

Council of Governors
20 March 2024, 13:00 – 15:00
Canalside Conference Centre, Marsh Lane, Bridgwater

AGENDA

	Action	Presenter	Time	Enclosure
1 WELCOME AND APOLOGIES	Receive	Chairman	13:00	None
2 QUESTIONS FROM MEMBERS OF THE PUBLIC	Receive	Chairman		None
3 DECLARATIONS OF CONFLICT OF INTERESTS 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	Chairman		Appendix 4
8 CHAIRMAN'S UPDATE	Receive	Chairman		
<ul style="list-style-type: none"> Council of Governors' attendance Statutory Duties of Governors 2023/24 – update 			13:20	Appendix 5 Appendix 6
9 TRANSFORMATION UPDATE	Receive	David Shannon	13:30	
<ul style="list-style-type: none"> Eleven Months post merger Electronic Health Record 				Appendix 7 Appendix 8
10 PERFORMANCE UPDATE FROM THE EXECUTIVE DIRECTORS	Receive	Mark Hocking / Lee Cornell	14:00	Appendix 9
11 FEEDBACK FROM:	Receive			



	KB / PR	14:30	Verbal
a) The Lead and Deputy Lead Governors Governors issues and any ensuing actions needed/taken)	JG		Appendix 10
b) The Quality and Patient Experience Group meeting held on 20 February 2024	PR		Appendix 11
c) The Strategy and Planning Group meeting held on 19 February 2024	MR		Appendix 12
d) The People Group meeting held on 21 February 2024	KB		Appendix 13
e) The Membership, Involvement and Communications Group held on 23 February 2024	KB All		Appendix 14
f) The Nomination and Remuneration Committee meeting			Verbal
g) Staff Governors			

12 ANY OTHER BUSINESS AND CLOSE OF MEETING

To note Chairman 14:50 Verbal

- Future Agenda items for Council of Governors meetings

13 DATE OF NEXT MEETING

The dates for 2023 are confirmed as follows:

Wednesday 19 June 2024, 12:30 – 14:30

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 26 June 2024

14 WITHDRAWAL OF PRESS AND PUBLIC

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

Council of Governors

Minutes of the meeting held on
14 December 2023 at 14:00-16:30 at the
The Canalside Bridgewater

Present:	Colin Drummond	Chairman
	Bob Champion	Mendip
	Judith Goodchild	Sedgmoor
	Jack Torr	Sedgmoor
	Eddie Nicolas	Sedgmoor
	Martin Davidson	Sedgmoor
	Jeanette Keech	Somerset West and Taunton
	Ian Aldridge	Somerset West and Taunton
	Kate Butler	Somerset West and Taunton
	Jane Armstrong	Somerset West and Taunton
	Erica Adams	Somerset West and Taunton
	Ian Hawkins	South Somerset
	Sue Steele	South Somerset
	Paull Robathan	South Somerset
	Alan Peak	Outside Somerset
	Peter Shorland	Dorset
	Joe Silsby	Staff
	Adekunle Akinola	Staff
	Jonathan Moore	Staff
	Julie Reeve	Staff
	Nick Craw	Staff
	Heather Shearer	Somerset CC
	Prof Jos Latour	Universities
	Dirk Williamson	SSL
In Attendance:	Peter Lewis	Chief Executive
	Phil Brice	Director of Corporate Services
	Isobel Clements	Chief of People and Organisational Development
	Pippa Moger	Director of Finance
	Paul von der Heyde	Chairman of Somerset ICB
	Shelagh Meldrum	Chief Nursing Officer Somerset ICB
	Ben Edgar-Attwell	Deputy Director of Corporate Services
	Emily Mock	Administration Assistant
	Alexander Priest	Non-Executive Director
	Graham Hughes	Non-Executive Director
	Paul Mapson	Non-Executive Director
	James Phipps	Non-Executive Director



Apologies:	Mick Beales	South Somerset
	Halley Kimber	Staff
	David Recardo	South Somerset
	Shabnum Ali	Staff
	Sun Sander-Jackson	Staff
	Mark Robinson	Staff
	Lydia Karamura	Staff
	Adam Dance	Somerset CC
	Martin Scrivens	Non-Executive Director
	Jan Hull	Non-Executive Director
	Sube Banerjee	Non-Executive Director
	David Shannon	Director of Strategy and Digital Development
	Ria Zandvliet	Secretary of the Trust
	Tina Hickinbottom-Tacey	Corporate Services Officer

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 introduced James Phipps, Associate Non-Executive Director, to the Council of Governors.
2	QUESTIONS FROM MEMBERS OF THE PUBLIC
2.1	There were no questions from the members of the public raised.
3	DECLARATIONS OF CONFLICT OF INTERESTS IN RESPECT TO ITEMS ON THE AGENDA
3.1	No Declarations of Conflicts of Interest were raised in relation to items on the agenda.
4	TO APPROVE THE DRAFT MINUTES OF THE PUBLIC MEETING HELD ON 20 SEPTEMBER 2023
4.1	<p>The minutes from the meeting held on 20 September 2023 were approved as a true and accurate representation of the meeting with the following change:</p> <ul style="list-style-type: none"> To remove Judith Goodchild from the list of apologies and include in the list of those present at the meeting.
5	MATTERS ARISING AND REVIEW OF THE ACTION LOG
5.1	<p>Regarding the ICB, Colin Drummond to invite Paul and his colleagues to come back in the future for an update, add to future agenda.</p> <p>On the agenda, <i>action closed</i>.</p>
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 and Jane Armstrong asked that her statement be updated to include she has been appointed Director for Watchet Coastal Community Team.
7	TO APPROVE THE RE-APPOINTMENT OF A NON-EXECUTIVE DIRECTOR
7.1	Kate Butler presented the report and advised that Martyn Scrivens' term of office will come to an end on 31 March 2024. The Nomination and Remuneration Committee has considered his performance over the last two years and recommends that Martyn Scrivens is re-appointed for a further three-years from 1 April 2024. All governors unanimously approved the recommendation.
7.2	Colin Drummond advised that the terms of office of three Non-Executive Directors will be ending in May/July 2024 and the Non-Executive Directors below will be taken over the following lead roles: <ul style="list-style-type: none"> Graham Hughes will take over the role of Senior Independent Director from the date of Kate Fallon's retirement. Tina Oakley will become Chair of the People Committee by the end of May 2024. Inga Kennedy will become Chair of the Quality and Governance Assurance Committee in July 2024. Paul Mapson has already taken over as Chair of the Audit Committee.
7.3	The Council of Governors noted the changes in lead roles and unanimously approved the appointment of Graham Hughes as Senior Independent Director.
8	CHAIRMAN'S UPDATE
	Council of Governors' attendance
8.1	Colin Drummond informed the Council that attendance is generally good. There is a requirement to report any Governors who fail to attend three consecutive Council meetings and it was noted that Shabnum Ali and David Recardo have now missed three Council meetings. They have provided assurance that they will make their best effort to attend meetings going forward. The Council of Governors noted the attendance report and accepted the assurance provided. The Council recognised that it may be difficult, particularly for staff governors, to attend meetings.
	Statutory Duties of Governors 2023/24 – update
8.2	The report was noted and Colin Drummond confirmed that all statutory duties of the Governors were being fulfilled as stated.
9	UPDATE FROM ICB
9.1	Colin Drummond introduced Paul von der Heyde, Chair of the Somerset Integrated Care Board (ICB), and Shelagh Meldrum, Chief Nursing Officer for the Somerset ICB.
9.2	Paul von der Heyde presented the slides and highlighted the following: <ul style="list-style-type: none"> The Somerset Health and Care Strategy has been published.

- The ICB have been working together with the Somerset Council and Peter Lewis (as a representative of the trust) at the Somerset ICB Board meetings. The aim of the ICB is for the population of Somerset to be in better health for longer, in order for them to live better lives. The ICB faces many challenges including: pressures within Emergency Departments, within the ambulance service, GP Surgeries; and hospital discharges. Every service is under pressure and winter pressures are putting more strain on services. The ICB wants to move to a model of prevention to ease access into primary care services.
- The responsibility for pharmacy and dentistry services now fall under the ICB and the team needs to assure NHS England (NHSE) that safeguarding arrangements and access are in place.
- The team wants to move to a proactive approach and use real-time data, including primary care and social care data. Individual action plans are in place with clear accountability.
- The ICB would like to avoid hospital admissions and attendance to ED through the hospital at home programme, which will help with hospital flow/discharge. There is a great focus on pathways for children and young people's mental health through the winter period. The Board has also been focusing on high blood pressure/hypertension, and identify areas where it can work with primary care to try and maintain same day appointments.
- There is a new approach to communications regarding the winter pressures and looking after vulnerable individuals. All system partners will need to be mindful of the communications that are circulated, as the communications affect different areas in a different way. Digital innovation work is taking place with Brave AI which is a predictive intelligence that anticipates care that people might need in the future.
- Next steps for the ICB are to look at the operating model and focus on personalised care and communities. The Care Quality Commission (CQC) is carrying out pilot investigations on how the system is working, and it will be important to think about outcomes and ensure that the performance targets are delivering positive outcomes.

9.3 Ian Aldridge queried where in Somerset he can go to receive NHS dental treatment and questioned why patients are having to travel across the county for a 15 minute appointment. He asked what actions were being taken to address this issue. Shelagh Meldrum advised that it is clear that one size does not fit all. It will be important to learn from other systems and looking at the possibility of commissioning private dentistry services. The ICB wants to build a relationship with the Dentistry Committee and ask them for help with a solution for Somerset. The teams will need to consider how best to address the emergency dentistry challenges, working alongside the 111 team.

9.4 Judith Goodchild queried, in view of the financial difficulties the Council is facing and with the high numbers of patients with no criteria to reside, what impact this had on discharges. She further asked whether the ICB could consider funding for hospital at home to provide additional resources. Paul von der Heyde advised that the Local Authority only has so much money to share but in spite of the pressures, progress was being made. The ICB will work with the Local Authority to follow up these concerns.

- 9.5 Erica Adams raised a concern about the location of community centres and closures of sites such as the Boots in Wellington, and queried whether the ICB would be in a good position to mitigate the impact of these closures. Shelagh Meldrum commented that she would look into this in more detail. Paul von der Heyde advised that pharmacies are also closing and whilst people know about dentists, they do not know as much about the pressures on and challenges faced by pharmacies
- 9.6 The ICB and Trust debated the clarity of the data around available beds and criteria to reside. The Somerset Council and the Trust data did not match as the data was based on different criteria. As the data was not comparable it appeared to provide a differing picture. Colin Drummond noted the risks around accurate data and suggested that there is a need for a new system of shared data. James Phipps agreed there is a need for social care data to be shared and to be accessible to all organisations across the system to ensure the accuracy of data. Paul von der Heyde agreed and added that more collaboration between teams and data sharing is needed to enable a focus on the outcomes of the patient rather than on the process
- 9.7 Jane Armstrong added that the ICB has funding and the trust is doing the best it can in spite of all the pressures. The Trust has made great achievements in dental health but there is a limit as to how much can be solved without the ICB's funding. Paul von der Heyde advised that dentistry concerns are not unique to Somerset and presents a real problem in view of the impact on health. The system will need to agree on the most important items to focus on.
- 9.8 Kate Butler advised that individuals in their 70s are suffering with co-morbidities and the trust needs to intervene early to prevent co-morbidities. There is also a need for more money to go into obesity services for young people. Paul von der Heyde advised that he raised these concerns with the Somerset Board this morning.
- 9.9 Jeanette Keech advised that pressure ulcer measures should be in place to prevent them from developing. Shelagh Meldrum advised that it has become clear that leg ulcers are usually repeat leg ulcers. The team wants to visit primary care services to look at how to recognise and help prevent pressure ulcers.
- 9.10 Hayley Peters advised that the Local Authority are facing financial issues and this could impact on health and social care. As all organisations have different priorities this could create risks.

