colonoscopy (down from 513 to 435, 14%), MRI (up from 219 to 394, 13%), gastroscopy (up from 341 to 363, 11%) and audiology (down from 355 to 315, 10%) together making up 74% of the long waiters.
- The total waiting list size increased by 3%, despite a reduction in the number of patients waiting over six weeks.
- Additional ultrasound capacity is being established through waiting list initiatives.
- Additional endoscopy sessions have been established at the weekends in Yeovil; appropriate patients are also being offered Shepton Mallet and Bridgwater Community Hospital as an alternative site for their surveillance procedure.



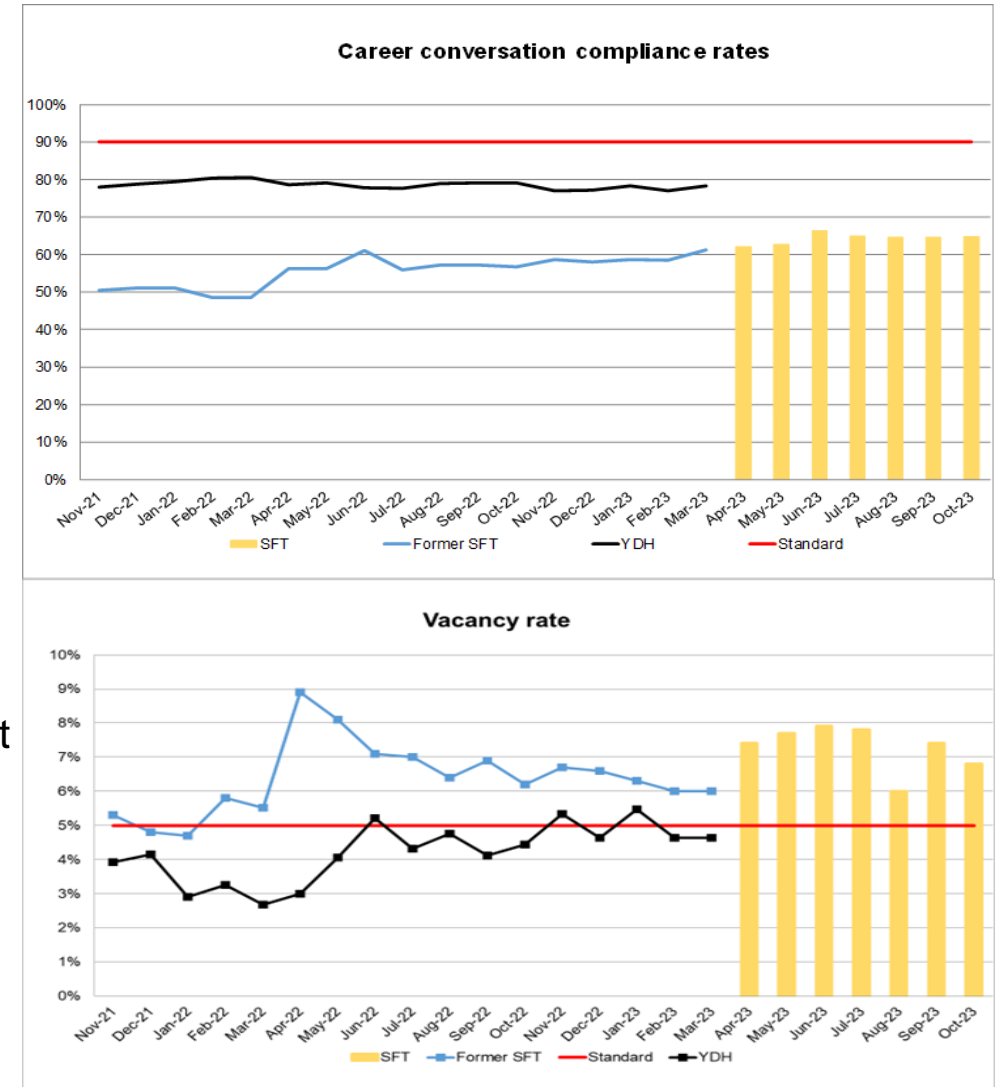
Cancer waiting times

- The percentage of patients diagnosed with a cancer or given a benign diagnosis within 28 days of referral was 76.0% in September 2023, above the 75% national standard for the third month in a row.
- The percentage of cancer patients treated within 62 days of referral by their GP was 64.3% in September 2023, below the national standard of 85%, but above the national average of 59.3%. The main breaches of the 62-day GP standard were in urology (34% of breaches), skin (19%) and colorectal (17%). The main causes of the breaches continues to be very high growth in demand in urology (up 12% 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.
- Additional prostate biopsy sessions continue to be run to reduce the waits for this step in the pathway. Pathway redesign work is continuing for prostate, across both MPH and YDH.



