

**Council of Governors**  
**19 March 2025, 13:00 – 15:00**  
**Taunton Rugby Club, Veritas Park, Hyde Ln, Taunton TA2 8BU**

**AGENDA**

	<b>Action</b>	<b>Presenter</b>	<b>Time</b>	<b>Enclosure</b>
<b>1 WELCOME AND APOLOGIES</b>	Receive	Chairman	13:00	None
<b>2 QUESTIONS FROM MEMBERS OF THE PUBLIC</b>	Receive	Chairman		None
<b>3 DECLARATIONS OF CONFLICT OF INTERESTS RESPECT TO ITEMS ON THE AGENDA</b>	Receive and Note	Chairman		None
<b>4 TO APPROVE THE DRAFT MINUTES OF THE PUBLIC MEETING HELD ON DECEMBER 2024</b>	Receive and Approve	Chairman		Appendix 1
<b>5 MATTERS ARISING AND REVIEW OF THE ACTION LOG</b>	Receive and Review	Chairman		Appendix 2
<b>6 TO RECEIVE THE PUBLIC REGISTER OF COUNCIL OF GOVERNORS INTERESTS AND ANY DECLARATIONS OF CONFLICTS OF INTEREST</b>	Receive and Note	Chairman		Appendix 3
<b>7 RECRUITMENT OF NON-EXECUTIVE DIRECTOR PROCESS</b>	Approve	Chairman		Appendix 4
<b>8 EXTENSION OF NON-EXECUTIVE DIRECTOR TERM</b>	Approve	Chairman		Appendix 5
• Jan Hull				
<b>8 CHAIRMAN'S UPDATE</b>	Receive	Chairman	13:20	Appendix 6 Appendix 7
• Council of Governors' attendance				
• Statutory Duties of Governors 2025/26 – update				
<b>9 CARE CO PILOT</b>	Receive	Charles Davis Hollie Camm	13:30	Verbal
<b>10 PERFORMANCE UPDATE FROM THE EXECUTIVE DIRECTORS</b>	Receive	Mark Hocking / Lee Cornell / Pippa Moger	14:00	Appendix 8

## 11 FEEDBACK FROM:

Receive

a) The Lead and Deputy Lead Governors Governors issues and any ensuing actions needed/taken)	KB / PR	14:30	Verbal
b) The Quality and Patient Experience Group meeting held on 18 February 2025	JG		Appendix 9
c) The Strategy and Planning Group meeting held on 20 February 2025	PR		Appendix 10
d) The People Group meeting held on 19 February 2025	MR		Appendix 11
• Update on trial changes to the People Group	KB		
e) The Membership, Involvement and Communications Group held on 28 February 2025	KB All		Appendix 12
f) The Nomination and Remuneration Committee meeting			Appendix 13
g) Staff Governors			Verbal

## 12 ANY OTHER BUSINESS AND CLOSE OF MEETING

To note

Chair

14:50

Verbal

- Future Agenda items for Council of Governors meetings
- Invite changes following new Governors

Tina Hickinbottom-  
Tacey

## 13 DATE OF NEXT MEETING

Thursday 26 June 2025

**Council of Governors**

Minutes of the meeting held on  
Tuesday 17 December 2024, 13:00 at  
The Taunton Rugby Club, Veritas Park, Hyde Ln, Taunton TA2 8BU.

<b>Present:</b>	Colin Drummond	Chairman
	Kate Butler	Public Governor – Taunton and West Somerset
	Paull Robathan	Public Governor – South Somerset
	Virginia Membrey	Public Governor – Mendip
	Alison James	Public Governor – Mendip
	Bob Champion	Public Governor – Mendip
	Judith Goodchild	Public Governor – Sedgemoor
	Jack Torr	Public Governor – Sedgemoor
	Eddie Nicolas	Public Governor – Sedgemoor
	Martin Davidson	Public Governor – Sedgemoor
	Jeanette Keech	Public Governor – Taunton and West Somerset
	Ian Aldridge	Public Governor – Taunton and West Somerset
	Erica Adams	Public Governor – Taunton and West Somerset
	Ian Hawkins	Public Governor – South Somerset
	Sue Steele	Public Governor – South Somerset
	Mick Beales	Public Governor – South Somerset
	David Recardo	Public Governor – South Somerset
	Sarah Duncan	Public Governor – South Somerset
	Alan Peak	Public Governor – Outside Somerset
	Phil Hodgson-Purves	Staff Governor
	Adekunle Akinola	Staff Governor
	Julie Reeve	Staff Governor
	Joe Silsby	Staff Governor
	Heather Sparks	Staff Governor
	Jonathan Moore	Staff Governor
	Sun Sander-Jackson	Staff Governor
	Dirk Williamson	Appointed Governor – SSL
	Caroline Gamlin	Appointed Governor – Integrated Care Board
	Jos Latour	Appointed Governor - Universities
	Heather Shearer	Appointed Governor – Somerset Council
	Val Bishop	Appointed Governor – VCSE - CCS
<b>In Attendance:</b>	Peter Lewis	Chief Executive Officer
	Melanie Iles	Chief Medical Officer
	David Shannon	Director of Strategy and Digital Development
	Pippa Moger	Chief Finance Officer
	Isabelle Clements	Chief of People and Organisational Development
	Tina Hickinbottom-Tacey	Corporate Services Officer
	Emily Mock	Corporate Administration Assistant
	Graham Hughes	Non-Executive Director
	Alexander Priest	Non-Executive Director



Paul Mapson	Non-Executive Director
Jan Hull	Non-Executive Director

**Apologies:**

Peter Shorland	Public Governor – Dorset
Halley Kimber-Keirle	Staff Governor
Utpal Barua	Public Governor – Mendip
Nick Crow	Staff Governor
Mark Robinson	Staff Governor
Lydia Karamura	Staff Governor
Adam Dance	Appointed Governor – Somerset Council
Jane Knowles	Appointed Governor – VCSE - SASP
Jade Renville	Director of Corporate Services
Andy Heron	Chief Operating Officer
Ben Edgar-Attwell	Deputy Director of Corporate Services

<b>1</b>	<b>WELCOME AND APOLOGIES FOR ABSENCE</b>
1.1	Colin Drummond welcomed everyone to the meeting and apologies were noted as above.
<b>2</b>	<b>QUESTIONS FROM MEMBERS OF THE PUBLIC</b>
2.1	There were no questions from the members of the public.
<b>3</b>	<b>DECLARATIONS OF CONFLICTS OF INTEREST RELATING TO AGENDA ITEMS</b>
3.1	No declarations of conflicts of interests were raised in relation to items on the agenda.
<b>4</b>	<b>MINUTES OF THE MEETING HELD ON 24 SEPTEMBER 2024 AND MINUTES OF THE EXTRA-ORDINARY MEETING HELD ON 22 OCTOBER 2024</b>
4.1	The minutes from the meeting held on 24 September 2024 were <b>approved</b> as a true and accurate representation of the meeting.
4.2	Jeanette Keech referred to item 11 of the minutes and expressed concern regarding the non-reinstatement of the buggies at Musgrove Park Hospital (MPH). She queried whether this could be reviewed again once the building work is completed as this service helps patients navigate the MPH site.
4.3	The minutes from the extra-ordinary COG held on 22 October 2024 were <b>approved</b> as a true and accurate representation of the meeting.
<b>5</b>	<b>MATTERS ARISING AND ACTION</b>
5.1	Colin Drummond advised that Paul von der Heyde and Trudi Grant will be attending the meeting to update the Council of Governors on the work of the Integrated Care Board. This action is to be <b>closed</b> .

5.2 Colin Drummond added that Mel Lock will be invited to a future meeting.

5.3 It was agreed to close all other actions.

## **6 PUBLIC REGISTER OF DECLARATION**

6.1 The Public Register and Declarations of Conflicts of Interest was noted.

## **7 CHAIRMAN UPDATE**

7.1 Colin Drummond advised that Rima Makarem, the newly appointed chair, will be taking up her post in January and will consider the process and timing for appointing new Non-Executive Directors (NEDs). It was noted that Kate Fallon resigned from 28 November 2024 and that Tina Oakley resigned from 31 December 2024. In addition, Jan Hull's term of office will come to an end on 31 January 2025. Colin Drummond advised that although the number of NEDs had reduced over the last few months, the existing NEDs will be able to cover the requirements until the appointment of new NEDs.

### **Council of Governors' attendance**

7.2 Colin Drummond presented the report and advised that attendance is good. There is a requirement to report any governors who fail to attend three consecutive Council meetings, and he advised that Nick Craw has missed four Council meetings. Nick Craw has provided assurance that he will do his best to attend future meetings. The Council of Governors noted and accepted the assurance provided.

7.3 It was noted that Adam Dance has also missed three Council meetings. Adam did not provide assurance that he would be able to attend meetings going forward. As he was recently elected as a member of Parliament, whilst continuing his role at Somerset Council, the Council of Governors raised concerns whether he would have time to dedicate to his governor role.

7.4 The Council of Governors agreed that the trust will formally write to Somerset Council and request a replacement appointed Governor. **ACTION** To write to the County Council to raise Adam Dance's non-attendance and request a replacement appointed governor.

### **Statutory Duties of Governors 2023/24**

7.5 The report was noted and Colin Drummond confirmed that all statutory duties of the governors were being fulfilled as stated. He said that the trust appreciates that the governor role is voluntary and wanted to express his appreciation to the governors for all their efforts and time. He advised that the trust is thankful to the governors for their support in raising key concerns.

### **Governor Elections 2025**

7.6 Ria Zandvliet informed the Council of Governors that planned elections for 13 governor seats will take place in 2025. The nomination process will commence on 5 February and will run until 5 March. If seats are contested, ballots will be distributed on 26 March 2025.

## **8 CONSTITUTION AND STANDING ORDERS REVIEW**

8.1 Ria Zandvliet informed the Council of Governors that the following amendments have been made to the constitution:

- The wording regarding the appointment process for the Chairman and Non-Executive Directors has been amended. This revision aims to simplify the process and ensure alignment with the Code of Governance.
- Additional wording has been added to the disqualification criteria for staff governors.

8.2 Paull Robathan proposed, and Kate Butler seconded the amendments to the constitution.

## **9 PERFORMANCE UPDATE FROM THE EXECUTIVE DIRECTORS**

9.1 Pippa Moger informed the Council of Governors that her slides were circulated within the papers and highlighted the following:

- As at 31 October 2024, the Trust continues to deliver on plan. However, despite being on plan, the Trust faces significant pressures. Medical agency costs, particularly to cover vacancies in hard-to-recruit areas, continue to be high. Agency costs are reducing and are expected to further reduce once the newly recruited clinicians have taken up their post. The Trust remains on track to achieve a break-even position in line with the agreed plan.
- NHS England (NHSE) set a target for the trust to have no patients waiting over 65 weeks by 22 December 2024. However, this target will not be achieved and it is acknowledged that this target will also not be met by the end of March 2025. Guidance on the 2025/2026 performance standards was still awaited but one of the Government's commitments will be to reduce the waiting time from referral to treatment to 18 weeks.
- The significant demands on urgent care services - a decline in the 4-hour A&E performance to 57.1% down from 59% in September 2024; the increase in the number of bed days lost due to the number of patients with "no criteria to reside"; and the significant pressure on clinical colleagues.
- The exceptional mental health performance. It is uncertain whether the planned mental health investment standards will continue into 2025/2026, and the Trust may not receive the ring-fenced funding for this service.

9.2 Peter Lewis added that the operational pressures in December are due to an increase in respiratory illness on wards as well as cases of flu and covid.

9.3 Heather Shearer highlighted the children and young people who have been waiting over 18 weeks for dental treatment and asked whether the Trust can track if they are under the Trust's care. Peter Lewis responded that the Trust is not seeing these patients in its hospitals and they are therefore not tracked in the same way

as other patients. It was noted that many of these children are waiting for total teeth removal under general anaesthetic in Dorset.

- 9.4 Caroline Gamlin added that the ICB monitors health assessments which have improved, but there is still more to do. She queried the uptake of vaccines across staff and asked if there is still time to have flu vaccines. Peter Lewis advised that the uptake of the vaccines this year has been low but there is still time for staff to have their vaccines.
- 9.5 Sue Steel welcomed the additional section on tissue viability within the performance report.
- 9.6 Phil Hodgson-Purves queried the agency expenditure and the number of vacancies. Pippa Moger advised that the Trust currently has vacancies in both the Trauma and Orthopaedic specialties, resulting in insufficient capacity in these areas. In alignment with the planning for 2025/26 and considering the new surgical centre at Musgrove Park Hospital (MPH) and the new theatre at Yeovil District Hospital (YDH), it is essential to determine the specialties and clinicians required for these services. She advised that it is more cost-effective to employ substantive staff to address core capacity needs than agency staff and an assessment of current capacity will be undertaken.
- 9.7 Eddie Nicolas queried how the trust plans to achieve the £40 million deficit to be able to deliver a breakeven position by year end. Pippa Moger advised that the planned deficit will reduce over the next four months and that any remaining deficit can be covered.

## **10 UPDATE FROM THE INTEGRATED CARE BOARD**

- 10.1 Paul von der Heyde, Chairman of the Integrated Care Board (ICB), and Trudi Grant, Executive Director of Public and Population Health for the ICB, joined the meeting and introduced themselves. They provided an overview of the work of the ICB and highlighted that:
- Somerset has an ageing population. In 2003, most areas within Somerset had a population of either less than or equal to 20% of people aged 65 or over. However, projections for 2043 indicate that some areas within Somerset will have over 50% of their population aged 65 or over. This demographic shift suggests that whilst there is a vibrant community and dedicated volunteers, there is a pressing need for the system to address workforce considerations.
  - When looking at future projections, the age ranges of 0-15 and 16-64 year olds remain static. However, the demographic of individuals aged 65 and over is expected to steadily increase.
  - The Somerset System encompasses all activities undertaken within the county of Somerset. The primary care services focus on public health, including General Practice, mental health, acute services, and more. Additionally, there are core determinants of health such as transport, housing,

food, and education. The country is currently facing an economic crisis and is emerging from a pandemic. As healthcare providers, there is a pressing need to enhance the health and wellbeing of the population. The Trust must allocate resources effectively and direct them towards addressing the core determinants of health.

