

Council of Governors
19 June 2024, 12:30 – 15:00
Monks Yard, Horton Manor, Horton Cross, Ilminster TA19 9PY

AGENDA

	Action	Presenter	Time	Enclosure
1 WELCOME AND APOLOGIES	Receive	Deputy Chairman	12:30	None
2 QUESTIONS FROM MEMBERS OF THE PUBLIC	Receive	Deputy Chairman		None
3 DECLARATIONS OF CONFLICT OF INTERESTS RESPECT TO ITEMS ON THE AGENDA	Receive and Note	Deputy Chairman		None
4 TO APPROVE THE DRAFT MINUTES OF THE PUBLIC MEETING HELD ON 20 MARCH 2024	Receive and Approve	Deputy Chairman		Appendix 1
5 MATTERS ARISING AND REVIEW OF THE ACTION LOG	Receive and Review	Deputy Chairman		Appendix 2
6 TO RECEIVE THE PUBLIC REGISTER OF COUNCIL OF GOVERNORS INTERESTS AND ANY DECLARATIONS OF CONFLICTS OF INTEREST	Receive and Note	Deputy Chairman		Appendix 3
7 CHAIRMAN'S UPDATE	Receive	Deputy Chairman		
<ul style="list-style-type: none"> Council of Governors' attendance Statutory Duties of Governors 2023/24 – update Non-Executive Director Fit and Proper Persons check 			12:40	Appendix 4 Appendix 5 Verbal
8 NOMINATION AND REMUNERATION GROUP		Lead Governor	12:55	
<ul style="list-style-type: none"> Non-Executive Director Succession Planning Feedback from the Non-Executive Directors Appraisals Feedback from the Chairman Appraisal Chairman Recruitment Process 	Approve Note Note/ Approve Approve			Appendix 6 Appendix 7 Appendix 8 Appendix 9
9 PERFORMANCE UPDATE FROM THE EXECUTIVE DIRECTORS	Receive	Pippa Moger	13:10	Appendix 10



10 SYMPHONY HEALTHCARE SERVICES

Receive

Kerry White

13:30

Verbal

- General Update on SHS GP Practices in the South Somerset area

11 FEEDBACK FROM:

Receive

- | | | | |
|--|-----------|-------|-------------|
| a) The Lead and Deputy Lead Governors
Governors issues and any ensuing actions
needed/taken) | KB / PR | 14:00 | Verbal |
| b) The Quality and Patient Experience Group
meeting held on 22 May 2024 | JG | | Appendix 11 |
| c) The Strategy and Planning Group meeting held
on 17 May 2024 | PR | | Appendix 12 |
| d) The People Group meeting held on 15 May
2024 | MR | | Appendix 13 |
| e) The Membership, Involvement and
Communications Group held on 13 May 2024 | KB | | Appendix 14 |
| f) The Nomination and Remuneration Group
meeting held on 3 June 2024 | KB
All | | Appendix 15 |
| g) Staff Governors | | | Verbal |

12 ANY OTHER BUSINESS AND CLOSE OF MEETING

To note

Deputy Chairman

14:20

Verbal

- Future Agenda items for Council of Governors meetings

13 DATE OF NEXT MEETING

The dates for 2023 are confirmed as follows:

Tuesday 24 September 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.

Tuesday 1 October 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
20 March 2024 at 13:00-15:00 at the
The Canalside Bridgewater

Present:	Colin Drummond	Chairman
	Bob Champion	Public Governor - Mendip
	Virginia Membrey	Public Governor - Mendip
	Judith Goodchild	Public Governor - Sedgemoor
	Eddie Nicolas	Public Governor - Sedgemoor
	Martin Davidson	Public Governor - Sedgemoor
	Jeanette Keech	Public Governor - Somerset West and Taunton
	Ian Aldridge	Public Governor - Somerset West and Taunton
	Kate Butler	Public Governor - Somerset West and Taunton
	Jane Armstrong	Public Governor - Somerset West and Taunton
	Mick Beales	Public Governor - South Somerset
	Ian Hawkins	Public Governor - South Somerset
	Sue Steele	Public Governor - South Somerset
	Paull Robathan	Public Governor - South Somerset
	Peter Shorland	Public Governor - Dorset
	Joe Silsby	Staff Governor
	Shabnum Ali	Staff Governor
	Phil Hodgson-Purves	Staff Governor
	Adekunle Akinola	Staff Governor
	Sun Sander-Jackson	Staff Governor
	Julie Reeve	Staff Governor
	Dirk Williamson	Appointed Governor - SSL
	Heather Shearer	Appointed Governor - Somerset Council
	Adam Dance	Appointed Governor - Somerset Council
	Caroline Gamlin	Appointed Governor - ICB
In Attendance:	Peter Lewis	Chief Executive
	Phil Brice	Director of Corporate Services
	Isobel Clements	Chief of People and Organisational Development
	David Shannon	Director of Strategy and Digital Development
	Mark Hocking	Deputy Chief Finance Officer
	Ben Edgar-Attwell	Deputy Director of Corporate Services
	Ria Zandvliet	Secretary to the Trust
	Emily Mock	Administration Assistant
	Graham Hughes	Non-Executive Director
	Paul Mapson	Non-Executive Director
	Martin Scrivens	Non-Executive Director

Apologies:	Tina Hickinbottom-Tacey	Corporate Services Officer
	Pippa Moger	Chief Finance Officer
	Andy Heron	Chief Operating Officer
	Hayley Peters	Chief Nurse
	Kate Fallon	Non-Executive Director
	Erica Adams	Public Governor - Somerset West and Taunton
	Alan Peak	Public Governor - Outside Somerset
	Mark Robinson	Staff Governor
	Lydia Karamura	Staff Governor
	Halley Kimber - Keirle	Staff Governor
	Heather Sparks	Staff Governor
	Prof Jos Latour	Appointed Governor - Universities

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 confirmed that the meeting was quorate.
2	QUESTIONS FROM MEMBERS OF THE PUBLIC
2.1	There were no questions from members of the public.
3	DECLARATIONS OF CONFLICT OF INTERESTS IN RESPECT TO ITEMS ON THE AGENDA
3.1	No declarations of conflicts of interests were raised in relation to items on the agenda.
4	TO APPROVE THE DRAFT MINUTES OF THE PUBLIC MEETING HELD ON 14 DECEMBER 2023
4.1	<p>The minutes from the meeting held on 14 December 2023 were approved as a true and accurate representation of the meeting with the following change:</p> <ul style="list-style-type: none"> Jeanette Keech asked for the wording in paragraph 9.9 to be changed to reflect that she was challenging not advising why pressure ulcers are not part of nurse training.
5	MATTERS ARISING AND REVIEW OF THE ACTION LOG
5.1	Peter Lewis advised that discussions with the ICB around plans for 2024/2025 and how to address the current challenges were ongoing. An update will be provided to the Council of Governors after these discussions have been concluded.
5.2	The action log was noted.
6	TO RECEIVE THE PUBLIC REGISTER OF COUNCIL OF GOVERNORS' INTERESTS AND DECLARATIONS OF CONFLICTS OF INTERESTS

6.1	<p>The public register of interests and declarations of conflicts of interests was noted with the following change:</p> <ul style="list-style-type: none"> Phil Hodgson-Purves – to add “Trustee and Director of Apple FM”.
7	<p>TO APPROVE THE RE-APPOINTMENT OF A NON-EXECUTIVE DIRECTOR</p> <p>7.1 Kate Butler presented the report and advised that James Phipps had resigned from his position as Non-Executive Director.</p> <p>7.2 She highlighted that Kate Fallon’s term of office will end on 29 May 2024. It was noted that Kate has indicated that she is willing to stand for a further year from the 29 May 2024 if approved. In view of James Phipps resignation, the nomination committee recommended that Kate Fallon be re-appointed for up to one further year.</p> <p>7.3 Phil Hodgson-Purves proposed, Sue Steel <u>seconded</u> and the Council of Governors approved the recommendation as set out in the report.</p>
8	<p>CHAIRMAN’S UPDATE</p> <p>8.1 Colin Drummond advised that Tina Oakley and Kate Fallon will be attending the April Governor Development Day to provide an overview of the work of the People Committee.</p> <p>8.2 He reminded the governors that the leadership quality walkrounds are important and encouraged governors to join the walkrounds.</p> <p>Council of Governors’ attendance</p> <p>8.3 Colin Drummond presented the report and advised 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 David Recardo has now missed four Council meetings. David Recardo has provided assurance that he will make his best effort to attend meetings going forward. The Council of Governors noted the attendance report and accepted the assurance provided.</p> <p>Statutory Duties of Governors 2023/24 – update</p> <p>8.4 The report was noted, and Colin Drummond confirmed that all statutory duties of the governors were being fulfilled as stated.</p>
9	<p>TRANSFORMATION UPDATE</p> <p>9.1 Colin Drummond introduced David Shannon, Director of Strategy and Digital Development. David Shannon highlighted the following from the report:</p> <p>Merger programme 11 months on:</p> <ul style="list-style-type: none"> The trust is producing a first-year reflective review following the merger in April 2023, which will be presented to the Board later in the spring. The review will include a full year of data, ongoing challenges for the whole of the NHS, progress on integration, and information from the recent staff survey.

- During year one the trust focused on six case studies.
- The trust successfully completed all day one tasks. All projects around corporate areas have been completed, with the exception of two which will be completed over the next few months following a procurement exercise.
- Work is progressing within the homelessness and rough sleeper teams and robotic surgery teams, and each acute site now has a general surgery robot. There have been challenges within oncology services but progress has been made in relation to recruitment. Staff feedback states that teams are working better together following the merger.
- Other organisations have been asking the trust for advice on team integration. The trust acknowledges that teams across the various sites are in different positions but working collaboratively has provided many learning opportunities.
- The one-year review will be completed and presented to the Council of Governors and added to the internet.

9.2 Paull Robathan raised an ongoing concern regarding communication between patients and clinical services and requested assurance about the actions being taken. He commented that letters are not consistent with emails which caused confusion for patients. David Shannon advised that the process is not yet joined up and there are challenges within the systems due to the use of paper and digital models. Peter Lewis added that the trust is aware of communication issues regarding letters and emails from OASIS and these are being followed up.

9.3 Eddie Nicolas queried the statistics in the report that stated that some patients have chosen to be removed from the surgery waiting list. David Shannon advised that the statistics relate to a small number of frailty patients who, following an appointment with a nurse, have decided against surgery and have removed themselves from the waiting list. These patients are still being supported through regular reviews.

9.4 Jeanette Keech queried if the final paper will include targets and timescales for the financial year. David Shannon advised that the year one report will show delivery against the merger objectives and action plan. In terms of targets and timescales going forward, these will be set out in the Board Assurance Framework. The Board Assurance Framework consists of eight strategic objectives, each with clear actions, timescales and key performance indicators. Progress against these objectives is reviewed at board and committee level but also by the governor led working groups.

Electronic Health Record (EHR)

9.5 David Shannon presented the circulated slides and highlighted:

- The EHR programme was discussed at the last Council of Governors meeting and the plan is to create a single EHR for health services.
- Last autumn, the regional team and the Somerset and Dorset ICSs agreed to a partnership approach for an integrated EHR across Somerset NHS Foundation Trust, University Hospitals Dorset NHS Foundation Trust, Dorset County Hospital NHS

Foundation Trust, and Dorset Healthcare University NHS Foundation Trust. The rationale behind this partnership is linked to economy of scale and affordability.