People

- In respect of retention, of 224 colleagues who had commenced employment on or after 1 November 2022, a total of 181 (80.8%) were still with the Trust as at 31 October 2023. Our aim is to achieve a rate of at least 88.3%. As one of 23 NHS People Promise Exemplar sites, we have a detailed plan in place to improve retention across the Trust.
- As 31 October 2023, the percentage of career conversation reviews undertaken at least annually was 64.8%, 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 31 October 2023, our mandatory training rate was 91.9%. Operational pressures, and limited capacity for areas with large backlogs such as life support and safeguarding remain a challenge.
- Our Trust-wide vacancy level was 6.8% as at 31 October 2023, against a target of no more than 5%. The reported vacancy rate increased in recent months, mainly as a result of additional funding being received across operational and corporate areas prior to recruitment to new posts being undertaken.
- Our sickness absence rate for the 12 months to 31 October 2023 was 5.0%, the same as at 30 September 2023.



Finance

- In October, the Trust recorded a deficit of £1.102m, this was £1.274m adverse compared with the plan for the month. Cumulatively, the Trust has a deficit of £10.299m, £4.305m adverse to the planned position.
- The adverse position is driven by the financial impact of backfilling post graduate doctors in training and consultants during their periods of industrial action and the loss of elective recovery income as a result of activity being stood down on strike days.
- Agency expenditure continues to be significant, with cover for medical vacancies the primary driver. Agency and locum costs were £21.7m at the end of month 7 which is c£5.9m above the cap.
- Agency expenditure remains under regular scrutiny and there are some encouraging signs that the run rate is reducing in some areas, but we are mindful that as winter approaches, pressure on services will only increase.

Statement of comprehensive income	Month 7 (October) 2023/24		
	Plan	Actual	Variance
	Year to date £'000	Year to date £'000	Year to date £'000
Operating income from patient care activities	540,995	547,416	6,421
Other operating income	30,972	42,657	11,685
Employee expenses	(395,157)	(405,371)	(10,214)
Operating expenses excl employee expenses	(175,064)	(187,362)	(12,298)
Operating Surplus/(Deficit)	1,746	(2,660)	(4,406)
Net Finance Costs/Corporation tax	(7,040)	(5,274)	1,766
Surplus/(Deficit) 2023/24	(5,294)	(7,934)	(2,640)
Adjustments to Financial Performance	(700)	(2,365)	(1,665)
Adjusted Financial Performance Surplus/Deficit	(5,994)	(10,299)	(4,305)

Finance - Outturn

- In early November, NHS England issued a letter titled 'Addressing the significant financial challenges created by industrial action in 2023/24, and immediate actions to take'. The letter, and subsequent guidance, provided clarity on the funding and actions the NHS has been asked to take to manage the financial and performance pressures created by industrial action following NHS England's discussions with Government.
- The letter confirmed the priorities for 2023/24 are to achieve financial balance, protect patient safety and prioritise emergency performance and capacity, while protecting urgent care, high priority elective and cancer care.
- In response to the letter, all systems were asked to complete a rapid two-week exercise to agree the actions required to deliver the priorities for the remainder of the financial year and the output of this review was presented to and agreed by the Board on 20 November which confirmed:-
 - Somerset has a plan which will deliver a balanced financial position for 2023/24 and there are no programmes of work which are being stopped or slowed down in order to deliver financial balance.

Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Report from the Quality and Patient Experience Group
SPONSORING EXEC:	N/A
REPORT BY:	Judith Goodchild
PRESENTED BY:	Judith Goodchild
DATE:	14 November 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

Executive Summary and Reason for presentation to Committee/Board	<p>The report sets out the items considered at the meeting held on 14 November 2023</p> <p>1. REVIEW OF DRAFT MINUTES AND ACTION LOG / MATTERS ARISING</p> <p>Minutes approved with some minor typo corrections</p> <p>The group has asked to invite Hannah Rose to a future meeting to talk about the Patient Safety Incident Response Framework (PSIRF) in more detail.</p> <p>The group discussed winter pressures and the winter plan, reduction of agency usage and optimism around international recruitment and industrial action.</p>
	<p>2. OBJECTIVES REVIEW: RESPOND WELL TO COMPLEX NEEDS</p> <ul style="list-style-type: none"> Dementia / Delirium <p>Franks story - Everything is 'fine' – a story of a man who loves spuds, tiddy's and potatoes</p> <p>Helen and Rebecca attended from the Dementia and Delirium team. MPH is currently piloting a 7-day service with plans for business case to change YDH to a 7 day service. The team are delivering training across the trust and are optimistic about the uptake, especially seeing teams such as security attending.</p> <p>Rebecca presented on a patient story and his experience across various sites. Some key areas of learning identified from his story:</p> <ul style="list-style-type: none"> Strengthen support when moving patients across sites.