- Males and females in Somerset are living long and generally good lives; however, they are not necessarily living long healthy lives. Individuals residing in the more deprived areas of Somerset experience more years of poor health. There are various forms of inequality, including those related to protected characteristics, socio-economic groups, inclusion health groups, and geography. To make a significant difference for those with less advantaged lives, there needs to be a greater focus on equity.
- When comparing the data from 1990 to 2021, it was observed that there has been a shift from people dying from cardiovascular diseases to people dying from neoplasms. However, for individuals with disabilities, the data on causes of death has remained the same with dominant causes being low back pain and depressive disorders. A significant amount of work has taken place on asthma and, as a result, this was no longer in the top 12 causes of death. The top list now shows lifestyle related diseases rather than communicable diseases.
- The Inverse Care Law needs to be talked about and used more widely. People who most need care services are the least likely to receive help. The Trust should be seeing patients via elective admissions, however these patients do not come forward for routine health checkups due to various reasons, such as avoiding time off work as they cannot afford to, or language barriers. As a result, they do not regularly see doctors for them to notice any presenting symptoms.
- The ICB recognises that obesity is a significant challenge and impacts both adults and children. Obesity is driving a significant amount of demand within an individual's unhealthy years. Obesity can have many causes, such as people's inability to exercise, food advertising, genetics, education, poverty, and mental health. This will not be a quick process, but the ICB wants to start to work in each of these areas. Work is already taking place, but further work will require significant funding.
- In 2010, a trust in Amsterdam committed to addressing obesity and £5 million was allocated into this work each year. By systematically assessing the existing measures, planned strategies, and following them consistently, the trust has achieved a 12% reduction in childhood obesity.
- The ICB is keen to find people in the community who are living with high blood pressure. There are approximately 35,000 more individuals to be identified to whom the system can provide advice and support.
- Another focus for the ICB is tobacco dependency in view of the new national targets to be smoke free by 2030. The ICB wants to support all smokers to



stop smoking and some of these individuals will be the same people with hypertension. The ICB aims to identify these individuals and provide them with the necessary support.

- 10.2 Jeanette Keech expressed a concern regarding the shift to predominantly phone-based doctors' appointments, noting that this limits a doctors' ability to see patients in person and detect any deterioration in their health. Trudi Grant responded by emphasising that the system constitutes the largest public health network. She highlighted the importance of self-care within the population, such as avoiding fast food and maintaining regular exercise. There is a need to determine effective strategies for promoting healthy choices. The ICB aims to address obesity by examining environmental factors and national policies.
- 10.3 Erica Adams advised that it is beneficial for patients to return home as soon as possible to aid their recovery and to free up hospital beds for other patients. However, she commented that this is challenging to implement and fund, and she queried if the ICB could assist in facilitating patients' return to their homes. Paul von der Heyde confirmed that the ICB can assist but emphasised that it is a complex process. Effective discharge planning must begin as soon as patients are admitted to the hospital to ensure a timely return home. Peter Lewis added that the focus should not only be on discharging patients but also on keeping them in their homes through proactive care, thereby preventing hospital admissions. Paul von der Heyde further advised that governors represent their constituencies and the residents within them and asked governors to share this information with the public.
- 10.4 Kate Butler informed the meeting about the village agents. The idea that people have someone to contact in the community if they needed help is important especially for those who are more reliant on others.
- 10.5 Sarah Duncan discussed the adherence to medication for hypertension in primary care. She highlighted the deliberate collaboration with General Practitioners (GPs), pharmacies, and the voluntary sector. Since March 2024, the initiative has aimed to address the treatment of 40,000 patients, acknowledging the challenge of identifying and managing such a large number promptly. A steady stream of patients are being referred to GPs. The national target emphasises that, once diagnosed, hypertension can be managed through lifestyle changes, such as exercise and dietary adjustments. Currently, 72% of patients are being treated to target, with 106,000 individuals with hypertension already receiving treatment. The approach is progressing well in partnership with various stakeholders.
- 10.6 Val Bishop introduced herself as an appointed governor, representing the Voluntary, Community, Faith and Social Enterprise (VCFSE) from Community Council for Somerset (CCS). She advised that many people seen by the CCS are in crisis and from deprived areas. In a time of crisis people struggle to make choices, and she wondered how the system can work better and look at the wider determinants. Trudi Grant advised that as a county, a lot of resources goes into acute, mental health, community and general practices but not sufficient resources go into e.g. transport, food, water supply and education. She stressed that sensible funding decisions are needed.

- 10.7 Jeanette Keech advised that she represents the Priorswood community. Some individuals who live in that community do not attend regular doctor's appointments, meaning issues are not picked up until they are in A&E with serious issues. Trudi Grant explained that she is looking at going into the Priorswood community to carry out blood pressure monitoring.
- 10.8 Ian Aldridge expressed concerns around future planning. He commented that, if there are areas within Somerset that have over half the population over the age of 65, more housing will be required and there will be insufficient jobs. Also, regarding finding people with high blood pressure, most of these individuals will be on medication for other issues that will reduce their blood pressure so they will not know that they have hypertension, meaning they will get an inaccurate reading. Trudi Grant advised that whilst looking for people with high blood pressure whether they are on medication or not their blood pressure will be taken.
- 10.9 The Council queried if the ICB is investigating the issues around supply of medication. Paul von der Heyde confirmed he is investigating the concerns.
- 10.10 Paul von der Heyde thanked Colin Drummond for the work he has done for the Trust.

## **11 FEEDBACK FROM:**

### **Lead Governor**

- 11.1 Kate Butler informed the meeting that the Governors have provided good support throughout the year by attending meetings regularly. The Governors expressed their gratitude for the support received from the executive team, Colin Drummond, and the Non-Executive Directors (NEDs). Kate Butler and Paull Robathan hold monthly meetings with Colin to report on various items and address any concerns that may arise. Although the Informal Governors' meetings are not widely attended, they serve as a platform for informal discussions and the introduction of items for upcoming meetings.

### **Quality and Patient Experience working group**

- 11.2 Judith Goodchild presented the summary of the working group. Additionally, she advised that the group had been successful in getting information about the performance of pressure ulcers added to the performance report. Senior nurses have been attending wards and carrying out 1:1 meetings and this could be the reason why pressure ulcers have improved. It was noted that online training for staff was available, but a question was raised about staff's understanding of the training.

### **Strategy and planning working group**

- 11.3 Paull Robathan presented the summary from the working group. David Shannon added that, in terms of the EHR programme, the business case has been submitted to the regional teams and is due to go to the national team and Cabinet Office in February/March 2025. If approved, a procurement exercise will be undertaken in the spring. It was noted that there is considerable uncertainty about funding and the business case must therefore be affordable.

### **People working group**

- 11.4 Tina Hickenbottom-Tacey advised that the people group meeting was cancelled and is due to be rescheduled in the new year.

### **Membership, Involvement and Communication working group**

- 11.5 Kate Butler presented the summary report from the group. She advised that the group is very pleased regarding the members survey that was circulated in the September 2024 members newsletter. The open rate of the survey was 55%, with 700 views. From this, a small group of people were identified who want to help the trust and Emma Davey is speaking with them to follow next steps. The group received an update on the work in relation to silent voices and work in different communities, for example traveller and homelessness groups. It was noted that individuals from the trust carry out health visits to these groups.
- 11.6 Emily Mock added that the Young People Engagement Group has been working on a survey to send out to 300 younger members. Jack Torr, with the support of the sub-group, created the survey which the MIC group are happy for the sub-group to circulate.

### **Staff Governors**

- 11.7 Colin Drummond thanked the staff governors for attending and for all the support they give to the Trust.

## **12 ANY OTHER BUSINESS**

- 12.1 Kate Butler raised a concern discussed during the governor only session before the full council meeting around racism. She explained that staff are being abused not by other staff, but by patients and people they pass on their way into work. The workforce is so important, and governors want to help bring this to the public's attention and empower staff as this is unacceptable behaviour. Governors know that online training was available but queried whether assurance that the training is being consumed and understood was available. The Council of Governors asked what support is available for ward sisters and staff in higher positions to support their teams. The Council of Governors requested support from the ICB to reinforce to staff that the system does not tolerate racist behaviour.
- 12.2 Sun Sander-Jackson advised that she wants to empower staff and get them to speak up, but wants support from the ICB, executive team and the Governors to get this message out. Paul von der Heyde added that all executives across other trusts are working on this issue. He commented that people learn to be racist and this needs to be unpicked.
- 12.3 Isobel Clements added that there is racism in the county, and across the organisation, which affects colleagues and patients. She advised that behavioural discrimination is included as a risk on the Corporate Risk Register. The Board has been clear that it supports an anti-racist organisation on all levels and every effort will be made to continue to address racism and discriminating behaviour.
- 12.4 Peter Lewis emphasised the necessity of engaging in significant conversations with the public but despite considerable efforts, there has been little change. It

was agreed to provide an update on progress made at the next Governor Development Day. **ACTION**

**13 Date of the Next Council**

13.1 Wednesday 19 March 2025, 13:00 – 15:00. Being held at the Taunton Rugby Club, Veritas Park, Hyde Ln, Taunton TA2 8BU

**SOMERSET NHS FOUNDATION TRUST**  
**ACTION NOTES FROM THE PUBLIC COUNCIL OF GOVERNORS MEETING**  
**HELD ON 19 MARCH 2025**

AGENDA ITEM	ACTION	BY WHOM	DUE DATE	PROGRESS
<b>14 December 2023</b>				
<b>Item 12</b>	Add the following item to future Council of Governors or Governors Development Day agendas: <ul style="list-style-type: none"> <li>(12.3) Update from Local Authority to include an invite to Mel Lock.</li> </ul>	Tina Hickinbottom-Tacey	<b>December 2024</b>	<b>December 2024</b> <ul style="list-style-type: none"> <li>Could not invite to the December Council, future invite to be discussed with the new chair.</li> </ul>
<b>17 December 2024</b>				
<b>Item 7 (7.4)</b>	To write to the County Council to raise Adam Dance's non-attendance and request a replacement appointed governor.	Ria Z/ Tina Hickinbottom-Tacey	<b>December 2024</b>	<b>December 2024</b> <ul style="list-style-type: none"> <li>Ria Z wrote to the Somerset Council and requested a replacement appointed Governor. Val Keitch is now in place. (Action completed to be closed)</li> </ul>
<b>Item 12 (12.4)</b>	A concern was raised by governors around staff experiencing racism and behavioural discrimination.  It was agreed to provide an update on progress made at a Governor Development Day.	Tina Hickinbottom-Tacey	<b>July 2025</b>	<b>March 2025</b> <ul style="list-style-type: none"> <li>The team are looking to hold a session on this at a governor development day following the completion of the governor elections and when the new governors are in place.</li> </ul>

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

<b>Executive Summary and Reason for presentation to Committee/Board</b>	<p>As required by the Regulatory Framework, Section 7 in the Council of Governors Standing Orders all governors are to declare any interests they may have outside of their role as a governor which may be relevant and material to the business of the Trust.</p> <p>The attached report outlines the current interests declared by governors as of 19 June 2024</p> <p>The changes made since the June 2024 meeting have been marked in red.</p>
<b>Recommendation</b>	The Council of Governors is asked to note the governors' declarations of interest.

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



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

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

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



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

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

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

Val Keitch		1. Councillor – Somerset Council
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Somerset NHS Foundation Trust	
<b>REPORT TO:</b>	Council of Governors
<b>REPORT TITLE:</b>	Recruitment process for new Non-Executive Directors
<b>SPONSORING EXEC:</b>	Rima Makarem, Chair
<b>REPORT BY:</b>	Ria Zandvliet, Secretary to the Trust
<b>PRESENTED BY:</b>	Rima Makarem, Chair
<b>DATE:</b>	19 March 2025

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

<b>Executive Summary and Reason for presentation to Committee/Board</b>	The report provides an overview of the recruitment process for new Non-Executive Directors.
<b>Recommendation</b>	<p>The Council of Governors is asked to approve:</p> <ul style="list-style-type: none"> <li>(i) That a selection panel is established as set out in the report.</li> <li>(ii) That we commence the recruitment of three new NEDs followed by the recruitment of an Associate NED.</li> <li>(iii) That the Chair is mandated to agree the job description and recruitment information pack.</li> </ul>

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

<b>Details:</b> N/A
<b>Equality and Inclusion</b>



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]

Considered electronically by the Nomination and Remuneration Committee.

### 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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# REPORT TO THE NOMINATION AND REMUNERATION COMMITTEE

## RECRUITMENT PROCESS FOR NEW NON-EXECUTIVE DIRECTORS

### 1. INTRODUCTION

- 1.1 Further to previous discussions about the appointment of new Non-Executive Directors, a decision has now been made to progress with the appointment of three new Non-Executive Directors, followed by the appointment of a further Associate Non-Executive Director.

### 2. PROPOSED RECRUITMENT PROCESS

- 2.1 In line with the Standing Orders (see appendix 1) and Code of Governance (see appendix 2), it is recommended that the recruitment process is as follows:

#### **Three Non-Executive Directors**

- We immediately commence the search for three new non-executive directors.
- Recruitment will be based on the board's skills matrix and future requirements, with a particular focus on board diversity; clinical (non-hospital) knowledge and experience; digital health; and education/research.
- We will use an external search firm, as we have done successfully for all our previous NED recruitment over the past nine year, for the recruitment of two of the three non-executive directors. The search for a non-executive director with education/research skills and experience will be carried out in-house but the final selection and interview process will be aligned.
- A procurement exercise has been undertaken and a recruitment company, which the trust has used successfully for a number of years, will be commissioned to support the recruitment process.

