

Council of Governors
26 June 2025, 14:00 – 16:00
Yeovil Town Football Club, Huish Park, Lufton Way, Yeovil, BA22 8YF

AGENDA

	Action	Presenter	Time	Enclosure
1 WELCOME AND APOLOGIES	Receive	Chair	14:00	None
2 QUESTIONS FROM MEMBERS OF THE PUBLIC	Receive	Chair		None
3 DECLARATIONS OF CONFLICT OF INTERESTS RESPECT TO ITEMS ON THE AGENDA	Receive and Note	Chair		None
4 TO APPROVE THE DRAFT MINUTES OF THE PUBLIC MEETING HELD ON MARCH 2025	Receive and Approve	Chair		Appendix 1
5 MATTERS ARISING AND REVIEW OF THE ACTION LOG	Receive and Review	Chair		Appendix 2
6 TO RECEIVE THE PUBLIC REGISTER OF COUNCIL OF GOVERNORS INTERESTS AND ANY DECLARATIONS OF CONFLICTS OF INTEREST	Receive and Note	Chair		Appendix 3
7 APPOINTMENT OF THE NON-EXECUTIVE DIRECTORS	Approve	Chair		Appendix 4
8 WELCOME NEW GOVERNORS	Receive	Chair		Verbal
9 CHAIRMAN'S UPDATE	Receive	Chairman		
<ul style="list-style-type: none"> Council of Governors' attendance Statutory Duties of Governors 2025/26 – update 			14:20	Appendix 5 Appendix 6
10 EXECUTIVE UPDATE	Receive	Peter Lewis	14:40	Verbal
<ul style="list-style-type: none"> Paediatric Service and temporary closure of maternity services Community Hospitals and Community Services 				
11 PERFORMANCE UPDATE FROM THE EXECUTIVE DIRECTORS	Receive	Pippa Moger	15:00	Appendix 7

12 FEEDBACK FROM:

Receive

a) The Lead and Deputy Lead Governors Governors issues and any ensuing actions needed/taken)	KB / PR	15:30	Verbal
b) The Quality and Patient Experience Group meeting held on 15 May 2025	JG		Appendix 8
c) The Strategy and Planning Group meeting held on 28 May 2025	PR		Appendix 9
d) The People Group meeting held on 13 June 2025	MR		Appendix 10
e) The Membership, Involvement and Communications Group held on 28 May 2025	KB		Appendix 11
f) The Nomination and Remuneration Committee meeting	KB		Verbal
g) Staff Governors	All		Verbal

13 ANY OTHER BUSINESS AND CLOSE OF MEETING

To note

Chair

15:50

Verbal

- Future Agenda items for Council of Governors meeting

14 DATE OF NEXT MEETING

Friday 19 September 2025

Council of Governors

Minutes of the meeting held on
Wednesday 19 March 2025, 13:00 at
The Taunton Rugby Club, Veritas Park, Hyde Ln, Taunton TA2 8BU.

Present:

Rima Makarem	Chair
Kate Butler	Public Governor – Taunton and West Somerset
Paull Robathan	Public Governor – South Somerset
Virginia Membrey	Public Governor – Mendip
Alison James	Public Governor – Mendip
Judith Goodchild	Public Governor – Sedgemoor
Jack Torr	Public Governor – Sedgemoor
Jeanette Keech	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
Alan Peak	Public Governor – Outside Somerset
Peter Shorland	Public Governor – Dorset
Halley Kimber-Keirle	Staff Governor
Adekunle Akinola	Staff Governor
Julie Reeve	Staff Governor
Joe Silsby	Staff Governor
Jonathan Moore	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 Keitch	Appointed Governor – Somerset Council
Jane Knowles	Appointed Governor – VCSE - SASP

In Attendance:

Peter Lewis	Chief Executive Officer
Melanie Iles	Chief Medical Officer
David Shannon	Director of Strategy and Digital Development
Isabelle Clements	Chief of People and Organisational Development
Jade Renville	Director of Corporate Services
Ben Edgar-Attwell	Deputy Director of Corporate Services
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
Martyn Scrivens	Non-Executive Director



Mark Hocking
Lee Cornell
Charles Davis
Hollie Camm

Deputy Chief Finance Officer
Associate Director of Planning and Performance
Consultant in Palliative Medicine
Discharge Pathway Manager

Apologies:

Bob Champion
Eddie Nicolas
Martin Davidson
Ian Aldridge
David Recardo
Sarah Duncan
Utpal Barua
Val Bishop
Nick Crow
Mark Robinson
Lydia Karamura
Phil Hodgson-Purves
Heather Sparks
Sun Sander-Jackson

Public Governor - Mendip
Public Governor – Sedgemoor
Public Governor – Sedgemoor
Public Governor – Taunton and West Somerset
Public Governor – South Somerset
Public Governor – South Somerset
Public Governor – Mendip
Appointed Governor – VCSE – CCS
Staff Governor
Staff Governor
Staff Governor
Staff Governor
Staff Governor
Staff Governor

Inga Kennedy
Andy Heron
Hayley Peters
Pippa Moger

Non-Executive Director
Chief Operating Officer
Chief Nurse
Chief Finance Officer

1	WELCOME AND APOLOGIES FOR ABSENCE
1.1	Rima Makarem welcomed everyone to her first meeting as Chair of the Council of Governors and apologies were noted as above.
1.2	Rima Makarem updated the Council of Governors on her recent activities and advised that she was currently in her third month as Chair of the Trust and said that she had received a great welcome to the Trust. She had met with all Board members and their immediate teams and had visited many areas of the trust.
2	QUESTIONS FROM MEMBERS OF THE PUBLIC
2.1	There were no questions from the members of the public.
3	DECLARATIONS OF CONFLICTS OF INTEREST RELATING TO AGENDA ITEMS
3.1	No declarations of conflicts of interest were raised in relation to items on the agenda.
4	MINUTES OF THE MEETING HELD ON 17 DECEMBER 2024
4.1	The minutes from the meeting held on 17 December 2024 were approved as a true and accurate representation of the meeting.

5	MATTERS ARISING AND ACTION
5.1	Rima Makarem noted some items on the action log had been updated and closed.
5.2	She advised that Mel Locke would be invited to a future meeting when appropriate.
5.3	Rima Makarem welcomed Val Keitch to the Council as a newly appointed Governor for Somerset Council.
5.4	Following concerns regarding racism raised at the Council and subsequently discussed at the Governor Development Day, the Board wishes to assure the Council of the seriousness with which these concerns are being addressed. A workshop will be held during the Board Development Day to focus on inclusion. It will explore what actions the Trust can take to support colleagues. Any developments from the workshop and board development day will be presented at a future Council. Rima Makarem confirmed this would be added to the action log until resolved. ACTION
5.5	Following the completion of the board development workshop and the arrival of new governors, training will be organised for governors to ensure they are actively involved in the process of supporting colleagues and fostering change within the Trust.
6	PUBLIC REGISTER OF DECLARATION
6.1	The Public Register and Declarations of Conflicts of Interest were noted.
7	RECRUITMENT OF NON-EXECUTIVE DIRECTOR PROCESS
7.1	Following the update provided at the Governor Development Day, Rima Makarem noted the paper regarding the recruitment process of three new Non-Executive Directors, which explains the aim is to secure three individuals by the end of May or the beginning of June.
7.2	Rima Makarem confirmed she is happy with the current profile of non-executives but the Trust would be looking for someone with a background in digital health, to help support the Trust in embracing technology going forward. A further non-executive should have a clinical background but ideally not acute, aiming for more balance around the board. A NED with a background in clinical education will help to build links with these institutions for support with the future workforce.
7.3	Rima Makarem asked if the Council were happy to proceed with the recruitment of non-executives as outlined in the paper. The Council approved the recruitment process.
8	EXTENSION OF NON-EXECUTIVE DIRECTOR TERM
8.1	Rima Makarem noted the paper outlining the extension of Jan Hull's term for an additional four months to 31 May 2025 to provide continuity and stability whilst additional Non-Executive Directors are recruited. She offered her thanks to Jan for

her continued support. Jan Hull confirmed she was happy to stay on to support the Trust.

8.2 The Council **approved** the extension.

9 CHAIRMAN UPDATE

9.1 Rima Makarem advised that she has visited Musgrove Park Hospital and Yeovil District Hospital on several occasions, as well as South Petherton and various mental health facilities. She aims to understand where staff are satisfied and where concerns exist.

9.2 Additionally, she hopes to continue elevating the profile of the Trust nationally, by highlighting exemplary practices and innovative models of care, which may encourage other organisations to learn from the Trust. Efforts are being made to secure spots at national conferences and publish more articles to advance this initiative.

9.3 She is keen to advance the agenda of integrated care. Following the merger there was more to do in linking up services and this is progressing well. Patients are seen in the community, supporting the systems prevention agenda, with acute care being utilised only when necessary. This approach benefits both patients and the Trust by streamlining the patient journey.

9.4 Internally, the Board is pushing the diversity and inclusion agenda, which impacts patients, ensuring the Trust is addressing health inequalities.