10 PERFORMANCE UPDATE FROM THE EXECUTIVE DIRECTORS

- 10.1 Pippa Moger advised that the slides were circulated within the papers and highlighted that:
- There have been 75 ligature incidents, relating to 2 patients.
 - The number of patients categorised as “no criteria to reside” has impacted on the flow of patients through the acute hospitals and emergency departments.
 - The trust's mental health performance remains strong.
 - Elective waiting list sizes are reducing.

- Performance in relation to patients diagnosed with cancer or a benign diagnose within 28 days of referral is above the national standard. The percentage of cancer patients treated within 62 days of GP referral is below the national standard.
- Good progress is being made in reducing podiatry waiting lists.

10.2 Finance:

- The trust has recorded a deficit of £10.3 million, which is adverse to the plan and is due to the cost of industrial action since April 2023. The trust also has a loss of income due to cancelling elective surgery during the industrial action periods.
- Agency costs are high and are £5.9 million above the spending cap set by NHSE. National funding has been made available and NHSE has released some funds to cover the cost of industrial action but this funding will only cover costs up to October.
- GP prescribing costs have increased due to supply issues.
- No further industrial actions have been planned for this year but the financial impact of the industrial actions may affect the breakeven position.

10.3 Jane Armstrong commented that data showed that 181 new colleagues - 19.2% - have left the trust and queried the reason for staff leaving. Isobel Clements advised that she has been focusing on staff retention and turnover and there are plans across the trust with a particular focus on retaining Health Care Support Workers (HCSWs). The trust follows the People Promise plan and is working towards more flexible working.

10.4 Jeanette Keech congratulated the finance team on the management of the financial position. She added that she was aware that nurses are leaving the trust but are waiting to join the bank.

10.5 Mick Beales submitted a question regarding IT security. Colin Drummond advised that one of the trust's priorities is to have an Integrated Health Patient Record. The purpose of bringing the legacy trusts together in the merger was to provide seamless care for patients in Somerset. A further update on the Electronic Health Record (EHR) programme would be an informative topic to be brought to a future Council of Governors.

10.6 Peter Lewis addressed Mick Beales comment regarding the implementation of a new digital system and cyber security. He advised that this system relates to the EHR program and the importance of having a robust team in place to manage the implementation of the new was recognised. Processes are already in place to review the impact of any cyber security alerts on the trust. The trust has an external assurance review of its cyber security process, and needs to ensure that continuity plans are actioned when needed. The trust has a good track record with cyber security and the team has been able to stop attacks which shows that the process is working well. Additionally, the maternity system has recently been changed to Badger Net in view of the concerns regarding the old maternity system. The new system will provide longer term robustness.

11 FEEDBACK FROM

11.1 The Lead and Deputy Lead Governors

Kate Butler and Paull Robathan made the following comments:

- They thanked the group for an informative meeting with good questions being asked from Governors.
- Governors still meet on an informal basis each month. This works well and enables them to take any issues through to the Chairman.
- It has been a good year, and Kate Butler thanked the Executive Team for all the work they have been doing for which the Council was grateful.

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

Judith Goodchild advised the Council of two things:

- The group is keeping an eye on pressure ulcers and looking into PALS and complaints performance to ensure that the reorganisation of the service is not impacting on performance. With Emma Davey having been in post for some time, PALS and complaints performance is looking positive.

11.3 The Strategy and Planning Group meeting held on 27 July 2023

Paull Robathan provided the following comments:

- He advised that this group is looking at many of the issues that have been raised today and is planning for the future as an organisation.
- The EHR is an extensive programme and the group is regularly updated on the process and progress.
- The group ensures the trust is using assets wisely and it is great to see the new Community Diagnostic Centre (CDC) at the Yeovil site progressing. In terms of population health there is an understanding that the trust needs to intervene as early as possible.
- The trust also needs to keep following up the transport challenges for patients visiting community centres.

11.4 The People Group meeting held on 28 July 2023

In Mark Robinson's absence, Isobel Clements noted the circulated notes and advised that the meeting is progressing well.

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

Kate Butler provided the following comments:

- This is still a new group and the meetings have been good. She informed the Council that it would be beneficial to the Governors if they could attend the membership workshop on 31 January 2024. This will be to discuss how to move forward in terms of communications and engagement.
- There are plans to reinstate Governor Surgeries and Medicine for Member's events, with a drive to attract young people.

11.6 The Nomination and Remuneration Committee meeting

- Colin Drummond noted the circulated report from the meeting.

11.7 Staff Governors

- Colin Drummond thanked the Staff Governors for attending the meeting.

12 ANY OTHER BUSINESS AND CLOSE OF MEETING

Future Agenda items for Council of Governors meetings

12.1 EHR Program

12.2 Update from the ICB

12.3 Update from Local Authority to include an invite to Mel Lock.

13 DATE OF NEXT MEETING

13.1 March 20 2024, 13:00-15:00

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
Item 12 (12.1)	Add the following items to future Council of Governors or Governors Development day agendas: 12.1 EHR Program	Tina Hickinbottom-Tacey	ASAP	Tina Hickinbottom-Tacey has invited David Shannon to discuss transformation including an 11-month post-merger update and an update on the progress of the EHR to the March 2024 Council of Governors.
Item 12 (12.2)	Add the following items to future Council of Governors or Governors Development day agendas: 12.2 Update from the ICB (invite Paul von der Heyde and colleagues when appropriate)		TBC	



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

Item 12	Add the following items to future Council of Governors or Governors Development day agendas:			
(12.3)	12.3 Update from Local Authority to include an invite to Mel Lock.		TBC	



Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Declarations of Interest
SPONSORING EXEC:	Colin Drummond, Chairman
REPORT BY:	Ria Zandvliet, Secretary to the Trust
PRESENTED BY:	Colin Drummond, Chairman
DATE:	20 March 2024

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

Executive Summary and Reason for presentation to Committee/Board	<p>As required by the Regulatory Framework, Section 7 in the Council of Governors Standing Orders all governors are to declare any interests they may have outside of their role as a governor which may be relevant and material to the business of the Trust.</p> <p>The attached report outlines the current interests declared by governors as at 20 March 2024</p> <p>The changes made since the December 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
-------------------------------	------------------------------------	---------------------------------	-------------------------------------	-----------------------------------

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

☒ Yes

☐ No

SOMERSET NHS FOUNDATION TRUST

DECLARATION OF COUNCIL OF GOVERNORS' INTERESTS

Governor	Constituency	Declaration of Interest (Financial and other interests)
Public Governors		
Mrs Erica Adams	Public - Somerset West and Taunton	<ol style="list-style-type: none"> 1. Secretary - Wellington Medical Centre Patient Participation Group 2. Chairman - Patient Transport Service – The Welly Hopper 3. Associate Member - Somerset Building Preservation Trust (previously Company Secretary, Administrator, Fund Raiser and Education Programme planner) 4. Visitor - Abbeyfield Taunton Society, Pollards Way, Taunton (previously Company Secretary and Administrator) 5. Digital Champion through Somerset CCG
Ian Aldridge	Public – Somerset West and Taunton	<ol style="list-style-type: none"> 1. Member - Patient Participation Group at Williton Surgery
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 3. Director for Watchet Coastal Community Team
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

Governor	Constituency	Declaration of Interest (Financial and other interests)
		Involvement Group run by Musgrove Park Hospital
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 Craw	Staff	<ol style="list-style-type: none"> 1. None to be declared
Lydia Karamura	Staff	<ol style="list-style-type: none"> 1. None to be declared
Phil Hodgson-Purves	Staff	<ol style="list-style-type: none"> 1. Husband is an employee of Somerset NHS Foundation Trust, as an Assistant Clinical Skills Trainer within the Learning & Development Dept.
Halley Kimber	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:	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 of the Nomination and Remuneration Committee
DATE:	20 March 2024

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

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 Kate Fallon's terms of office will come to an end on 28 May 2024.
Recommendation	The Council is asked to consider and approve the recommendation from the Nomination and Remuneration Committee to re-appoint Kate Fallon for a further term of up to one year from 29 May 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
-------------------------------	------------------------------------	---------------------------------	-------------------------------------	--

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

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

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 is aware, Sube Banerjee left on 1 February 2024 and James Phipps on 1 March 2024. In addition, Jan Hull and Barbara Gregory will be leaving from 1 August 2024.

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 2024	31 March 2027
Paul Mapson	1 April 2023	31 March 2026
Graham Hughes	1 April 2023	31 March 2026
Tina Oakley	1 October 2023 as Associate NED May 2024 as full NED	May 2027
Inga Kennedy	1 October 2023 Associate NED 1 February 2024 full NED	31 January 2027

- 2.2 Maintaining an element of continuity in what is a major period of transition is a key part of our plans.

Term of Office

- 2.3 As noted above Kate Fallon's term of office will come to an end on 29 May 2024. Kate has indicated that she is willing to stand for a further term of up to one year.

3. RE-APPOINTMENT

- 3.1 Kate is a key and experienced member of the Board, being Senior Independent Director, Chair of the People Committee, Chair of SHS and an active member of the Finance Committee. Although Kate will have served the maximum six years on the Board, a short-term re-appointment would be appropriate and desirable in view of the need for continuity following the recent departure of Sube Banerjee and James Phipps. The Constitution allows for a further term of one year in the case of exceptional circumstances.
- 3.2 For clarity it is recommended that, if re-appointed, Kate retains her role as Senior Independent Director.
- 3.3 The intention is that, if re-appointed, Kate would hand over the role of Chair of People Committee to Tina in May 2024 as originally planned (which works well for Tina who is ready and keen to take on this role). Kate would continue her role as Chair of SHS which also works well for Martyn Scrivens, her nominated successor.
- 3.4 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. Having considered Kate's performance and the need for continuity, the Committee recommends the re-appointment of Kate Fallon for up to one year.

4. RECOMMENDATION

- 4.1 The Council is asked to approve the re-appointment of Kate Fallon for up to one year commencing 29 May 2024.

KATE BUTLER
CHAIRMAN OF THE NOMINATION AND REMUNERATION COMMITTEE

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:	20 March 2024	
Purpose of Paper/Action Required (Please select any which are relevant to this paper)		
<input checked="" type="checkbox"/> For Assurance	<input type="checkbox"/> For Approval / Decision	<input type="checkbox"/> For Information
Executive Summary and Reason for presentation to Committee/Board	<p>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 four 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 four 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	9 March 2023	20 March 2023	13 June 2023	20 September 2023	14 December 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			√	√	X	3	2
Vacancy	Public - Mendip						--	--
Vacancy	Public – Mendip						--	--
Judith Goodchild	Public – Sedgemoor	√	√	√	√	√	5	5
Jack Torr	Public - Sedgemoor	√	√	√	X	√	5	4
Eddie Nicolas	Public - Sedgemoor	√	√	√	√	√	5	5
Martin Davidson	Public – Sedgemoor			√	X	√	3	2
Ian Hawkins	Public – South Somerset	√	√	√	√	√	5	5
Sue Steele	Public – South Somerset	√	√	√	√	√	5	5
Mick Beales	Public – South Somerset	√	√	√	√	X	5	4
David Recardo	Public – South Somerset	√	X	X	X	X	5	1
Paull Robathan	Public – South Somerset	√	√	√	√	√	5	5
Vacancy	Public – South Somerset						--	--
Peter Shorland	Public – Dorset			√	X	√	3	2
Alan Peak	Public – Outside Somerset	√	√	√	X	√	5	4

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

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

Appointed Governors

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

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

Governor	Organisation	9 March 2023	20 March 2023	13 June 2023	20 September 2023	14 December 2023	Meetings	
Cllr Adam Dance	Somerset Council				X	X	2	0
Dirk Williamson	Simply Serve			√	√	√	3	3
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:	20 March 2024

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

Executive Summary and Reason for presentation to Committee/Board	The 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
-------------------------------	------------------------------------	---------------------------------	-------------------------------------	-----------------------------------

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 was presented to the December 2023 meeting about the reappointment of an existing NED.</p> <p>A report has been included on the agenda of the March 2024 meeting in relation to the reappointment of a NED from 29 May 2024 for up to one year.</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 Council of Governors meeting.	Completed.
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</p>	Ongoing.