#### **Associate Non-Executive Director**

- We will commence the search for an Associate Non-Executive Director following the completion of the recruitment process for the above new Non-Executive Directors.
- To ensure that as many different pools of possible candidates are accessed, a different search firm will be used for this recruitment.

2.2 A selection panel will need to be set up and the panel will be responsible for long listing candidates; shortlisting candidates for final interview; and interviewing candidates. It is proposed that the selection panel will consist of the following:

- Chair of the Trust.
- At least one external assessor from NSH England and/or a representative from the ICB – to be agreed with NHS England.
- The lead or deputy lead governor.
- One public or appointed governor.
- One staff governor.

2.3 Before final interview, a series of focus groups will be set up and this will involve governors.

2.4 Expressions of interest to serve on the selection panel will need to be requested and, if the number of governors prepared to serve on the selection panel is greater than the number of places available, all governors will be asked to score the expressions of interest.

2.5 The proposed timeline for the recruitment of the two NEDs will be as follows:

- Recruitment process to commence on 21 March 2025.
- Longlisting to be undertaken on 29 April 2025.
- Shortlisting to be undertaken on 8/9 May 2025.
- A webinar for candidates to set up early April 2025.
- Stakeholder focus groups – 19 or 20 May 2025.
- Provisional dates for interviews – 22/23 May 2025.

### **3. RECOMMENDATIONS**

3.1 The Council of Governors is asked to approve:

- (i) That a selection panel is established as set out above.
- (ii) That we commence the recruitment of three new NEDs followed by the recruitment of an Associate NED.



- (iii) That the Chair is mandated to agree the job description and recruitment information pack.

**CHAIR**

## APPENDIX 1

### STANDING ORDERS

In terms of the recruitment process to be followed for new appointments, the Standing Orders state:

- Decisions and processes regarding the appointment and reappointment of the Chairman and Non-Executive Directors of the Trust are solely within the purview of the Council of Governors.
- The Nominations and Remuneration Committee shall:
  - recommend the recruitment process for the Chairman and Non-Executive Directors (as may be the case).
  - take advice, as necessary, from the Chief of People and Organisational Development and the Secretary to the Trust or other internal or external sources.
  - report its recommendations regarding the recruitment process for the Non-Executive Director or Chairman post as an agenda item in a timely manner to the Council of Governors meeting for decision.
  - make recommendations to the Council of Governors meeting in relation to pay and tenure of Non-Executive Directors/Chairman for the Council of Governors' decision. Each period of appointment (or re-appointment) will be to a maximum of three years, and any re-appointment over six years will be subject to particularly rigorous review. Any re-appointment over six years will be subject to annual re-appointment to provide assurance that the Non-Executive Director seeking re-appointment retains their independence of character and judgement.
  - ensure that a formal, rigorous and transparent procedure is followed, which takes into account the needs of the organisation, the balance of expertise and experience on the Board, eligibility of existing Non-Executive Directors or Chairman to stand for a further term, and any other relevant factors. This is not an exhaustive list of the matters which may need to be considered by the Nominations and Remuneration Committee but is merely intended to act as a guide.
  - In the case of new appointments, the Nomination and Remuneration Committee will discuss the composition of the selection panel and, if required the recruitment process to be followed, with NHS England, as set out in the Code of

Governance, and present the proposed recruitment process to the Council of Governors for approval.

- Appropriate candidates (not more than 5 (five) for each vacancy) will be identified by the Nomination and Remuneration Committee.
- The Council of Governors will not consider nominations for the Chairman and other Non-Executive Directors other than those made by the Nomination and Remuneration Committee.
- The Nomination and Remuneration Committee will make recommendations to the Council of Governors meeting about the preferred candidate to be appointed to the Non-Executive Director or Chairman post for the Council of Governors' decision.

### CODE OF GOVERNANCE

In addition to the provisions in the Standing Orders, the Code of Governance further states:

- Best practice is that the selection panel for a post should include at least one external assessor from NHS England and/or a representative from a relevant ICB, and the foundation trust should engage with NHS England to agree the approach.
- The chair or an independent director should chair the nomination committee.
- When considering the appointment of non-Executive Directors, the Council of Governors should take into account the view of the board of directors and the nominations committee on the qualifications, skills and experience required for each position.
- The governors are responsible at a general meeting for the appointment of non-executive directors.
- The terms and conditions of appointment of non-executive directors should be made available to the council of governors. The letter of appointment should set out the expected time commitment. Non-executive directors should undertake that they will have sufficient time to do what is expected of them. Their other significant commitments should be disclosed to the council of governors before appointment.

Somerset NHS Foundation Trust	
<b>REPORT TO:</b>	Council of Governors
<b>REPORT TITLE:</b>	Extension of a Non-Executive Director's Term of Office
<b>SPONSORING EXEC:</b>	Rima Makarem, Chair
<b>REPORT BY:</b>	Ria Zandvliet, Secretary to the Trust
<b>PRESENTED BY:</b>	Rima Makarem, Chair
<b>DATE:</b>	19 March 2025

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

<b>Executive Summary and Reason for presentation to Committee/Board</b>	<p>Two Non-Executive Directors left the Trust at the end of 2024 due to 1) the end of term of office and 2) health issues and the proposal for Jan Hull's term of office to be extended from 1 February 2025 to 31 May 2025 was raised at the Governors Development Day on 21 January 2025.</p> <p>This extension enabled time for the appointment of new Non-Executive Directors and ensured continuity.</p> <p>An email was circulated to all governors on 31 January 2025 asking governors to approve the extension of the term of office electronically. 26 responses to the email were received and all governors who responded supported the proposal to extend Jan Hull's term of office to 31 May 2025.</p>
<b>Recommendation</b>	<p>The Council of Governors is asked to ratify the electronic approval of the extension of Jan Hull term of office until 31 May 2025.</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



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 checked="" type="checkbox"/> Legislation	<input type="checkbox"/> Workforce	<input type="checkbox"/> Estates	<input type="checkbox"/> ICT	<input type="checkbox"/> Patient Safety/ Quality
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**Details:** N/A

**Equality 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 checked="" type="checkbox"/> Well Led
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<b>Is this paper clear for release under the Freedom of Information Act 2000?</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Somerset NHS Foundation Trust	
<b>REPORT TO:</b>	Council of Governors
<b>REPORT TITLE:</b>	Council of Governors – meeting attendance
<b>SPONSORING EXEC:</b>	Rima Makarem, Chair
<b>REPORT BY:</b>	Tina Hickinbottom-Tacey, Corporate Services Officer
<b>PRESENTED BY:</b>	Rima Makarem, Chair
<b>DATE:</b>	March 2025

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

<b>Executive Summary and Reason for presentation to Committee/Board</b>	<p>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, 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"> <li>• the absence was due to reasonable cause, and;</li> <li>• that the Governor will be able to start attending meetings of the Council of Governors within such a period as it considers reasonable.</li> </ul> <p>There are three instances of a failure by a Governor to attend three or more consecutive meetings to be brought to the attention of the Council of Governors:</p> <ul style="list-style-type: none"> <li>• Nick Craw has missed five consecutive meetings due to clinical priorities he has sent his apologies for his none attendance at meetings.</li> <li>• Mark Robinson has missed three consecutive meetings; he sends his apologies and would like to inform the Council of his intentions to retire from the trust and will therefore be stepping down as a Staff Governor.</li> <li>• Jane Knowles has missed three consecutive Council meetings; however, she has attended numerous development days and working groups. She has sent assurance to the Council of Governors of her commitment to attend future Council meetings.</li> </ul>
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<b>Recommendation</b>	The Council of Governors is asked to note the overview of meeting attendance and to accept the assurance that Jane Knowles will be able to attend future meetings.
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<b>Links to Joint Strategic Objectives</b> (Please select any which are impacted on / relevant to this paper)	
<input type="checkbox"/> Obj 1 Improve health and wellbeing of population <input type="checkbox"/> Obj 2 Provide the best care and support to children and adults <input type="checkbox"/> Obj 3 Strengthen care and support in local communities <input type="checkbox"/> Obj 4 Reduce inequalities <input type="checkbox"/> Obj 5 Respond well to complex needs <input type="checkbox"/> Obj 6 Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture <input type="checkbox"/> Obj 7 Live within our means and use our resources wisely <input type="checkbox"/> Obj 8 Develop a high performing organisation delivering the vision of the Trust	

<b>Implications/Requirements</b> (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?**

<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 2024	19 June 2024	24 September 2024	22 October 2024	December 2024	Meetings	
							Possible	Actual
Erica Adams	Public –Somerset West and Taunton	X	√	√	√	√	5	4
Ian Aldridge	Public –Somerset West and Taunton	√	X	√	√	√	5	4
Jane Armstrong	Public –Somerset West and Taunton	√	√				3	3
Kate Butler	Public – Somerset West and Taunton	√	√	√	√	√	5	5
Jeanette Keech	Public –Somerset West and Taunton	√	√	√	√	√	5	5
Bob Champion	Public – Mendip	√	√	X	√	√	5	4
Virginia Membrey	Public – Mendip	√	√	√	√	√	5	5
Alison James	Public – Mendip			√	√	√	3	2
Utpal Barua	Public – Mendip						--	--
Judith Goodchild	Public – Sedgemoor	√	√	√	√	√	5	5
Jack Torr	Public - Sedgemoor	X	√	√	√	√	5	4
Eddie Nicolas	Public - Sedgemoor	√	√	√	√	√	5	5
Martin Davidson	Public – Sedgemoor	√	√	√	√	√	5	5
Ian Hawkins	Public – South Somerset	√	√	√	√	√	5	5
Sue Steele	Public – South Somerset	√	√	√	√	√	5	5
Mick Beales	Public – South Somerset	√	√	√	√	√	5	4
David Recardo	Public – South Somerset	X	√	√	X	√	5	3
Paull Robathan	Public – South Somerset	√	X	√	√	√	5	4
Sarah Duncan	Public – South Somerset			√	√	√	3	3
Peter Shorland	Public – Dorset	√	√	X	√	X	5	3
Alan Peak	Public – Outside Somerset	X	X	√	X	√	5	2

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

Governor	Constituency	20 March 2024	19 June 2024	24 September 2024	22 October 2024	December 2024	Meetings	
							Possible	Actual
Shabnum Ali	Staff	√	X				3	1
Joe Silsby	Staff	√	√	X	X	√	5	3
Julie Reeve	Staff	√	√	√	√	√	5	5
Nick Crow	Staff	X	X	X	X	X	5	0
Mark Robinson	Staff	X	√	X	X	X	5	1
Lydia Karamura	Staff	X	√	X	√	X	5	2
Phil Hodgson-Purves	Staff	√	√	√	X	√	5	4
Halley Kimber-Keirle	Staff	X	X	√	X	X	5	1
Heather Sparks	Staff	X	√	X	√	√	5	3
Jonathan Moore	Staff	X	√	X	√	√	5	3
Adekunle Akinola	Staff	√	X	√	√	√	5	4
Sun Sander-Jackson	Staff	√	X	X	√	√	5	3

**Appointed Governors**

Governor	Organisation	20 March 2024	19 June 2024	24 September 2024	22 October 2024	December 2024	Meetings	
							Possible	Actual
Vacancy	Somerset GP Board						-	--
Caroline Gamlin	Somerset Integrated Care Board	√	√	√	√	√	5	5

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

Governor	Organisation	20 March 2024	19 June 2024	24 September 2024	22 October 2024	December 2024	Meetings	
Jos Latour	Universities	X	X	√	X	√	5	2
Cllr Heather Shearer	Somerset Council	√	√	X	√	√	5	4
Cllr Adam Dance	Somerset Council	√	X	X	X	X	5	1
Dirk Williamson	Simply Serve	√	√	√	X	√	5	4
Vacancy	Symphony Health Services						--	--
Jane Knowles	Voluntary, Community and Social Enterprise (VCSE)			X	X	X	3	0
Val Bishop	Voluntary, Community and Social Enterprise (VCSE)			X	√	√	3	2

Somerset NHS Foundation Trust	
<b>REPORT TO:</b>	Council of Governors
<b>REPORT TITLE:</b>	Statutory Duties of Governors 2024/25
<b>SPONSORING EXEC:</b>	Rima Makarem, Chair
<b>REPORT BY:</b>	Ria Zandvliet, Secretary to the Trust
<b>PRESENTED BY:</b>	Rima Makarem, Chair
<b>DATE:</b>	19 March 2025

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

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

Links to Joint Strategic Objectives (Please select any which are impacted on / relevant to this paper)	
<input type="checkbox"/> Obj 1	Improve health and wellbeing of population
<input type="checkbox"/> Obj 2	Provide the best care and support to children and adults
<input type="checkbox"/> Obj 3	Strengthen care and support in local communities
<input type="checkbox"/> Obj 4	Reduce inequalities
<input type="checkbox"/> Obj 5	Respond well to complex needs
<input type="checkbox"/> Obj 6	Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture
<input type="checkbox"/> Obj 7	Live within our means and use our resources wisely
<input type="checkbox"/> Obj 8	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 checked="" type="checkbox"/> Legislation	<input type="checkbox"/> Workforce	<input type="checkbox"/> Estates	<input type="checkbox"/> ICT	<input type="checkbox"/> Patient Safety/ Quality
<b>Details:</b> N/A					