- A joint programme board has been working on a joint business case and a joint governance agreement. The outline business case is not without complexity as services and timescales are different across Somerset and Dorset.

- 9.6 Phil Hodgson-Purves raised a concern regarding data protection and asked if each of the trusts will have an information officer or if there will be one information officer to cover all four areas. David Shannon advised that there will be one information officer in each trust, and information will continue to be shared with the right people at the right time. All statutory GDPR and data protection guidelines will be adhered to.
- 9.7 Paull Robathan informed the group that he sits on the Programme Board alongside David Shannon. He queried how much funding is allocated to Palantir, which is a national prescribing system which promotes the sharing of data. Paull Robathan highlighted the NHS app which was also designed to solve some data sharing issues and commented that the NHS needs to provide a single solution. David Shannon advised that the Palantir contract was awarded in some areas and is live and is partially elevating waiting list reporting. The Palantir system has not been implemented everywhere but implementation is a possibility for the summer. The trust however needs funding to support the work to help meet population health management needs.
- 9.8 Bob Champion asked if patients from all constituencies will be included in the new EHR system. David Shannon confirmed that all Somerset and Dorset patients, who fit within the Somerset system, will be included on the single patient record.
- 9.9 Julie Reeve highlighted that these are plans for the future, but queried what the trust is planning to do to help staff now. She explained that staff are having to go in and out of different systems for one clinic and this is not working. David Shannon advised that, in the meantime, a programme of work has been scheduled for the next 3-4 months to review the current systems and ensure that they are still fit for purpose.
- 9.10 Colin Drummond assured the governors that the trust will be focussing on two key priorities and looking for funding for the maternity and paediatrics building and the EHR programme.

10 PERFORMANCE UPDATE FROM THE EXECUTIVE DIRECTORS

- 10.1 Lee Cornell advised that the slides were circulated within the papers and highlighted that as at the end of January.
- There were 34 Covid patients in beds across the trust - this has now reduced to 11 Covid patients.
 - There were 184 ligature incidents, with four ligature point incidents. 50 incidents related to one patient and most incidents led to no harm.

- In respect of the trust-wide A&E 4-hour performance, the trust performed above the national average, with 80% of patients being seen within 4 hours. It was noted that the trust is the only trust to exceed the 76% standard.
- Ambulance handovers completed within 30 minutes were higher than the national average, with the Yeovil site performing at 66% and the Musgrove site at 62%.
- Good progress was being made in relation to mental health service performance, but performance may deteriorate due to capacity issues.
- 198 beds were occupied by “no criteria to reside” patients which continued to cause significant patient flow challenges.
- 515 young people were waiting 18 weeks or more for a dental appointment that requires general anaesthetic. This is a reduction of 72 from the end of December 2023. The Dorset Integrated Care Board have allocated funding for 100 paediatric general anaesthetics.
- The trust is above the national standard for the sixth month in a row in relation to patients diagnosed with cancer or a benign diagnosis within 28 days of referral. However, the percentage of cancer patients treated within 62 days of GP referral is below the national standard but above the national average.
- The trust is below the minimum 88% retention rate that the trust wants to achieve as part of the People Promise Exemplar programme.
- The annual career conversation target is 90%, however, the trust is at 69% but plans are in place to increase performance.
- The trust is achieving 92% for mandatory training.
- There are vacancy challenges in hard to recruit areas in medical, dental and AHP roles and this is due to national and local shortages.

- 10.2 Paull Robathan queried if there is data that shows how long patients wait to receive results after waiting 6 weeks for diagnostic testing. David Shannon advised that this has not been built into this report, but the teams do keep an eye on this.
- 10.3 Julie Reeve added that although the data shows that the emergency department is performing better than the national average, the staff are disappointed with this performance as they want to do better. Julie Reeve would like the governors and trust to recognise this. Lee Cornell advised that the staff are under massive pressure with high ED attendance. Peter Lewis agreed that it is important for the trust to focus on ED performance.
- 10.4 The governors discussed planning for 2024-2025 and noted that, although the new financial year will start in in 11 days, national planning guidance was still awaited. Although some planning principles were known, there remained uncertainty in relation to

the financial impact of, e.g. “no criteria to reside” patients, delays in ED, and productivity due to temporary staffing.

- 10.5 Phil Hodgeson-Purves added that EDs were in high demand and many patients could be seen in other health settings. He queried whether a walk-in centre could help to reduce the pressure on EDs. Peter Lewis agreed that ED attendance is challenging and the trust is looking at an urgent treatment centre to ease the pressure on EDs. Historically, the trust did operate a walk-in-centre, but this came at a high financial cost.
- 10.6 Additionally, Kate Butler commented that patients need to know where the right place to go is and more awareness is needed. People need to be attending minor injury units and not EDs. Peter Lewis stated that MIUs do see more patients than EDs, and there are seven MIUs across Somerset. The trust cannot increase the number of MIUs in Somerset.
- 10.7 Adam Dance raised a concern regarding blood pressure checks at St Peters church GP practice and the lack of follow up appointments with a GP. He commented that if patients have high readings, a follow up with a GP is needed. Peter Lewis advised that he has raised this at the ICB Board meeting and the ICB shared this concern. Peter Lewis assured the Council that the ICB are looking into this issue and ensure that there is capacity for follow up appointments.
- 10.8 Ian Aldridge queried if the trust records reasons for people attending ED. It was noted that the trust records the reason for all ED and MIU attendances. This information has identified learning. One example was that the data identified that around 80 patients were attending MIUs for the changing of surgical dressings, and, as a result, a separate clinic for dressing changes has been set up in Burnham.
- 10.9 Julie Reeve advised that she has received some concerns from colleagues linked to ED staff capacity and the potential closure of the YDH ED. Peter Lewis confirmed that these rumours were not correct and that a closure of the YDH ED was not being considered.

Finance

10.10 Mark Hocking presented the finance slides and highlighted the following:

- Due to industrial actions and the resulting loss of elective activity, the month 10 position is off plan. He advised that confirmation had been received that additional funding will be provided to cover the costs resulting from the industrial actions and this funding will be reflected in the month 11 report.
- Agency and locum expenditure remains high at £38.3million which is £5 million above the cap. The use of agency and locums continues to be reviewed and expenditure is reducing. The use of agency has reduced compared to 2022/23 but dependence on agencies will need to continue to decrease.

10.11 Isobel Clements provided an update on the findings of the staff survey and advised that the 2023 staff survey results were positive. Compared to the 2022 findings, the trust has performed well across all people promise areas, in particular staff engagement/morale and recommending people to work for the trust. The trust is placed 13th out of a comparator group of 180 trusts. An area to focus on is colleagues from protected

characteristic groups who may not have had a good experience. The trust continues to work with Sun Sander-Jackson to gain feedback and work with these groups to provide them with a better experience. Sun Sander-Jackson added that the trust's performance is good overall but knows that it is not perfect. She wanted to thank the trust and the executives for recognising this and for working with colleagues to better shape the trust. She advised that she has met many frontline staff who are happy to work for the trust. Colin Drummond thanked Sun Sander-Jackson for helping to support and celebrate the trust's successes.

10 FEEDBACK FROM:

The Lead and Deputy Lead Governors

11.1 Kate Butler and Paull Robathan made the following comments:

- It has been a good year and Governors have been given the opportunity to get involved.
- The informal governor meetings continue to be informative.
- They thanked the chairs of the working groups and the NEDs for their support.

The Quality and Patient Experience Group meeting held on 20 February 2024

11.2 Judith Goodchild advised the Council of two items:

- The group is keeping track of concerns raised regarding car parking at the acute sites and receive regular updates on progress.
- The group have requested that the trust review the number of wheelchairs and have asked that wheelchairs are accessible at all entrances. The estates and facilities teams at both acute sites have confirmed that they will look into this.

11.3 Ian Aldridge raised a concern regarding voluntary drivers not being able to drop patients off at the entrance of the Duchess building at MPH due to multiple ambulances being parked at the entrance.

11.4 Phil Hodgson-Purves commented that he works at the reception and often notices the lack of wheelchairs. Volunteers and porters are becoming frustrated and even when they do locate a wheelchair it is still a long wait for the patient to then receive it.

The Strategy and Planning Group meeting held on 19 February 2024

11.5 Paull Robathan advised that the group also discussed car parking and from the items discussed at the meeting it was felt that the level of challenges is increasing.

The People Group meeting held on 21 February 2024

11.6 In Mark Robinson's absence, the circulated report was noted.

The Membership, Involvement and Communications Group held on 23 February 2024

11.7 Kate Butler provided the following comments:

- A workshop on membership had been included on the agenda of the Governor Development Day in January. The workshop was productive but as some items had not been covered, they will be included on the agenda of the next development day.
- Jane Armstrong and Jos Latour have volunteered to co-chair a Youth Strategy subgroup of the Membership, Involvement and Communications Working Group, and both are keen to start this subgroup. Administration support will be provided by Emily Mock.
- Emma Davey provided an update on recent engagement work and Krystle Pardon provided an update on Ester Cafés.

The Nomination and Remuneration Committee meeting

11.8 The report was noted.

Staff Governors

11.9 Colin Drummond thanked the Staff Governors for attending the meeting and for their work..

12 ANY OTHER BUSINESS AND CLOSE OF MEETING

12.1 No other business was raised.

13 DATE OF NEXT MEETING

13.1 June 19, 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 (12.2)	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	
Item 12 (12.3)	Add the following items to future Council of Governors or Governors Development Day agendas: 12.3 Update from Local Authority to include an invite to Mel Lock.		TBC	

SOMERSET NHS FOUNDATION TRUST
ACTION NOTES FROM THE PUBLIC COUNCIL OF GOVERNORS MEETING
HELD ON 20 MARCH 2024

AGENDA ITEM	ACTION	BY WHOM	DUE DATE	PROGRESS
	No Actions to report			

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

☒ Yes

☐ No

SOMERSET NHS FOUNDATION TRUST

DECLARATION OF COUNCIL OF GOVERNORS' INTERESTS

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

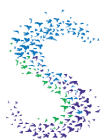
Vacancy	Voluntary, Community and Social Enterprise (VCSE)	
Vacancy	Voluntary, Community and Social Enterprise (VCSE)	

Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Council of Governors – meeting attendance
SPONSORING EXEC:	Colin Drummond, Chairman
REPORT BY:	Tina Hickinbottom-Tacey, Corporate Services Officer
PRESENTED BY:	Colin Drummond, Chairman
DATE:	19 June 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 ?? 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"> 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. Mark Robinson Halley Kimber-Kearl
	<p>Recommendation</p> <p>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.</p>

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



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

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

☐ Financial ☒ Legislation ☐ Workforce ☐ Estates ☐ ICT ☐ 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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**SOMERSET NHS FOUNDATION TRUST - GOVERNOR ATTENDANCE RECORD
AT COUNCIL OF GOVERNORS' MEETINGS**