	<ul style="list-style-type: none"> • Communication between sites / Patient passport to limit patient and families having to retell the same story. • Support planning for discharge. <p>3. ANNUAL PATIENT EXPERIENCE AND ENGAGEMENT REPORTS Reports noted</p> <p>4. COMPLAINTS PROCESS UPDATE Emma Davey updated on the complaints process and changes to the formal process. She provided the group with an emotive patient story about baby loss which the teams alongside the patient in the story, have used to make changes to the formal complaints process and will demonstrate a compassionate engagement approach to formal complaints going forward.</p> <p>Caroline Taylor talked through the PALS slides: PALS is currently 83% down to 69% which is disappointing, Caroline identified there are mitigating circumstances. There is no quick fix for this and there is a plan in place but will take time to resolve.</p> <p>5. ASSURANCE REPORT FROM THE QUALITY AND GOVERNANCE COMMITTEE Feedback given from Quality and Governance assurance committee:</p> <ul style="list-style-type: none"> • Lucy Letby update provided • Quality Strategy • Learning from deaths • Safeguarding <p>6. ASSURANCE REPORT FROM THE MENTAL HEALTH ACT COMMITTEE Feedback from Mental Health Act committee:</p> <ul style="list-style-type: none"> • Concerns around staffing and mental health. Majority work undertaken by same four doctors. • Conflicting reports on managing of mental health beds • Discussed move to St Andrews <p>7. PERFORMANCE EXCEPTION REPORT – QUALITY AND PERFORMANCE REPORT Lee Cornell provided highlights from the performance exception report circulated and the Governors asked some questions covering the below:</p> <ul style="list-style-type: none"> • Covid still present but stable • Concerns around criteria to reside and the impact on waiting lists for elective surgery. The system is looking to support this.
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	8. GOOD TO KNOW LOG Mick Beales sent over some patient feedback. This was shared with Phil Brice and Emma Davey.
Recommendation	The Council of Governors is asked to note the items discussed at the meeting.

Links to Joint Strategic Objectives (Please select any which are impacted on / relevant to this paper)	
<input type="checkbox"/> Obj 1	Improve health and wellbeing of population
<input checked="" type="checkbox"/> Obj 2	Provide the best care and support to children and adults
<input checked="" type="checkbox"/> Obj 3	Strengthen care and support in local communities
<input checked="" type="checkbox"/> Obj 4	Reduce inequalities
<input checked="" 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 checked="" type="checkbox"/> Patient Safety/ Quality

Details:

Equality and Inclusion
<p>The Trust aims to make its services as accessible as possible, to as many people as possible. We also aim to support all colleagues to thrive within our organisation to be able to provide the best care we can.</p> <p>How have you considered the needs and potential impacts on people with protected characteristics in relation to the issues covered in this report?</p>
<p><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</p>
<p>All major service changes, business cases and service redesigns must have a Quality and Equality Impact Assessment (QEIA) completed at each stage. Please attach the QEIA to the report and identify actions to address any negative impacts, where appropriate.</p>

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

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

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Report from the Strategy and Planning Group
SPONSORING EXEC:	N/A
REPORT BY:	Paull Robathan
PRESENTED BY:	Paull Robathan
DATE:	15 November 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

Executive Summary and Reason for presentation to Committee/Board	The report sets out the items considered at the meeting held on 15 November 2023
	In response to a continuing 'Matters Arising' issue about transport being effectively coordinating for the best outcome for patients David Shannon advised that there is active work going on around transport for Musgrove and Taunton.
	The group had a robust discussion about EHR (Electronic Health Record) and its implementation, how it will be financed and how it and when it should enhance the way patient care is delivered.
	The group had a discussion about implications of the County Council's funding difficulties on shared work on behalf of our population and on our patients particularly.
	Greg Cobb and David Shannon addressed population health and how intervening early makes living a healthy life more possible, and subsequent acute hospital treatment less likely. The group found this most useful as a background and highlighted the issues of sharing patient data.
Recommendation	The Council of Governors is asked to note the items discussed at the meeting.