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

		<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 Chair was presented to the September 2024 Council of Governors meeting.</p> <p>A report on the recruitment process for new NEDs has been included on the agenda.</p>	<p>Completed</p> <p>Ongoing</p>
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 2025 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 were included on the agenda of the September 2024 Council of Governors meeting and the September 2024 Annual Members meeting.	Completed
Assist the Board of Directors		The Quality Report for	Completed



<p>in setting the strategic direction of the Trust and targets for the Trust's performance</p>		<p>2023/24 and the Quality Account priorities were 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"> <li>• considering whether the interests of the public 'at large' have been factored into board decision-making</li> <li>• be assured of the Board's performance in the context of the system as a whole, and as part of the wider provision of health and social care</li> <li>• compliance with the triple aim duty of better health and wellbeing for</li> </ul>		<p>Performance is discussed through a number of different ways:</p> <ul style="list-style-type: none"> <li>• Governors Strategy and Planning Working Group</li> <li>• Governors Quality and Patient Experience Group</li> <li>• Governors People Group</li> <li>• Governors' attendance to Public Board meetings</li> <li>• weekly Governor briefings</li> <li>• report of the Board of</li> </ul>	<p>Ongoing</p>

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

<p>To interact regularly with members of the trust and public to understand their views and to clearly communicate information on trust and system performance and planning in return.</p>		<p>Actions will be taken forward through the Membership, Involvement and Communication Group.</p>	<p>Ongoing</p>
<p>Agree with the Audit Committee the criteria for appointing, reappointing and removing external auditors following a written recommendation from the Audit Committee</p>		<p>A report on an external audit tendering process and the findings of the tendering exercise was presented to the September 2024 Council of Governors meeting.</p>	<p>Completed</p>
<p>Appraisal process for Chairman and Non-Executive Directors</p>		<p>Feedback on the Non-Executive Directors appraisals for 2023/24 was presented to the June 2024 COG meeting.</p> <p>Feedback on the chairman's appraisal was presented to the June 2024 meeting.</p>	<p>Completed</p> <p>Completed</p>
<p>To decide whether the Trust's private patient work would significantly interfere with the Trust's principal purpose.</p>		<p>This will be raised with the Council of Governors as and when required.</p>	<p>Ongoing</p>

<p>To approve any proposed increases in non-NHS income of 5% or more in any financial year.</p>		<p>The Trust does not anticipate a proposed increase in non-NHS income of 5% or more for the 2024/25 financial year.</p>	<p>Ongoing</p>
<p>To approve an application by the Trust to enter into a merger, acquisition, separation or dissolution (obtain assurance that the board of directors has been thorough and comprehensive in reaching its decision to undertake a transaction and has undertaken due diligence and that it considered the interests of members and the public as part of the decision-making process).</p>		<p>Governors were involved in the transaction to enter into the merger of SFT and YDH from 1 April 2023.</p> <p>No further merger, acquisition, separation or dissolution is envisaged for 2024/25.</p>	<p>Completed.</p>
<p>To approve a significant transaction.</p>		<p>The definition of a significant transaction is included in the Constitution and was approved by the Council of Governors and Board.</p> <p>No significant transaction is envisaged for 2024/25.</p>	<p>Completed</p>
<p>To approve proposed changes to the Constitution.</p>		<p>The Constitution will be kept under review and changes proposed as and when</p>	<p>Completed.</p>

		required. A report setting out proposed changes to the Constitution and Standing Orders was approved at the December 2024 CoG meeting.	
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A large, stylized graphic of many birds in flight, arranged in a shape that resembles the number '7'. The birds are in various colors including blue, green, purple, and white, and are scattered across the left side of the slide.

# Finance and Performance: Report to the Council of Governors

Kindness, Respect, Teamwork  
Everyone, Every day

Pippa Moger, Chief Finance Officer

# Finance

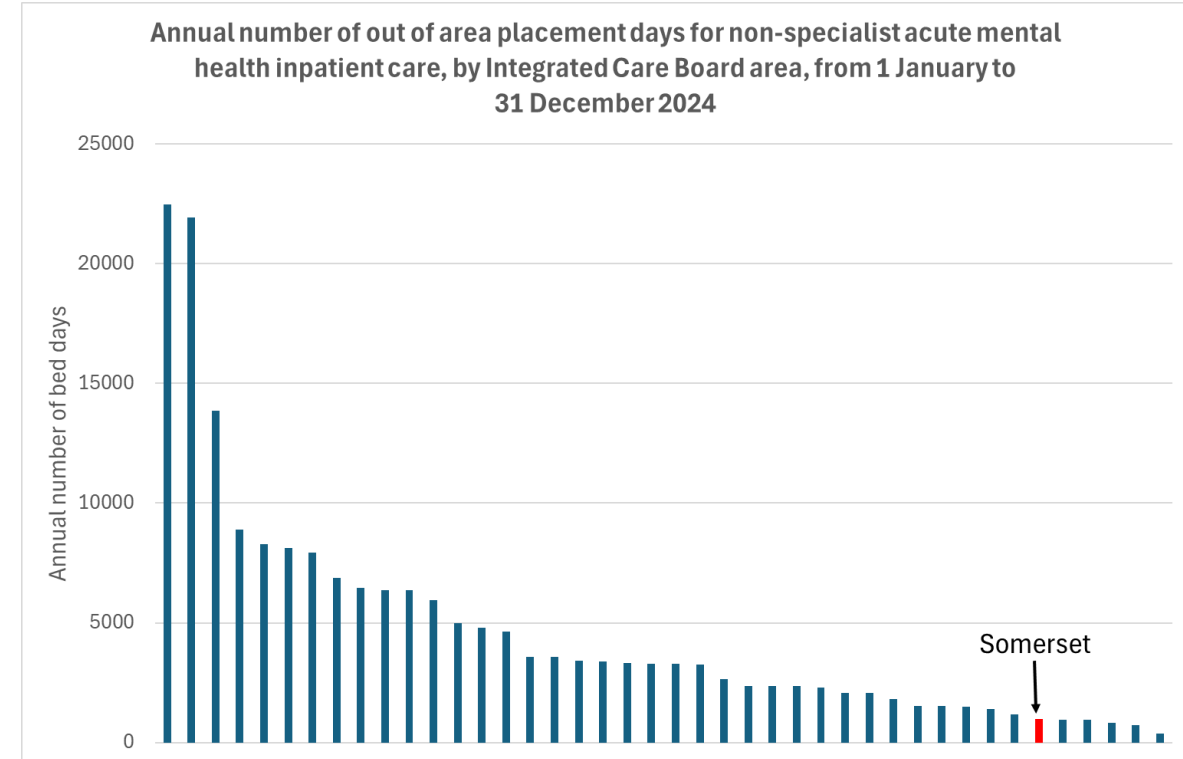
- At the end of January (Month 10), the Trust had a cumulative deficit of £5.9m, this was in line with the planned position. The key financial headlines are:-
- Efficiency savings of £48.6m have been delivered in the first ten months of the year which is on plan. Of these, £18.5m (38%) have been recurrent. Work continues to reduce the risk in the remaining plans and close the unidentified gap of £1.4m.
- Total agency expenditure at the end of January was £24.7m, £5.6m lower than the equivalent 23/24 period. Medical vacancies continue to be the primary driver. Work is continuing to fill gaps by exploring alternative options e.g. overseas recruitment and new staffing models to reduce the need for agency.
- Capital expenditure to date was £58.5m compared with the plan of £72.9m. Slippage in the completion of the Yeovil Diagnostic Centre is the primary driver of the underspend but we are planning to fully spend the programme funding by year end.

Statement of comprehensive income	Month 10 (January) 2024/25		
	Plan	Actual	Variance Fav/(Adv)
	Year to date £'000	Year to date £'000	Year to date £'000
Operating income from patient care activities	833,284	852,939	19,655
Other operating income	58,830	65,397	6,568
Employee expenses	(618,134)	(625,429)	(7,295)
Operating expenses excl employee expenses	(270,738)	(291,917)	(21,179)
<b>Operating Surplus/(Deficit)</b>	<b>3,241</b>	<b>991</b>	<b>(2,250)</b>
Net Finance Costs/Corporation tax	(8,876)	(7,372)	1,504
<b>Surplus/(Deficit)</b>	<b>(5,635)</b>	<b>(6,380)</b>	<b>(746)</b>
Adjustments to Financial Performance	(357)	388	746
<b>Adjusted Financial Performance Surplus/(Deficit)</b>	<b>(5,992)</b>	<b>(5,992)</b>	<b>0</b>

- The Trust remains on track to deliver a break-even position in line with the agreed plan.

# Quality and patient safety

- As at 31 January 2025, one patient was placed out of area.
- In the 12 months to 31 January 2025, all inappropriate out of area admissions were due to the need for PICU, of which 75% were due to the need for a gender-specific ward. We continue to have amongst the lowest rates of out of area placements nationally.
- Infection Control: MRSA: Two Trust-attributed MRSA bloodstream infections (BSIs) were reported during January 2025.
- MSSA: Seven Trust-attributed MSSA BSIs were reported during the month.
- C. diff: There were eight Trust-attributed cases in January 2025.
- E. coli: Seven Trust-attributed E. coli BSIs were reported in January 2025.
- Covid: as at 31 January 2025 there were seven patients with Covid in beds across the Trust: five at MPH, none at YDH, and two in mental health wards or community hospitals.

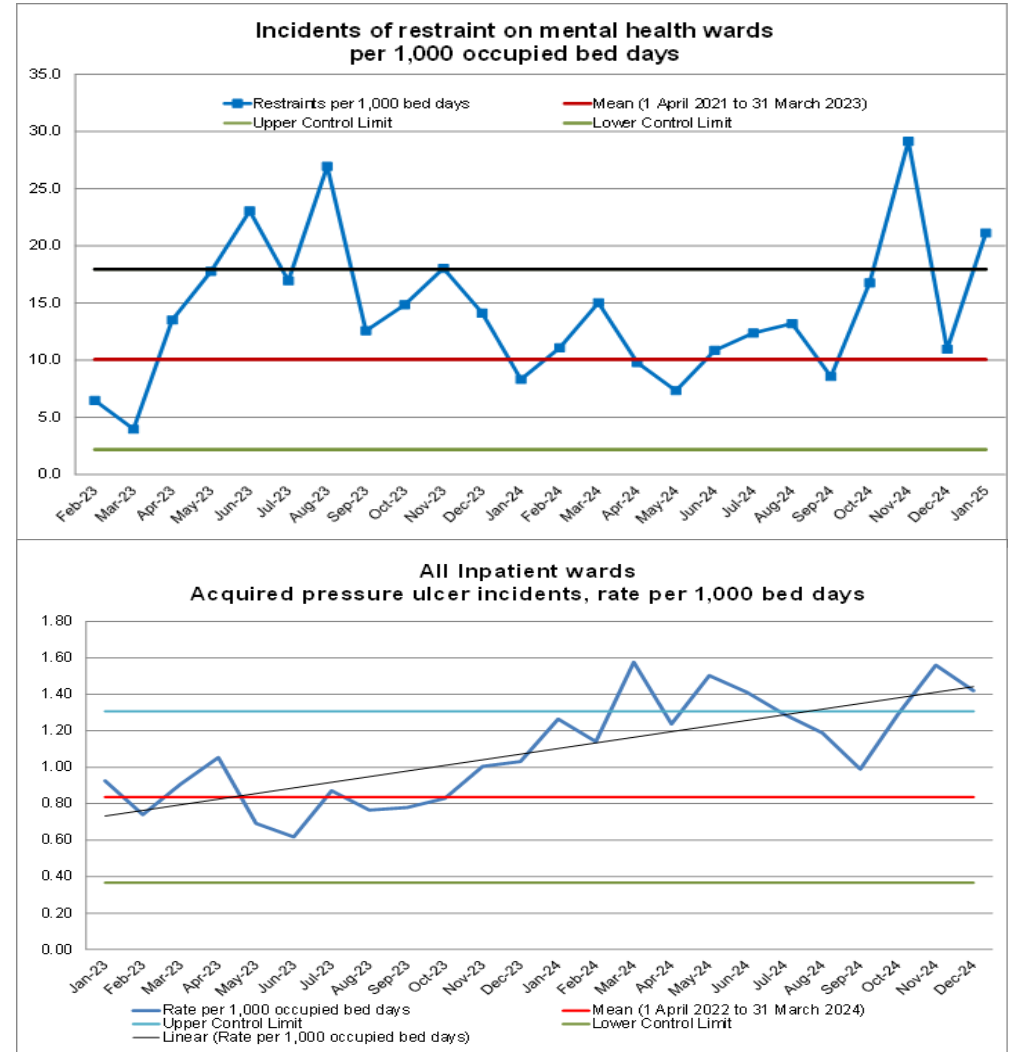


Area	Aug	Sep	Oct	Nov	Dec	Jan
MRSA	0	1	0	0	0	2
C.Diff	6	8	12	7	5	8
MSSA	9	4	7	4	9	7
E.coli	7	13	10	11	7	7