Governor	Constituency	20 March 2023	13 June 2023	20 September 2023	14 December 2023	20 March 2024	Meetings	
							Possible	Actual
Erica Adams	Public –Somerset West and Taunton	√	√	√	√	X	5	4
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	√	4	3
Vacancy	Public - Mendip						--	--
Vacancy	Public – Mendip						--	--
Judith Goodchild	Public – Sedgemoor	√	√	√	√	√	5	5
Jack Torr	Public - Sedgemoor	√	√	X	√		5	
Eddie Nicolas	Public - Sedgemoor	√	√	√	√	√	5	5
Martin Davidson	Public – Sedgemoor		√	X	√	√	4	3
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	X	5	5
Paull Robathan	Public – South Somerset	√	√	√	√	√	5	5
Vacancy	Public – South Somerset						--	--
Peter Shorland	Public – Dorset		√	X	√	√	4	3
Alan Peak	Public – Outside Somerset	√	√	X	√	X	5	3

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

Governor	Constituency	20 March 2023	13 June 2023	20 September 2023	14 December 2023	20 March 2024	Meetings	
							Possible	Actual
Shabnum Ali	Staff	X	X	X	X	√	5	1
Joe Silsby	Staff	√	√	√	√	√	5	5
Julie Reeve	Staff			√	√	√	3	3
Nick Crow	Staff			X	√	X	3	1
Mark Robinson	Staff			X	X	X	3	0
Lydia Karamura	Staff			√	X	X	3	1
Phil Hodgson-Purves	Staff			X	X	√	3	1
Halley Kimber	Staff			X	X	X	3	0
Heather Sparks	Staff			√	X	X	3	1
Jonathan Moore	Staff			√	√		3	
Adekunle Akinola	Staff			√	√	√	3	3
Sun Sander-Jackson	Staff			√	X	√	3	2

Appointed Governors

Governor	Organisation	20 March 2023	13 June 2023	20 September 2023	14 December 2023	20 March 2024	Meetings	
							Possible	Actual
Vacancy	Somerset GP Board						-	--
Caroline Gamlin	Somerset Integrated Care Board	X	√	X	X	√	5	2
Jos Latour	Universities	√	√	X	√	X	5	3
Cllr Heather Shearer	Somerset Council	√	√	X	√	√	5	4

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

Governor	Organisation	20 March 2023	13 June 2023	20 September 2023	14 December 2023	20 March 2024	Meetings	
Cllr Adam Dance	Somerset Council			X	X	√	3	1
Dirk Williamson	Simply Serve		√	√	√	√	4	4
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 2024/25
SPONSORING EXEC:	Colin Drummond, Chairman
REPORT BY:	Ria Zandvliet, Secretary to the Trust
PRESENTED BY:	Colin Drummond, Chairman
DATE:	19 June 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
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Is this paper clear for release under the Freedom of Information Act 2000?

☒ Yes

☐ No

STATUTORY DUTIES OF GOVERNORS FOR 2024/25
(Progress on actions taken all relate to 2024/25 unless indicated otherwise)

Completed in year or currently underway		Action Taken	Action Completed?
Recruitment/appointment of Non-Executive Director	Review of the Non-Executive Director end of term dates for 2024/25	A report on the recruitment of three Non-Executive Directors to replace three Non-Executive Directors whose term of office will come to an end in 2024 was presented to the March 2023 Council of Governors meeting. A recommendation for the appointment of three new Non-Executive Directors was approved at the September 2023 meeting. Three new non-executive directors were appointed from 1 October.	Ongoing.
		A report was presented to the March 2024 meeting in relation to the reappointment of a NED and the COG approved the reappointment of Kate Fallon for up to one year from 29 May 2024.	Completed
		A report has been included on the agenda of the June 2024 meeting in relation to	Ongoing

		<p>the reappointment of a NED from 1 August 2024 for up to six months.</p> <p>A report on the appointment of a new NED to replace James Phipps will be presented to a future meeting.</p>	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 will be carried out in 2024 and the proposals will be presented to a future Council of Governors meeting.	Ongoing
Consider the Annual Accounts and Annual Report		The 2023/24 Annual Accounts and Annual Report and external audit opinion will be presented to the September 2024 Council of Governors meeting and to the September 2024 Annual Members meeting.	Ongoing
Assist the Board of Directors in setting the strategic direction of the Trust and targets for the Trust's performance		Governors approved the Quality Account priorities for 2023/24 at its September 2023 meeting. The Quality Report for 2023/24 and the Quality Account priorities will	Ongoing.

		<p>be presented to the September 2024 Council of Governors meeting.</p> <p>Input into the strategic direction of the Trust is provided through the Strategy and Planning Group.</p>	
<p>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 		<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 	Ongoing

<p>individuals, and sustainable use of NHS resources.</p> <ul style="list-style-type: none"> • The role of the Trust in relation to reducing health inequalities in access, experience and outcomes. 		<ul style="list-style-type: none"> • invitations for Governors to attend Board Committee and Governance Group meetings • feedback by Non-Executive Directors to the Council of Governors meetings • Non-Executive Director and Governor meetings • Governor Development Days • availability of detailed finance and performance reports on the Trust's website. 	
<p>Represent the interests of the members of the Trust as a whole and form a rounded view of the interests of the public 'at large', which includes the population of the Somerset system.</p> <p>To interact regularly with members of the trust and public to understand their views and to clearly</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</p>	<p>Ongoing</p> <p>Ongoing</p>

communicate information on trust and system performance and planning in return.		Communication Group.	
Agree with the Audit Committee the criteria for appointing, reappointing and removing external auditors following a written recommendation from the Audit Committee		A report on an external audit tendering process was approved at the March 2024 meeting. The COG approved the nomination of two governors on the tender evaluation panel.	Ongoing
Appraisal process for Chairman and Non-Executive Directors		<p>Feedback on the Non-Executive Directors appraisals for 2023/24 is included on the agenda of the June 2024 COG meeting.</p> <p>Feedback on the chairmans appraisal is included on the agenda for the June meeting.</p>	<p>Ongoing</p> <p>Ongoing</p>
To decide whether the Trust's private patient work would significantly interfere with the Trust's principal purpose.		This will be raised with the Council of Governors as and when required.	Ongoing
To approve any proposed increases in non-NHS		The Trust does not anticipate a proposed	Ongoing

income of 5% or more in any financial year.		increase in non-NHS income of 5% or more for the 2024/25 financial year.	
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 2024/25.	Ongoing
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 2024/25.	Ongoing
To approve proposed changes to the Constitution.		The Constitution will be kept under review and changes proposed as and when required.	Ongoing. -

Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Non-Executive Director Succession Planning
SPONSORING EXEC:	Colin Drummond, Chairman
REPORT BY:	Ria Zandvliet, Secretary to the Trust
PRESENTED BY:	Kate Butler, Chairman Nomination and Remuneration Group
DATE:	19 June 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	<p>The report sets out the terms of office for all Non-Executive Directors and highlights that Jan Hull and Barbara Gregory's term of office will come to an end on 1 August 2024.</p> <p>The report further highlights the appointment of Tina Oakley as a full Non-Executive Director from 1 June 2024.</p>
Recommendation	<p>The Council of Governors is asked to consider and approve the recommendation from the Nomination and Remuneration Group re-appoint Jan Hull for a further six months from 1 August 2024.</p> <p>The Council of Governors is asked to note the appointment of Tina Oakley as a full Non-Executive Director from 1 June 2024.</p>

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

A report was presented to the March 2024 meeting.

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

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

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

NON-EXECUTIVE DIRECTOR SUCCESSION PLANNING

1. PURPOSE

- 1.1 To ask the Council of Governors to consider the recommendations from the Nomination and Remuneration Group as set out in this report.

2. BACKGROUND

- 2.1 The length of office served by each Non-Executive Director is set out in the table below.

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 2025
Martyn Scrivens	1 April 2021	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 1 June 2024 as full NED	31 May 2027
Inga Kennedy	1 October 2023 Associate NED 1 February 2024 full NED	31 January 2027

Term of Office

- 2.2 As noted above Jan Hull and Barbara Gregory's term of office will come to an end on 31 July 2024.

3. RE-APPOINTMENT

- 3.1 In view of the recent changes in Board membership, including Colin Drummond's intended departure within the next year, the need for continuity is essential. Jan is a key and experienced member of the Board and, as chair, is an active member of the Quality and Governance Assurance Committee (QGAC). Although Jan will have served seven years on the Board as at 1 August 2024, a short-term extension of her terms of office would be appropriate and desirable to enable the Board to settle in following the changes in membership and in preparation for the change in Chairmanship.
- 3.2 This extension will not impact on the planned handover of the Quality and Governance Assurance Committee chairman role to Inga Kennedy from 1 August 2024.

- 3.3 The Nomination and Remuneration Group has considered the re-appointment of Jan and, in view of the reasons set out in the report, recommends the re-appointment of Jan Hull from 1 August 2024 for a six months period. The Group further recommends that the recruitment to the vacancy, which will be created by Barbara Gregory's departure on 1 August 2024 as well as the vacancy created by the departure of James Phipps, be postponed until after the appointment of a new Chairman.

4. CHANGE IN APPOINTMENT TERMS FOR TINA OAKLEY

- 4.1 At the September 2023 Council of Governors meeting, the Council of Governors approved the appointment of Tina Oakley from 1 October 2023 as an Associate Non-Executive Director and from 1 August 2024 as a full Non-Executive Director.
- 4.2 Upon reflection, and in view of changes to the Board membership, it was appropriate for Tina Oakley to take on the People Committee Chairman role from 1 June 2024 and therefore become a full Non-Executive Director from that date.

5. RECOMMENDATION

- 5.1 The Council of Governors is asked to approve the recommendation from the Nomination and Remuneration Group to re-appoint Jan Hull for a further six months from 1 August 2024 and to approve the recommendation that the recruitment to the vacancy, which will be created by Barbara Gregory's departure on 1 August 2024 and the vacancy created by the departure of James Phipps, be postponed until after the appointment of a new Chairman.
- 5.2 The Council of Governors is further asked to note the change in date in relation to Tina Oakley's appointment as a full Non-Executive Director.

KATE BUTLER

Chair of the Nomination and Remuneration Group

Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Feedback from the 2023/24 Non Executive Director appraisal process
SPONSORING EXEC:	Colin Drummond, Chairman
REPORT BY:	Ria Zandvliet, Secretary to the Trust
PRESENTED BY:	Kate Butler, Chairman Nomination and Remuneration Group
DATE:	19 June 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	<p>The report sets out the findings of the Non-Executive Directors' appraisal process for 2023/24.</p> <p>Based on the feedback received at its 3 June 2024 meeting, the Nomination and Remuneration Group concluded that Non-Executive Directors had a successful year in spite of the challenges created by the ongoing pressures. The Group recognised that two of the Non-Executive Directors had only recently taken up their post.</p>
Recommendation	<p>The Council of Governors is asked to accept the conclusion of the Nomination and Remuneration Group that during 2023/24 all Non-Executive Directors had a successful year in spite of the challenges created by the ongoing pressures and to recognise that two of the Non-Executive Directors had only recently taken up their post.</p>

Links to Joint Strategic Objectives (Please select any which are impacted on / relevant to this paper)	
<input type="checkbox"/> Obj 1	Improve health and wellbeing of population
<input type="checkbox"/> Obj 2	Provide the best care and support to children and adults
<input type="checkbox"/> Obj 3	Strengthen care and support in local communities
<input type="checkbox"/> Obj 4	Reduce inequalities
<input type="checkbox"/> Obj 5	Respond well to complex needs
<input type="checkbox"/> Obj 6	Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture
<input type="checkbox"/> Obj 7	Live within our means and use our resources wisely
<input 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				
<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.				
<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>				
The views from Governors on Non-Executive Director performance were sought.				
Previous Consideration				
(Indicate if the report has been reviewed by another Board, Committee or Governance Group before submission to the Board or is a follow up report to one previously considered by the Board – eg. in Part B]				
A report is presented to the Council of Governors on an annual basis.				
Reference to CQC domains (Please select any which are relevant to this paper)				
<input type="checkbox"/> Safe	<input type="checkbox"/> Effective	<input type="checkbox"/> Caring	<input type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well Led
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

FEEDBACK FROM THE 2023/24 NON-EXECUTIVE DIRECTORS APPRAISAL PROCESS

1. INTRODUCTION

- 1.1 The NHS Improvement Code of Governance sets out that the appraisals of Non-Executive Directors will be led by the Chairman but that the outcome of the appraisals will need to be shared with the Council of Governors.
- 1.2 An appraisal process was agreed by the Council of Governors at its meeting held in June 2023 and this included the need to seek feedback from Governors.