Council of Governors' attendance

9.5 Rima Makarem noted the report and advised that overall attendance is good, however, noted there is a requirement to report any governors who fail to attend three consecutive Council meetings, and as presented within the report, there have been a few instances to report.

9.6 Tina Hickinbottom-Tacey advised one appointed governor, Jane Knowles has failed to attend three Council meetings in a row due to work commitments and time pressures, however she has attended development days and working groups providing assurance of her commitment to the role. She has also confirmed she will prioritise attendance at future Council meetings.

9.7 Tina Hickinbottom-Tacey advised Mark Robinson, staff governor has also missed three consecutive meetings but he has informed the Trust he will be retiring in April. Due to this, his term as a staff governor will also come to an end. This will create one more vacancy for a staff governor.

9.8 Tina Hickinbottom-Tacey added one more staff governor, Nick Craw has also failed to attend five consecutive meetings. Nick Craw emailed to offer his apologies for non-attendance and acknowledged that due to work pressures, he has been unable to prioritise Council of Governor meetings, and appreciates his commitment was elsewhere. Due to this, he agreed to step down to allow another member of staff to take on the staff vacancy.

- 9.9 Due to the possibility of going into the next year with another two staff governor positions vacant, and with the election for the current two staff vacancies yet to begin, Tina Hickinbottom-Tacey, following advice from Civica Election Services, suggested that the four nominees currently running for the two vacancies be appointed to the four available positions, following Mark Robinson's retirement and Nick Craw's resignation. She asked if any governors had any objections to this.
- 9.10 The Council discussed colleague awareness of elections, as they felt the number of staff governor nominees is low relative to the Trust's workforce, and wanted to make sure colleagues would be happy with this scenario and asked for staff governor input. Additionally, the governors commented the overall turn out for public nominations compared to the population of Somerset and Dorset also appeared low, and this was surprising as health is a major concern, and they expected greater public interest. Ben Edgar-Attwell commented the corporate team did seek advice and guidance from the Company Secretary Network on this and have worked hard on advertising through social media and implementing the prospective governor roadshow. He added there is always more the Trust can do to publicise vacancies but felt encouraged that this is the first year where all vacancies have been filled and oversubscribed in some areas leading to a ballot.
- 9.11 The Council discussed diversity and inclusion amongst staff governors and wanted to ensure this was being considered when making this decision. Additionally, that nominees for the staff governor vacancies should be colleagues representing all areas of the Trust not just the acute sites, where possible.
- 9.12 The Council approved adding the four vacancies to the ongoing election to allow all four staff nominees be given a space on the Council of Governors immediately.
- 9.13 Tina Hickinbottom-Tacey provided a short update on the current elections, advising Somerset West and Taunton, Sedgemoor, Outside Somerset and Dorset and the staff nominees will now also be elected unopposed. One of the four vacancies for Somerset West and Taunton is a by-election, with the appointed governor serving a one-year term and required to stand for re-election next year. The two original staff governor vacancies will each carry a full three-year term. The two additional staff vacancies, created due to recent resignations, will each be for a one-year term, with those governors also needing to re-stand for election in the following year.
- 9.14 Two governors would be stepping down this year as they had completed their full nine-year term and the corporate team wanted to send thanks to Bob Champion and Ian Aldridge. Mark Robinson and Nick Craw as discussed would also be standing down, and the team send their thanks for all the support they have provided over their terms as staff governors. Paull Robathan and David Recardo also decided not to renominate themselves this year, so the Trust also extends its thanks and farewell to these public governors. Confirmation of the results will be sent to all nominated governors on conclusion of the ballots.
- 9.15 The governors raised concerns around by-elections and term lengths.

- 9.16 Tina Hickinbottom-Tacey confirmed she had sought advice from Civica Election Services, the external organisation responsible for managing the elections and an expert in democratic processes. Civica advised that the approach is stipulated in the Constitution: typically, in a contested election, the nominee receiving the fewest votes would be assigned the shorter term. However, as both of the current examples are uncontested and will not go to ballot, Civica recommended that the fairest method would be to draw lots—facilitated by Civica—to ensure an impartial and transparent outcome.
- 9.17 Governors expressed concern that this approach could be unfair to long-standing governors if they were selected for the shorter, one-year term. They questioned whether all nominees could instead be granted a new three-year term and asked if the process could be amended. Ben Edgar-Attwell confirmed that term lengths are defined in the Constitution but agreed to review the by-election element, seek external advice, and update the Council following the meeting.
- 9.18 Rima Makarem wished the four governors stepping down the very best and thanked them for the hard work and support they have provided the Trust.
- 9.19 Kate Butler wanted to send condolences to Bob Champion from all the governors and the Trust and to say a thank you for all the support he has provided over the last nine plus years to the Trust. She also wished to offer her personal thank you to Paull Robathan for his time as a deputy lead, his contributions and support have been invaluable. As he will be stepping down as deputy lead on conclusion of this meeting, Kate Butler proposed Jack Torr serving as interim Deputy Lead until the elections and NED recruitment are complete. The Council approved this request.

Statutory Duties of Governors 2023/24

- 9.20 The report was noted and Tina Hickinbottom-Tacey confirmed that all statutory duties of the governors were being fulfilled as stated.
- 9.21 Rima Makarem said Paull Robathan has attended Public Board meetings on numerous occasions holding the non-executives to account. She encouraged all governors to come along to Public Board meetings where possible, as this is a valuable source of information and would contribute to fulfilling statutory duties. Paull Robathan suggested all governors attend at least one public board meeting, held within their constituency as Board meetings are moved and held across the whole of the County. Additionally, he suggested creating a schedule assigning three Governors to attend each Board meeting.
- 9.22 Judith Goodchild commented attendance at board pre-covid was better and suggested that there could be a variety of reasons why attendance might have dropped. The board meeting venues are not always the largest and parking could be an issue. Additionally, often the board meetings are on the other side of the County and can be a challenge for governors to access. The Council agreed that as a larger Trust covering a wider geography, rotating Board meeting locations was important and advised governors could attend board meetings local to each governor. Tina Hickinbottom-Tacey advised she would review the venues being used for board meetings to ensure there is sufficient capacity and would liaise with site teams to ensure there is adequate parking available. **ACTION**

- 9.23 The Council discussed the importance of seeing how the full complement of NEDs interacts with and challenges the Board. The ideal space for observing this interaction is the Public Board meetings and all agreed it is important for governors to attend. Tina Hickinbottom-Tacey will create a scheduled rota for Governor Board attendance taking into account the proximity of meeting locations to governors' residences. **ACTION**
- 9.24 Judith Goodchild commented she attends the quality and governance assurance committee as an observer and wanted to express her appreciation for the quality of work the NEDs complete throughout their role as committee chair in holding Executives to account. She thought it was important to recognise the important work they do at both committee and Board level.
- 9.25 Peter Lewis commented on the recent developments within NHSE, highlighting the need to bring clarity to the information circulating in the news over the past few weeks. He noted that not all questions have been answered and that further guidance is awaited. Amanda Pritchard, CEO, has stepped down from NHSE, which has seen some significant recent changes including the departure of several directors. NHSE, the organisation overseeing the NHS, is being abolished by the government, with its functions to be integrated into the Department of Social Care. The speed of these changes has been surprising, due to concerns about financial stability and deficit levels. This transition, which involves legislative changes, is expected to take up to two years to complete, with a goal of reducing costs by the end of the calendar year.
- 9.26 Additionally, last week, it was announced that all 42 ICB chief executives would be asked to halve their costs by Q3 2025/26. There is still a lack of clarity on what this means, as they have already been asked to cut costs by 30%. This presents challenges to ICBs particularly in the Southwest, where ICBs serve smaller populations, raising concerns about their long-term viability. The sustainability of ICBs at this level is in question, and there is a need to review their functions and determine what they should focus on. Detailed guidance is still awaited.
- 9.27 Within the NHS, the financial challenges for 2025/26 are expected to be particularly severe. There is a national push to reduce corporate services costs, which have increased since COVID-19. A 50% reduction in this increase is targeted. Corporate services need to make savings and operate more efficiently. Whilst SFT's cost increases have been less significant due to recent mergers, the financial challenges of this year remain. The Trust is awaiting more technical guidance for next year's planning.
- 9.28 Operational delivery networks, including critical care and cancer networks, are also expected to see their costs halved.
- 9.29 Heather Shearer expressed appreciation for the information, noting that media coverage can sometimes lack clarity. The system is collectively facing these challenges. Recently, in a meeting she attended Paul von der Heyde emphasised the importance of continuous effort and public engagement, noting that public board meetings often see low attendance. He highlighted the need for

transparency regarding staff changes—both patient-facing and non-patient-facing—as well as data, which can often tell a different story than perceptions.