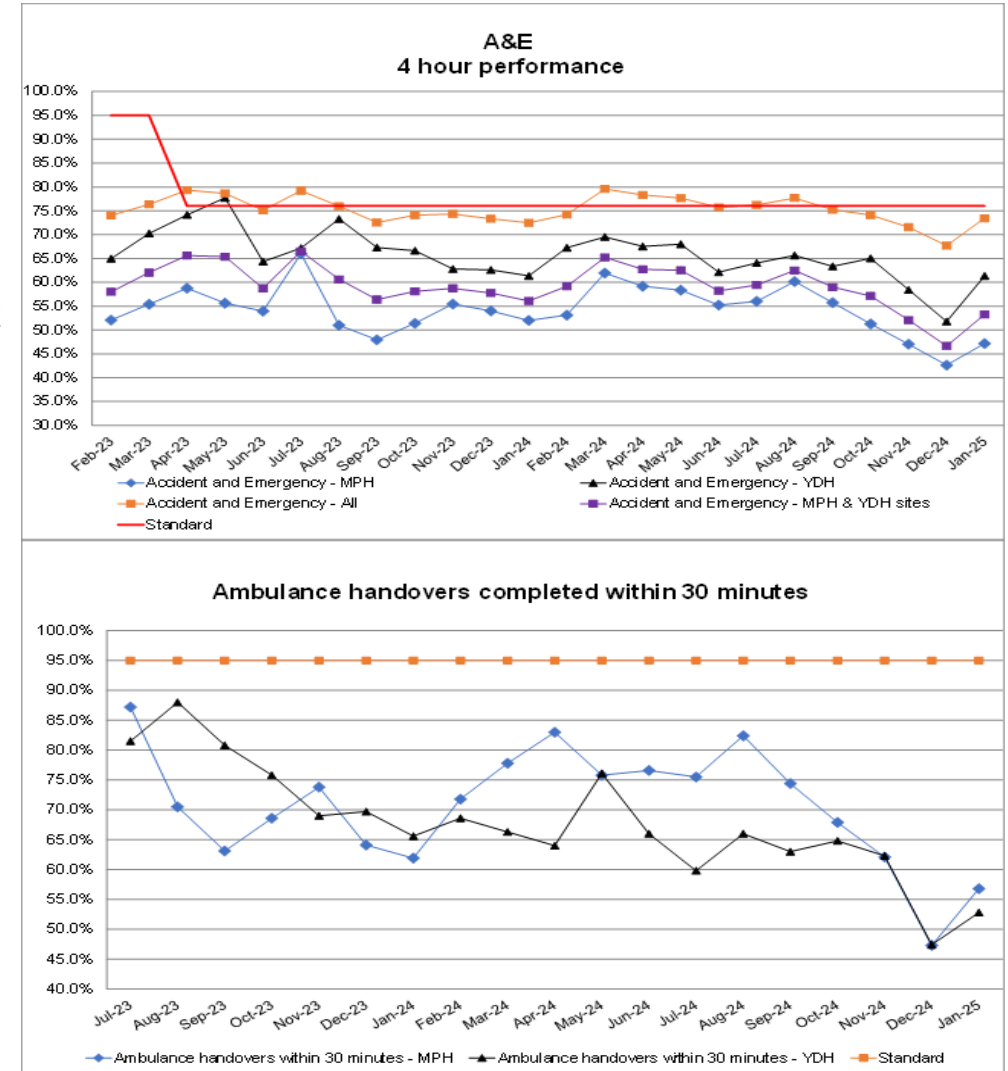
# Quality and patient safety

- During January 2025 there were 74 incidents of restraint reported within our mental health wards.
- Of the 74 incidents reported, 31 occurred on Holford Ward, our Psychiatric Intensive Care Unit (PICU), and 19 occurred on Rowan ward 2.
- The main reasons for restraint were to prevent violence to others, to facilitate nasogastric feeding, and to administer medication.
- During December 2024 – the latest validated data available - a total of 57 pressure ulcer incidents were reported within all our inpatient services.
- We are undertaking some focused work to look at pressure ulcer incident numbers, which have risen in recent months, particularly at Musgrove.
- It is notable that the increase coincides with training being delivered on the Musgrove wards by the Tissue Viability team, so it may well be that the increase is due to improved reporting of incidents.
- The Tissue Viability lead will present a quarterly report to the Quality and Governance Committee and there will be tighter assurance, direct from governance meetings with service groups, regarding local actions.



# Urgent Care

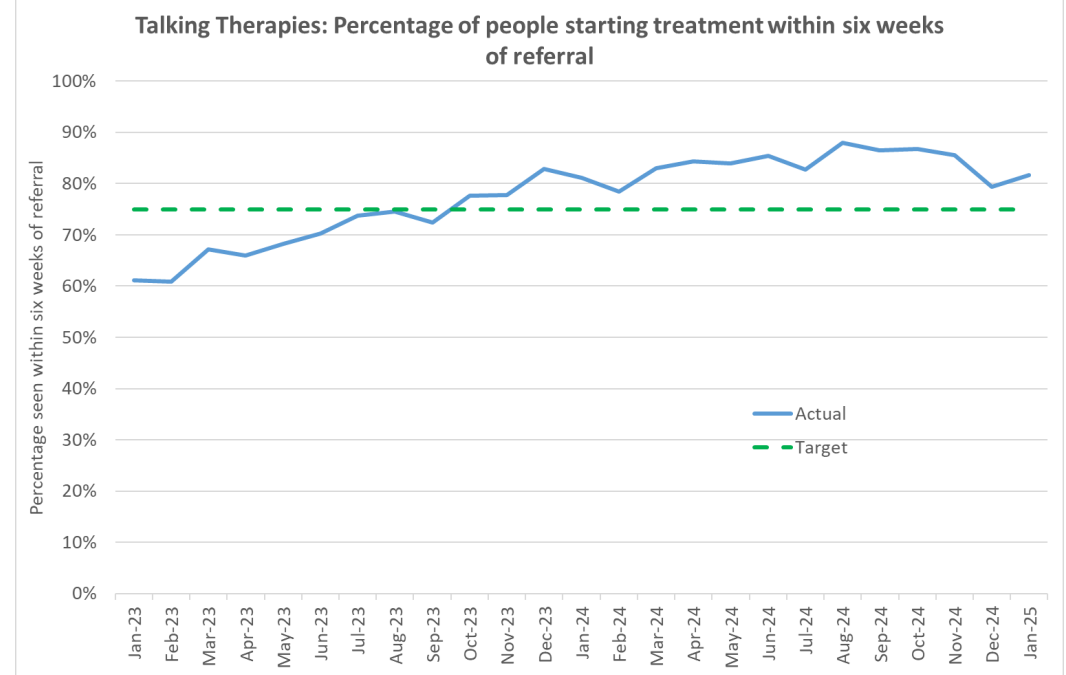
- Trust-wide A&E 4-hour performance for January 2025 was 53.3%, up from 46.6% in December 2024. National average performance in January was 57.7%. Compliance within our Urgent Treatment Centres (formerly Minor Injury Units) was 98.6%. Overall compliance across all attendance types was 73.4%, below the national standard of 76%, which will rise to 78% in March 2025, but above the national average of 70.2%. The regional average performance for January was 69.1% and SFT was the fourth-best-performing Trust out of 13 in the region.
- At YDH, GP interviews for the Urgent Treatment Centre were successful, and five (part time) candidates will be receiving offers imminently. Two YDH ED Consultant posts remain out for advert and two fixed term ST3 posts have been offered at MPH.
- During January 2025, the percentage of ambulance handovers completed within 30 minutes was 56.8% at MPH and 52.8% at YDH, up from 47% at both sites in December. Both sites were above the regional average performance of 47% in January, but below the national average of 65.2%.



# Mental health

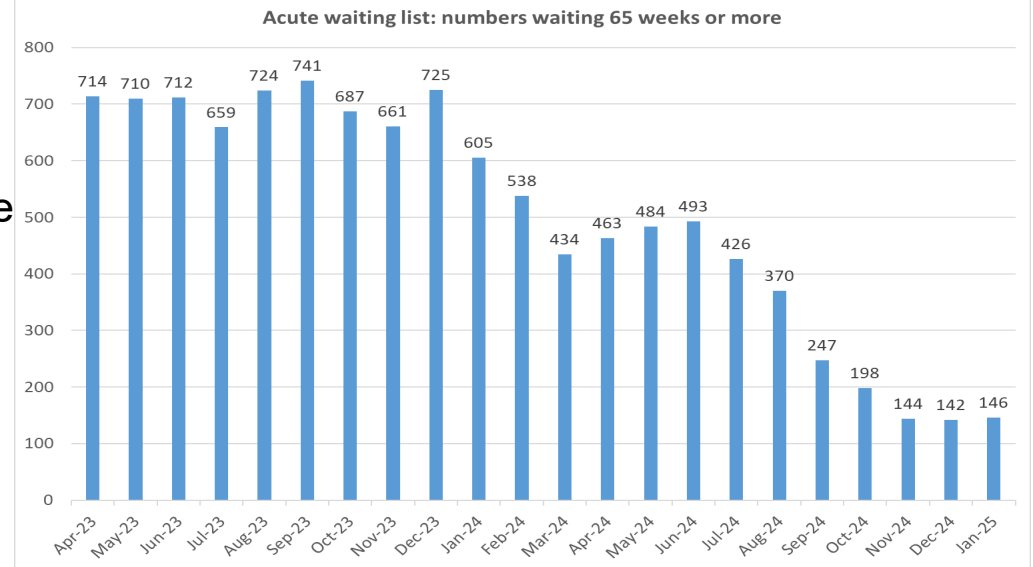
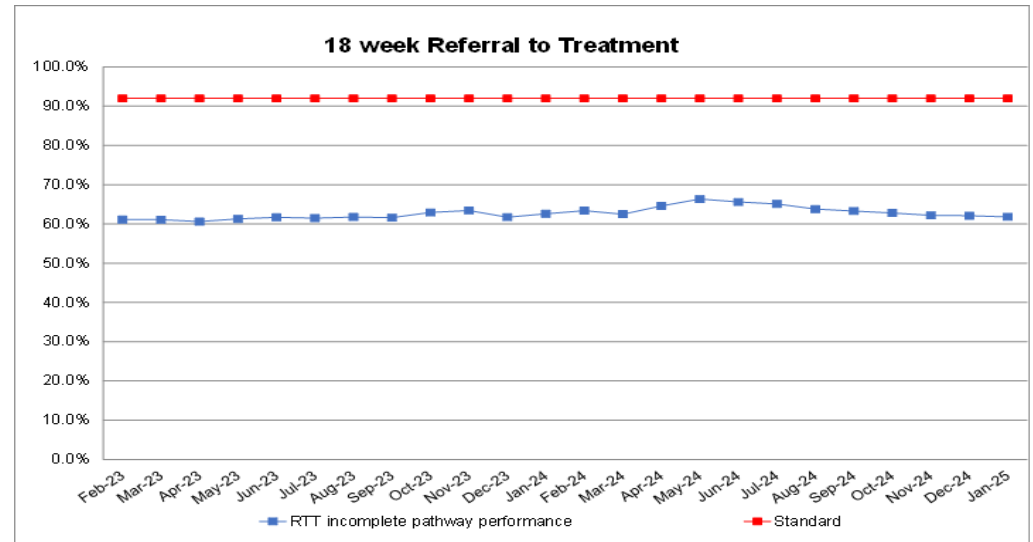
- The percentage of people waiting six weeks or less to be seen by our adult community mental health services was 92% in January 2025, and 91.1% of older people on the waiting list for a first appointment had waited under six weeks. 97.3% of children and young people referred to Child and Adolescent Mental Health Services (CAMHS), and all people referred to our learning disabilities service had waited under six weeks.
- 94.1% of people referred with a first episode of psychosis began treatment with a NICE-recommended care package within two weeks of referral in the three months to 31 January, against the national standard of 60%. Recovery rates for Talking Therapies have also remained 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 in January 2025, at 81.6%.
- The number of people waiting over 18 weeks to be seen by Talking Therapies has remained high, due to a shortfall in capacity within the service. This is likely to affect waiting times compliance adversely later in the year.

	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
Adult mental health services	91.5%	90.4%	90.3%	92.5%	89.6%	92.0%
Older Persons mental health services	93.8%	93.4%	97.8%	94.7%	97.7%	91.1%
Learning disabilities service	100.0%	100.0%	100.0%	66.7%	100.0%	100.0%
Children and young people's mental health services	97.8%	98.8%	97.8%	96.3%	97.5%	97.3%



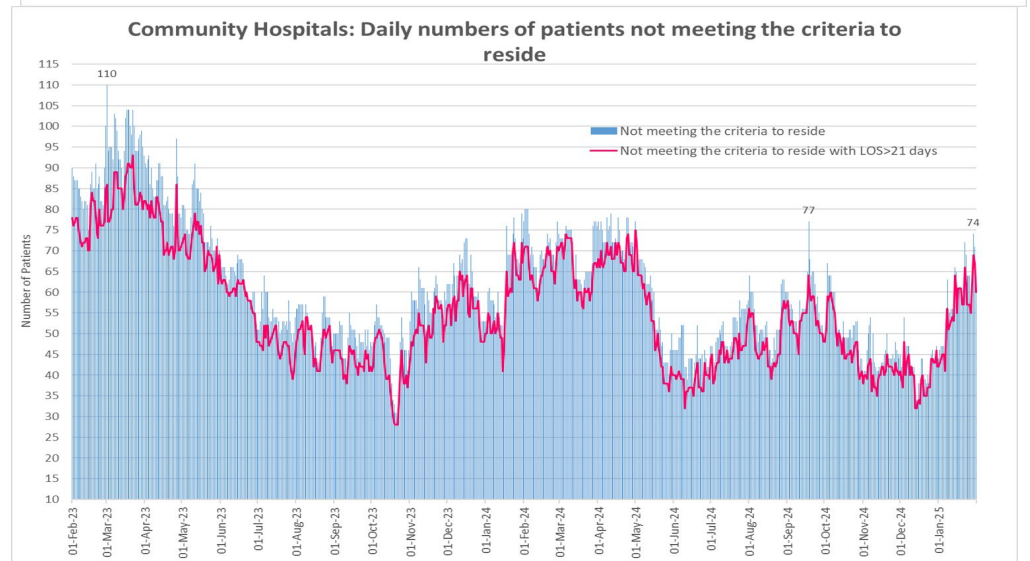
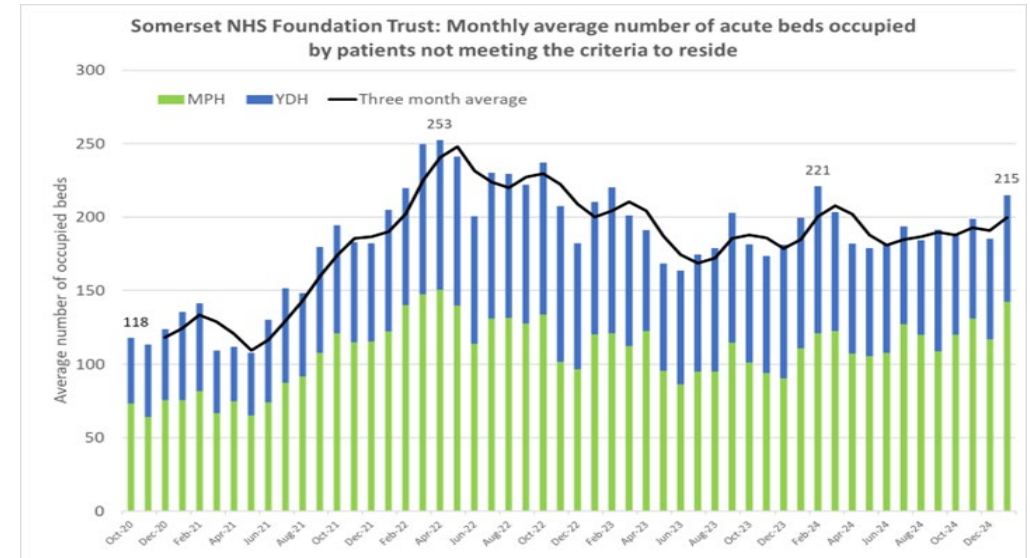
# Referral to Treatment (RTT): acute services