2. NON-EXECUTIVE DIRECTORS APPRAISAL

- 2.1 The Nomination and Remuneration Group discussed feedback from the 2023/24 Non-Executive Directors appraisals, including feedback from Governors, at its meeting held on 3 June 2024.
- 2.2 The Nomination and Remuneration Group concluded that all Non-Executive Directors had a successful year in spite of the challenges created by the ongoing pressures. The Group recognised that two of the Non-Executive Directors had only recently taken up their post.
- 2.3 The Group did not identify any performance issues which will need to be brought to the Council of Governors' attention but requested that consideration was being given to including a reference to patients in future appraisal documentation.
- 2.4 The Group agreed that the 360 degree feedback process did not work well due to the limited contact with Non-Executive Directors and noted that a new national performance framework is being developed with the expectation that this framework will be implemented from September 2024. A report on the appraisal process going forward will be presented to a future meeting.

3. RECOMMENDATION

- 3.1 The Council of Governors is asked to accept the conclusion of the Nomination and Remuneration Group that during 2023/24 all Non-Executive Directors had a successful year in spite of the challenges created by the ongoing pressures.

KATE BUTLER

Chairman of the Nominations and Remuneration Group

Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Feedback from the 2023/24 Chairman appraisal process and objectives for 2024/25
SPONSORING EXEC:	Colin Drummond, Chairman
REPORT BY:	Ria Zandvliet, Secretary to the Trust
PRESENTED BY:	Kate Butler, Chairman Nomination and Remuneration Group
DATE:	19 June 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	<p>The report sets out the findings of the Chairman appraisal process for 2023/24 and the draft objectives for 2024/25.</p> <p>Based on the feedback received at its 3 June 2024 meeting, the Nomination and Remuneration Group concluded that the Chairman has been tireless in his work for the trust in the face of challenging complexities within both the local and national economic and political environments and that the trust has made significant strides forward in 2023/2024 under his leadership.</p>
Recommendation	The Council of Governors is asked to accept the conclusion of the Nomination and Remuneration Group and to approve the Chairman's objectives for 2024/25.

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 in this report.

Previous Consideration

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

A report is presented to the Council of Governors on an annual basis.

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

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

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

CHAIRMAN'S APPRAISAL FOR 2023/24 AND OBJECTIVES FOR 2024/25

1. PURPOSE

- 1.1 To provide the Council of Governors with feedback on the 2023/24 Chairman's appraisal process.
- 1.2 To present the Chairman's draft objectives for 2024/25.

2. APPRAISAL PROCESS

- 2.1 The Chairman's objectives and appraisal process for 2023/24 were approved by the Council of Governors at its meeting held on 13 June 2023.
- 2.2 In view of the departure of the Chairman during 2024/25, it was agreed by the Nomination and Remuneration Group not to carry out a 360 degree feedback process.
- 2.3 The Chairman completed a self assessment against his objectives and the self assessment was discussed with the Chairman at a meeting held on 3 June 2024. The appraisal meeting was conducted by Kate Butler, Lead Governor, and Kate Fallon, Senior Independent Director.
- 2.4 Feedback from the appraisal meeting was discussed at the Nomination and Remuneration Group meeting held on 3 June 2024.
- 2.5 Feedback from the appraisal meeting indicates that over the last 12 months, the Chairman has been productive, proactive, listened well, managed difficult situations and provided the trust with a high profile nationally. He has been tireless in his work for the trust in the face of challenging complexities within both the local and national economic and political environments. The trust has made significant strides forward in 2023/2024 under his leadership.
- 2.6 From a governor perspective, the Chairman is highly appreciated by governors, and is open and inclusive and due to his approach, governors have been able to fulfil their duties in in the best possible way.

3. CHAIRMAN'S OBJECTIVES FOR 2024/25

- 3.1 The Nomination and Remuneration Group discussed the Chairman's objectives for 2024/25 and the proposed objectives are set out below:

- To continue to drive the EHR procurement process.
- To continue to push for the development of new maternity facilities on the MPH site.
- To see SHS recognised locally and nationally as a system leader in Primary Care Services Transformation.
- To help establish close contacts with the incoming Government after the July General Election.
- To help facilitate a smooth transition for our incoming Chairperson.

4. CHAIRMAN APPRAISAL PROCESS FOR 2024/25

- 4.1 A new national performance framework is being developed with the expectation that this framework will be implemented from September 2024. A report on the appraisal process going forward will be presented to a future meeting.

5. RECOMMENDATION

- 5.1 The Nominations and Remuneration Group recommends that the Council of Governors:
- Accept the outcome of the appraisal process and
 - Approve the objectives for 2024/25.

KATE BUTLER
Chairman of the Nomination and Remuneration Group

NOMINATIONS AND REMUNERATION COMMITTEE

THE APPRAISAL PROCESS 1: THE CHAIRMAN

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

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

Broad principles

We should be guided by three broad principles:

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

The Board and the Council of Governors

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

Collecting the evidence

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

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

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

Collating the responses

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

The appraisal interview

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

Communicating the results

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

Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Chairman Recruitment Process
SPONSORING EXEC:	Isobel Clements, Chief of People and Organisational Development
REPORT BY:	Ria Zandvliet, Secretary to the Trust
PRESENTED BY:	Ria Zandvliet, Secretary to the Trust
DATE:	19 June 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 provides an overview of the recruitment process for a new Chairman.
Recommendation	The Council of Governors is asked to approve the recruitment process, note the recruitment timeline, and note the need for the establishment of the Appointments Panel.

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
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<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

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

Considered at the Nomination and Remuneration Group meeting held on 3 June 2024.

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

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

☒ Yes

☐ No

SOMERSET NHS FOUNDATION TRUST

CHAIRMAN RECRUITMENT PROCESS

1. PURPOSE

- 1.1 To provide the Council of Governors with an overview of the recruitment process for a new Chairman.

2. BACKGROUND

- 2.1 The Chairman was appointed on 1 April 2020 for a three year term following the merger between Taunton and Somerset NHS Foundation Trust (TST) and Somerset Partnership NHS Foundation Trust. The Chairman had previously served as the Chairman for TST.
- 2.2 The Chairman was re-appointed for a further three year term from 1 April 2023, however the Chairman had indicated that he did not anticipate serving the full three year term.
- 2.3 The Chairman recently indicated that he would be standing down within the next 12 months.

3. RECRUITMENT PROCESS

- 3.1 In view of the need for certainty and the Non-Executive Director vacancies, it is essential for a new Chairman to be in place later in 2024.
- 3.2 The Nomination and Remuneration Group has considered the process and agreed that the recruitment should be led by an external recruitment consultant to be able to target an as diverse group of possible candidates as possible.
- 3.3 Quotations for the recruitment of the Chairman have been sought and a decision on the successful recruitment consultant will be made following the Council of Governors' approval of the recruitment process. This decision will be based on robust local processes and will involve the Lead and Deputy Lead Governors, Senior Independent Director and Chief of People and Organisational Development.

4. TIMINGS

- 4.1 Indicative timings are as follows:

- End of June/July 2024 Discussions with the successful recruitment provider
- July 2024 Recruitment
- Long listing meetings Mid August
- Shortlisting meeting Late August
- Interviews and focus groups September 2024
- Council of Governors approval September 2024
- Targeted starting date October 2024

4.2 In line with previous recruitment processes, the process will involve a series of focus groups consisting of representatives from the following groups: Executive Directors, Non-Executive Directors, Governors, and other internal and external stakeholders. The focus group dates will be set up as soon as possible. Feedback from the focus groups will be fed back to the Appointments Panel prior to the interviews.

5. **APPOINTMENT PANEL**

5.1 The Constitution sets out the need for an Appointments Panel to be appointed and the composition of the Panel is prescribed as follows:

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

5.2 The role of the Panel will be to oversee the recruitment process, join the meetings with the recruitment consultant, review the recruitment material and take part in the interviews.

5.3 Public and appointed Governors are asked to express an interest in being part of the Appointments Panel. In view of the importance of this appointment, previous senior recruitment and/or senior Board level experience is essential.

6. RECOMMENDATION

- 6.1 The Council of Governors is asked to approve the recruitment process, note the recruitment timeline, and note the need for the establishment of the Appointments Panel.
- 6.2 Governors interested in sitting on the Appointments Panel are asked to email ria.zandvliet@somersetft.nhs.uk by 21 June 2024 with a short summary of their experience. As set out in paragraph 5.1. an election may be required and, if needed, this will be undertaken by email.