Links to Joint Strategic Objectives (Please select any which are impacted on / relevant to this paper)	
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<input checked="" type="checkbox"/> Obj 2	Provide the best care and support to children and adults
<input checked="" type="checkbox"/> Obj 3	Strengthen care and support in local communities
<input checked="" type="checkbox"/> Obj 4	Reduce inequalities



<input checked="" 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 checked="" type="checkbox"/> Patient Safety/ Quality

Details:

<p align="center">Equality and Inclusion</p> <p>The Trust aims to make its services as accessible as possible, to as many people as possible. We also aim to support all colleagues to thrive within our organisation to be able to provide the best care we can.</p> <p>How have you considered the needs and potential impacts on people with protected characteristics in relation to the issues covered in this report?</p>
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<p align="center">Public/Staff Involvement History</p> <p>How have you considered the views of service users and / or the public in relation to the issues covered in this report? Please can you describe how you have engaged and involved people when compiling this report.</p> <p>N/A</p>

<p align="center">Previous Consideration</p> <p>(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]</p> <p>The report is presented to the Council of Governors at every meeting.</p>
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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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Report from the People Group meeting held on 13 November 2023
SPONSORING EXEC:	N/A
REPORT BY:	Lydia Karamura
PRESENTED BY:	Lydia Karamura
DATE:	14 December 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

Executive Summary and Reason for presentation to Committee/Board	The report sets out the items considered at the meeting held on 13 November 2023.
	<ol style="list-style-type: none"> 1. APPROVAL OF THE MINUTES FOR THE MEETING HELD IN JULY Minutes approved. 2. REVIEW OF THE ACTION LOG AND MATTERS ARISING Actions noted 3. DEVELOP OUR PEOPLE – FOCUS ON DIGITAL Michael Scott presented the People Digital Strategy to the group and provided an overview of the national picture and why a people digital strategy is needed. Feedback from National review of digital solutions. A working group has been established to look into the people digital strategy. ESR system being reviewed, and a new system could be in place by 2025. Learning from COVID: reliance on technology is not always beneficial and 85% of training modules have returned to face-to-face retaining an element of virtual training to support this learning. There have been some big developments in Artificial Intelligence and using complete automated process and data to inform decision making going forward.



	<p>4. ATTRACT AND RETAIN TALENT – MEDICAL LOCUM AND AGENCY Belinda Locke updated on medical locum usage and agency spend.</p> <p>Introducing a new system to help with allocating and rostering locums, for more visibility and shows where hot spots on spend are. Second phase will allow to look into bank usage not just agency and locum.</p> <p>Efficiency saving of over £300,000</p> <p>Focus to reduce agency spend and since July the team has reduced the spend significantly.</p> <p>Meetings with service group managers on workforce planning and solutions such as sourcing longer term solutions like the use of Advanced Clinical Practitioners.</p> <p>Discussed agency spend by reason over financial year.</p> <p>Team have successfully recruited into some positions that have been vacant for years.</p> <p>International recruitment: new cohort of 10 Drs arriving from Israel next year.</p> <p>5. PEOPLE SECTION OF THE PERFORMANCE EXCEPTION REPORT Report Noted.</p> <p>Isobel Clements will bring the cultural dashboard to a future meeting when ready.</p>
Recommendation	The Council of Governors is asked to note the items discussed at the meeting.

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

☒ 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
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Details:

Equality and Inclusion

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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]

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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	
REPORT TO:	Council of Governors
REPORT TITLE:	Report from the Membership, Involvement and Communications Group
SPONSORING EXEC:	N/A
REPORT BY:	Kate Butler
PRESENTED BY:	Kate Butler
DATE:	20 November 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

Executive Summary and Reason for presentation to Committee/Board	The report sets out the items considered at the meeting held on 20 November 2023
	Emily Mock updated the group on the latest membership statistics and noted a positive increase in members in some areas. Tina Hickinbottom-Tacey added there is some data missing as on review some areas did not look quite right compared to the members added/removed. She is in talks with a Civica Engineer to investigate but has not received a reply as of yet.
	The group had a discussion about the Membership Workshop, this will replace the Governor only session at the January Development Day. Tina Hickinbottom-Tacey is going to speak with Fiona Reid and Emma Davey as to what the workshop will include and to create an information toolkit for Governors.
	Tina Hickinbottom-Tacey gave a quick update on progress around Governor Surgeries and Medicine for Members. There will be more progress in January following visits to community sites.
	Fiona Reid informed the group regarding the communications progress review. A very informative document was circulated within the papers showing the group a review of statistics for the reach and response we get from internal communication, social media, advertising and more.
	Emma Davey advised that her team is now one integrated team, with 15% vacancy hoping to be fully recruited by the end of the year. She added that during the last 8 months her