- 9.30 Peter Lewis stressed the importance of focusing not just on what the Trust does, but how it operates. As the Trust may still need to consider finance pressure and will have reduction targets to meet. He noted that these other organisations face job insecurity communicated via formal documents rather than directly, which is a difficult situation.
- 9.31 Mick Beales suggested considering engaging frontline teams in identifying financial efficiencies, as often these are the best people to ask. Peter Lewis agreed, emphasising the value of team briefings and engaging with those who know the services best to identify opportunities for improvement.
- 9.32 Judith Goodchild raised concerns about the impact of cost reduction on patient care, particularly in reducing waiting lists. Peter Lewis acknowledged that while the government may assert that funds are being redirected from administrative functions to frontline care, it is crucial to ensure that processes are optimised to benefit patients and reduce unnecessary hospital stays. He confirmed that the Trust will focus on opportunities to improve efficiency and patient outcomes.
- 9.33 Sue Steele inquired about the criteria for the Hospital@Home program, asking who determines patient eligibility and who is responsible for diagnosis. Peter Lewis explained that decisions are made based on the patient's location, with community services and GPs playing a role in determining the appropriateness of home care.
- 9.34 Julie Reeve expressed concern about the relationship between innovation and finance, noting the common perception of financial constraints. Peter Lewis clarified that while there is no additional money, the focus should be on making the best use of existing resources. He emphasised the importance of providing the best possible services within the available budget.

10 CARE CO PILOT

- 10.1 Charles Davies and Hollie Camm introduced the Care Co Pilot, where the primary aim is to keep patients out of hospital and close to home.
- 10.2 Charles Davies shared a story about a patient in a residential home with mental health needs, who had blood in their catheter. While the issue was managed by flushing the catheter, the patient remained distressed. Maintaining a good relationship was important. In some cases, hospital visits are necessary. In this instance, Care Co flagged the patient to SAU for a three-way catheter. The goal was to admit and discharge the patient on the same day, allowing continued care at home—where the patient was most comfortable—while using hospital services only when absolutely necessary.
- 10.3 The Trust is engaged with improving integration between acute and community care. Colleagues need to feel secure in making decisions and taking appropriate risks to manage hospital-at-home scenarios. The NHS has historically used acute care as a safe place, but physical and social deconditioning occurs whilst away

from home. Integration into the community is crucial. The goal is to provide the best possible care quickly, meeting patients wants and needs. This will reduce unnecessary ED attendances and improve patient flow and reduce ambulance turnaround times. Population needs can be addressed at neighbourhood levels reactively and proactively, which will lead to collaboration and integration of out-of-hospital services.

- 10.4 Part of the recovery plan involved in the care copilot highlighted how full Emergency Departments can prevent ambulances from offloading patients and responding to new calls. SWASFT's Right Care Scheme was discussed, including GP calls and the categorisation of calls as they come in. Category 1 calls (e.g. heart attack and stroke) are directed to the hospital, while lower priority calls (falls, breathlessness) may take longer and appropriately involve community response. Urgent crisis response assesses those who have fallen at home (Category 4/5). Flow is inadequate in hospitals and community hospitals for a number of reasons but all admissions avoided support improved patient flow through and out of acute settings.
- 10.5 A single point of access is a positive change. The initial care copilot is approved for another year, though the future of NHSE and ICB structures remains uncertain. Cohabiting multidisciplinary teams with diverse skills can offer more comprehensive care for an individual. The single point of access is spread across the county, bringing together health, social care, and community services. Kate Butler suggested it would be beneficial for governors to meet these teams either out in the community or at a development day. **ACTION**
- 10.6 The layout of teams is designed to foster trust and familiarity among members. Care Co includes Somerset Primary Link, social work, rapid response, hospital at home, GP HUC, paramedics - who have visibility of the patient queue ('the stack') and can assess situations in real time - clinical lines, GPs, district nurses, all coordinated at the care coordination desk. Kate Butler inquired about mental health integration. While the focus is currently on physical health, there is already a pathway for mental health crisis teams, and therefore future integration is being explored. End-of-life care is also managed, with hospice support being very helpful. Information flows within the teams in the Care Co to meet the individual needs of a person who requires help and care.
- 10.7 Charlie Davies shared several examples of how the care coordination team has supported patients:
- In one case, a 95-year-old patient in a nursing home was experiencing constipation. Charles contacted the home and involved the district nurse, successfully avoiding hospital admission.
 - In another case, a patient with a head injury in a care home was assessed with SWASFT support. Given the low likelihood of surgical intervention, the patient remained in place with GP follow-up.
 - Cancer patients in pain were advised to ring 999 by GPs, but phone calls to the right care team could prevent unnecessary hospital admissions. This is a regular need through Care Co.

- Heart failure management was discussed, it is a major reason for care by the H@H frailty team.
- The completion of antibiotics can be managed with intravenous administration and remote monitoring, including point-of-care blood testing for kidney function, crucial in heart failure care and recovery from infection.
- COPD exacerbation management was discussed, highlighting the risks of hospital admission, including infections and deconditioning.

- 10.8 Working closely with SWASFT is important to help reduce waiting times, flow through Emergency Departments and reduce delays. The importance of understanding "the stack" and ensuring sufficient care for those entering ambulances was emphasised.
- 10.9 Future steps include consulting on home care options, with GP practices and the care coordinating centre collaborating in a structured and coordinated manner. Advice is followed where it is deemed reasonable and ethically sound.
- 10.10 The practice of calling pre-conveyance consultation has proven to be a powerful tool for ambulance services. This is to be created in Somerset as part of a national initiative to implement such services.
- 10.11 Urgent care needs are addressed through three lines of enquiry, using a structured, non-clinical decision-making framework. HUC (out of hours GP provider) sits in the care coordination centre, working throughout the day. Some cases require at-home work, Somerset Primary Link calls (GPs and acute colleagues) are made to determine what can be done to get people home early or avoid discharge. Decisions are made by care coordination, with the majority being home-based care, same-day hospital care, and, in rare cases, hospital admission. A feedback loop (D2A) brings cases back through care coordination if extra services are needed.
- 10.12 Hollie Camm discussed the increase in managing patients at home, particularly in respiratory and frailty cases. The hospital-at-home program includes remote monitoring services, where clinically appropriate. Patients can monitor their own blood pressure and other observations using devices supplied by SFT. Results are keyed into the system, triggering alerts for elevated respiratory rates or low oxygen saturation. The primary link team flags these results to nurses, who then call patients, take observations, ask questions, and provide reassurance. High escalation cases are managed to prevent acute conveyance, with remote monitoring proving effective during high-pressure periods such as winter months.
- 10.13 The program is moving in the right direction, although some data does not always reflect the intended outcomes. Learning from the pilot has shown improved results from when building on existing, dispersed practices.
- 10.14 While causation cannot be claimed, improvements can be demonstrated. It is important to recognise that SWASFT, HWSFT, and social care services record data differently, which presents challenges in evidencing the effectiveness of multidisciplinary care coordination. Although the model appears strong, it remains difficult to quantify.

- 10.15 Jos Latour raised the challenge of transforming qualitative experiences into measurable outcomes within the multidisciplinary pathway service. He asked if other trusts are doing something similar. Charles Davis responded that while models differ, learning from others is essential. The team have just received confirmation to proceed into the second year of the programme.
- 10.16 Heather Shearer shared about her recent visit to SWASFT and understanding of “the stack” and rapid response challenges. She noted the benefit of having a single point of contact, allowing a multidisciplinary approach. While primarily focused on adults, there is potential to add paediatric care. The Trust is unique in mainland England for integrating mental and physical health and adding mental health for adults would be a good future consideration. Mental health crisis teams, including a crisis response car, are already in place in Somerset.
- 10.17 Paull Robathan shared a personal experience involving ambulance services, highlighting the complexity of resource allocation. He emphasised the need to understand the circumstances and geography of each situation to determine the appropriate resources, including air ambulance and skill sets. He noted that planning for sudden and significant health changes is a vital, albeit difficult, part of life.
- 10.18 Jeanette Keech inquired about the proportion of activity currently taking advantage of this service. Charles Davis acknowledged the difficulty in providing a precise answer but noted that SWASFT may be better positioned to provide this data. He emphasised the importance of moving toward community services to achieve 100% efficiency.
- 10.19 Jane Knowles highlighted the role of the third sector in helping people stay at home and managing associated risks. She emphasised the need for coordination across neighbourhoods, beyond traditional services. Charles Davis responded by outlining the integration of hospice care, social work, and rapid response teams with health connectors at the neighbourhood level. This approach aims to prevent crises before they occur. Somerset Primary Link provides access to community resources, enabling proactive conversations and collaborative decision-making.

11 PERFORMANCE UPDATE FROM THE EXECUTIVE DIRECTORS

- 11.1 Mark Hocking informed the Council of Governors that the slides had been circulated with the papers and highlighted several key points. The in-year performance showed that by the end of January, the Trust was on plan with a deficit of £6 million. With two months remaining, the Trust is on track to deliver the financial plan, both as a Trust and as part of the wider system. This represents a significant achievement, given the extensive work across the Trust to deliver financial plans—particularly in relation to agency spending. While this is not the case for all trusts, it positions the Trust well for the challenging year ahead.
- 11.2 The Cost Improvement Programme (CIP) efficiency programme has delivered 76% of the expected savings, amounting to just under £49 million year-to-date. However, recurrent savings are not where they need to be, with only £18 million of

the £49 million being recurrent—equating to 52%. This will need to be improved next year. Successes include a national focus on agency spending, with colleagues effectively filling gaps. The Trust has performed well in this area, with Isobel Clements and service groups reviewing agency spending and seeking more cost-effective solutions. Despite this, the Trust continues to spend a significant amount per month on agency staff, although this has decreased compared to previous years. The majority of agency spending (74%) is still related to vacancies, particularly for doctors and medical staff. Efforts are ongoing to reduce reliance on expensive agency staffing through overseas recruitment and new models of care provision.