RIA ZANDVLIET
Secretary to the Trust

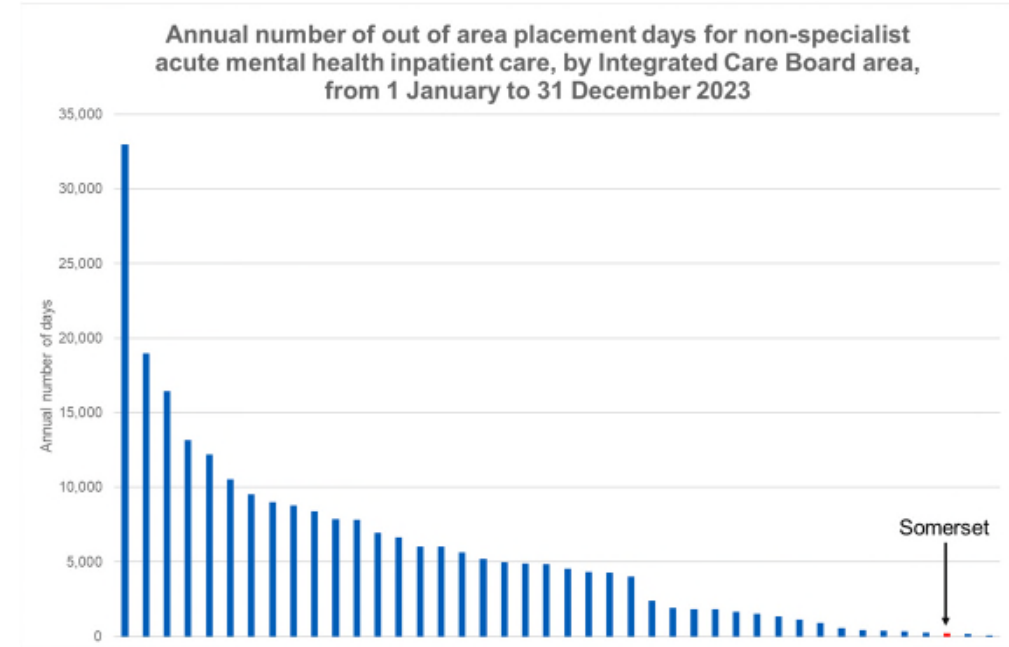
Finance and Performance: Report to the Council of Governors

Kindness, Respect, Teamwork
Everyone, Every day

Pippa Moger, Chief Finance Officer
19 June 2024

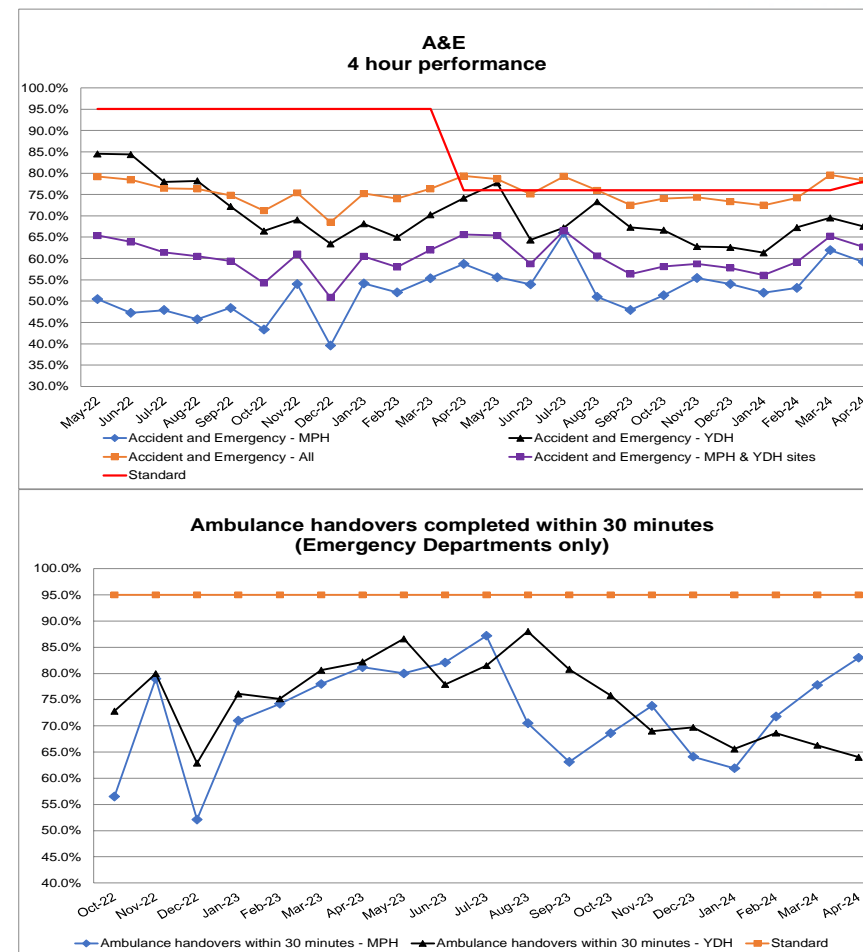
Quality and patient safety

- As at 30 April 2024 two patients remained placed out of area.
- Both placements were clinically indicated due to the patients requiring a male-only ward due to risk towards females. The patients are awaiting access assessment for secure services.
- We continue to have amongst the lowest rates of such placements nationally. From 1 April 2024, the national measure changed, from the number of out of area bed days during the month, to the number of active out of area placements at the end of the month.
- Infection Control: MRSA: No Trust-attributed MRSA bloodstream infections (BSIs) were reported during April.
- MSSA: Five Trust-attributed MSSA BSIs were reported during April 2024.
- C. diff: There were eight Trust-attributed cases in April 2024.
- E. coli: Eight Trust-attributed E. coli BSIs were reported in April 2024.
- Covid: as at 31 May 2024 there were 19 patients with Covid in beds across the Trust; 11 at MPH, seven at YDH, and one in a community hospital.



Urgent Care

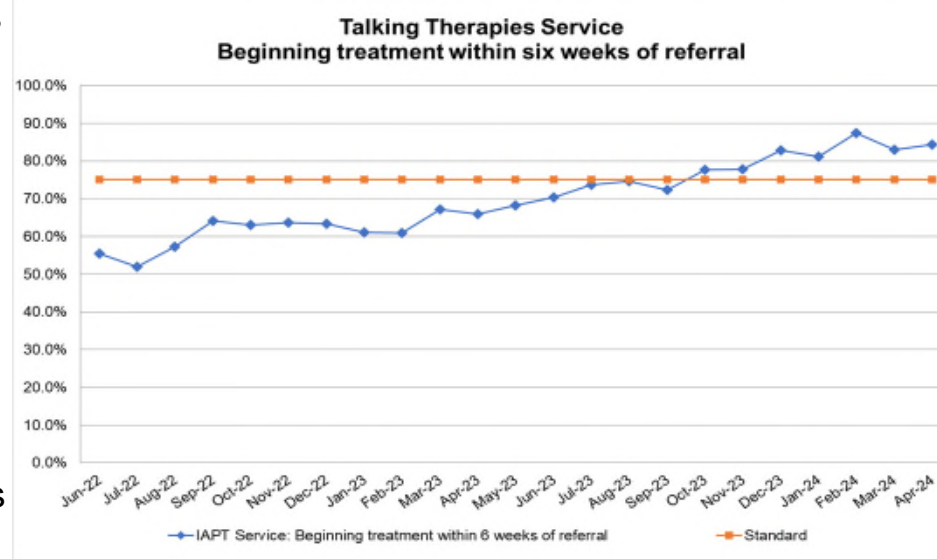
- Trust-wide A&E 4-hour performance for April 2024 was 62.7%, down from 65.2% in March 2024. National average performance in April was 60.4%. Compliance within our Urgent Treatment Centres (formerly Minor Injury Units) was 99.9%. Overall compliance across all attendance types was 78.3%, slightly above the revised national standard of 78%, to be achieved by March 2025, and also above the national average of 71.9%
- During April 2024, the percentage of ambulance handovers completed within 30 minutes was 83.0% at MPH and 64.0% at YDH. The average performance across all hospitals served by South Western Ambulance Service NHS Foundation Trust (SWAST) in April 2024 was 59.2%. In May 2024, performance at YDH improved to 76.1%, and performance at MPH was 75.8%. The regional average performance was 58.4%
- For Urgent Community Response, the percentage of patients seen within two hours of referral in March 2024 – the latest data available – was 95.9%. Performance was more than 20% above the 70% national standard in every month during 2023/24.



Mental health

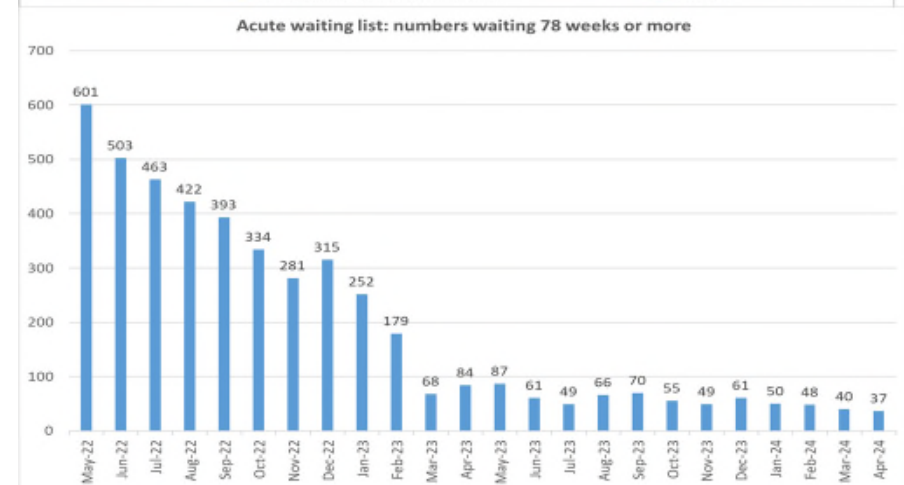
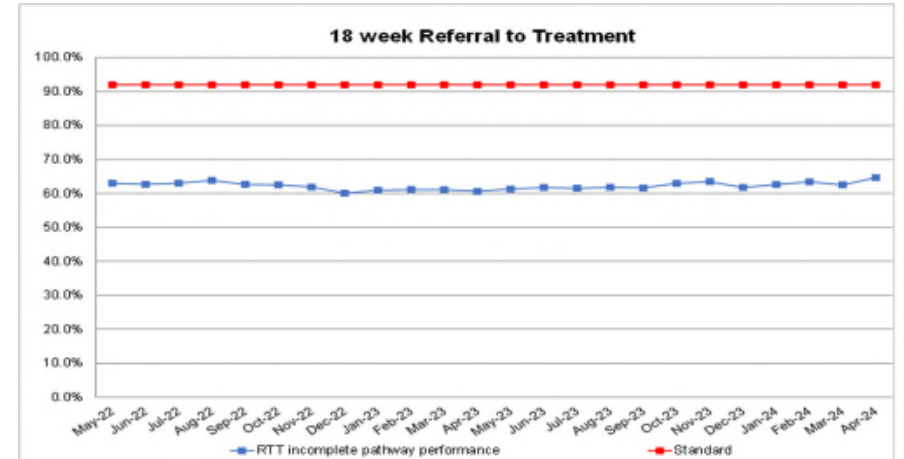
- The percentage of people waiting six weeks or less to be seen by our adult community mental health services was 92.1% in April 2024, and 93.8% of older people had waited six weeks or less for a first appointment. 95% of children and young people referred to Child and Adolescent Mental Health Services (CAMHS), and 83.3% of people referred to our learning disabilities service had waited under six weeks. One patient had waited longer than six weeks, due to choice, and was seen on 1 May 2024.
- The percentage of people with a first episode of psychosis beginning treatment with a NICE-recommended care package within two weeks of referral was 86.7% in the three months to 30 April 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 30 April, at 84.3%. The numbers waiting over 18 weeks to be seen have continued to rise, due to a shortfall in capacity within the service. This is likely to affect waiting times compliance adversely later in the year.