- The percentage of patients waiting under 18 weeks from referral to treatment was 61.8% in January. National average performance in December 2024 – the latest data national available – was 58.9%. Our performance in December was 62.1%.
- The total waiting list size at the end of January was 59,061, down by 1,015 from the previous month, but 7,646 patients higher than (i.e. worse than) the target trajectory.
- The number of patients waiting over 52 weeks at the end of January was 1,388 - better than the trajectory of 1,912 or fewer, and 2.4% of the total waiting list. The number of patients waiting over 65 weeks was 146, against a target of zero. The number of patients waiting 78 weeks or more decreased to four, from six the previous month.
- A significant programme of improvement work to support elective care recovery in the medium and long-term remains in place. A programme of waiting list validation continues, which includes contacting patients to check they still need to be seen.
- Additional validation is taking place for patients in the December 2024 65-week cohort, to check the waiting times are being correctly reported.



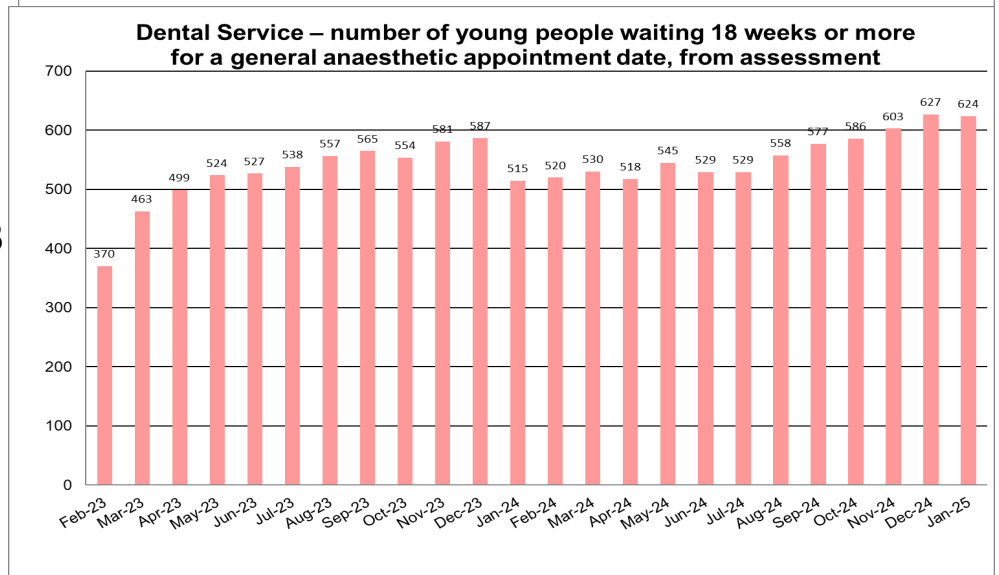
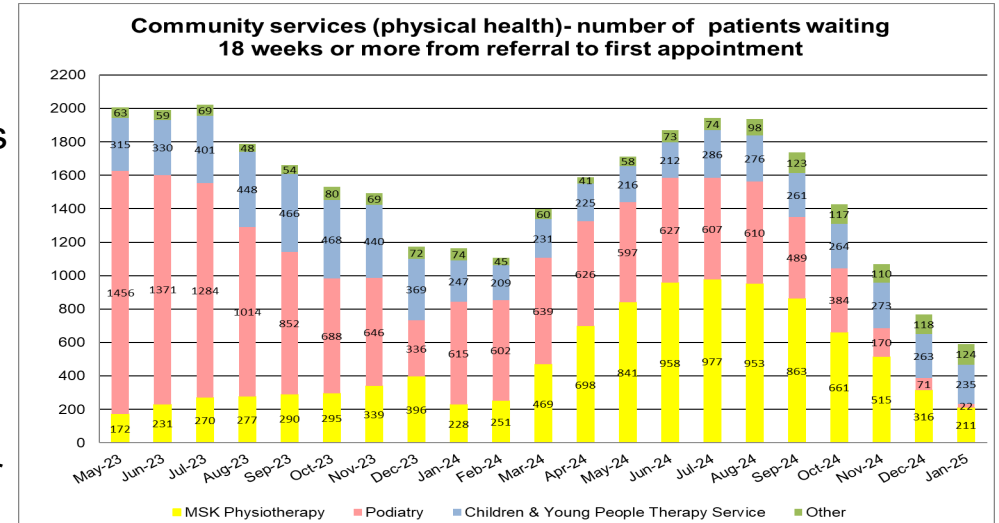
# Criteria to Reside

- During January 2025, the Trust-wide number of acute bed days occupied by patients not meeting the criteria to reside was 6,667 (4,413 at MPH and 2,254 at YDH), up from 5,744 in December 2024. This equates to 215 fully occupied beds for the month of January, up from 185 in December.
- As at 31 January 2025, national best-quartile performance was that 10.2% 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 24.2% of beds. We were ranked 108 of 119 Trusts nationally.
- In our community hospitals, number of patients not meeting the criteria to reside also increased, from 44 at the end of December, to 64 at the end of January.
- A range of actions are being taken to improve patient flow, care for people at home where appropriate, facilitate timely and appropriate discharge from hospital, and address the difficulties in the domiciliary care market.
- A 100-day discharge programme, aimed at optimising discharge arrangements, is also under way.



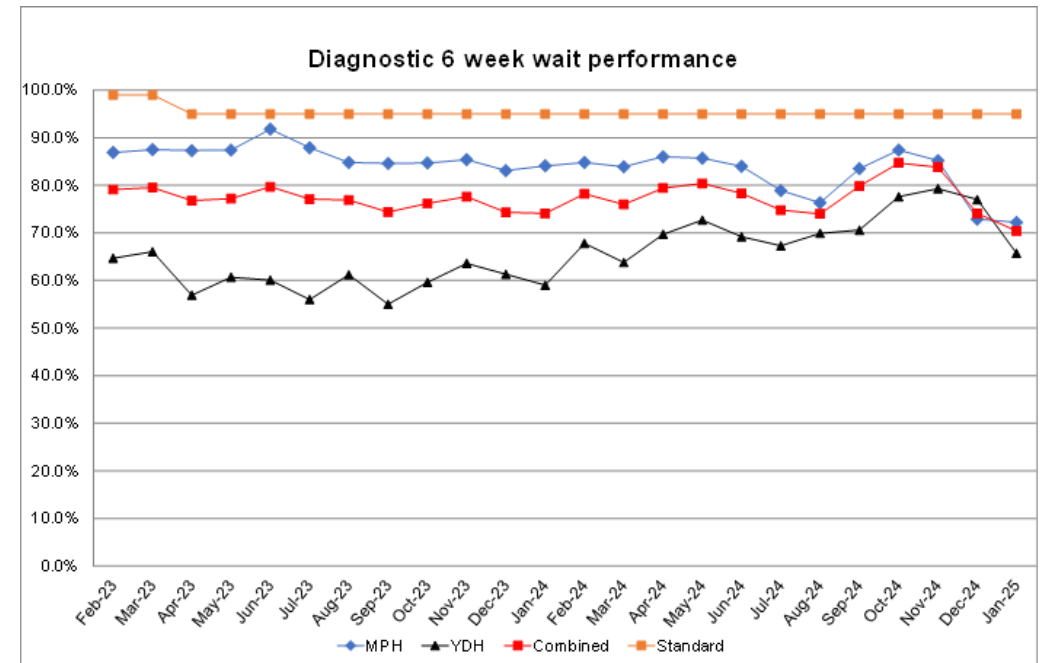
# Community physical health services

- As at 31 January 2025, the number of patients waiting 18 weeks or more to be seen by our community physical health services (excluding Dentistry) reduced by 176 to 592, which was 688 patients lower (i.e.) better than the plan of 1,280 or fewer.
- The highest numbers of patients are waiting for musculoskeletal Physiotherapy and Podiatry. Both services have had significant issues with sickness absence and vacancy levels, but both services have made good progress in bringing down their numbers of patients with long waiting times.
- As at 31 January 2025, we were also performing better than plan for the numbers of patients waiting over 52 weeks (nine patients, against a plan of 263 or fewer) and 104 weeks (one patient, against a plan of 24 or fewer).
- The numbers waiting over 18 weeks to be seen by our Somerset and Dorset dental service were down by 57 from the previous month, at 2,631. As at 31 January, 624 young people had waited 18 weeks or more for a dental appointment for treatment involving a general anaesthetic (GA), down from 627 as at 31 December. The service continues to face considerable challenges due to vacancies, sickness absence and insufficient cover for colleagues on maternity leave. More dentists have been recruited, and additional theatre slots have been agreed for 2025/26.



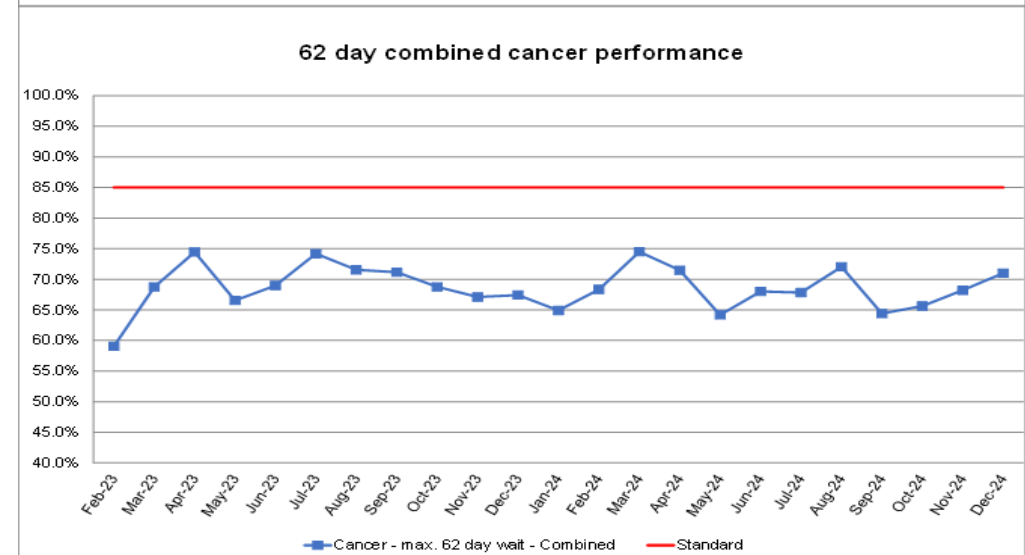
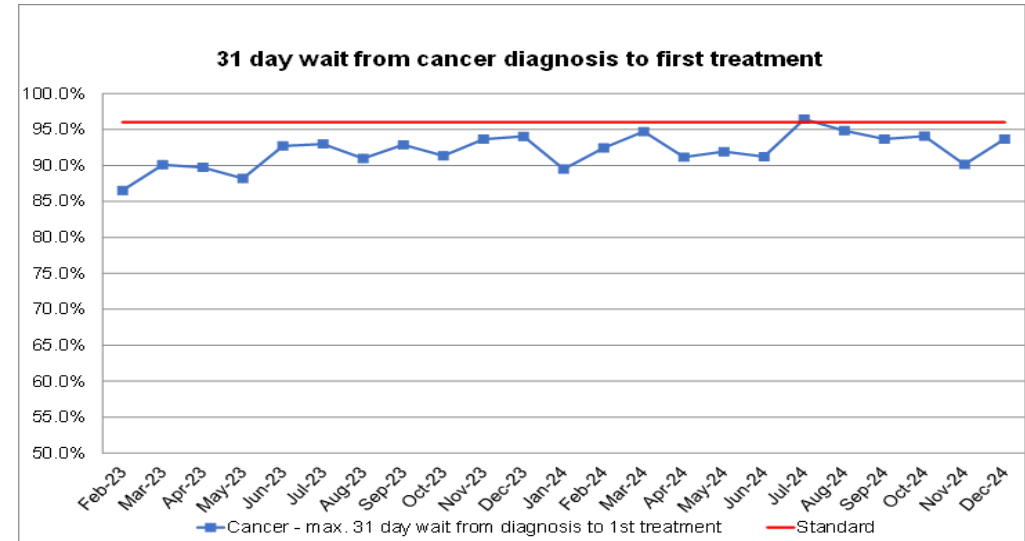
# Diagnostics

- The Trust-wide percentage of patients waiting under six weeks for their diagnostic test was 70.4% in January. National average performance for NHS providers (i.e. excluding Independent Sector providers) was 76.7% in December 2024, the latest data available. Our performance in December was 74.1%.
- The highest numbers of patients were waiting for CT (up from 648 to 971; 24% of over six-week waiters), echo (up from 706 to 750; 19%), and MRI (up from 640 to 691; 17%) together making up 60% of the long waiters.
- CT and ultrasound numbers have risen due to sickness absence and staff departures, and also the loss of capacity over the Christmas and new year bank holiday period.
- Additional echo capacity has been established through the extension of the insourcing contract which is currently in place, and weekend waiting list initiatives have also been established.
- Additional MRI capacity has also been established, through the rental of a modular scanning unit, and a CT mobile scanner was hired from early February 2025.
- Radiographer vacancies have been appointed to, and locums are being used where possible to fill the gaps.