		Strategy and Planning Group.	
<p>To hold the Non-Executive Directors, individually and collectively to account for the performance of the Board of Directors, including:</p> <ul style="list-style-type: none"> • 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 		<p>Performance is discussed through a number of different ways:</p> <ul style="list-style-type: none"> • Governors Strategy and Planning Working Group • Governors Quality and Patient Experience Group • Governors People Group • Governors' attendance to Public Board meetings • weekly Governor briefings • report of the Board of Directors to the Council of Governors meetings • invitations for Governors to attend Board Committee and Governance Group meetings 	Ongoing

relation to reducing health inequalities in access, experience and outcomes.		<ul style="list-style-type: none"> • feedback by Non-Executive Directors to the Council of Governors meetings • Non-Executive Director and Governor meetings • Governor Development Days • availability of detailed finance and performance reports on the Trust's website. 	
<p>Represent the interests of the members of the Trust as a whole and form a rounded view of the interests of the public 'at large', which includes the population of the Somerset system.</p> <p>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>
Agree with the Audit Committee the criteria for		The appointment of the external auditor was	Ongoing

appointing, reappointing and removing external auditors following a written recommendation from the Audit Committee		<p>approved at the March 2021 Council of Governors meeting.</p> <p>A report on an external audit tendering process is included in Part B of the agenda.</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		This will be raised with the Council of Governors as and when required.	Ongoing

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

To approve proposed changes to the Constitution.		The Constitution will be kept under review and changes proposed as and when required.	Ongoing. -
--	--	---	-------------------

A large, stylized graphic of many birds in flight, arranged in a shape that resembles the map of Somerset. The birds are in various colors including blue, green, and purple, and are scattered across the left side of the slide.

Merger Programme 11 months on

Kindness, Respect, Teamwork
Everyone, Every day

11 months ago...

On 1st April 2023 Somerset Foundation Trust was formed in its current position. Our aims at merger were:

Patients

- More time in good health for patients, with a focus on population health and health inequalities
- Easier focus on areas of county-wide clinical need
- Broadening the availability of unified pathways across physical and mental health particularly to patients served by YDH

Colleagues

- More resilient services for colleagues, with more job flexibility, and time to focus on strategic transformation. Easier recruitment, better retention.

System

- Closer partnership working, reduction in duplication

What have we achieved so far?

Merger process itself

- Merger involved 14,000 colleagues and all of our services. There were operational, financial and reputational risks.
- All Day 1 critical tasks were completed on time. All systems continued functioning as planned. TUPE transfer of colleagues was successful.
- We have now completed almost 250 corporate merger projects, including a combined financial ledger, merged digital systems and combined governance processes.
- New Service Group structure implemented and embedded, ensuring governance oversight across the whole of the new trust.
- We have monitored progress and issues at Exec/Board level monthly since merger, moving to quarterly as we move into Year 2.

What have we achieved so far?

Clinical services

- Bringing clinical services together, especially different teams delivering the same service, has been challenging. Success has been mixed.
- In Year 1 we have focused on the six “case study” clinical areas identified in the Patient Benefits Case as covering all of the types of service provided by the new trust, contributing to a variety of system-level strategic objectives.
- Some services e.g. Homelessness have delivered new, fully integrated services.
- Other services like Stroke and Cardiology have taken longer than we anticipated to fully integrate, but have still developed county-wide pathways.
- Some services e.g. Maternity and Oncology have struggled balancing integration with ongoing operational demands
- Performance against outcome measures will be clearer our first year, but significant initiatives have already progressed.

What have we achieved so far?

Clinical services

Several patient benefit cases were developed as examples of the benefits of integration. A number of benefits have been achieved to date

Maternity

- Integrated digital maternity care record, making it much easier for patients and clinicians to access clinical notes across the county.
- Integration of supporting services across the county e.g. bereavement services which have been co-produced with service users.

Oncology

- More Oncologists recruited, made easier by a county-wide model, stabilizing the service.
- Expansion of Cancer Helpline county-wide.
- New HOPE Somerset service, helping with the psychological aspects of cancer, has seen a 110% increase in activity.

What have we achieved so far?

Cardiology

- New Rapid Access Referral to Heart Failure service county-wide
- Beginning to address recruitment issues, the two teams were starting from very different positions and integration has developed slowly over the past year

Stroke

- The public consultation on stroke service has been a key part of the teams work over the past year. The team have yet to fully integrate whilst this process was outstanding but are well placed to be able to sustain the agreed service in Somerset.

What have we achieved so far?

Peri-Operative Care

- This is a new service designed to broaden the care of surgical patients, including avoiding surgery altogether by focusing on wider care needs. We have specifically focused on it because of its potential to develop better in a county-wide trust.
- Single community anaemia infusions service introduced providing an equitable service across the county
- Diabetes pathway introduced cross-county.
- Dedicated frailty nurse, supporting a dedicated pre-operative pathway. 55% of patients on this pathway have voluntarily come off the surgical waiting list as a result.

Homelessness

- Single approach to ward rounds, discharge and training
- New county-wide pathway for all vulnerably-housed patients.

What have we achieved so far?

Clinical services

We have also used the advantages of merger to make progress in other clinical areas, for example:

Robotic Surgery

- There is now a general surgery robot at each acute hospital site. As a single trust we have benefitted from a collaborative approach to training and patient selection for robotic surgery and have now operated on well over 100 patients using the robot.

Infection Prevention and Control

- YDH now has a 24/7 IP&C advice service for the first time
- Harmonisation of outbreak control procedures

What have we achieved so far?



Somerset

NHS Foundation Trust

Non-Clinical services

We broke down the merger preparation work into 15 merger workstreams across our corporate / support services. Each of those workstreams identified success criteria, which we have monitored and reported against.

For many services, a full analysis of progress won't be possible until year-end information is reported. But as of now, specific achievements include:

Corporate Governance

- Continued “Good” rating from the CQC, with better relationship-management in a single organisation.

Finance

- Reduction in staff costs and audit fees as a result of combining Finance functions into one team.

Estates and Facilities

- Recruitment challenges made easier (e.g. craftspeople) in a bigger trust.
- Easier for YDH to make capital investments e.g. new operating theatre.

What have we achieved so far?

Non-Clinical services

Resilience and Emergency Planning

- No more single points of failure,. This has led to specific improvements to the management of emergency incidents and industrial action this year.

Digital

- More combined systems making cross-site working easier e.g. e-Prescribing, Patient Hubs, Maternity.
- Roll out of Robotic Process Automation Reduction in staff costs
- Improved resilience of service and cyber security and information governance processes.

People

- Positive headline scores in the Staff Survey
- Turnover remains below national average despite large changes.

Lessons learned and next steps

Lessons Learned so far

- We benefitted from close working pre-merger, as well as preparation and project management of the merger process as it happened.
- The integration timeline for clinical services has been elongated following integration of leadership teams and clinical delivery challenges.
- Clinical integration across all services will continue
- The different size and scope of the two legacy trusts meant that colleagues with the same job titles often worked in very different ways, making it more difficult to bring some teams together.
- The development of a shared vision and values helped alleviate some of the challenges.

Next Steps

- One Year Review Document going to Board in June, and then NHSE. A two Year Review to follow in 2025.
- Continued Quarterly Merger Programme Board to review progress
- Work within teams on realising merger benefits will continue.

Electronic Health Record (EHR) Update

Kindness, Respect, Teamwork
Everyone, Every day

Council of Governors

Electronic Health Record (EHR)

EHR is critical to our strategic aims



Digitally empowered citizens - connected digital services to support people to make informed choices when accessing services; promoting patient self-management and well-being.
Trust Objectives: 1, 2, 3, 5, 7, 8



Digitally enabled colleagues - support colleagues with digital skills; information securely accessible, to all colleagues, at all times; barriers broken down, providing improved user experience; utilising pioneering systems, automation and advances in artificial intelligence.
Trust Objectives: 2, 6, 8



Intelligent systems enabling care and efficiency - data driven insights supporting real-time decision making and rapid system learning and change.
Trust Objectives: 1, 2, 3, 4, 5, 6, 7, 8



Care without boundaries - seamless working across health and care settings and sites; with care supported in neighbourhoods, closer to home.
Trust Objectives: 1, 2, 3, 4, 5, 7, 8



Resilient, secure infrastructure - services underpinned by reliable, cyber-secure and scalable infrastructure, fit for the future technologies.
Trust Objectives: 1, 2, 3, 5, 7, 8



Innovation - promote a culture of learning to transform and innovate care delivery.
Trust Objectives: 1, 2, 4, 6, 8



Digital inclusion - work with system partners to support the people of Somerset to access care without barriers arising from a skills, knowledge or access to technology.
Trust Objectives: 1, 2, 3, 4, 6



Sustainability and performance - respond to the evolving needs of the organisation and wider health and care community, supporting both short-term situational resilience, tactical support and long-term goals.
Trust Objectives: 1, 2, 3, 7, 8

- Clinical change programme enabling our clinical care and support strategy and Trust integration
- Unified EHR for our patients across all services and empowering patients with ownership of their health and wellbeing
- Investment in people, transformation, skills, technology, systems and data
- Enhances ICS ambitions for population health management
- Opportunities for future ICS models of health and care records

Electronic Health Record (EHR)

What is the Aim?

To develop and implement an electronic health record which brings together current disparate system and will have a single record for secondary care service, which integrates with primary and social care and in time can move to a single electronic health and care record.

Key features

- Replace the hundreds of separate systems into a single unified record
- Allow the population to access records and plan and coordinate use of services digitally
- Improve safety and efficiency of services

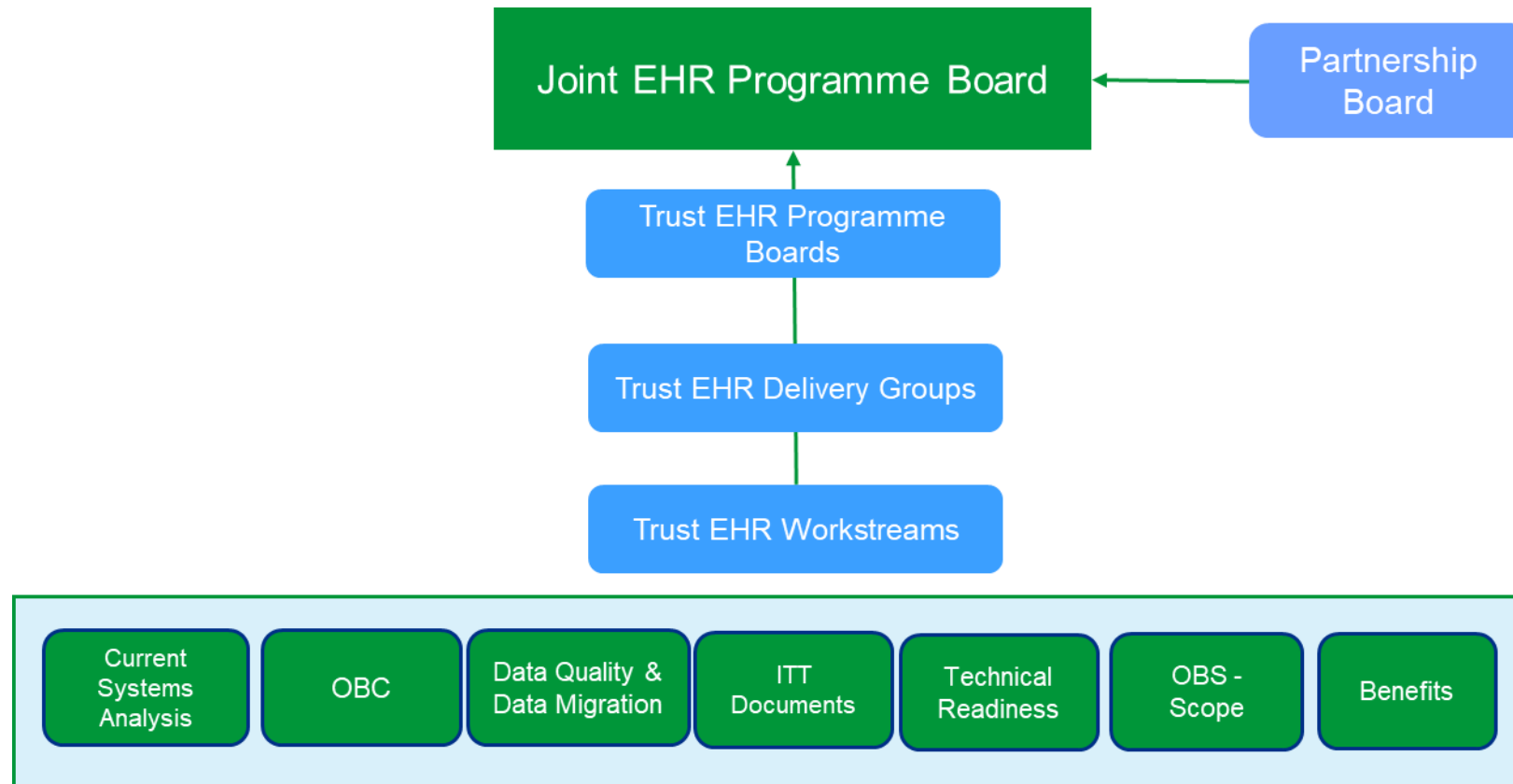
Electronic Health Record (EHR)