	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
Adult mental health services	92.2%	93.9%	93.5%	96.1%	92.2%	92.1%
Older Persons mental health services	95.3%	93.0%	93.7%	96.0%	90.3%	93.8%
Learning disabilities service	80.0%	87.5%	100.0%	100.0%	100.0%	83.3%
Children and young people's mental health services	96.6%	94.7%	96.1%	100.0%	100.0%	95.0%



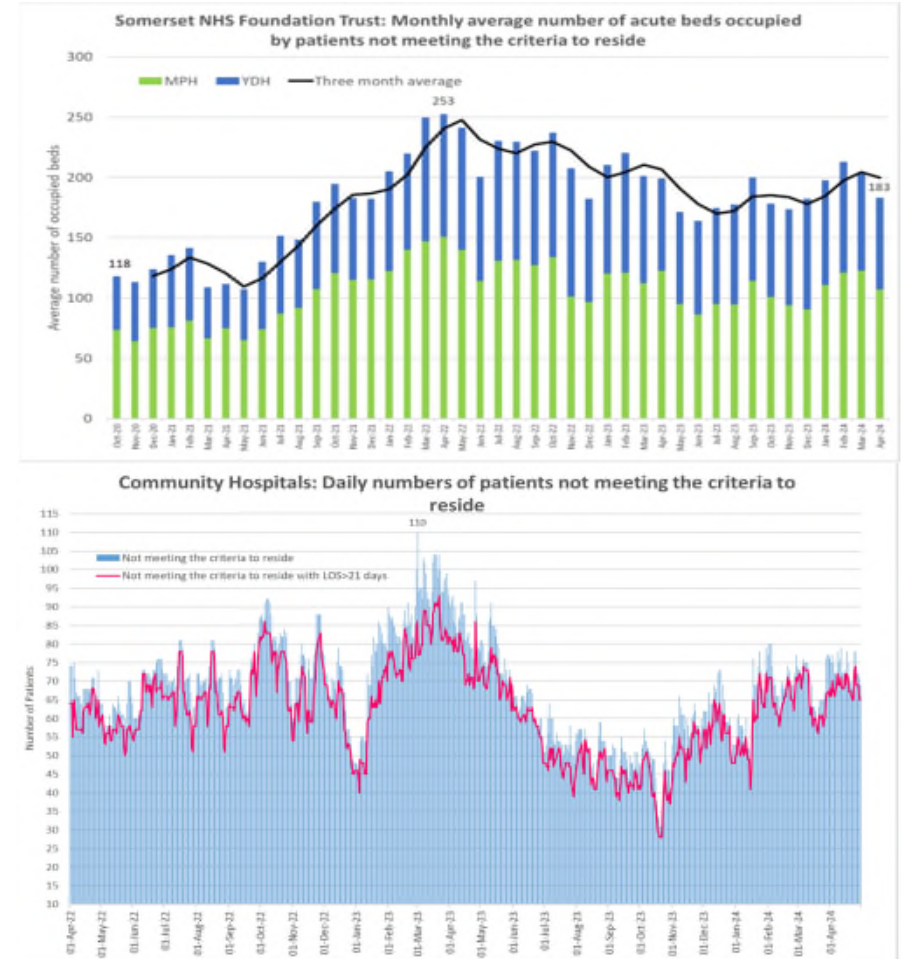
Referral to Treatment (RTT): acute services

- The percentage of patients waiting under 18 weeks from referral to treatment was 64.6% in April 2024. National average performance in March 2024 – the latest data national available – was 57.2%. Our performance in March 2024 was 62.5%
- The total waiting list size at the end of April was 54,625, up by 1,101 from March, and 1,048 patients higher than (i.e. worse than) the target trajectory.
- The number of patients waiting over 52 weeks at the end of April was 1,969 - better than the trajectory of 2,355 or fewer. The number of patients waiting over 65 weeks was 463, which was 20 better than the trajectory of 483 or fewer. The number of patients waiting 78 weeks or more reduced slightly, by three to 37.
- 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.



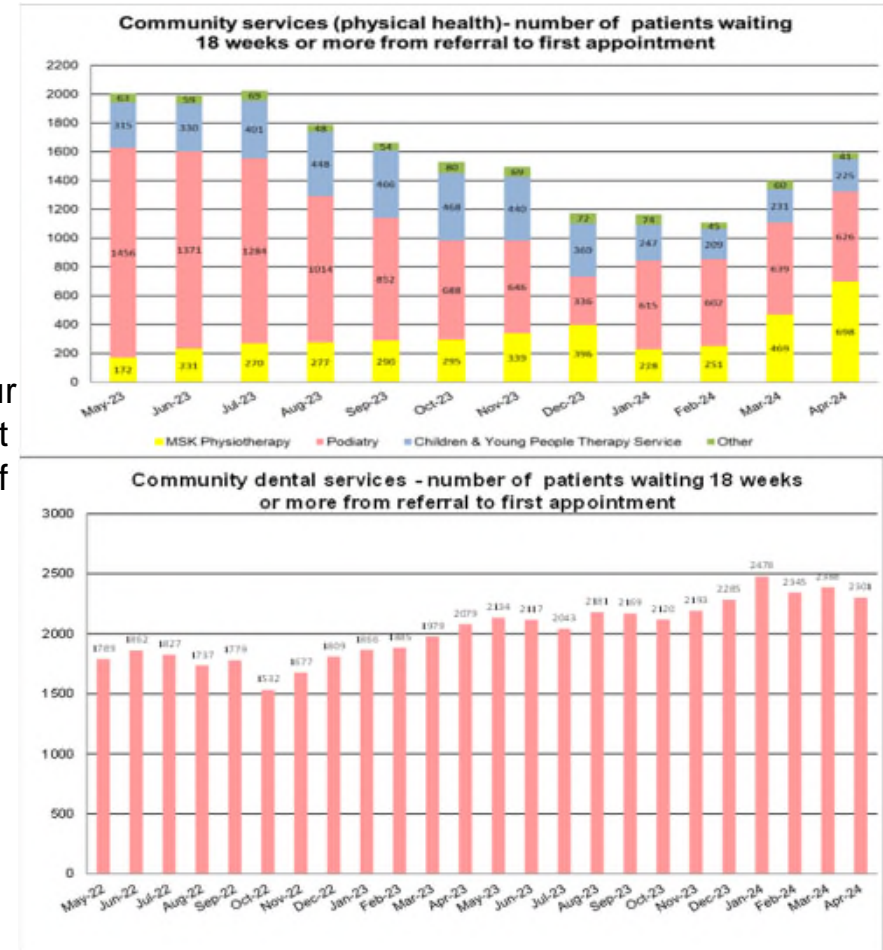
Criteria to Reside

- During April 2024, the Trust-wide number of acute bed days occupied by patients not meeting the criteria to reside was 5,498 (3,215 at MPH and 2,283 at YDH), down from 6,292 in March 2024. This equates to 183 fully-occupied beds for the month of April 2024, down from 203 beds in March 2024.
- As at 30 April 2024, national best-quartile performance was that 7.5% of Adult General & Acute and critical care beds were occupied by patients who did not meet the criteria to reside. Our performance as at that date was 20.2% of beds. We were ranked 98 of 119 Trusts nationally.
- In our community hospitals, the number of patients not meeting the criteria to reside decreased from 76 as at 31 March 2024 to 69 as at 30 April 2024.
- 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.



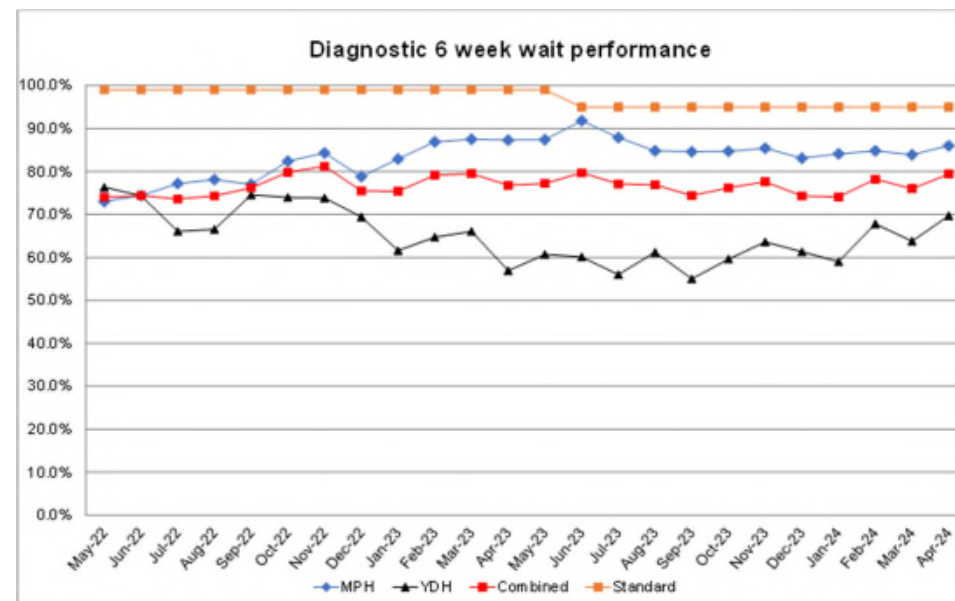
Community physical health services

- As at 30 April 2024, the number of patients waiting 18 weeks or more to be seen by our community physical health services (excluding Dentistry) increased by 191 to 1,590.
- Our Musculoskeletal Physiotherapy Service had the highest number of patients waiting 18 weeks or more with 698, an increase from 469 as at 31 March 2024. The recent increase in the numbers waiting has primarily been due to vacancies within the service.
- The number of people waiting 18 weeks or more to be seen by our Podiatry service slightly decreased to 626 patients, from 639 as at 31 March 2024. The service continues to have significant levels of vacancies, which is a national issue.
- The numbers waiting over 18 weeks to be seen by our Somerset and Dorset dental service reduced from 2,388 to 2,301.
- As at 30 April 2024, 518 young people had waited 18 weeks or more for a dental appointment for treatment involving a general anaesthetic (GA), a reduction of 12 compared to 31 March. The service continues to face considerable challenges due to vacancies, sickness absence and insufficient cover for maternity leave.



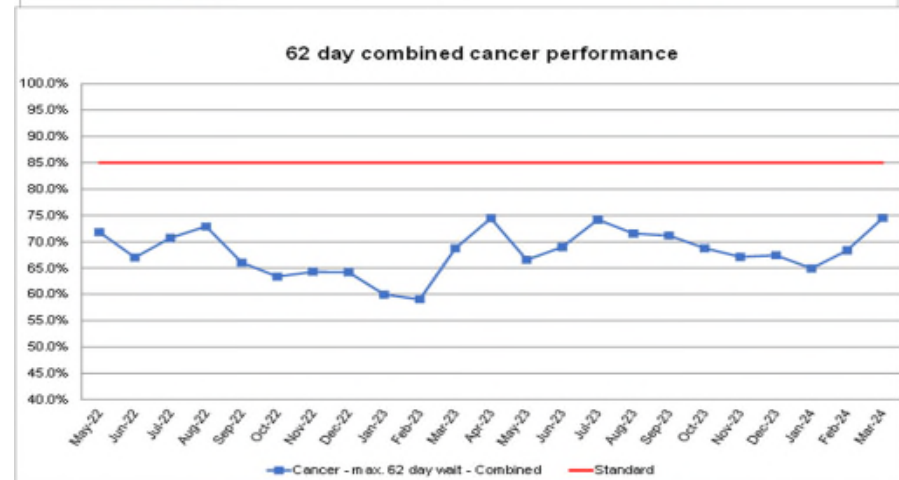
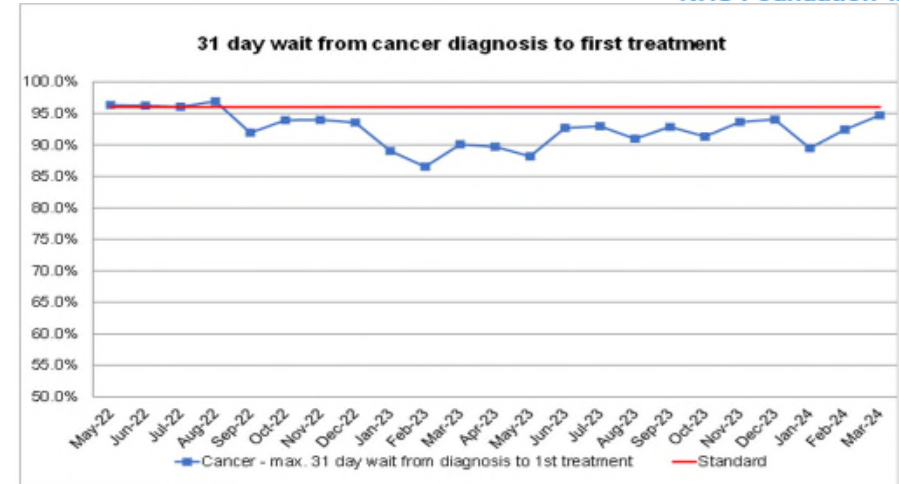
Diagnostics