- 11.3 Heather Shearer raised a question about finance costs and corporate tax, noting that the NHS incurs £73 million in corporate tax and finance costs. Mark Hocking clarified that corporate tax amounts to half a million per year, with subsidiaries having corporate tax built into financial planning. The Trust can request cash support and is fortunate to have healthy cash reserves, but it must deliver on the plan to avoid reducing these reserves. Risk management is reported quarterly to the Finance Committee, with corporate risks included in the Board Assurance Framework.
- 11.4 Lee Cornell provided an update on performance areas, and highlighted the following:
- One patient was placed out of area for non-specialty mental health care in January. All placements in the last 12 months were due to Psychiatric Intensive Care Unit (PICU) requirements and the need for gender-specific wards.
 - Infection control data revealed two MRSA cases and eight C. diff cases in January.
 - There were seven inpatients across YDH and MPH with COVID, and none at mental health or community facilities.
 - There were 74 restraints reported across a couple of sites. The rise in numbers is associated with a small number of patients with multiple incidents, including one patient subject to 21 incidents. Fourteen restraints were related to medication admissions.
 - Pressure ulcer data showed an increase, possibly coinciding with training being delivered and attributed to improved reporting.
 - Urgent care performance indicated a difficult December, with improvements beginning in January. A&E performance was 53.3%, up from December but still below the national average. Overall performance, including Urgent Treatment Centre (UTC), remained below the national standard but above the national average. February and March performance showed further improvement, with ambulance handovers at MPH completed within 30 minutes for 57% of cases, and at YDH increasing from 47% in December to 53%. March performance rose to 66% at YDH and 72% at MPH.
 - Community mental health waiting time targets were achieved for adults, older people, children, and people with learning disabilities. Recovery rates for talking therapies were maintained, meeting waiting time standards for referrals. However, there has been a rise in patients waiting over 18 weeks, which will impact future performance. The national priority for 2025/26 is to raise performance to 65%, or by 5% from the November baseline. The total waiting list fell by approximately

1,000 but remains higher than desired. Waiting performance was better than trajectory at 2.4%, with the 52-week wait significantly reduced.

- An average of 215 acute beds were occupied by patients not meeting the criteria to reside, making SFT a significant national outlier. Numbers increased in January and February, with performance at 24% at the end of January, deteriorating to 27% in February—placing the Trust as the third worst in the country. Community numbers have decreased, and actions are being taken to improve patient flow, including a 100-day sprint discharge programme.
- Waiting times over 18 weeks have been reduced to 592, significantly better than planned and halved over recent months. Musculoskeletal and podiatry services have shown improvement. Dental service waiting times have slightly decreased, despite challenges with vacancies, sickness, and maternity leave. Recruitment efforts are underway to hire more dentists and increase surgery slots.
- Diagnostic waiting times are currently at six weeks, with staff sickness and departures affecting capacity. Radiographer vacancies have now been filled.
- Cancer waiting times have improved, with the 28-day cancer diagnosis standard met in December for the fourth consecutive month, rising to 71% this month. Main areas of breach include skin, urology, and lower GI, which remain below national standards and averages, partly due to repatriation.
- The People measure show that 88.8% of colleagues in post remain from the previous year. However, career conversations have declined to 78.5%. Sustained focus is needed in this area, as progress has been limited. Mandatory training compliance increased in February. Vacancy levels are at 8%, many of which are in nationally recognised shortage areas.

11.5 Jeanette Keech raised concerns about the 57 pressure ulcer incidents reported in one month, as noted on page 49. She questioned the effectiveness of current strategies and processes, as well as the role of the tissue viability team, highlighting that major issues persist. She specifically inquired about quality control measures, asking where oversight occurs when colleagues are advised to turn patients. She emphasised the need for face-to-face patient management by nursing care teams to ensure proper care is being delivered.

11.6 Peter Lewis acknowledged that the increase in reported pressure ulcers may be due to heightened awareness and improved reporting, but stressed that this does not diminish the seriousness of the issue.

11.7 Melanie Iles acknowledged the complexity of the issue and noted that the Quality Committee is addressing it by focusing on patient-level care at the bedside. Ward sisters are responsible for ensuring standards are met, despite staffing and patient complexity challenges. She also referenced the Coroner's Prevention of Future Deaths report and emphasised that while the principles are simple, implementation can be difficult in practice.

11.8 Heather Shearer inquired about the 80% vacancy rate noted on page 57, asking whether these posts had temporary cover. Lee clarified that the vacancy rate refers to substantive staff, with temporary cover in place but no permanent appointments. Heather emphasised the importance of mitigating risks and suggested discussing the matter with the NED responsible for corporate risk. Sue Steele raised the issue of pressure ulcer prevention.

12 FEEDBACK FROM:

Lead Governor

- 12.1 Kate Butler had no further details to add to the meeting.

Quality and Patient Experience working group

- 12.2 Judith Goodchild noted the summary of the working group provided a comprehensive account of the meeting.

Strategy and planning working group

- 12.3 Paull Robathan noted the summary from the working group and highlighted three items:
- 12.4 A couple of Non-Executive Directors were invited and attended the February working group, which was very helpful and informative.
- 12.5 Jackie Wilson presented an update on perioperative care which was both fascinating and complex. The working group expressed admiration for the breadth of work being undertaken.
- 12.6 Andrew Mayne provided an update on the use of artificial intelligence and data to improve health and performance and, discussed opportunities for collaboration with universities.

People working group

- 12.7 Rima Makarem acknowledged Mark Robinson's absence and asked Tina Hickinbottom-Tacey to provide an update on his behalf. Tina advised that the People Group had met in February to discuss the need to revise the format and terms of reference for the working group. It was determined that the current format was not providing an adequate or fulfilling use of colleagues' and governors' time.
- 12.8 The group proposed several changes, including:
- Opening the People Group invitation to all staff governors.
 - Inviting all People Group members to observe the People Committee meetings to reduce duplication of work.
 - Having Isobel Clements begin attending the monthly Staff Governor meetings alongside Peter Lewis.
 - Additionally, the People Group will hold a shorter Q&A/update meeting following each People Committee meeting, providing governors with the opportunity to ask Isobel Clements questions and share feedback from colleagues.

Membership, Involvement and Communication working group

- 12.9 Kate Butler noted the summary report from the Membership, Involvement Communications group.
- 12.10 She informed the Council of the intention to re-establish *Medicine for Members* and asked governors to send any topic ideas to Tina Hickinbottom-

Tacey. Some suggestions already received include dementia, diabetes, and mental health.

12.11 Additionally. The young people engagement group is continuing its work, aiming to create a youth forum or similar initiative. The group is exploring alternative ways to engage with younger members, as a recent survey yielded no responses. She invited any governors interested in supporting the group to contact Emily Mock.

12.12 Jeanette Keech referenced statistics shared by Tori Birch from the Communications Team, noting 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, while in Somerset it is 8. She emphasised the importance of tailoring communications to the appropriate reading level, particularly when producing leaflets or explaining decisions. Rima Makarem agreed this was a valuable point and should be considered in future communications.

12.13 Judith Goodchild commented that the Healthwatch panel would be happy to review the leaflets for ease of use and accessibility.

Nomination and Remuneration Committee

12.14 The nomination and remuneration committee update has been covered in the earlier items.

Staff Governors

12.15 Rima Makarem noted that the staff governors have continued to meet regularly with Peter Lewis.

13 ANY OTHER BUSINESS

13.1 Future agenda items for Council of Governors meetings:

- Invite Mel Locke to a future meeting when appropriate.
- Equality, Diversity and Inclusion training for a future Governor Development Day.
- Agenda items to discuss the national plan and 10-year plan due in May.
- Activity/presentation around research for a future Governor Development Day.

13.2 Tina Hickinbottom-Tacey advised the Council that, following the conclusion of the elections and new governor inductions, there may be amendments to meeting invitations, which could cause some confusion for existing governors. She wished to pre-empt this by making governors aware of the expected changes and advised that all official updates will always come from the Company Secretary's diary and not from any other source.

14 Date of the Next Council

14.1 Thursday 26 June 2025

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
14 December 2023				
Item 12	<p>Add the following item to future Council of Governors or Governors Development Day agendas:</p> <ul style="list-style-type: none"> (12.3) Update from Local Authority to include an invite to Mel Lock. 	Tina Hickinbottom-Tacey	December 2024	<p>December 2024</p> <ul style="list-style-type: none"> Could not invite to the December Council, future invite to be discussed with the new chair. <p>March 2025</p> <ul style="list-style-type: none"> Invite will be extended to a future meeting.
17 December 2024				
Item 12 (12.4)	<p>A concern was raised by governors around staff experiencing racism and behavioural discrimination.</p> <p>It was agreed to provide an update on progress made at a Governor Development Day.</p>	Tina Hickinbottom-Tacey	July 2025	<p>March 2025</p> <ul style="list-style-type: none"> 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. <p>June 2025</p> <ul style="list-style-type: none"> New Governors are now in place and communication with relevant teams is taking place to arrange a training session.