Timeline

- Mar 2022 – Somerset Strategic Outline Case (SOC) approved by Trust Board
- Jan 2023 – Outline Business Case (OBC) approved by Trust Board
- Feb - Oct 2023 - four iterations of OBC with regional/national team
- Nov 2023 - OBC still considered unaffordable - available funding / national allocation / benefits
- Dec 2023 - Agreement to explore partnership option with Dorset ICS
 - Somerset NHS Foundation Trust (SFT)
 - University Hospitals Dorset NHS Foundation Trust (UHD)
 - Dorset County Hospital NHS Foundation Trust (DCH)
 - Dorset Healthcare University NHS Foundation Trust (DHU)
- Jan 2023 - Partnership Board and Joint EHR Programme Boards established

Electronic Health Record (EHR)

Partnership Governance



Electronic Health Record (EHR)

Next Steps (Feb-May)

- Complete development of OBC
 - Strategic, Commercial and Management cases are in draft
 - Economic and Financial cases are being developed following market engagement
- Continue Somerset FT readiness projects
- Support Dorset with readiness projects
- Re-profile funding allocation and agree with regional/national team
- Prepare Trust / ICB Boards for OBC approval

Electronic Health Record (EHR)

Shortlisted Options

Option	Description
Option 3 - Integrated EHR	Fully integrated EHR across Somerset for acute, community and mental health; with Dorset taking acute and mental health (with Dorset Community as phase 2)
Option 4 - Modular EHR, Single Vendor (PAS Plus)	Component-based suite of integrated clinicals and patient administration functionality across SFT and Dorset clinical services.
Option 6 – PAS only	Implement a single PAS for Dorset and for Somerset Acute services – reducing the number of PAS systems across the regions
Option 7 - Business As Usual (BAU) (Do Nothing)	Baseline Option in the OBC

Electronic Health Record (EHR)

External Funding (Somerset)

Frontline Digitisation	2023/24	2024/25	2025/26	Total
	£'000	£'000	£'000	£'000
Capital	3,615	13,896	8,123	25,634
Revenue	557	98	650	1,305

- 2023/24 - OBC development and readiness projects
- 2024/25 - Procurement, FBC development, readiness projects and contract award
- 2025/26 - Implementation

2024/25 and 2025/26 funding to be re-profiled following OBC approval, to reflect programme plan; similar funding available to Dorset

Electronic Health Record (EHR)

Potential benefits of collaboration

<i>In this table, we provide an indicative comparison between the costs of two hypothetical Trusts implementing a standalone EPR, alongside the costs of partnering with a host Trust and completing an extension of their live instance.</i>				
	Trust 1 standalone	Trust 2 standalone	Both Trusts partner with a host*	<i>Savings realised</i>
Timeline	15 months	18 months	12 mo. to Trust 1, then 4 mo. to Trust 2	<i>about 15%</i>
Services Estimate	£10.8m	£12.8.	£10.2m	<i>about 50%</i>
Team size (implementation/long-term)	88/68 FTE	102/83 FTE	99/67 FTE	<i>about 50%</i>
License Fees	£15m	£20m	£27m	<i>about 20-25%</i>
Maintenance Fees	£3.5m	£4.5m	£5.6m	<i>about 30%</i>

Electronic Health Record (EHR)

Partnership Risks / Impact

- Affordability
 - Realisation of anticipated efficiencies from partnership model
- Approval process (OBC and FBC) through 4 Provider and 2 ICB Boards to achieve timeframes
 - Key decision point in May for OBC
- Approval process (OBC and FBC) through regional and national teams to achieve timeframes
 - First of type with single OBC across multiple ICSs
- Frontline Digitisation funding re-profiling to match revised programme plan

Impact of March 2024 Budget

£3.4bn of investment in technology from 2025

- £2bn to update fragmented and outdated IT systems
- £430m to transform access and services – using the NHS App
- £1bn transform the use of data and time spent on unproductive administrative tasks

The announcement are positive for our plans, although the detail of the announcement and release of funding has not yet been confirmed.

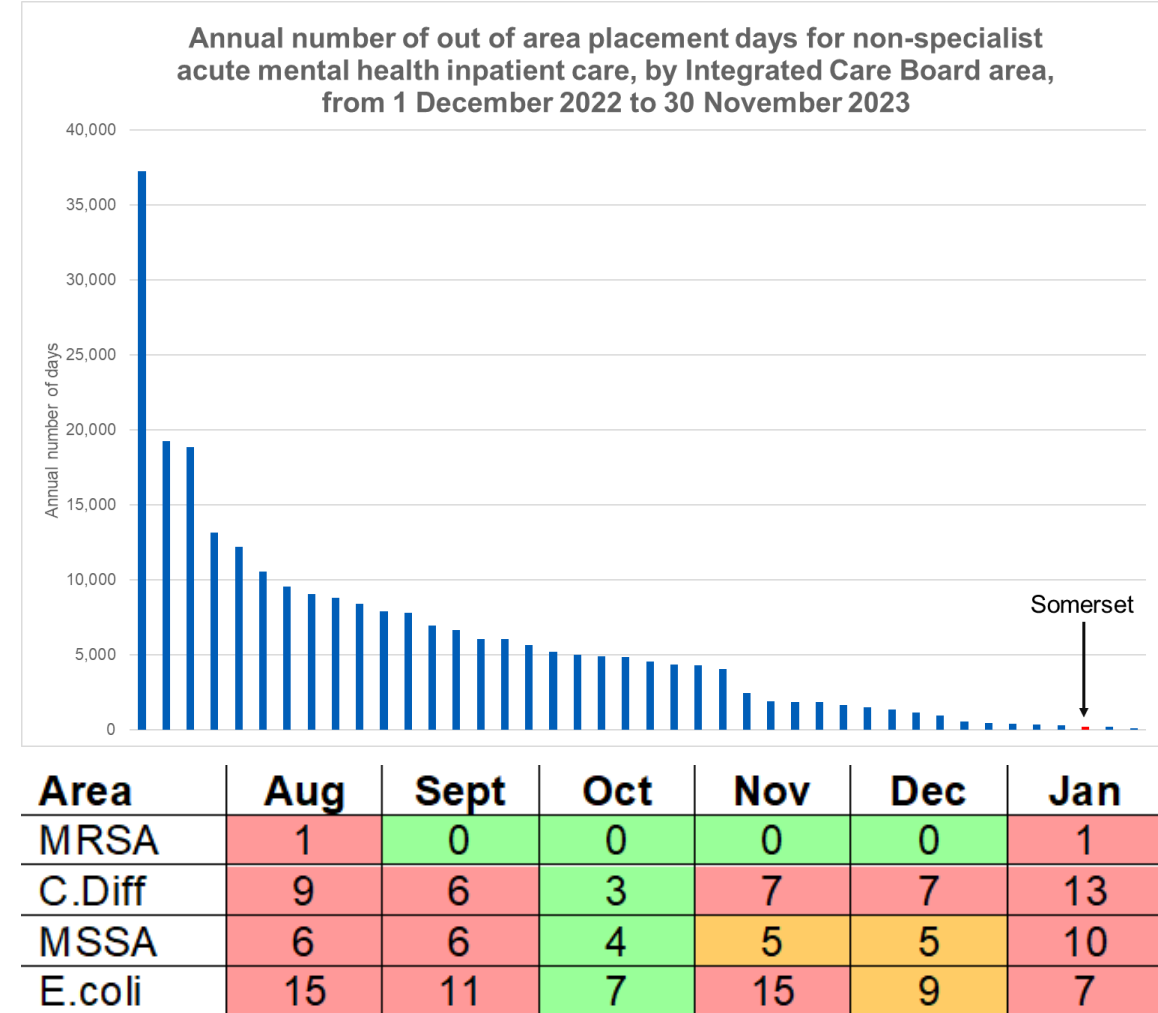
Finance and Performance: Report to the Council of Governors

Kindness, Respect, Teamwork
Everyone, Every day

Pippa Moger, Chief Finance Officer
20 March 2024

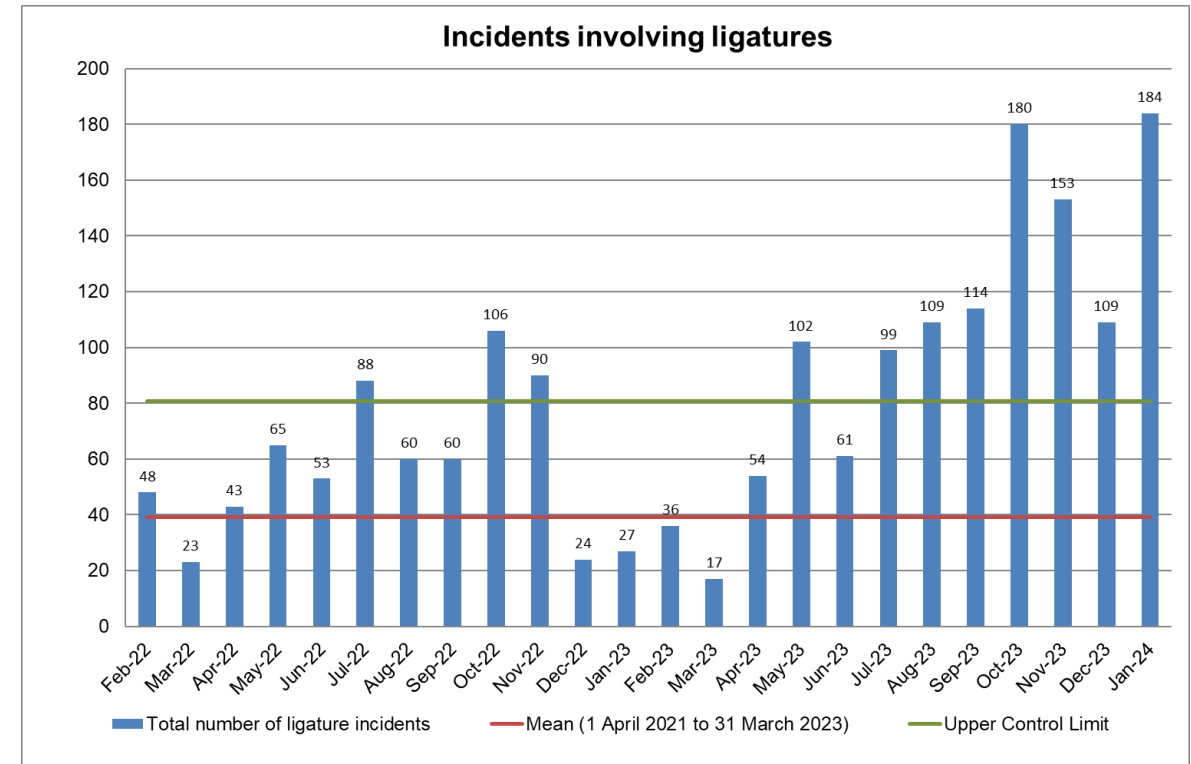
Quality and patient safety

- During January 2023, two patients were placed out of area for non-specialist mental health inpatient care, for a total of 45 days. One patient has since been repatriated. We continue to have amongst the lowest rates of such placements nationally.
- Infection Control: MRSA: One Trust-attributed MRSA bloodstream infection (BSI) was reported during January 2024. The total for the year to date is three.
- MSSA: Ten Trust-attributed MSSA BSIs were reported during January 2024. The total since 1 April 2023 was 58 against an internal threshold for the year of 64.
- C. diff: There were 13 Trust-attributed cases in January 2024. The total since 1 April 2023 was 74 against an annual threshold of 54.
- E. coli: seven Trust-attributed E. coli BSIs were reported in January 2024. The total since 1 April 2023 was 117, against an annual threshold of 105.
- Covid: as at 31 January 2024 there were 34 patients with Covid in beds across the Trust; 19 at MPH, 10 at YDH, and five in our community hospitals.