- The Trust-wide percentage of patients waiting under six weeks for their diagnostic test was 79.4% in April 2024. National average performance for NHS providers (i.e. excluding Independent Sector providers) was 77.4% in March 2024, the latest data available. Our performance in March was 76%.
- The highest numbers of patients were waiting for an MRI (down from 553 to 485; 18% of over six-week waiters, ultrasound (up from 309 to 440; 17%), gastroscopy (down from 381 to 284; 11%), echo (up from 178 to 271; 10%), and colonoscopy (down from 361 to 252; 10%), together making up 72% of the long waiters.
- In April, 96.1% of urgent CTs were turned around within the standard of seven days, and 99.7% of routine CTs were turned around within the standard of 28 days. The corresponding compliance levels for MRI were 80.1% and 99.8%, and for Plain Film X-rays they were 89.9% and 95.8%
- Additional MRI capacity has been established, through the rental of a modular scanning unit, which started February 2024 and is being extended for a further eight weeks. Plans are in place to increase the number of scans undertaken at the Taunton Diagnostic Centre.
- Additional endoscopy sessions continue to be run at the weekend in Yeovil and Musgrove; appropriate patients on the Yeovil waiting list are also being offered Musgrove Park and Bridgwater Community Hospitals as an alternative site for their surveillance procedure.



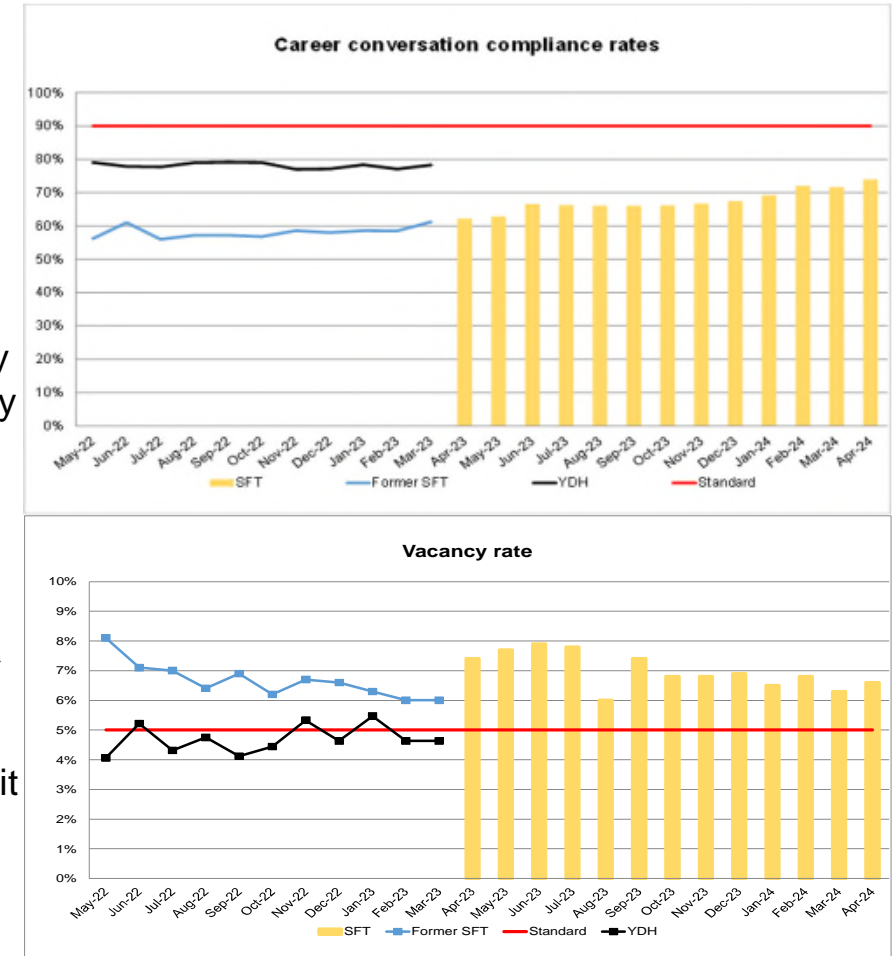
Cancer waiting times

- The percentage of patients diagnosed with a cancer or given a benign diagnosis within 28 days of referral was 84.1% in March 2024, above the 75% national standard. The standard rises to 77% from April 2024.
- The percentage of cancer patients receiving a first treatment within 31 days of diagnosis was 94.7% in March, below the 96% national standard but above the national average of 91%. The main breach areas of the 31-day standard were colorectal, breast and skin.
- The percentage of cancer patients treated within 62 days of referral was 74.5% in March, below the national standard of 85%, but above the national average of 68.7%. 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 28% over the last three months, relative to same pre-COVID period) and colorectal (up 12%), 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.



People

- In respect of retention, 166 colleagues who had commenced employment on or after 1 May 2023, a total of 131 (78.9%) were still with the Trust as at 30 April 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 30 April 2024, the percentage of career conversation reviews undertaken at least annually was 73.8%, the highest rate reported since the new Trust was established in April 2023, but still significantly below the standard of 90%. Career conversations continue to be a key area of discussion in directorate and service group meetings.
- As at 30 April 2024, our mandatory training rate was 92.8%. 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 6.6% as at 30 April 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 30 April 2024 was 5.3%, the same as it was as at 31 March 2024.



Finance

- The Trust and Somerset health system submitted a balanced plan on 2 May. The plans for workforce, finance and activity plans set out how the planning priorities for 2024/25 will be achieved.
- In April, the Trust recorded a deficit of £3.993m, £0.762m adverse to plan.
- The adverse performance in month is driven by higher than planned employee costs and a shortfall in the level of efficiencies delivered.
- Agency and medical locum usage remains a key focus area and is under constant scrutiny. April costs were £0.4m lower than March but were above the planned level in month. We will continue to review usage at service level and ensure the necessary actions are being taken to reduce our run rate.
- Clinical service groups are finalising their Productive Care Plans - these set out how clinical services will tackle the productivity and efficiency challenge through the transformation of clinical services.

Statement of comprehensive income	Month 1 (April) 2024/25		
	Plan Year to date £'000	Actual Year to date £'000	Variance Year to date £'000
Operating income from patient care activities	80,336	82,632	2,296
Other operating income	4,152	4,803	651
Employee expenses	(59,454)	(61,943)	(2,489)
Operating expenses excl employee expenses	(27,342)	(29,061)	(1,719)
Operating Surplus/(Deficit)	(2,308)	(3,570)	(1,262)
Net Finance Costs/Corporation tax	(887)	(596)	291
Surplus/(Deficit) 2023/24	(3,195)	(4,166)	(971)
Adjustments to Financial Performance	(36)	173	209
Adjusted Financial Performance Surplus/Deficit	(3,231)	(3,993)	(762)

Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Report from the Quality and Patient Experience working group held on 22 May 2024
SPONSORING EXEC:	Phil Brice
REPORT BY:	Tina Hickinbottom-Tacey, Corporate Services Officer
PRESENTED BY:	Judith Goodchild
DATE:	22 May 2024

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

Executive Summary and Reason for presentation to Committee/Board	<u>Welcome and apologies</u>
	The meeting received a few more apologies than normal, which meant the meeting was not quorate but as no decisions were needed the meeting could go ahead. Judith Goodchild asked Tina Hickinbottom-Tacey to look through the attendee lists and take note of usual attendances, and potentially look into membership of the group as, on occasions, the group has been short of attendees.
	<u>Minutes</u>
	An issue with appendices and missing members from the meetings minutes need amending. Minutes approved.
	<u>Terms of Reference and Review of Effectiveness</u>
	Terms of reference and review of effectiveness papers noted and would be discussed at the next meeting.
	<u>Update on patient strategy</u>
	Emma Davey talked to the governors about the recent launch session which included a listening event which Judith Goodchild attended alongside 35-40 other attendees. Emma led the event which provided an overview of where the trust is and discussed some national documents and guidance to note including recommendations from NICE and the trust internal auditors BDO. The teams are looking into what is meaningful to the people in Somerset and how what the trust does is measured. Alongside this event, community sessions have begun to hear from those quiet voices which might not always be heard or represented. Emma received 40-50

pages of feedback from this one event and will use this to create a follow up session called 'building'. Once all of these events, and stakeholder feedback has been concatenated, it will be used to support the creation of the patient and engagement strategy which will be presented at the QGAC later in the year.

Governors discussed the website, specifically the information on complaints and PALS and Emma Davey said reviewing the information available in places like the website will form part of the next steps.

Oasis

Alex Pryde provided a brief introduction into what Oasis is and does as part of the trust including the following:

- Orthopaedic Assessment Service in Somerset (OASIS) is the first of its kind in the country to treat patients who have an orthopaedic/musculoskeletal (bones and joints) concern.
- Three clinical teams, upper limb, lower limb and spinal.
- Clinics in various communities, Bartec and Taunton Diagnostic centre.
- Provided "Gold Standard" pathway for patients through the advice and guidance process.
- Growth of Oasis which has impacted waiting times.
- Booking process under review.
- Discussed the personal experiences with Oasis from some of the Governors including some of the challenges they have found with the process.
- There is going to be review of current system to bring it in line with current needs. Currently there is no monitoring procedure in place to quality assure the service.
- The difference between the physio service in GP practices and OASIS was explained.

Quality and Performance Exception Report

Ian Clift attended in Lee Cornells absence and talked about ED attendances, ambulance handovers and cancer pathways.

The governors discussed Infection protection control in relation the Maternity CQC report.

Judith Goodchild asked if the group could receive an update relating the core standards box set.