19 March 2025

Item 5 (5.4)	The Council asked for developments from the workshop and board development day regarding the racism concerns to be presented at a future Council.	Rima Makarem	TBC	June 2025 <ul style="list-style-type: none"> Ongoing
Item 10 (10.5)	The Council have asked if they could meet the teams associated with the single point of access – either at a development day or out in the community. Discuss how this could be arranged.	Tina Hickinbottom-Tacey	TBC	March 2025 <ul style="list-style-type: none"> Tina has added this to the list of items for development day or adhoc presentations.



Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Declarations of Interest
SPONSORING EXEC:	Rima Makarem, Chair
REPORT BY:	Tina Hickinbottom-Tacey, Corporate Services Officer
PRESENTED BY:	Rima Makarem, Chair
DATE:	26 June 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

Executive Summary and Reason for presentation to Committee/Board	<p>As required by the Regulatory Framework, Section 7 in the Council of Governors Standing Orders all governors are to declare any interests they may have outside of their role as a governor which may be relevant and material to the business of the Trust.</p> <p>The attached report outlines the current interests declared by governors as of 19 June 2025</p> <p>The changes made since the March 2024 meeting have been marked in red.</p>
Recommendation	The Council of Governors is asked to note the governors' declarations of interest.

Links to Joint Strategic Objectives (Please select any which are impacted on / relevant to this paper)	
<input type="checkbox"/> Aim 1 Contribute to improving the physical health and wellbeing of the population and reducing health inequalities	
<input type="checkbox"/> Aim 2 Provide the best care and support to people	
<input type="checkbox"/> Aim 3 Strengthen care and support in local communities	
<input type="checkbox"/> Aim 4 Respond well to complex needs	
<input type="checkbox"/> Aim 5 Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture	
<input type="checkbox"/> Aim 6 Live within our means and use our resources wisely	
<input type="checkbox"/> Aim 7 Deliver the vision of the Trust by transforming our services through, innovation,	

research and digital transformation

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

☐ Financial ☒ Legislation ☐ Workforce ☐ Estates ☐ ICT ☐ 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 People 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 People 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)

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 – e.g. in Part B]

The report is presented to every meeting.

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

☐ Safe ☐ Effective ☐ Caring ☐ Responsive ☐ Well Led

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

☒ Yes

☐ No

SOMERSET NHS FOUNDATION TRUST

DECLARATION OF COUNCIL OF GOVERNORS' INTERESTS

Governor	Constituency	Declaration of Interest (Financial and other interests)
Public Governors		
Mrs Erica Adams	Public - Somerset West and Taunton	<ol style="list-style-type: none"> 1. Secretary - Wellington Medical Centre Patient Participation Group 2. Chairman - Patient Transport Service – The Welly Hopper 3. Associate Member - Somerset Building Preservation Trust (previously Company Secretary, Administrator, Fund Raiser and Education Programme planner) 4. Visitor - Abbeyfield Taunton Society, Pollards Way, Taunton (previously Company Secretary and Administrator) 5. Digital Champion through Somerset CCG
Mrs Kate Butler	Public – Somerset West and Taunton	<ol style="list-style-type: none"> 1. Member - Patient Participation Group at Williton Surgery 2. Volunteer with Healthwatch
Mrs Jeanette Keech	Public – Somerset West and Taunton	<ol style="list-style-type: none"> 1. Chair - Lyngford Park Surgery PPG 2. Trustee of the North Taunton Partnership
Stuart Goble	Public – Somerset West and Taunton	1. None to be declared
Howard Millington	Public – Somerset West and Taunton	1. None to be declared
Virginia Membrey	Public – Mendip	<ol style="list-style-type: none"> 1. Trustee at Winterfell Wood 2. Mental Health Act panel member
Alison James	Public – Mendip	1. None to be declared
Utpal Barua	Public – Mendip	
Jude Glide	Public – Mendip	
Mrs Judith Goodchild	Public –Sedgemoor	<ol style="list-style-type: none"> 1. Chair - Healthwatch Somerset and on their behalf sits on: <ul style="list-style-type: none"> - Health and Wellbeing Board - Primary Care Commissioning Group - Observer - Integrated Care Board 2. Trustee Bridge Multi-Academy Trust.

Governor	Constituency	Declaration of Interest (Financial and other interests)
Mr Eddie Nicolas	Public – Sedgemoor	1. Member – East Quay Medical Centre PPG 2. Member – Somerset Mental Health Stakeholders Engagement Forum 3. Member - Somerset NHS Citizens Panel
Mr Jack Torr	Public - Sedgemoor	1. None to be declared
Mr Ian Hawkins	Public – South Somerset	1. Trustee - South Petherton League of Friends
Mrs Sue Steele	Public – South Somerset	1. Member – Conservative Party
Mr Michael (Mick) Beales	Public – South Somerset	1. Vice- Chair for Preston Grove Patient Participation Group (PPG). 2. Volunteer (advertising) for fundraising team of St Margaret's Hospice".
Sarah Duncan	Public – South Somerset	1. I am an employee of NHS England which commissions services from the NHS
Mr Ray Tostevin	Public – South Somerset	1. My Wife is employed by Somerset NHS Foundation Trust as an Occupational Therapist 2. Chair of Quicksilver Community Group (Yeovil) 3. Chair of National Union of Journalists (South West England branch) 4. Delegate member of Yeovil & District Trades Union Council
Mrs Jessica Cross	Public – South Somerset	1. None to be declared
Mr Alan Peak	Public - Outside Somerset	1. None to be declared
Peter Shorland	Public – Dorset	1. President and Trustee - Sherborne West End Community Association 2. Member – Conservative Party
Staff Governors		
Dr Joe Silsby	Staff	1. Private Practice at SNH
Julie Reeve	Staff	1. None to be declared

Governor	Constituency	Declaration of Interest (Financial and other interests)
Lydia Karamura	Staff	1. None to be declared
Phil Hodgson-Purves	Staff	1. Husband is an employee of Somerset NHS Foundation Trust, as an Assistant Clinical Skills Trainer within the Learning & Development Dept.
Halley Kimber-Keirle	Staff	1. None to be declared
Heather Sparks	Staff	1. None to be declared
Jonathan Moore	Staff	1. None to be declared
Adekunle Akinola	Staff	1. None to be declared
Sun Sander-Jackson	Staff	1. None to be declared
Neil Thomas	Staff	1. Founder and Director of Steve – Boys and Mens Health Network
Emmanuel Audu	Staff	1.
Robert Williams	Staff	1.
Appointed Members		
Caroline Gamlin	Somerset Integrated Care Board	<ol style="list-style-type: none"> 1. Non executive Director of NHS Somerset (ICB) with lead for quality 2. Member of ICB audit and remuneration committees 3. Husband is a GP in Weston super mare and director of Pier Health 4. Partnership link lead for Health Education England – voluntary role 5. Volunteer mentor for PromiseWorks Somerset 6. Member Deafinate CIC
Cllr Heather Shearer	Somerset Council	<ol style="list-style-type: none"> 1. Company Director - Quick Space Ltd 2. Company Director – Structures & Covers Ltd 3. Member - Street Parish Council 4. Chair - Police and Crime Panel (Avon and Somerset). 5. Chair – Safer Somerset Partnership 6. Chair – Mendip Health and Wellbeing Board

Governor	Constituency	Declaration of Interest (Financial and other interests)
		7. Councillor – Somerset Council 8. Trustee – Mendip Community Transport
Professor Jos Latour	Universities	1. Professor in Clinical Nursing - University of Plymouth 2. Director of the professorial-led South West Clinical School located at Somerset Foundation NHS Trust
Vacancy	Somerset GP Board	
Dirk Williamson	Simply Serve	1. None declared
Vacancy	Symphony Health Services	
Jane Knowles	Voluntary, Community, Faith and Social Enterprise (VCFSE)	1. Chief Executive Officer - SASP
Val Bishop	Voluntary, Community, Faith and Social Enterprise (VCFSE)	1. Chief Executive Officer - CCS
Val Keitch	Somerset Council	1. Councilor – Somerset Council

Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Report from the Nomination and Remuneration Committee
SPONSORING EXEC:	Rima Makarem, Chair
REPORT BY:	David Seabrooke, Interim Trust Secretary
PRESENTED BY:	Kate Butler, Chair of the Nomination and Remuneration Committee
DATE:	26 June 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

Executive Summary and Reason for presentation to Committee/Board	The Nomination and Remuneration Committee is meeting on 26 June to consider an update from the appointments panel on its preferred candidates to recommend for appointment as NEDS.
Recommendation	<p>The recommendation to the Nomination & Remuneration Committee is:</p> <p>To confirm the appointments of Dr Rosie Benneyworth, Darsan Chandarana and Prof Olena Doran as non-executive directors and Tom Frederick as an Associate NED.</p>