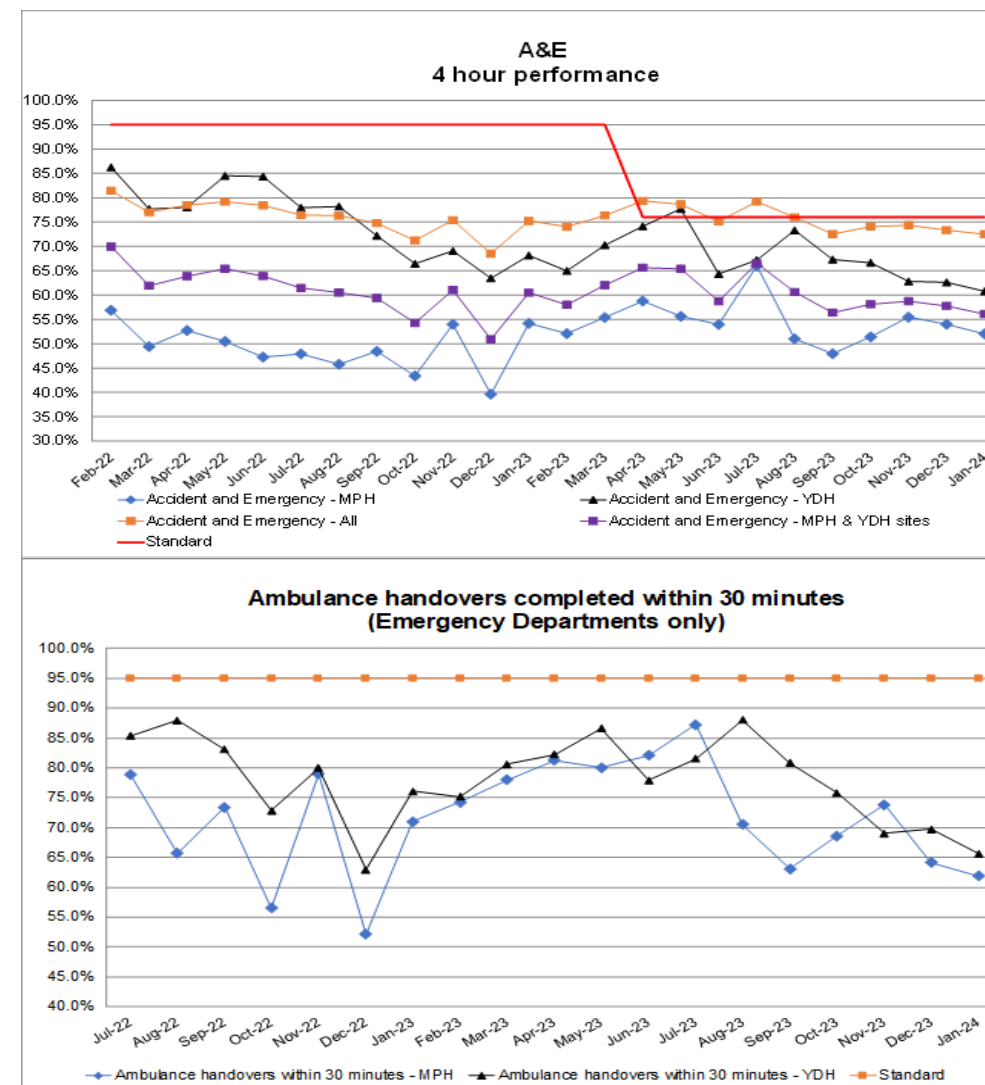
Quality and patient safety

- During January 2024 a total of 184 ligature incidents were reported. Four ligature point incidents were reported.
- Of the 184 ligature incidents, 77 occurred at Rydon Ward 1, with 50 relating to one patient. Holford ward, our psychiatric intensive care unit, reported 70 incidents, with 69 relating to one patient.
- 32 of the 184 incidents resulted in minor harm, and three resulted in moderate harm. The remainder resulted in no reported harm.
- The Rydon Ward 1 patient is diagnosed with Recurrent Depressive Disorder and has been involved in a total of 312 incidents since May 2023.
- 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 January 2024 was 56.1%, down from 57.8% in December 2023. National average performance in January was 55.4%. Compliance within our Minor Injury Units (MIUs) was 96.0%. Overall compliance across all attendance types was 72.5%, below the revised national standard of 76%, to be achieved by March 2024, but above the national average of 67.3%
- Compliance in respect of our two A&E departments was 52.0% for Musgrove Park Hospital (MPH) and 56.1% for Yeovil District Hospital (YDH). Combined A&E attendances at MPH and YDH to the end of January 2024 were 1.1% higher than 2022/23 levels.
- The latest figures circulated by our regional office show that SFT was the best-performing of 13 Trusts in the South West in respect of the four-hour target across all attendance types, with performance of 75.5% during the week ending 18 February 2024. The regional average was 66.6%.
- During January 2024, the percentage of ambulance handovers completed within 30 minutes was 61.9% at MPH and 65.6% at YDH. The average performance across all hospitals served by South Western Ambulance Service NHS Foundation Trust (SWAST) in January 2024 was 52.3%.

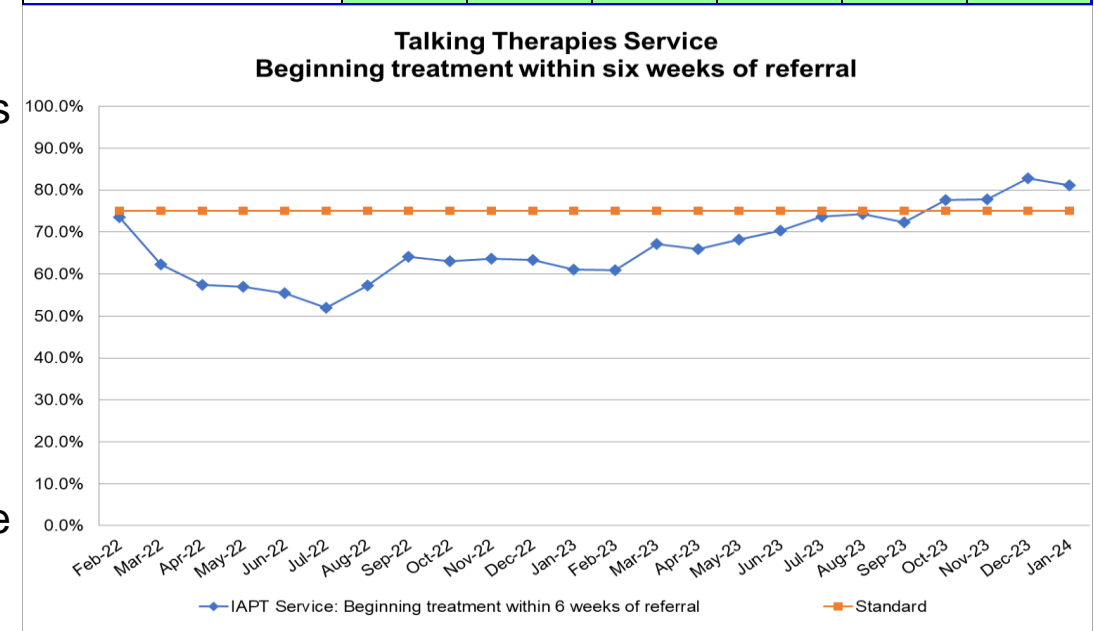


Mental health

- The percentage of people waiting six weeks or less to be seen by our adult community mental health services was 93.6% in January 2024, and 93.7% of older people had waited six weeks or less for a first appointment. 96.1% 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.
- The percentage of people with a first episode of psychosis beginning treatment with a NICE-recommended care package within two weeks of referral was 89.5% in the three months to 31 January 2024, 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.
- The percentage of Talking Therapies patients beginning treatment within six weeks of referral was above the 75% standard as at 31 January 2024, at 81.1%. The numbers waiting over 18 weeks to be seen have recently begun to rise , due to a shortfall in capacity within the service.

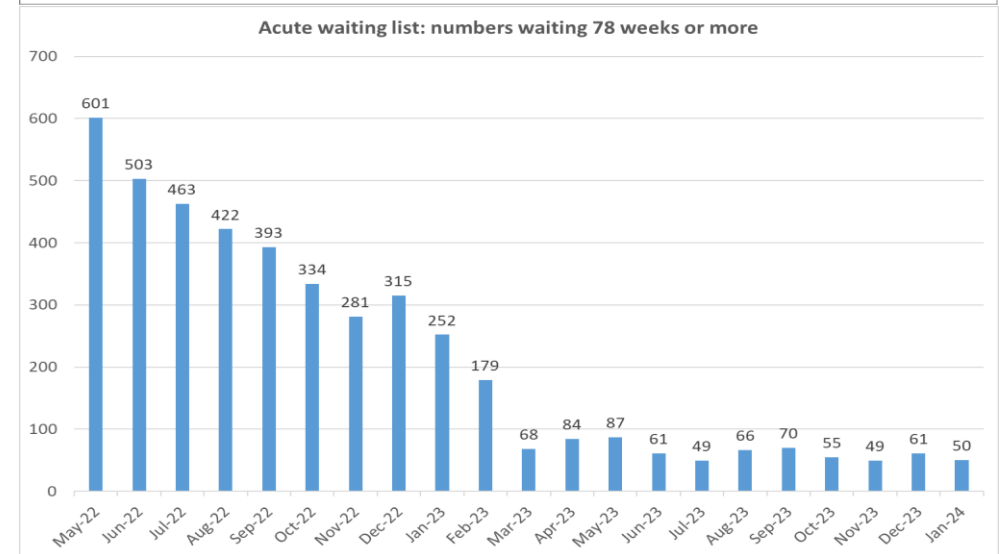
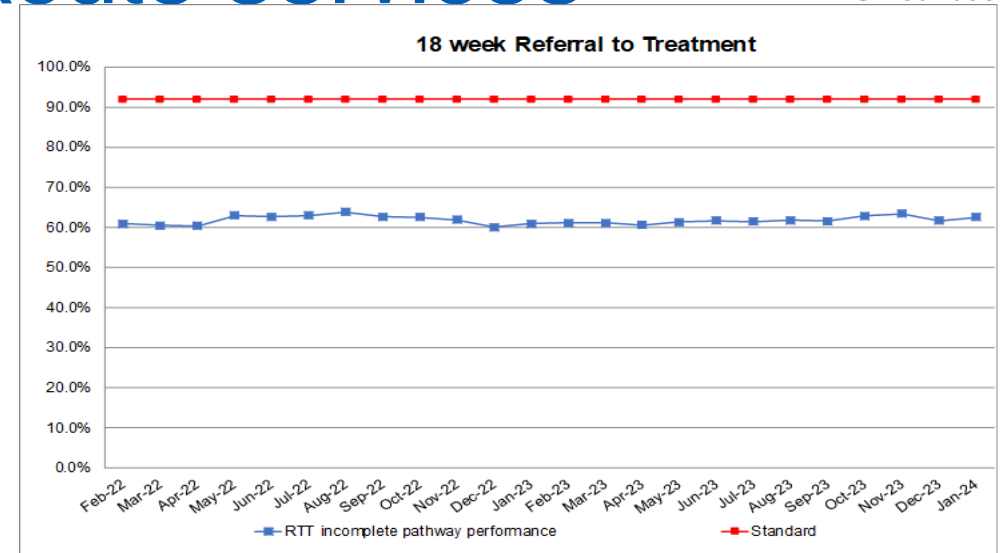
Kindness, Respect, Teamwork
Everyone, Every day