	<p><u>Complaints and Pals Manager report</u></p> <p>Emma Davey commented on the applications regarding the Head of Patient Experience role. Ben Edgar-Attwell and Kate Butler joined her on the panel for interviews and a candidate was selected. A start date has not yet been confirmed. Emma Davey attended a rest and restore training opportunity set up by Hayley Peters for Band 7 and above ward leaders where she talked about compassionately and empathic engagement with patients and families, and many colleagues commented how it gave them a lot to think about and how they could put this into practice on the wards.</p> <p><u>Complaints</u></p> <ul style="list-style-type: none"> • Q4 saw an increase in complaints and received 85 form complaints. Reviewing the complaints received during the quarter, the focus on performance in ED may have negatively impacted patient experience. • 42% of complaints related to medical services and 21% surgical services. • Main theme has moved from communication to all aspects of clinical care. <p><u>PALS</u></p> <ul style="list-style-type: none"> • PALS team contact with over 1000's people within a month, this is average for PALS. • Team is working hard to close cases within 10 days, and currently at 70%. • The group discussed the discharge lounge and patient transport such as taxi services. <p><u>Good to know log</u></p> <p>Jane Armstrong provided a patient story into the good to know but unfortunately was not at the meeting to provide verbal commentary, but Ben Edgar-Attwell and Emma Davey said they would have a look and respond to Jane if needed.</p>
Recommendation	The Council of Governors is asked to note the items discussed at the meeting.

Links to Strategic Objectives (Please select any which are impacted on / relevant to this paper)	
<input type="checkbox"/> Obj 1 <input checked="" type="checkbox"/> Obj 2 <input checked="" type="checkbox"/> Obj 3 <input checked="" type="checkbox"/> Obj 4 <input checked="" type="checkbox"/> Obj 5	Improve health and wellbeing of population Provide the best care and support to children and adults Strengthen care and support in local communities Reduce inequalities Respond well to complex needs

<input type="checkbox"/> Obj 6	Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture
<input type="checkbox"/> Obj 7	Live within our means and use our resources wisely
<input type="checkbox"/> Obj 8	Delivering the vision of the Trust by transforming our services through research, innovation and digital technologies

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

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

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

Reference to CQC domains (Please select any which are relevant to this paper)				
<input checked="" type="checkbox"/> Safe	<input type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Responsive	<input type="checkbox"/> Well Led

Is this paper clear for release under the Freedom of Information Act 2000?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Report from the Strategy and Planning Group
SPONSORING EXEC:	David Shannon, Director of Strategy and Digital Development
REPORT BY:	Paull Robathan, Chairman Strategy and Planning Group
PRESENTED BY:	Paull Robathan, Chairman Strategy and Planning Group
DATE:	19 June 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 minutes from the meeting held on 19 February 2024 were approved as a true and accurate record of the meeting.
	The Strategy Group agreed that the Terms of Reference and the Review of Effectiveness were both still in line with the objectives of the group, and the group are happy for them to be continued.
	The group is still unsatisfied with the transport available for service users across Somerset, although recognises the new provider in place for the Park and Ride in Taunton. The links between the locations new services and transport options for patients continues to be broken in some cases despite a corporate recognition of the imperative.
	Mark Hocking attending the meeting and highlighted the trusts financial plan and the forward plan for 24-25, providing a view of the current financial position and its challenges.
	The group asked for the Joint Forward Plan to be presented at a Council of Governors meeting enabling all to hear and understand the details.
Recommendation	The next meeting of the Strategy and Planning Group will be focussing on Objective 8 and the group looks forward to a presentation of the changes to this objective and their implications.
	The Council of Governors is asked to note the items discussed at the meeting.

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

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

Equality and Inclusion
<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.
<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>
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>
A report is presented to every meeting.

Reference to CQC domains (Please select any which are relevant to this paper)				
<input type="checkbox"/> Safe	<input type="checkbox"/> Effective	<input type="checkbox"/> Caring	<input type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well Led

Is this paper clear for release under the Freedom of Information Act 2000?	<input checked="checked" type="checkbox"/> Yes	<input type="checkbox"/> No
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Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Report from the People Group meeting held on 15 May 2024
SPONSORING EXEC:	Isobel Clements, Chief of People and Organisational Development
REPORT BY:	Mark Robinson, Chairman People Committee
PRESENTED BY:	Mark Robinson, Chairman People Committee
DATE:	19 June 2024

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

Executive Summary and Reason for presentation to Committee/Board	<u>Review of the workplan</u> <p>The group reviewed the workplan which was created in line with the people committee. The group discussed the addition of a colleague story and all felt this was a positive step but would need to liaise with Bel about how to bring these stories through to the group. ACTION</p>
	<u>Review of terms of reference and effectiveness</u> <p>The group reviewed and approved the terms and effectiveness review.</p>
	<u>Deputy chair position</u> <p>Lydia Karamura nominated herself for the position of deputy chair, which was seconded by Heather Sparks and Jane Armstrong.</p>
	<u>Strategy update</u> <p>Bel Clements provided an update on the People Strategy which was approved by the Trust Board last year and provides five commitments for the strategy.</p>
	<p>Work around the strategy has been separated into key yearly deliverables. The people committee in March reviewed the year one deliverables in terms of what has been achieved and any challenges and looked ahead into the year two deliverables around developing our people for the coming year. The group discussed the diversity of colleagues within the trust and recognising that the needs of colleagues is very different and that support for this diverse, multi-cultural and multi-generational trust needs to change with the demographic.</p>



The group discussed:

- Coaching/mentoring and peer support.
- Trust recognising and supporting colleagues that it is ok for colleagues to stop and ask for help.
- How to measure the success when it comes to people services.
- Decision making and changing from a reactive to proactive environment.
- Communicating with staff from overseas and reaching these groups of people. Already established within Musgrove and group discussed forming contacts with similar groups in YDH. **ACTION**

Culture and inclusivity

Louise Netto talked about her role as Deputy Director of Experience and Learning and as Chair of the Culture Strategy Group. She explained how her team deal with a lot of data from networks; retention; wellbeing; patient safety; colleague experience through HR advisory and freedom to speak up; leadership and OD, and service groups, and how the trust understands this data and uses it for learning opportunities.

She proposes that within her role as chair and therefore her team focuses on colleague experience, and as this is a huge undertaking, breaking it down to see what the trust can achieve.

Harriet Jones talked about her work in inclusivity and how the teams are now trying to embed inclusivity into everything the trust does, rather than inclusivity being an additional bonus. Making inclusivity a cultural change within the trust from the start with how we recruit inclusively.

Assurance report from the people committee

The assurance report reflected on Isobel's comments regarding the committee reviewing the year one and two deliverables.

The people committee has changed its structure slightly and will now have a review session group and a deep dive to give colleagues chance to really understand the objectives. Three staff governors are invited to the People Committee as governor observers, as staff governors may not always be able to attend every meeting, Bel has agreed to have more staff governors as attendees in hopes this will allow for at least one staff governor to attend every meeting.

The group discussed:

- Chronic workforce shortages and vacancies.

	<ul style="list-style-type: none"> • Trust being in direct competition with retail and other sectors. • University status as a challenge to retention. • WTE cap assigned by NHS England. • Making Somerset an attractive place to work and settle. <p><u>Feedback from staff governors</u></p> <p>The group discussed circulating a similar template to the “good to know log” for the QPE group, where the group asks staff and public governors to complete a template to provide feedback, stories etc. from patients and colleagues.</p> <p><u>Items arising from today's meetings</u></p> <p>The group would like the opportunity to talk to a member of staff regarding the CQC maternity report and how the staff are feeling following this report.</p>
Recommendation	The Council of Governors is asked to note the items discussed at the meeting.

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

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

Details: N/A

Equality 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

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

Not applicable to this report.

Previous Consideration

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

A report was presented to the March 2024 meeting.

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

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

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Report from the Membership, Involvement and Communications Group
SPONSORING EXEC:	Phil Brice, Director of Corporate Services
REPORT BY:	Kate Butler, Chair of the Membership, Involvement and Communications Group
PRESENTED BY:	Kate Butler, Chair of the Membership, Involvement and Communications Group
DATE:	19 June 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>Subject to some amendments to the attendance list, a typing error and incorrect date for the future meeting, the minutes of the meeting held on the 23 February 2024 were approved as a true and accurate record.</p>
	<p>A review of the Terms of Reference, effectiveness and work action plan were undertaken, the group collectively agreed they were happy with the documents. Kate Butler commended the group on the actions completed and the progress against the outstanding actions.</p>
	<p>Emily Mock informed the group that new slides have been added to the Membership Statistics, that show the diversity of public and staff members. The trust now has 10,519 public members, with 559 new members joining since 1 January 2024 however, this number will include staff members who have left the trust and automatically converted to public members. There is also 5,416 public members with an email address, these are our members that we can engage with. The group discussed the possibility of sending surveys to members of the public to gauge interest and engagement levels. ACTION THT to find the old survey and look into to creating a new one.</p>
	<p>The Youth Strategy Group met on 9 May 2024. Jane and Jos are leading on this work with Emily as admin support. All progress and actions will be reported to the MIC working group.</p>
	<p>Fiona Reid gave a presentation on the Communications Strategy and highlighted:</p> <ul style="list-style-type: none"> The strategy was approved in October 2022 for the merged organisation.

- Our strategy is to “Tell the story of colleagues, our services and sites in order to achieve our communication objectives.” She added that having a strategy is great however, the team need to be able to deliver it.
- The team review media sentiment and media statistics, looking into the Trust’s reach and engagement. Facebook was highlighted as a great tool, engagement levels are high from all age ranges.
- The team is looking to agree stretch targets for each workstream.
- There are challenges and learning opportunities for example, teams are working well together, showing a good sense of team purpose but the volume of work is growing.
- It is good to see one of our top viewed pages on the public website is recruitment, the trust has staffing issues, so it is great to see people are using the recruitment page.
- Achieving accessibility on the website is difficult, the team now carries out accessibility checks each month, as the teamwork towards full compliance.

Krystle Pardon gave a presentation on patient engagement, and she highlighted the importance of growing the patient voice:

- There are 10 principles in place, currently looking to recruit patients who wish to work with us in partnership. The interviews are informal, all information is then held on the database.
- Want to involve patients through surveys on Care Opinion to gain positive and negative feedback.
- Going forward the team will be working with the ICB to work from one database. The team are looking to use IT to create a text service, to reach more people and to focus on hearing the quiet voices.
- Krystle Pardon is to create a list of items that can be shared with the Governors, for them to be able to help the engagement team. ACTION for THT to liaise with KP.

	<ul style="list-style-type: none"> Emma Davey added that she receives monthly updates on the number of teams using Care Opinion. Symphony Healthcare Services (SHS) now also use Care Opinion, so a good percentage of GP surgeries use this in Somerset.
Recommendation	The Council of Governors is asked to note the items discussed at the meeting.

Links to Strategic Objectives (Please select any which are impacted on / relevant to this paper)	
<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	Delivering the vision of the Trust by transforming our services through research, innovation and digital technologies

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

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

A report was presented to the March 2024 meeting.

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

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

☒ Yes

☐ No

Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Report from the Nomination and Remuneration Group meeting held on 3 June 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:	19 June 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 3 June 2024 to discuss:</p> <ul style="list-style-type: none"> • Non-Executive Director succession planning • Feedback from the Non-Executive Directors appraisals • Feedback from the Chairman appraisal • Recruitment process for a new Chairman <p>Reports on the above items are included on the agenda as separate items.</p>
Recommendation	The Council of Governors is asked to note the items discussed at the meeting held on 3 June 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



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

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

<input type="checkbox"/> Financial	<input type="checkbox"/> Legislation	<input checked="" type="checkbox"/> Workforce	<input type="checkbox"/> Estates	<input type="checkbox"/> ICT	<input type="checkbox"/> Patient Safety / Quality
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Details: 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
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Is this paper clear for release under the Freedom of Information Act 2000?

☒ Yes

☐ No