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

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

Details: N/A

<p align="center">Equality and Inclusion</p> <p>The Trust aims to make its services as accessible as possible, to as many people as possible. We also aim to support all colleagues to thrive within our organisation to be able to provide the best care we can.</p> <p>How have you considered the needs and potential impacts on people with protected characteristics in relation to the issues covered in this report?</p> <p>Not relevant for this report.</p>

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

Public/Staff Involvement History

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

N/A

Previous Consideration

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

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

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

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

☒ Yes

☐ No

Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Council of Governors – meeting attendance
SPONSORING EXEC:	Rima Makarem, Chair
REPORT BY:	Tina Hickinbottom-Tacey, Corporate Services Officer
PRESENTED BY:	Rima Makarem, Chair
DATE:	26 June 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

Executive Summary and Reason for presentation to Committee/Board	<p>According to the Trust's Constitution – Annex 6 paragraph 1 - if a Governor fails to attend any meeting of the Council of Governors for three successive meetings, his/her tenure is to be immediately terminated by the Council of Governors unless the Council of Governors is satisfied that:</p> <ul style="list-style-type: none"> the absence was due to reasonable cause, and; that the Governor will be able to start attending meetings of the Council of Governors within such a period as it considers reasonable. <p>There are no 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>
Recommendation	The Council of Governors is asked to note the overview of meeting attendance.

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



- ☐ Aim 7 Deliver the vision of the Trust by transforming our services through, innovation, research and digital transformation

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

☐ Financial ☒ Legislation ☐ Workforce ☐ Estates ☐ ICT ☐ 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 People 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 People 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).

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 – e.g. in Part B)

The report is presented to every meeting.

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

☐ Safe ☐ Effective ☐ Caring ☐ Responsive ☐ Well Led

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

☒ Yes

☐ No

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

Governor	Constituency	19 June 2024	24 September 2024	22 October 2024	December 2024	19 March 2025	Meetings	
							Possible	Actual
Erica Adams	Public –Somerset West and Taunton	√	√	√	√	√	5	5
Ian Aldridge	Public –Somerset West and Taunton	X	√	√	√			
Jane Armstrong	Public –Somerset West and Taunton	√						
Kate Butler	Public – Somerset West and Taunton	√	√	√	√	√	5	5
Jeanette Keech	Public –Somerset West and Taunton	√	√	√	√	√	5	5
Bob Champion	Public – Mendip	√	X	√	√			
Virginia Membrey	Public – Mendip	√	√	√	√	√	5	5
Alison James	Public – Mendip			√	√	√	3	3
Utpal Barua	Public – Mendip				X	X	2	0
Judith Goodchild	Public – Sedgemoor	√	√	√	√	√	5	5
Jack Torr	Public - Sedgemoor	√	√	√	√	√	5	5
Eddie Nicolas	Public - Sedgemoor	√	√	√	√	X	5	4
Martin Davidson	Public – Sedgemoor	√	√	√	√			
Ian Hawkins	Public – South Somerset	√	√	√	√	√	5	5
Sue Steele	Public – South Somerset	√	√	√	√	√	5	5
Mick Beales	Public – South Somerset	√	√	√	√	√	5	5
David Recardo	Public – South Somerset	√	√	X	√			
Paull Robathan	Public – South Somerset	X	√	√	√			
Sarah Duncan	Public – South Somerset		√	√	√	X	3	2
Peter Shorland	Public – Dorset	√	X	√	X	√	5	3
Alan Peak	Public – Outside Somerset	X	√	X	√	√	5	3

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

Governor	Constituency	19 June 2024	24 September 2024	22 October 2024	December 2024	19 March 2025	Meetings	
							Possible	Actual
Shabnum Ali	Staff	X						
Joe Silsby	Staff	√	X	X	√	√	5	3
Julie Reeve	Staff	√	√	√	√	√	5	5
Nick Crow	Staff	X	X	X	X			
Mark Robinson	Staff	√	X	X	X			
Lydia Karamura	Staff	√	X	√	X	X	5	2
Phil Hodgson-Purves	Staff	√	√	X	√	X	5	3
Halley Kimber-Keirle	Staff	X	√	X	X	√	5	2
Heather Sparks	Staff	√	X	√	√	X	5	3
Jonathan Moore	Staff	√	X	√	√	√	5	4
Adekunle Akinola	Staff	X	√	√	√	√	5	4
Sun Sander-Jackson	Staff	X	X	√	√	X	5	2

Appointed Governors

Governor	Organisation	19 June 2024	24 September 2024	22 October 2024	December 2024	19 March 2025	Meetings	
							Possible	Actual
Vacancy	Somerset GP Board						-	--
Caroline Gamlin	Somerset Integrated Care Board	√	√	√	√	√	5	5
Jos Latour	Universities	X	√	X	√	√	5	3
Cllr Heather Shearer	Somerset Council	√	X	√	√	√	5	4

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

Governor	Organisation	19 June 2024	24 September 2024	22 October 2024	December 2024	19 March 2025	Meetings	
CLlr Adam Dance	Somerset Council	X	X	X	X			
Dirk Williamson	Simply Serve	√	√	X	√	√	5	4
Vacancy	Symphony Health Services							
Jane Knowles	Voluntary, Community and Social Enterprise (VCSE)			X	X	√	3	1
Val Bishop	Voluntary, Community and Social Enterprise (VCSE)			√	√	X	3	2

Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Statutory Duties of Governors 2025/26
SPONSORING EXEC:	Rima Makarem, Chair
REPORT BY:	Tina Hickinbottom-Tacey, Corporate Services Officer
PRESENTED BY:	Rima Makarem, Chair
DATE:	26 June 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

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

Links to Strategic Aims (Please select any which are impacted on / relevant to this paper)	
<input type="checkbox"/> Aim 1 Contribute to improving the physical health and wellbeing of the population and reducing health inequalities	
<input type="checkbox"/> Aim 2 Provide the best care and support to people	
<input type="checkbox"/> Aim 3 Strengthen care and support in local communities	
<input type="checkbox"/> Aim 4 Respond well to complex needs	
<input type="checkbox"/> Aim 5 Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture	
<input type="checkbox"/> Aim 6 Live within our means and use our resources wisely	
<input type="checkbox"/> Aim 7 Deliver the vision of the Trust by transforming our services through, innovation, research and digital transformation	

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

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 People 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 People 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 – e.g. 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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Kindness, Respect, Teamwork
Everyone, Every day

STATUTORY DUTIES OF GOVERNORS FOR 2025/26
(Progress on actions taken all relate to 2025/26 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>A report on the Non-Executive Process was taken to the March 2025 Council of Governors</p>	<p>Completed</p> <p>Completed</p> <p>Complete</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	Completed

		agenda of the September 2024 Council of Governors meeting and the September 2024 Annual Members meeting.	
Assist the Board of Directors in setting the strategic direction of the Trust and targets for the Trust's performance		<p>The Quality Report for 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>	Completed
<p>To hold the Non-Executive Directors, individually and collectively to account for the performance of the Board of Directors, including:</p> <ul style="list-style-type: none"> considering whether the interests of the public 'at large' have been factored into board decision-making be assured of the Board's performance in the context of the system as a whole, and as part 		<p>Performance is discussed through a number of different ways:</p> <ul style="list-style-type: none"> Governors Strategy and Planning Working Group Governors Quality and Patient Experience Group Governors People Group Governors' attendance to Public Board 	Ongoing

<p>of the wider provision of health and social care</p> <ul style="list-style-type: none"> • compliance with the triple aim duty of better health and wellbeing for everyone, better quality of health services for all individuals, and sustainable use of NHS resources. • The role of the Trust in relation to reducing health inequalities in access, experience and outcomes. 		<p>meetings</p> <ul style="list-style-type: none"> • weekly Governor briefings • report of the Board of Directors to the Council of Governors meetings • invitations for Governors to attend Board Committee and Governance Group meetings • feedback by Non-Executive Directors to the Council of Governors meetings • Non-Executive Director and Governor meetings • Governor Development Days • availability of detailed finance and performance reports on the Trust's website. 	
Represent the interests of the members of the Trust as a whole and form a rounded		The interests of members as a whole and the interests of the public are represented in	Ongoing

<p>view of the interests of the public 'at large', which includes the population of the Somerset system.</p> <p>To interact regularly with members of the trust and public to understand their views and to clearly communicate information on trust and system performance and planning in return.</p>		<p>a number of ways, including Governor attendance at non-Trust meetings, members' newsletter, Leadership Walkrounds.</p> <p>Actions will be taken forward through the Membership, Involvement and Communication Group.</p>	Ongoing
<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>	Completed
<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>

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

		No significant transaction is envisaged for 2024/25.	
To approve proposed changes to the Constitution.		The Constitution will be kept under review and changes proposed as and when required. A report setting out proposed changes to the Constitution and Standing Orders was approved at the December 2024 CoG meeting.	Completed.