	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Adult mental health services	90.4%	93.7%	91.6%	92.2%	93.9%	93.6%
Older Persons mental health services	94.0%	89.0%	87.5%	95.3%	93.0%	93.7%
Learning disabilities service	100.0%	100.0%	100.0%	80.0%	87.5%	100.0%
Children and young people's mental health services	96.9%	100.0%	92.0%	96.6%	94.7%	96.1%



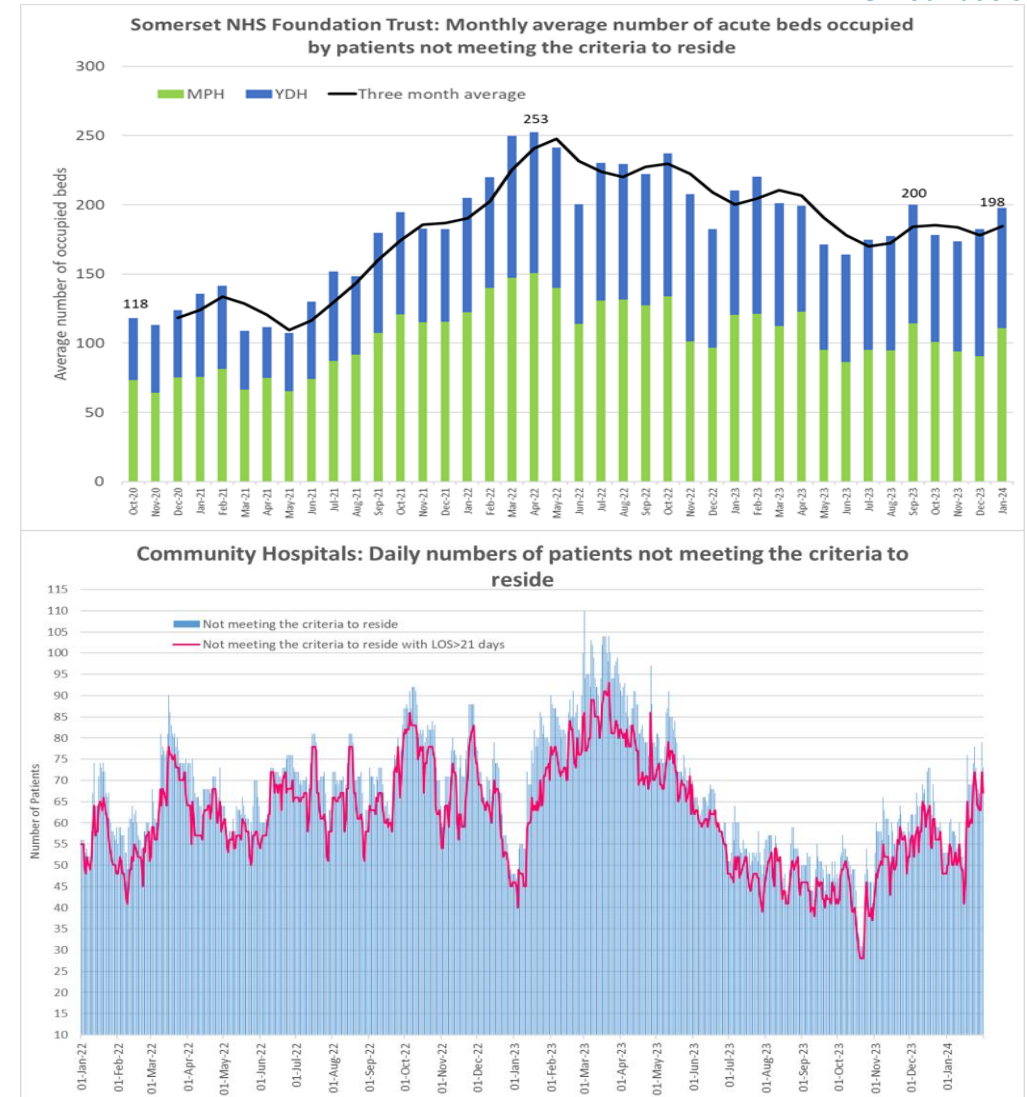
Referral to Treatment (RTT): acute services

- The percentage of patients waiting under 18 weeks from referral to treatment was 62.6% in January 2024. National average performance in December 2023 – the latest data national available – was 56.6%. Our performance in December 2023 was 61.7%
- The total waiting list size at the end of January 2024 was 53,787, up by 120 from December 2023, but 3,624 patients lower than (i.e. better than) the target trajectory.
- The number of patients waiting over 52 weeks at the end of January 2024 was 2,252, better than the trajectory of 3,005 or fewer. The number of patients waiting over 65 weeks reduced by 120 to 605, which was 105 better than the trajectory of 710 or fewer. The number of patients waiting 78 weeks or more also reduced, by 11 to 50.
- 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.



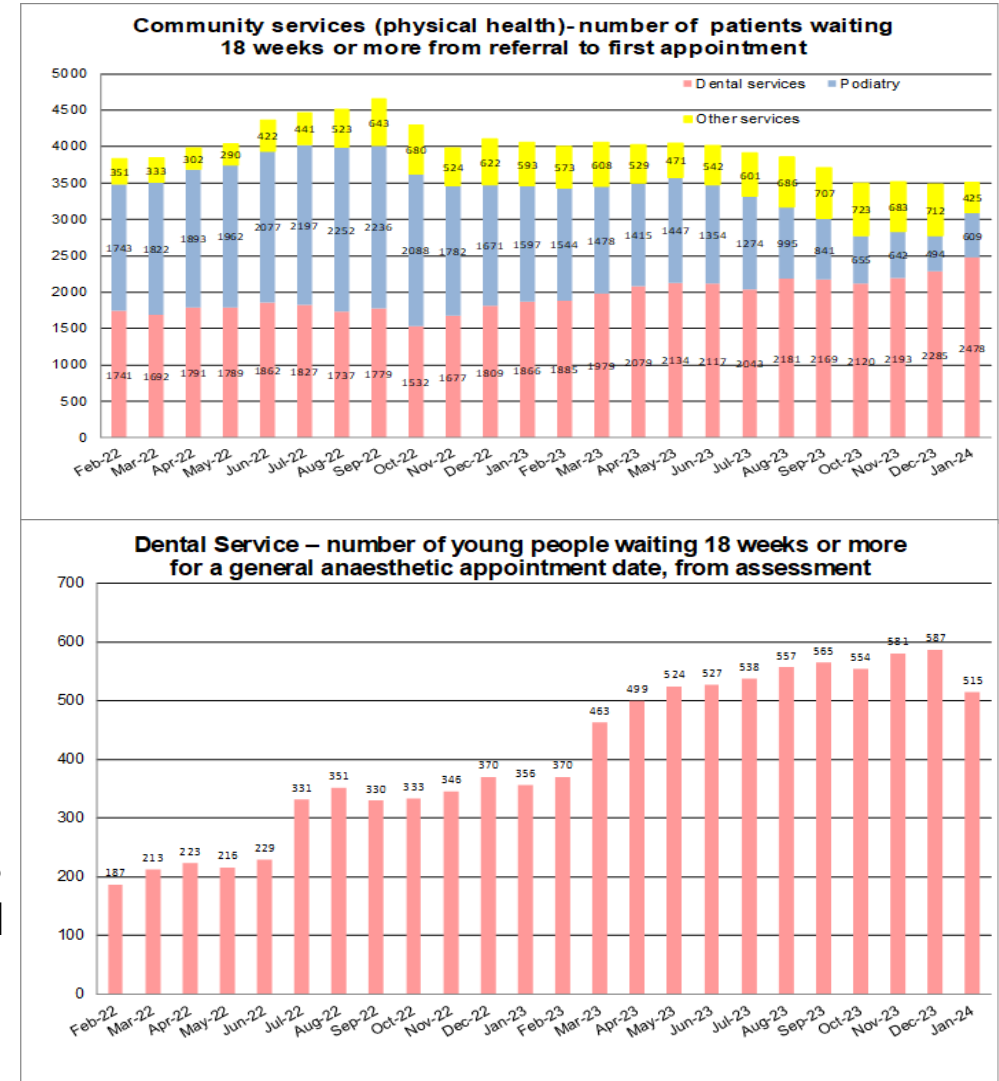
Criteria to Reside

- During January 2024, the Trust-wide number of acute bed days occupied by patients not meeting the criteria to reside was 6,126 (3,435 at MPH and 2,691 at YDH), up from 5,651 in December. This equates to 198 fully occupied beds during the month of January, up from 182 in December.
- In our community hospitals, the number of patients not meeting the criteria to reside also increased, from 53 as at 31 December 2023 to 73 as at 31 January 2024, and the numbers not meeting the criteria to reside with a length of stay of 21 days or more also increased, from 48 at the end of December to 67 at the end of January.
- 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.



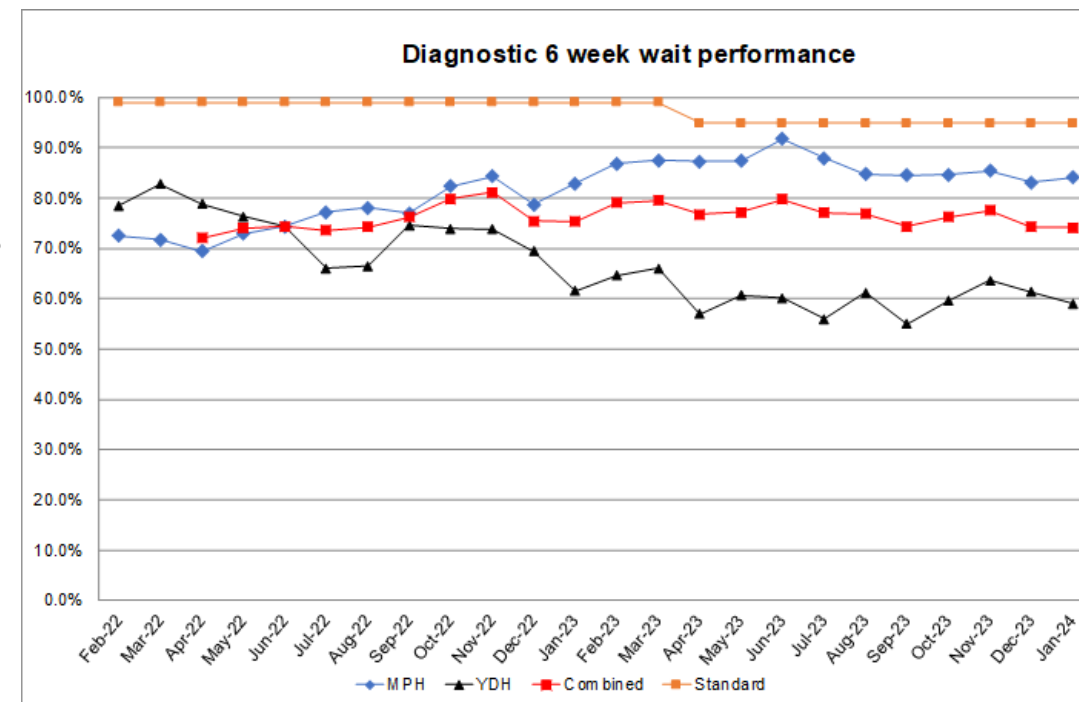
Community physical health services

- As at 31 January 2024, the number of patients waiting 18 weeks or more to be seen by our community physical health services increased by 21 to 3,512. The numbers waiting over 18 weeks to be seen by our Somerset and Dorset dental service increased from 2,285 to 2,478 and the numbers waiting over 18 weeks to be seen by our Podiatry service increased from 494 to 609, mainly due to sickness absence within the service.
- The numbers of patients waiting over 52 weeks, over 65 weeks, and over 78 weeks all increased.
- As at 31 January 2024, 515 young people had waited 18 weeks or more for a dental appointment for treatment involving a general anaesthetic (GA), a reduction of 72 compared to 31 December 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. The Dorset Integrated Care Board (ICB) has allocated funding for 100 Paediatric GAs.