# Cancer waiting times

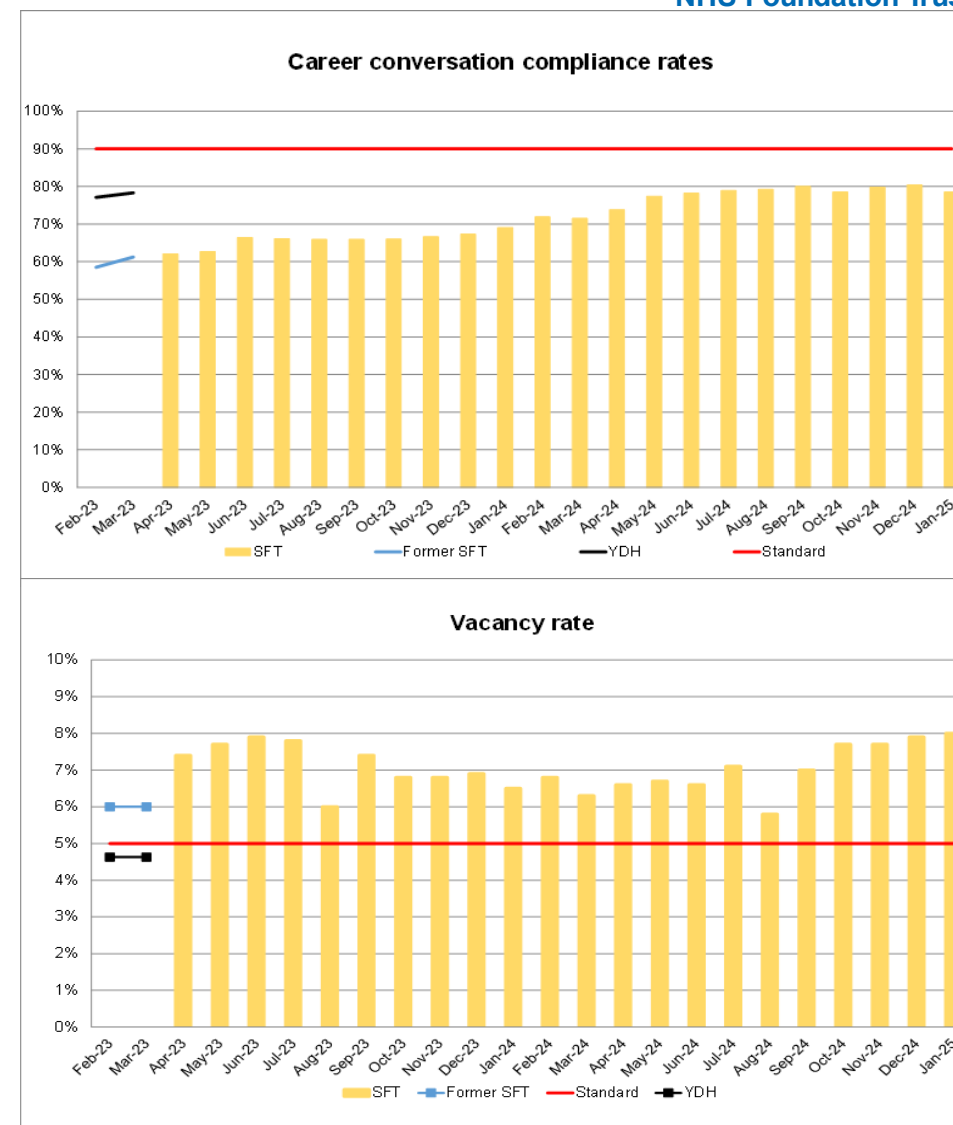
- The percentage of patients diagnosed with a cancer or given a benign diagnosis within 28 days of referral was 75.8% in December 2024 – the latest national data available – above the 75% national standard for the fourth month in a row. The standard will rise to 77% in March 2025.
- The percentage of cancer patients receiving a first treatment within 31 days of diagnosis was 93.7% in December, below the 96% national standard but above the national average of 91.5%. The main breach areas of the 31-day standard were skin, and lower gastrointestinal.
- The percentage of cancer patients treated within 62 days of referral was 71% in December, below the national standard of 85%, and also slightly below the national average of 71.3%.
- The main breaches of the 62-day combined cancer standard were in skin (27% of breaches), urology (22%) and lower gastrointestinal (19%).
- The increase in skin breaches relates to the repatriation of the service from University Hospitals Bristol and Weston NHS Foundation Trust (UHBW)
- A dermatology consultant has been appointed, who will fill the gap left by a departure in September 2024. Additional colonoscopy capacity is in place through a locum contract in addition to weekend waiting list initiatives, and further CT Colon capacity will come online when the Yeovil Community Diagnostic Centre opens in March 2025.





# People

- In respect of retention, 88.8% of colleagues who were in post as at 31 January 2024 were still with the Trust as at 31 January 2025. Our aim is to achieve a rate of at least 88.3%. As one of 23 NHS People Promise Exemplar sites, we have a detailed plan in place to improve retention across the Trust.
- As 31 January 2025, the percentage of career conversation reviews undertaken at least annually was 78.5%, down from 80.4% at the end of December, and 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 31 January 2025, our mandatory training rate was 92.6%, up from 92.2% the previous month. Operational pressures, and limited capacity for areas such as life support and safeguarding remain a challenge.
- Our Trust-wide vacancy level was 8% as at 31 January 2025, against a target of no more than 5%. Twenty-three risks on the risk register relate to recruitment challenges. The highest-scoring risks are with senior medical and nursing and allied health professional roles. For many hard-to-recruit roles, there are national and local shortages
- Our sickness absence rate for the 12 months to 31 January 2025 was 5.2%, unchanged from the previous month.



Somerset NHS Foundation Trust	
<b>REPORT TO:</b>	Council of Governors
<b>REPORT TITLE:</b>	Report from the Quality and Patient Engagement working group held on 18 February 2025
<b>SPONSORING EXEC:</b>	Jade Renville
<b>REPORT BY:</b>	Tina Hickinbottom-Tacey, Corporate Services Officer
<b>PRESENTED BY:</b>	Judith Goodchild
<b>DATE:</b>	19 March 2025

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

<b>Executive Summary and Reason for presentation to Committee/Board</b>	<p>The minutes of the last Quality and Patient Experience Group were approved as a true and accurate record of the meeting.</p> <p>The group discussed the action log and acknowledged the closed and amended action. The group discussed bus shelters and transport considerations for the diagnostic centres.</p> <p>Phil Brice and Lee Cornell provided an overview of the Quality accounts, reports and KPI's. The discussions covered:</p> <ul style="list-style-type: none"> <li>• Responsibility for quality accounts.</li> <li>• Historical context of the annual quality account and report.</li> <li>• Performance measures and quality strategy updates.</li> <li>• Personalised care, patient engagement, and involvement.</li> <li>• Colleague health and wellbeing, and staff survey results.</li> </ul> <p>Caroline Walker updated the group on the Complaints Standards:</p> <ul style="list-style-type: none"> <li>• NHS complaints standards published in 2022.</li> <li>• Benchmarking and action plans are in development.</li> <li>• Implementation of a feedback tool and training packages on complaints handling.</li> <li>• An interactive dashboard is in development for tracking complaints.</li> </ul> <p>Lee Cornell updated the group on the Quality and Performance Exception report and highlighted the following:</p>
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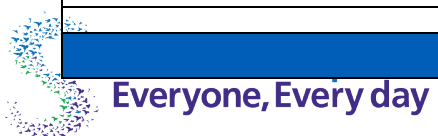
	<ul style="list-style-type: none"> <li>• Impact of respiratory conditions in December.</li> <li>• Performance metrics for admitted discharge, ambulance handovers, and waiting lists.</li> <li>• Mental health waiting times and community physical health services.</li> <li>• Recruitment of dentists for community dental services.</li> </ul> <p>Caroline Walker updated the group on the Complaints and PALs Manager report she highlighted:</p> <ul style="list-style-type: none"> <li>• Increase in closed complaints.</li> <li>• Recruitment to fill vacancies.</li> <li>• Key categories of complaints and PALS response times.</li> <li>• Improvement work on KPIs and upgraded systems to track delays.</li> <li>• Review of targets and alignment with national standards.</li> </ul> <p>Feedback from committees</p> <p>Quality and Governance Assurance committee</p> <ul style="list-style-type: none"> <li>• Discussion on electronic health records and safeguarding.</li> <li>• Digital program updates and risk management</li> </ul>
<b>Recommendation</b>	The Council of Governors is asked to note the items discussed at the meeting.

<b>Links to Joint Strategic Objectives</b> (Please select any which are impacted on / relevant to this paper)	
<input type="checkbox"/> Obj 1 <input checked="" type="checkbox"/> Obj 2 <input checked="" type="checkbox"/> Obj 3 <input checked="" type="checkbox"/> Obj 4 <input checked="" type="checkbox"/> Obj 5 <input type="checkbox"/> Obj 6 <input type="checkbox"/> Obj 7 <input type="checkbox"/> Obj 8	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 Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture Live within our means and use our resources wisely Delivering the vision of the Trust by transforming our services through research, innovation and digital technologies

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

**Details:** N/A

Equality
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The Trust wants its services to be as accessible as possible, to as many people as possible. Please indicate whether the report has an impact on the protected characteristics

This report has been assessed against the Trust's Equality Impact Assessment Tool and there are no proposals or matters which affect any persons with protected characteristics

This report has been assessed against the Trust's Equality Impact Assessment Tool and there are proposals or matters which affect any persons with protected characteristics and the following is planned to mitigate any identified inequalities

### Public/Staff Involvement History

(Please indicate if any consultation/service user/patient and public/staff involvement has informed any of the recommendations within the report)

### 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]

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

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Somerset NHS Foundation Trust	
<b>REPORT TO:</b>	Council of Governors
<b>REPORT TITLE:</b>	Report from the Strategy and Planning Group
<b>SPONSORING EXEC:</b>	David Shannon, Director of Strategy and Digital Development
<b>REPORT BY:</b>	Paull Robathan, Chairman Strategy and Planning Group
<b>PRESENTED BY:</b>	Paull Robathan, Chairman Strategy and Planning Group
<b>DATE:</b>	19 March 2025

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

<b>Executive Summary and Reason for presentation to Committee/Board</b>	<p>Paull Robathan announced that this would be his final Strategy and Planning meeting, as he will not be standing for re-election as a governor of SFT. Consequently, the group will need to appoint a new chair at the next meeting.</p> <p>The group approved the minutes from the last meeting held on the 19 November 2024, as a true and accurate record of the meeting.</p> <p>The group decided to review the Terms of Reference and the Workplan for 2025/2026 at the next meeting, once the new chair of the group has been appointed.</p> <p>Jacqui Wilson attended the meeting and provided an update on peri-operative care. She explained that the aim of peri-operative care is to optimise the health of patients awaiting surgery, thereby improving their overall outcomes. The team identifies and screens individuals with diabetes, frailty, anaemia, smoking habits, and other conditions. They aim to ensure that patients have access to screening as early as possible in their elective surgery pathway. The team is collaborating with the Integrated Care Board (ICB) and has achieved three of the five strategic aims, with efforts ongoing to meet the remaining two. The next steps include continuing to identify individuals with co-morbidities to avoid last-minute cancellations and reduce the number of readmissions.</p> <p>Tony Johnson and Andrew Mayne attended the meeting and provided an update on the use of artificial intelligence and data to improve health and performance. Tony Johnson informed the group about the Federated Data Platform (FDP), which aims to enhance patient care and increase efficiency. This platform securely connects data, reduces costs, and streamlines access, resulting in faster coordinated care. NHSE has procured and funded licenses for all NHS providers and ICBs for the next seven years, supporting the transition from analogue to digital.</p>
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	<p>SFT is adopting the OPTICA discharge app, which will provide a single source of truth, giving staff full visibility of patients' discharge status for all admitted patients and enabling them to see which patients meet or do not meet the criteria to reside. The FDP is a government project designed to help NHS trusts and the ICB improve patient care and population health management. Future developments include exploring inpatient and outpatient applications later in the year and scoping the use of FDP in community and mental health applications.</p> <p>Andrew Mayne provided an update on the use of artificial intelligence (AI), explaining that it involves using data to train computers to perform tasks that would typically require human intervention. Survey data indicates that NHS staff see benefits in using AI, particularly for administrative tasks, with over 50% of the public respondents agreeing. However, there is still work to be done, as opinions on AI's impact on care quality are mixed: 2 in 6 believe it will improve care quality, 2 in 6 think it will not make a difference, 1 did not know, and 1 in 6 believe it will worsen care quality. The public would feel more comfortable with AI if staff were to verify its outputs.</p> <p>The trust has developed an AI policy, which has been adopted by 120 other organisations, and aims to expand its reach further. In operational settings, AI is being used to help mitigate winter demand, gain a deeper understanding of waiting list recovery plans, improve patient flow, and design services such as dermatology. The trust is trialling Copilot and hopes to move to phase two to assist with administrative tasks and free up capacity.</p> <p>David Shannon informed the group that the Yeovil Diagnostic Centre is on schedule to open on the 4th April 2025. The Cardiology department will relocate from the main building to the Yeovil Diagnostic Centre, increasing the capacity for the A&amp;E department. He also provided an update on the access to the Taunton Diagnostic Centre, which has agreed to open the rear gate up for patients to use, allowing an additional bus route to the centre which drops outside. The Trust continues to engage in the Somerset Council transport working group.</p>
<b>Recommendation</b>	The Council of Governors is asked to note the items discussed at the meeting.
<b>Links to Strategic Objectives</b> (Please select any which are impacted on / relevant to this paper)	
<input checked="" type="checkbox"/> Obj 1 Improve health and wellbeing of population <input type="checkbox"/> Obj 2 Provide the best care and support to children and adults <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	