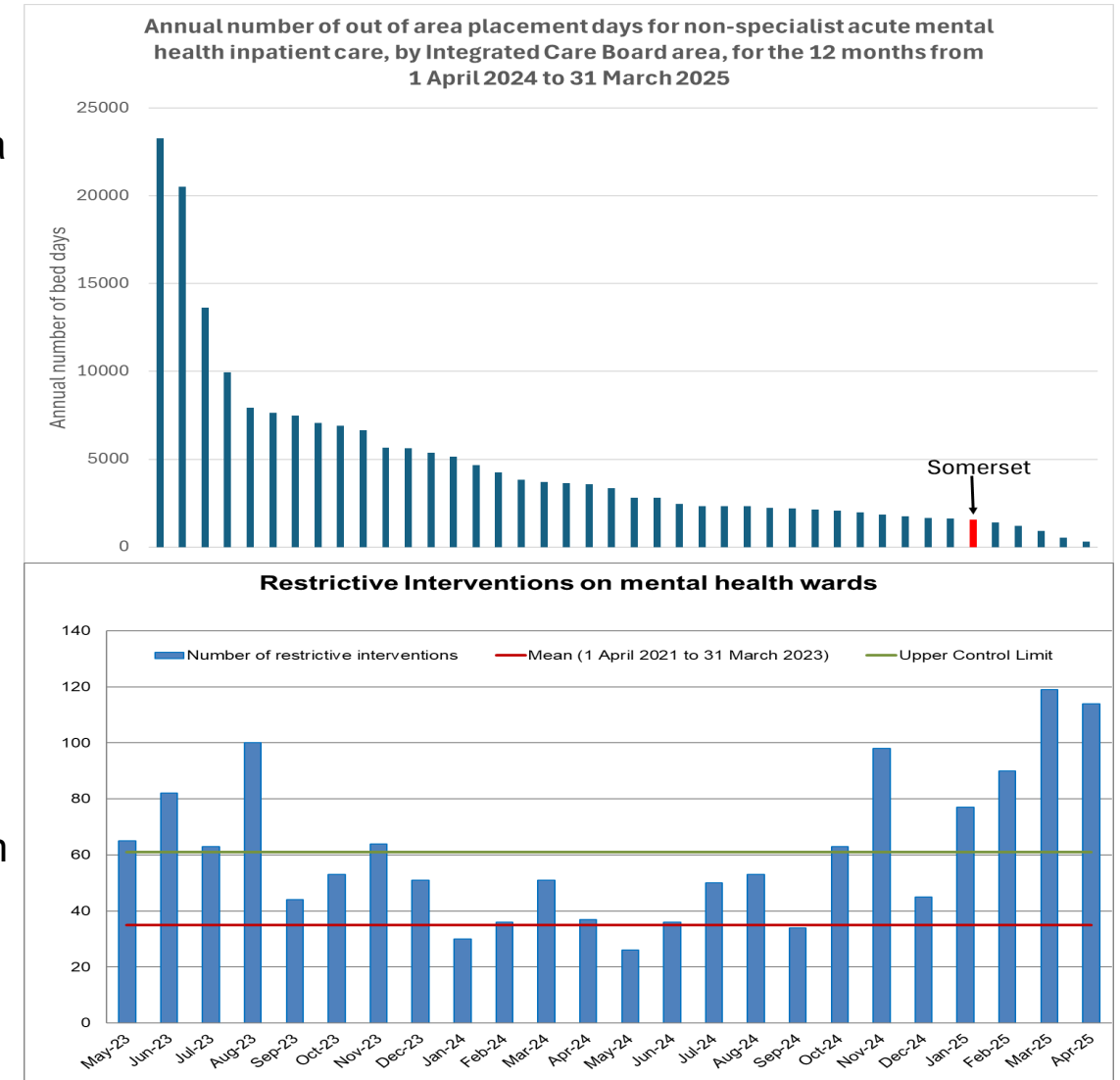
Performance and Finance: Report to the Council of Governors

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Pippa Moger, Chief Finance Officer

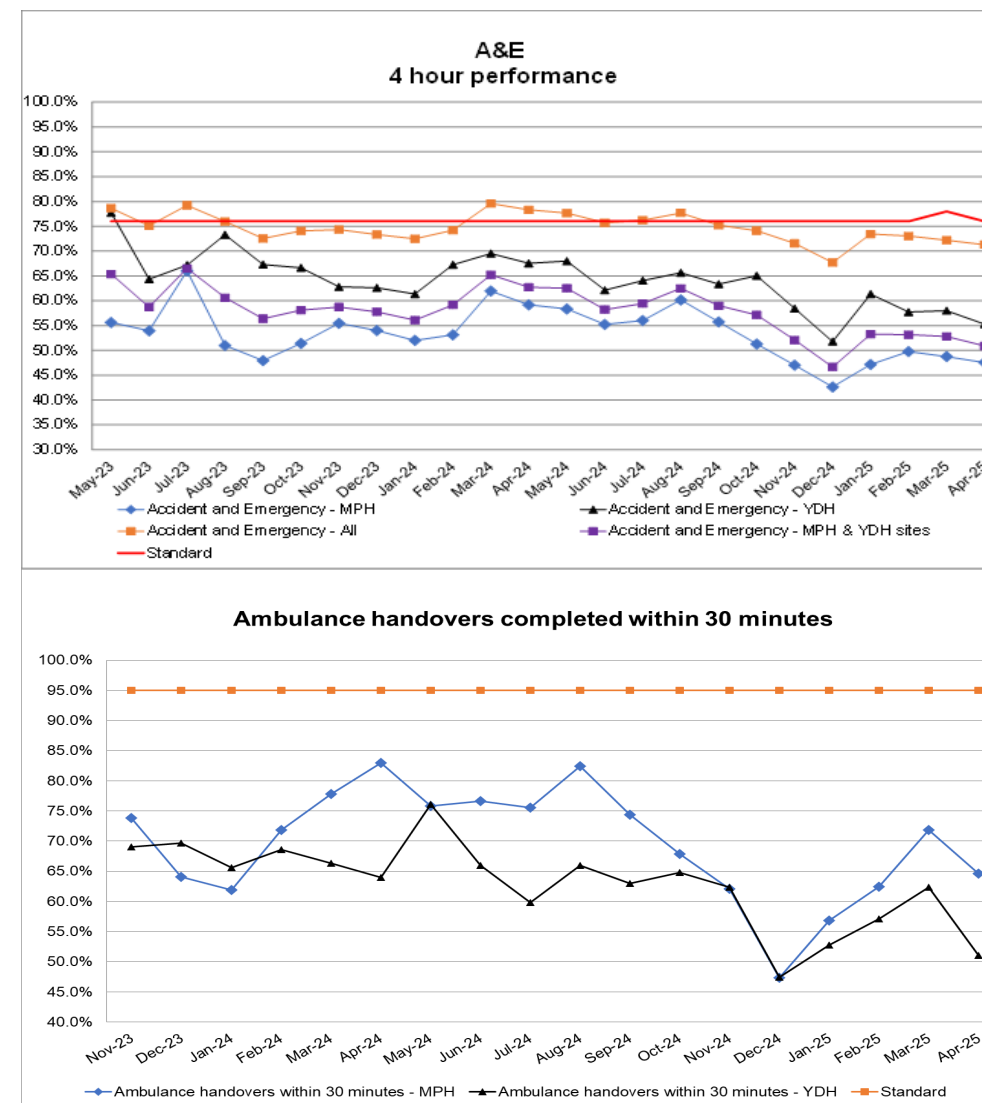
Quality and patient safety

- As at 30 April 2025, two patients were placed out of area.
- In the 12 months to 30 April 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.
- During April 2025 there were 114 incidents of Restrictive Interventions (formerly restraint) reported within our mental health wards.
- Of the 114 incidents reported, Rowan ward 1 (74 incidents, of which 63 were due to one patient who required nasogastric tube feeding), and Rowan ward 2 (23 incidents), accounted for a total of 97 incidents.
- The total for the other wards (17) is positive and on a downward trend.
- There were 15 prone restraints in April 2025, an increase from six in March 2025. Prone restraints were used due to planned technical seclusion exit (eight) and 'lawful administration of medication' (seven).



Urgent Care

- Trust-wide A&E 4-hour performance for April 2025 was 50.9%, down from 52.8% in March. National average performance in April was 60.2%. Compliance within our Urgent Treatment Centres was 97.5%, and overall compliance across all attendance types was 71.3%, below the national standard of 76%, and slightly below the national average of 72.2%. The regional average performance for April was 69.7% and SFT was the fourth-best-performing Trust out of 13 in the region. During April 2025, 92.9% of patients spent less than 12 hours in the departments, which was below the 95.2% achieved in 2024/25.
- A new consultant has been recruited at YDH, with a start date of 27 May 2025. Two further consultant pre-employment checks are being progressed. Four SAS posts have been accepted at YDH and pre-employment checks are being undertaken. Two GP contracts have been offered for MPH.
- During April 2025, the percentage of ambulance handovers completed within 30 minutes was 64.6% at MPH and 51% at YDH. MPH was above the regional average performance of 54% in April, but YDH was slightly below. "Call before convey" work is due to start in June 2025 to support in reducing attendances where there may be alternatives to attendance, in the community.