	<p>team have been looking into learning about suicide and working with families affected by this. The team is also looking to plan carer listening events to enable us to understand patient's experience of care within all of our settings.</p> <p>Sandra Wilson attended the group as the Chair of the Somerset PPG Network. She informed the group about her work and the Governors discussed how the trust can work with the PPGs to help one another.</p> <p>The 4 neighbourhood leads attended the meeting and gave a great presentation to the group who thanked them for the work they are doing. Kate Butler would love for them to come back and speak to all the Governors at a Development Day.</p>
Recommendation	The Council of Governors is asked to note the items discussed at the meeting.

Links to Joint Strategic Objectives (Please select any which are impacted on / relevant to this paper)	
<input type="checkbox"/>	Obj 1 Improve health and wellbeing of population
<input checked="" type="checkbox"/>	Obj 2 Provide the best care and support to children and adults
<input checked="" type="checkbox"/>	Obj 3 Strengthen care and support in local communities
<input checked="" type="checkbox"/>	Obj 4 Reduce inequalities
<input checked="" 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 checked="" type="checkbox"/> Patient Safety/ Quality

Details:

Equality and Inclusion
<p>The Trust aims to make its services as accessible as possible, to as many people as possible. We also aim to support all colleagues to thrive within our organisation to be able to provide the best care we can.</p> <p>How have you considered the needs and potential impacts on people with protected characteristics in relation to the issues covered in this report?</p>
<p><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</p>

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

Public/Staff Involvement History

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

N/A

Previous Consideration

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

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

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

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

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Report from the Nomination and Remuneration Group meeting held on 5 December 2023
SPONSORING EXEC:	N/A
REPORT BY:	Ria Zandvliet, Secretary to the Trust
PRESENTED BY:	Kate Butler, Chairman of the Nomination and Remuneration Group
DATE:	14 December 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

Executive Summary and Reason for presentation to Committee/Board	<p>The Committee met on 5 December 2023 to discuss:</p> <ul style="list-style-type: none"> The re-appointment of an existing Director Initial discussion on succession planning for the next 12 months <p>A report on the re-appointment of an existing Director is included on the agenda as a separate item.</p> <p>A report on success planning will be presented to the March 2024 Council of Governors meeting.</p>
Recommendation	The Council of Governors is asked to note the items discussed at the meeting held on 5 December 2023.

Links to Joint Strategic Objectives (Please select any which are impacted on / relevant to this paper)	
<input type="checkbox"/> Obj 1	Improve health and wellbeing of population
<input type="checkbox"/> Obj 2	Provide the best care and support to children and adults
<input type="checkbox"/> Obj 3	Strengthen care and support in local communities
<input type="checkbox"/> Obj 4	Reduce inequalities
<input type="checkbox"/> Obj 5	Respond well to complex needs
<input type="checkbox"/> Obj 6	Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture
<input type="checkbox"/> Obj 7	Live within our means and use our resources wisely
<input checked="" type="checkbox"/> Obj 8	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					
<p align="center">Equality and Inclusion</p> <p>The Trust aims to make its services as accessible as possible, to as many people as possible. We also aim to support all colleagues to thrive within our organisation to be able to provide the best care we can.</p> <p>How have you considered the needs and potential impacts on people with protected characteristics in relation to the issues covered in this report?</p> <p>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</p> <p>All major service changes, business cases and service redesigns must have a Quality and Equality Impact Assessment (QEIA) completed at each stage. Please attach the QEIA to the report and identify actions to address any negative impacts, where appropriate.</p>					
<p align="center">Public/Staff Involvement History</p> <p>How have you considered the views of service users and / or the public in relation to the issues covered in this report? Please can you describe how you have engaged and involved people when compiling this report.</p> <p>N/A</p>					
<p align="center">Previous Consideration</p> <p>(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]</p> <p>The report is presented to the Council of Governors at every meeting.</p>					
Reference to CQC domains (Please select any which are relevant to this paper)					
<input type="checkbox"/> Safe	<input type="checkbox"/> Effective	<input type="checkbox"/> Caring	<input type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well Led	
Is this paper clear for release under the Freedom of Information Act 2000?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No