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

Somerset NHS Foundation Trust	
<b>REPORT TO:</b>	Council of Governors
<b>REPORT TITLE:</b>	Report from the People Group held on 19 February 2025
<b>SPONSORING EXEC:</b>	Isobel Clements
<b>REPORT BY:</b>	Tina Hickinbottom-Tacey
<b>PRESENTED BY:</b>	Tina Hickinbottom-Tacey
<b>DATE:</b>	19 March 2025

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

<input type="checkbox"/> For Assurance	<input type="checkbox"/> For Approval / Decision	<input checked="" type="checkbox"/> For Information
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<b>Executive Summary and Reason for presentation to Committee/Board</b>	<p>The group was not quorate, but the group decided to continue with discussions and circulate ideas for feedback and decisions via email to follow.</p> <p><b>Approval of the Minutes for the Meeting Held on 29 July 2024:</b></p> <ul style="list-style-type: none"> <li>The minutes from the previous meeting were approved as a true and accurate representation.</li> </ul> <p><b>Actions</b> Mark Robinson advised that all but one action had been completed and requested Tina Hickinbottom-Tacey to follow up on the remaining action.</p> <p><b>Review of the People Section of the Performance Exception Report:</b></p> <ul style="list-style-type: none"> <li>Discussions held around appraisal compliance and recruitment challenges in Somerset. Noted appraisal compliance is tracked, but the quality of conversations is not always considered. The goal is to reach 90% compliance, though it is challenging. Some staff groups are considering team appraisals.</li> <li>Staff governors expressed frustration that staff feel appraisals often do not leading to tangible outcomes, causing disengagement.</li> <li>Challenges raised with appraisals where medics cannot access the system to sign off.</li> <li>Group suggested considering a name change for “career conversations” as this can be intimidating for those who are happy in their career.</li> <li>Vacancies remain a significant issue, particularly in hard-to-fill roles.</li> </ul> <p><b>Assurance Report from the People Committee</b></p> <ul style="list-style-type: none"> <li>The group discussed how more work is needed completing regarding inclusion. Retention is less positive in some areas, especially for colleagues from protected characteristics. Efforts to improve retention in the younger</li> </ul>
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workforce (18-24) will continue. Different generational requirements from employers are evident.

- Challenges in collecting data on retention was discussed. Development opportunities are challenging, and it's hard to communicate with everyone about all opportunities across all areas.
- Colleagues should be supported to move around within the trust. The group discussed how supporting staff to move around the organisation is not easy, but at present the trust doesn't quite have that support in place. Staff are put through formal interviews and adverts. Almost 50% of recruitment churn is internal movement. The governors discussed pushing people through external process when an internal process could be made simpler. A consistent approach across all service groups is also needed as not all colleagues are made to go through the same steps when moving around internally. Isobel Clements said the internal process is under review.

### **Update from Isobel Clements**

- Isobel Clements provided an update on the People Strategy covering the next five years. Strategy is halfway through, with 13 ambitions for years 1 and 2. Cultural shift and changes have taken longer to implement, so year 3 has been paused to continue with the work started.
- The focus is on inclusion and diversity and different support levels. The board is committed to addressing health inequalities and supporting colleagues from protected characteristics. There are opportunities to appoint individuals from different backgrounds.
- The group discussed the challenges involved with the digital strategy for frontline users. The trust are looking to partner with a digital company to support in transforming people services into something more user-friendly. The current systems for frontline interactions are inadequate and investment is needed so systems and processes are intuitive and allow people to find information quickly. The EHR requires a huge amount of investment and was rejected by the national team for affordability. The trust have since partnered with Dorset, which will take longer but to fully gain the benefit of the merger, a fully integrated system is necessary.

### **People Group Discussion**

- The group discussed how group attendance and engagement had been falling. All agreed that the group, in its current format, was not meeting its purpose, objectives, or making good use of time.
- Tina Hickinbottom-Tacey advised Ria Zandvliet confirmed that any changes to the terms of reference would need Council of Governors' approval, but the group could trial changes first.
- The group discussed potential changes:
  - ❖ Disbanding the group completely.
  - ❖ Opening the invite to all staff governors.



	<ul style="list-style-type: none"> <li>❖ Isobel Clements to discuss with Peter Lewis about attending his monthly meetings with staff governors.</li> <li>❖ Creating a log of specific requests and feedback to close the feedback loop.</li> <li>❖ Inviting all governors to the People Committee as active observers.</li> <li>❖ Discussing notes, questions, and feedback in a shorter people group meeting following the committee.</li> </ul> <ul style="list-style-type: none"> <li>• Tina Hickinbottom-Tacey confirmed she had reached out to the Company Secretary network and advised other trusts do not operate a Governor People group and work with staff governors in other ways.</li> <li>• Peter Shorland commented that he was unaware that staff governors had a meeting with Peter Lewis. He suggested that if a feedback log is created it should be shared with the whole council. The group agreed creating one feedback log was seen as beneficial.</li> <li>• Mark Robinson emphasized the importance of observer etiquette and rules at committees to ensure they are not disrupted.</li> <li>• Julie Reeve asked if Staff Governor Surgeries could be discussed at the new group. She suggested staff walkarounds similar to leadership walkarounds. Tina Hickinbottom-Tacey agreed to explore this possibility and suggested impromptu staff governor catch-ups rather than the more formally planned governor surgeries.</li> <li>• The group accepted the proposed changes. These will be circulated to attendees for acceptance. Changes will be trialled in the May working groups, and a new term of reference will be created and presented to the June Council for approval.</li> </ul> <p><b>Staff Good to Know Log</b></p> <ul style="list-style-type: none"> <li>• Tina Hickinbottom-Tacey advised that Emily Mock had circulated the staff good to know log weekly but received no feedback. With the group's format changing, it would be good to find a better way to ask for and record feedback from staff governors.</li> </ul>
<b>Recommendation</b>	The Council of Governors is asked to note the items discussed at the meeting.

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



- 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 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**  
The Trust wants its services to be as accessible as possible, to as many people as possible. Please indicate whether the report has an impact on the protected characteristics

- This report has been assessed against the Trust’s Equality Impact Assessment Tool and there are no proposals or matters which affect any persons with protected characteristics
- This report has been assessed against the Trust’s Equality Impact Assessment Tool and there are proposals or matters which affect any persons with protected characteristics and the following is planned to mitigate any identified inequalities

**Public/Staff Involvement History**  
(Please indicate if any consultation/service user/patient and public/staff involvement has informed any of the recommendations within the report)

**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]

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

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

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

Somerset NHS Foundation Trust	
<b>REPORT TO:</b>	Council of Governors
<b>REPORT TITLE:</b>	Report from the Membership, Involvement and Communications Group
<b>SPONSORING EXEC:</b>	Jade Renville, Director of Corporate Services and Affairs
<b>REPORT BY:</b>	Kate Butler, Chair of the Membership, Involvement and Communications Group
<b>PRESENTED BY:</b>	Kate Butler, Chair of the Membership, Involvement and Communications Group
<b>DATE:</b>	19 March 2025

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

<b>Executive Summary and Reason for presentation to Committee/Board</b>	<p>The minutes of the Membership, Involvement and Communications Group held on 22 November 2024 were approved as a true and accurate record.</p> <p>Emily Mock updated the group on the progress of the young people engagement group. The governors who attend this group created a survey at the end of 2024, which was circulated to our younger members aged 16-25. The survey aimed to understand what motivated them to sign up, whether membership met their expectations, and what information they would like to receive. Unfortunately, the trust received no responses to this survey, despite a 74% open rate from the 280 members it was sent to. This highlighted that email is not an effective communication method for this age group. Tina suggested sending a text message instead, but this is on hold as the trust waits to receive the new contract from CIVICA.</p> <p>Tina Hickinbottom-Tacey informed the group that all governor election roadshows have taken place across Somerset, including acute sites and community hospitals. Tina or Emily, along with a few governors, attended these events to inform the public about the governor role, expectations, and to answer any queries. While some events were more successful than others, with some sites having no public attendance, valuable lessons were learned for future elections.</p> <p>Tina Hickinbottom-Tacey asked the group for ideas for future Medicine for Members events. The governors suggested topics such as dementia, diabetes/obesity, and mental health.</p> <p>Fiona Ried provided an update on winter communications, explaining that this winter was unusual with significant pressure arriving early due to high levels of respiratory illnesses. The</p>
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communications team's aims were to reassure patients, families, stakeholders, and the public; support colleagues; and provide information and advice about services and their best use. Operational meetings were held to understand escalation levels, and the team remained agile to respond to service needs. They raised awareness of escalation, how to respond to pressure, and celebrated new ways of working. A successful post on January 8th about significant pressures reached nearly 57,000 people, receiving positive support from the public. Continuous evaluation is necessary to ensure reach and effectiveness. The upcoming OSCARs aim to recognize colleagues working under significant pressure.

Tori Birch provided an overview of the trust website, highlighting that it comprises 229 subsites and 997 pages, with 161 pages audited so far. The maternity site alone has 111 pages, which needs to be reviewed. It was emphasized that the website should not be overloaded with information, as this can make it difficult for users to find what they need. Statistics show that 1 in 10 people have dyslexia, 1 in 12 men and 1 in 200 women have colour blindness, and the average reading age in the UK is 9-11, but in Somerset, it is 8. The SCULPT principles from Worcestershire Council were mentioned as guidelines for creating accessible documents, focusing on providing minimal information, ensuring contact information and service locations are available, detailing the referral process (whether self-referral or through a GP), and keeping information on a single page for ease of use. Regular reviews are conducted to check for accessibility, alt-text on images, spelling errors, broken

links, and overall consistency, while maintaining the trust's tone of voice. Feedback is gathered from various groups, including the ICB, patient voice groups, governors, and more to ensure the website meets the needs of the community. Tools such as the NHS readability tool, screen size adaptability, and the Silktide accessibility tool are used to enhance accessibility.

Analytics from January to December 2024 showed a total of 1,999,450 views, with an average time of 1:30 minutes spent on pages. Areas for redevelopment in 2025 were identified, including inpatient guidance for patients and loved ones, increased representation of community services, a review of maternity information, and horizon scanning for future improvements.

Krystle Pardon informed the group about the health and wellbeing hub at Yeovil Hospital, located near the main entrance on level 3. It is a warm and welcoming place for individuals to access support and speak to someone. The hub is being extended to community sites, with plans to collaborate with supermarkets and establish a specific hub at Musgrove for carers. The hub has had 601

	<p>interactions with patients, relatives, and carers. The next steps include working more with the chaplaincy team to address patient needs, improve boredom and loneliness on wards, and collaborate with the communications team to ensure information is available via leaflets about significant recurrent enquiries.</p> <p>Emily Mock noted the updated membership statistics, explaining that the trust now has 10,854 public members, with 5,845 of them having shared an email address with the trust.</p>
<b>Recommendation</b>	The Council of Governors is asked to note the items discussed at the meeting.

<b>Links to Strategic Objectives</b> (Please select any which are impacted on / relevant to this paper)	
<input type="checkbox"/> Obj 1 Improve health and wellbeing of population <input 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	

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

**Details:** N/A

<b>Equality and Inclusion</b>	
<p>The Trust aims to make its services as accessible as possible, to as many people as possible. We also aim to support all colleagues to thrive within our organisation to be able to provide the best care we can.</p> <p>How have you considered the needs and potential impacts on people with protected characteristics in relation to the issues covered in this report?</p>	
<p>Not applicable to this report.</p>	
<p>All major service changes, business cases and service redesigns must have a Quality and Equality Impact Assessment (QEIA) completed at each stage. Please attach the QEIA to the report and identify actions to address any negative impacts, where appropriate.</p>	

## Public/Staff Involvement History

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

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	
<b>REPORT TO:</b>	Council of Governors
<b>REPORT TITLE:</b>	Report from the Nomination and Remuneration Group
<b>SPONSORING EXEC:</b>	Rima Makarem, Chair
<b>REPORT BY:</b>	Ria Zandvliet, Secretary to the Trust
<b>PRESENTED BY:</b>	Kate Butler, Chair of the Nomination and Remuneration Group
<b>DATE:</b>	19 March 2025

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

<b>Executive Summary and Reason for presentation to Committee/Board</b>	<p>The Committee has not formally met since the December 2024 Council of Governors meeting but has approved the recruitment process for new Non-Executive Directors electronically.</p> <p>This item has been included on the agenda as a separate item.</p>
<b>Recommendation</b>	The Council of Governors is asked to note the report.

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	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
<b>Details:</b> 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 relevant for 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.

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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