Diagnostics

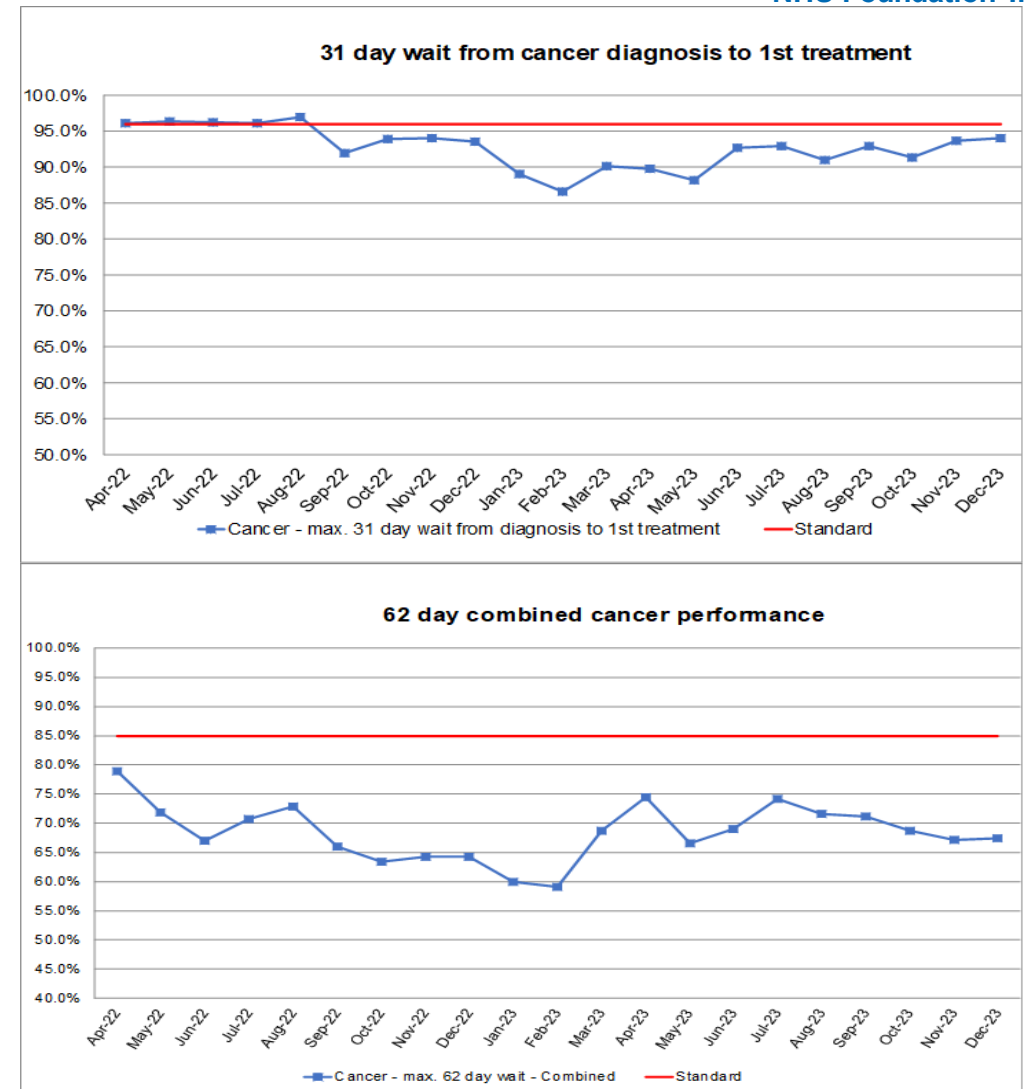
- The Trust-wide percentage of patients waiting under six weeks for their diagnostic test was 74.1% in January 2024. National average performance for NHS providers (i.e. excluding Independent Sector providers) was 72.7% in December 2023, the latest data available. Our performance in December 2023 was 74.3%.
- The highest numbers of patients were waiting for an MRI (up from 660 to 664; 22% of over six week waiters, gastroscopy (down from 480 to 450; 15%), colonoscopy (down from 443 to 437; 14%), non-obstetric ultrasound (down from 373 to 343; 11%) and sleep studies (up from 277 to 309; 10%), together making up 72% of the long waiters.
- The total waiting list size decreased by 2%, due to high activity levels.
- Additional MRI capacity has been established, through the rental of a mobile scanning van for an eight-week period, starting in mid-February 2024. Plans are in place to increase the number of scans undertaken at the Taunton Diagnostic Centre
- 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

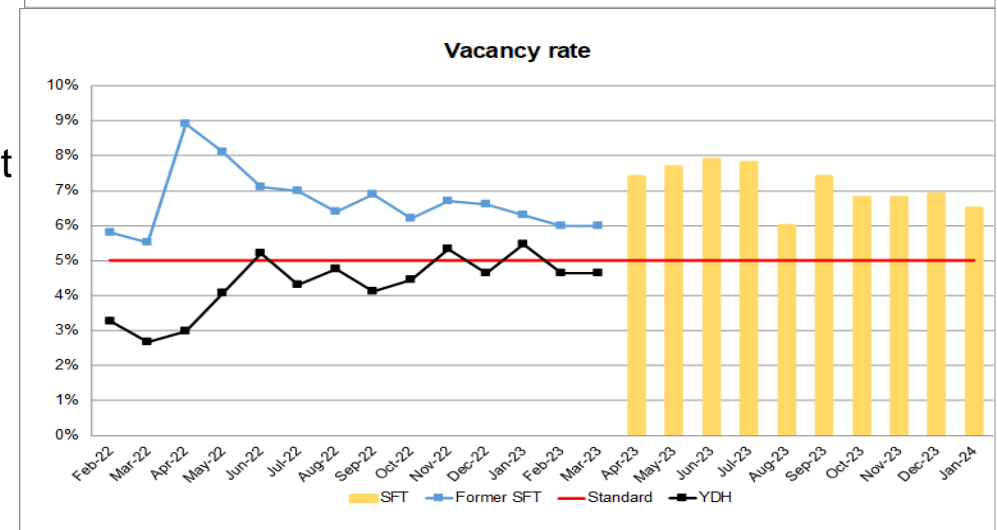
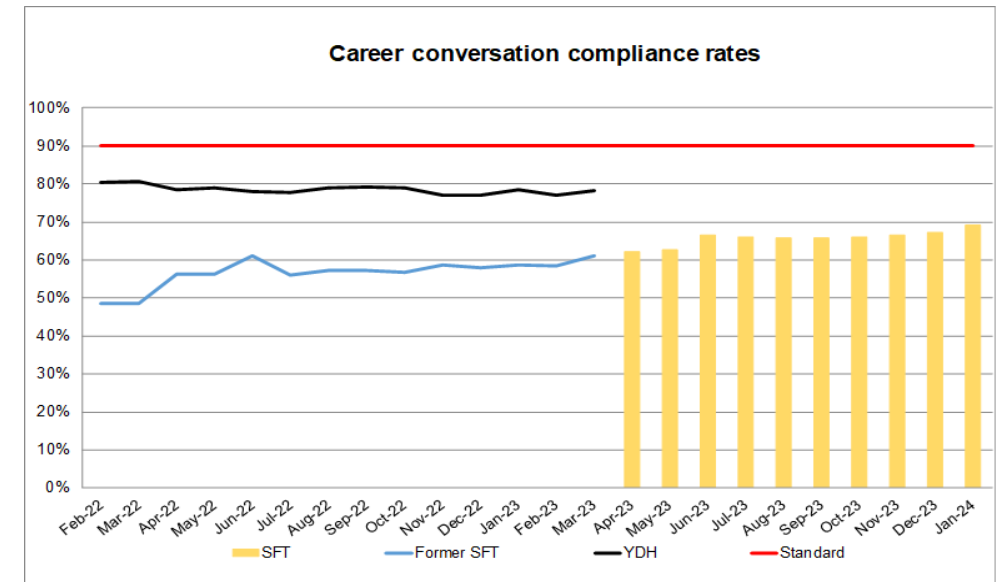
- The percentage of patients diagnosed with a cancer or given a benign diagnosis within 28 days of referral was 76.6% in December 2023, above the 75% national standard for the sixth month in a row.
- The percentage of cancer patients receiving a first treatment within 31 days of diagnosis was 94% in December 2023, below the 96% national standard but above the national average of 91.1%. The main breach areas of the 31-day standard were breast and skin. Over the last three months, Breast cancer referrals have increased by 21% relative to the same period in 2019/20.
- The percentage of cancer patients treated within 62 days of referral was 67.4% in December 2023, below the national standard of 85%, but above the national average of 65.9%. The main breaches of the 62-day GP standard were in urology, colorectal, and skin. The main causes of the breaches are the growth in demand in urology (up 26% over the last three months, relative to same pre-COVID period) and colorectal (up 9%), and an increase in diagnostic waiting times.
- Additional prostate and colorectal diagnostic capacity continue to be established, to try to meet increasing demand.
- Additional capacity continues to be established for dermatology, including further consultant appointments, GPs with Extended Roles being trained and insourcing.

Kindness, Respect, Teamwork
Everyone, Every day



People

- In respect of retention, of 81 colleagues who had commenced employment on or after 1 February 2023, a total of 62 (76.5%) were still with the Trust as at 31 January 2024. Our aim is to achieve a rate of at least 88.3%. As one of 23 NHS People Promise Exemplar sites, we have a detailed plan in place to improve retention across the Trust.
- As 31 January 2024, the percentage of career conversation reviews undertaken at least annually was 69.1%, against a target of 90% or more. Career conversations continue to be a key area of discussion in directorate and service group meetings to ensure this is reviewed at every opportunity and given the right level of focus.
- As at 31 January 2024, 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 6.5% as at 31 January 2024, against a target of no more than 5%. Across the Trust, medical and dental, Allied health professionals (AHPs), maintenance and a few specialist roles across Digital and People Services are particularly hard to recruit roles, affected by either national or local shortages.
- Our sickness absence rate for the 12 months to 31 January 2024 was 4.9%. The last time it was lower than this was in October 2021.



Finance

- At the end of January the Trust has a cumulative deficit of £5.758m, this is £2.324m adverse to the planned position.
- The position is driven by the financial impact of backfilling post graduate doctors in training during their periods of industrial action and the loss of elective recovery income as a result of activity being stood down on strike days.
- National funding of the December and January industrial action has now been confirmed. Placing aside the industrial action the financial performance in month was consistent with the H2 plan
- Agency expenditure continues to be significant, with cover for medical vacancies the primary driver. Agency and locum costs were £38.3m at the end of January, this is c£5.8m above the cap.
- Agency expenditure remains under regular scrutiny and there are some encouraging signs that the run rate is reducing. There is further planned overseas recruitment into medical posts.

Statement of comprehensive income	Month 10 (January) 2023/24		
	Plan	Actual	Variance
	Year to date £'000	Year to date £'000	Year to date £'000
Operating income from patient care activities	773,763	804,183	30,421
Other operating income	44,698	56,370	11,673
Employee expenses	(562,792)	(584,192)	(21,400)
Operating expenses excl employee expenses	(248,065)	(273,924)	(25,859)
Operating Surplus/(Deficit)	7,603	2,433	(5,165)
Net Finance Costs/Corporation tax	(10,037)	(5,817)	4,220
Surplus/(Deficit) 2023/24	(2,434)	(3,379)	(945)
Adjustments to Financial Performance	(1,000)	(2,379)	(1,379)
Adjusted Financial Performance Surplus/(Deficit)	(3,434)	(5,758)	(2,324)

- Provided central funding is received as expected for industrial action costs, the Trust is forecasting to deliver a break-even position, consistent with the plan for the year.

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:	20 March 2024

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

Executive Summary and Reason for presentation to Committee/Board	<p>The report sets out the items considered at the meeting held on 20 February 2024</p> <ul style="list-style-type: none"> REVIEW OF DRAFT MINUTES Relating to the previous meeting minutes, the group received a brief summary of the Core Standard Nursing box set, a piece of work Hayley Peters and the patient care team are working on relating to the setting of fundamental, clear and aspirational core standards for the trust to follow. <p>Governors asked for clarification on assurance around the information received relating to the Lucy Letby case. The Council was fully briefed following the trial and initial inquiry. There will be further recommendations and guidance following the full inquiry and the governors will be kept informed of this. The trust performed an internal audit around processes relating to freedom to speak up guardians and junior working hours including speaking to colleagues about raising concerns within the trust and feeling listened to.</p>
	<ul style="list-style-type: none"> ACTION LOG / MATTERS ARISING <ul style="list-style-type: none"> Car parking and drop off / collection concerns – still challenging but plans and proposals are being put in place. Concerns around plans for urgent treatment centres to be added adjacent to some trust sites and the potential issues this could cause relating to additional traffic and parking and asked if sites such as south Petherton and Bridgwater with access to free parking had been considered. It was confirmed that current MIUs were part of the proposals.



	<ul style="list-style-type: none"> • Winter pressures alongside industrial action discussed alongside rise in covid/flu/norovirus cases across the trust. • Blister pack update challenging as many pharmacies are independent which limits what the trust can do to help. • SEAG being replaced with citizen hub. Emma Davey advised currently no updates but would bring to future meeting when she can. <ul style="list-style-type: none"> • QUALITY ACCOUNTS PROCESS <ul style="list-style-type: none"> • Flagship programmes Fiona talked to slides relating to the flagship programmes which were agreed as the Trust's quality account priorities for 2023/24 and the years from the original merger establishing SFT. These were linked to the clinical care and support strategy aims which are monitored within the Board Assurance Framework. Good progress has been made on all of these.. The slides will be circulated to follow. • Plans for quality priorities for 2024/25 Phil provided a brief summary to the quality accounts and priorities process for the coming year. This will change from focusing on the flagships and the clinical care and support strategy to monitoring and supporting the new quality strategy on which governors were briefed in December 2023. Work to date has Identified three potential sources of priorities: <ul style="list-style-type: none"> ▪ The PSIRF priorities - People who matter, deteriorated patients and treatment escalation plans. ▪ The core care standards ("the box set") ▪ Service Group priorities A full discussion and decision on the priorities will be held at the Quality Assurance and Governance Committee in March and governors were asked for views to support that discussion. • PERFORMANCE EXCEPTION REPORT – QUALITY AND PERFORMANCE REPORT Lee highlighted key areas in the exception report, The group discussed the following: <ul style="list-style-type: none"> • Appraisal rates and reasoning behind this figure and asked if it was due to staff not having protected time
--	--

	<p>to complete and was assured that conversations are taking place, it is more linked to colleagues not having time or properly completing the recording of said conversations.</p> <ul style="list-style-type: none"> Pressures colleagues face across mental health sites and services. <p>• COMPLAINTS AND PALS MANAGER REPORT Emma Davey provided an update on complaints and PALS. The slides will be circulated to follow.</p> <ul style="list-style-type: none"> 61 formal complaints received. Over 50% of these relating to the medical services group. The group commented this is relatively small in comparison to the amount of patient activity across the trust. Decrease in PALS activity down to 18%. The group discussed the need for visibility from Emma and her team around the trust, good workforce and strong leadership is a strong focus for good engagement. <p>• ASSURANCE REPORT FROM THE QUALITY AND GOVERNANCE COMMITTEE Phil Brice provided an update on the recent maternity inspection by the CQC. The trust received a formal enforcement letter with certain requirements that need addressing, and the trust has responded within the specified time frame. Due to national backlog, the trust has not received the next letter or final report.</p> <p>Relating to the Maternity Clinical Negligence scheme, if a trust can be 100% compliant with certain criteria, the trust will receive a 10% bonus discount on insurance premiums. Historically, the trust has achieved full compliance but this year has only achieved compliance with 6 out of the 10 safety actions. Hayley Peters and Andy Heron co-chairing a group to look into the results of the CQC inspection and the maternity scheme criteria.</p> <p>• GOOD TO KNOW LOG Erica Adams expressed (over email) her thoughts on her recent positive experiences within the trust.</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:					
<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><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
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
Is this paper clear for release under the Freedom of Information Act 2000?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Report from the Strategy and Planning Group
SPONSORING EXEC:	N/A
REPORT BY:	Paull Robathan
PRESENTED BY:	Paull Robathan
DATE:	20 March 2024

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

Executive Summary and Reason for presentation to Committee/Board	The report sets out the items considered at the meeting held on 19 February 2024
	<p>There was a discussion regarding patient access to services, especially Blackbrook for the Diagnostic Centre, stemming from the ongoing bus timetable changes and the recent reported issue around post office delays regarding the delivery of letters. The group will continue to actively press the Trust and the ICB to take action.</p> <p>Elective Performance and Waiting Lists. The group is comfortable that the trust is actively addressing the ongoing effects of Covid, strikes, equipment and staff shortages. Peri-operative initiative. Very encouraging and innovative programme of work. Looking forward to a further update in a year's time to see the overall improvement to quality and financial implications.</p> <p>The group received a useful update on the Dorset partnership and various options to be evaluated in regard to the Electronic Health Record (EHR). The way forward is still unclear with the short timescales and there is a need to keep a close eye on the scope and delivery. We will review this again at the November Strategy and Planning meeting.</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:

--

<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>

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

<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 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
-------------------------------	------------------------------------	---------------------------------	-------------------------------------	-----------------------------------

Is this paper clear for release under the Freedom of Information Act 2000?	<input checked="checked" type="checkbox"/> Yes	<input type="checkbox"/> No
---	--	-----------------------------

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:	Mark Robinson
PRESENTED BY:	
DATE:	20 March 2024

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

Executive Summary and Reason for presentation to Committee/Board	<p>The report sets out the items considered at the meeting held on 21 February 2024.</p> <p>PEOPLE STRATEGY COMMITMENT: ATTRACT & RETAIN TALENT</p> <ul style="list-style-type: none"> • Role as Associate Director in Advanced Practice <p>Julie Reeve gave a brief background of Advance Practice including an overview of her portfolio role as Advanced Practice Lead and Consultant Nurse in the emergency Department.</p> <p>She explained about the different levels of practice, enhanced, advanced and consultant and how historically, there has been little structure and strategic planning involved when these roles are developed. Therefore, there were varying levels of skills and education spread across these differing roles.</p> <p>NHSE is now promoting a standardised approach to Advanced Practice roles. This will provide colleagues with a planned progressive career for those wishing to stay on a clinical pathway trajectory and could help with workforce planning and bridging gaps within sectors that see long-term vacancies and will help support colleagues to move around the trust into positions they might not have known or thought about which is positive for retention. Julie provided examples of the work she is completing to support colleagues to discuss varying pathways, educate the trust and other colleagues into what advanced practice is and looking at the governance involved to ensure the correct education, training and supervision is present to support these roles.</p>

	<ul style="list-style-type: none"> • Retention <p>Holly Larcombe talked through the circulated slides about retention and the people promise exemplar programme which the trust has been a part since April 2022 and will be ending in March 2024. At the beginning of the programme, it provided benchmarking data to ensure the trust were performing to the criteria set. Over the duration of the programme, all the trusts involved have shared, discussed, and utilised learning from each other. Currently, the trust is embedding all the learning from being part of this programme into the People strategy.</p> <p>Key elements discussed:</p> <ul style="list-style-type: none"> • Flexible working • Leavers – exit interview and other ways of communicating on exit to gain these answers. • Leadership and support • Improving the local induction process <p>PEOPLE SECTION OF THE PERFORMANCE EXCEPTION REPORT</p> <p>Bel noted the exception report which is presented at the board every quarter and contains the workforce indicators and KPI's. She reminded the group these indicators probably will not vary much on a monthly basis but provide areas that the trust needs to focus on.</p> <p>The group highlighted the high vacancy rate, but Isobel wanted to clarify the vacancy rates are not high across the whole of the trust just in some areas where filling vacancies is more of a challenge than other areas.</p> <p>The group discussed the challenges with mandatory training and compliance rate at 90% and asked if the board had any ideas how to increase the intake of mandatory training. Isobel confirmed it is a constant challenge, and in the past the board have made a concentrated effort to increase the figures and they did, but as soon as the focus shifts, the numbers start to decline. A lot of work is going on to make sure the trust communicates effectively; this can take a long time to show progress but Mark Robinson agreed it is a listening organisation and will always respond positively.</p>
Recommendation	<p>The Council of Governors is asked to note the items discussed at the meeting.</p>

<p align="center">Links to Joint Strategic Objectives (Please select any which are impacted on / relevant to this paper)</p>

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

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

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

Details:

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?

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

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)

Report from the People Group meeting held on 13 November 2023
December 2023 Public Council of Governors

<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
---	---	-----------------------------

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 March 2024

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

Executive Summary and Reason for presentation to Committee/Board	The report sets out the items considered at the meeting held on 23 February 2024
	The group discussed the Membership Workshop that took place on the 31 st January during the Governor Development Day. The group advised that it was a beneficial session but would have liked more time. The group decided that the items that were not covered in the session will be taken to the next Governor Development Day in April to be discussed.
	The group discussed creating a sub group of the MIC Working Group, to form a youth strategic group that Jane Armstrong and Jos Latour will lead and asked for two to three volunteers to join. This group will discuss ways of communicating with the younger population to gain their interest and look into the possibility of creating a youth forum.
	The group approved an information pack that was created by Fiona Reid and Tina Hickinbottom-Tacey. This pack will evolve over time and currently includes trust wide information and a Governor toolkit. This pack is to help Governors when speaking to members of the public at Governor Surgeries.
	Emma Davey informed the group that the Engagement Strategy has been circulated and will be presented at the Quality and Governance Assurance Committee in the spring.
	Krystle Pardon gave a presentation on patient engagement including building a citizens panel. She highlighted the importance of Ester Cafes where an individual with lived



	<p>experience can talk with staff members, in a relaxed environment to discuss the details of their experience.</p> <p>Caroline Stone gave a presentation to the group on working with young people and colleges. She highlighted going into schools and colleges to give talks to the students, working with local projects, linking in with Mark Carter and his work on simulation and work experience.</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

<p>Details:</p>
<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>

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
-------------------------------	------------------------------------	---------------------------------	-------------------------------------	-----------------------------------

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

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

Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Report from the Nomination and Remuneration Group meeting held on 6 March 2024
SPONSORING EXEC:	Colin Drummond, Chairman
REPORT BY:	Ria Zandvliet, Secretary to the Trust
PRESENTED BY:	Kate Butler, Chairman of the Nomination and Remuneration Group
DATE:	20 March 2024

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

Executive Summary and Reason for presentation to Committee/Board	<p>The Committee met on 6 March 2024 to discuss:</p> <ul style="list-style-type: none"> The re-appointment of an existing Non-Executive Director <p>A report on the re-appointment of an existing Non-Executive Director is included on the agenda as a separate item.</p>
Recommendation	The Council of Governors is asked to note the item discussed at the meeting held on 6 March 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 checked="" type="checkbox"/> Workforce	<input type="checkbox"/> Estates	<input type="checkbox"/> ICT	<input type="checkbox"/> Patient Safety / Quality
Details: N/A					



Equality and Inclusion

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

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

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

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

Public/Staff Involvement History

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

N/A

Previous Consideration

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

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

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

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

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

☒ Yes

☐ No