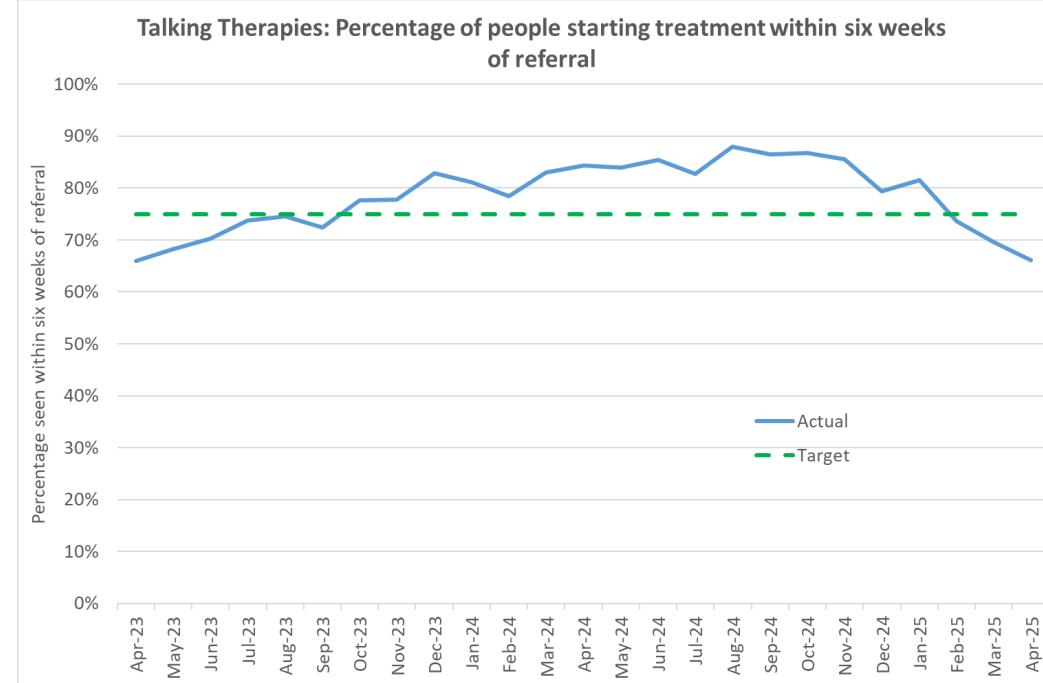


Mental health

- The percentage of people waiting six weeks or less to be seen by our adult community mental health services was 94% in April 2025, and 97.5% of older people on the waiting list for a first appointment had waited under six weeks. 95.6% 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.
- 85.7% 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 30 April, 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.
- The percentage of Talking Therapies patients beginning treatment within six weeks of referral was below the 75% standard in April 2025, at 66.1%.
- Because compliance is reported at point of discharge, current performance reflects the challenges faced by the service around a year ago when there was a shortage of assessment workers, leading to an increase in the number of people waiting 18 weeks or more to enter treatment. The service is now back on track, but it may take several months for compliance to return back above the 75% level.

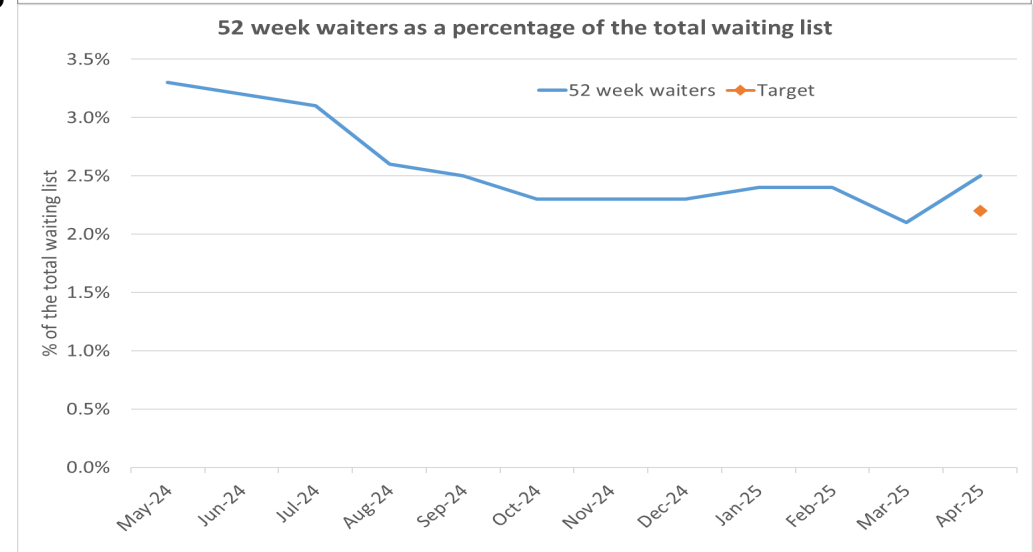
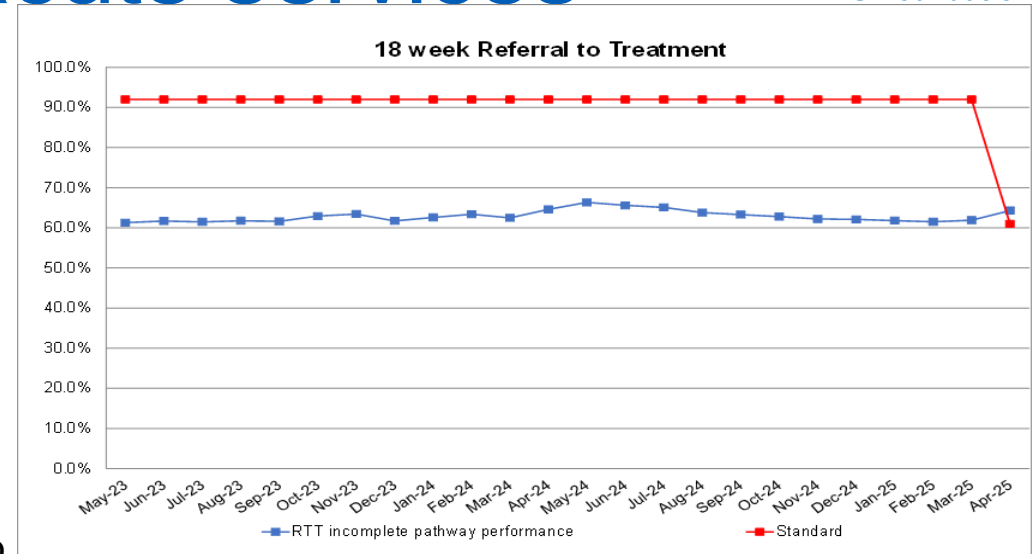
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	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
Adult mental health services	92.5%	89.6%	92.9%	96.4%	91.0%	94.0%
Older Persons mental health services	94.7%	97.7%	91.1%	96.2%	96.2%	97.5%
Learning disabilities service	66.7%	100.0%	100.0%	100.0%	100.0%	100.0%
Children and young people's mental health services	96.3%	97.5%	97.3%	98.8%	99.0%	95.6%



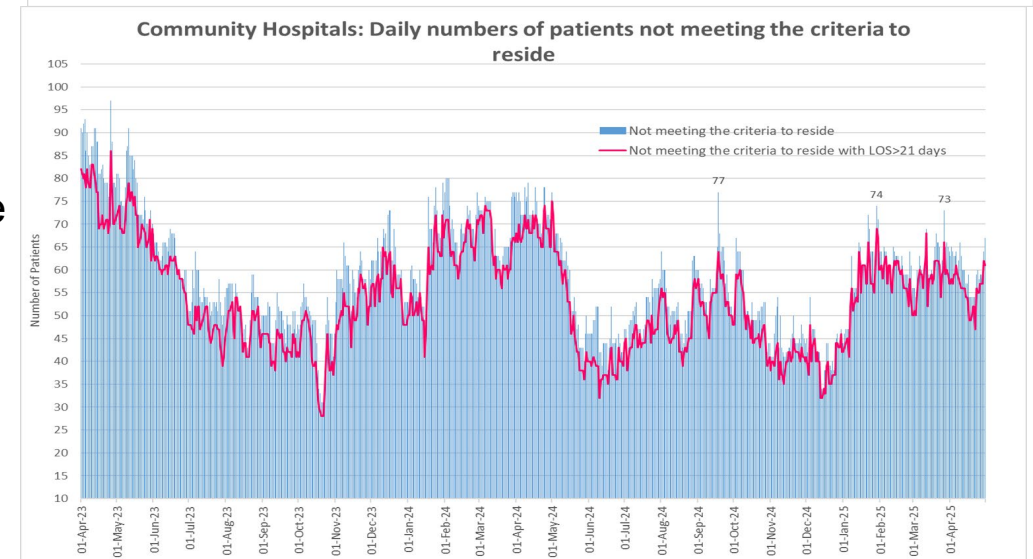
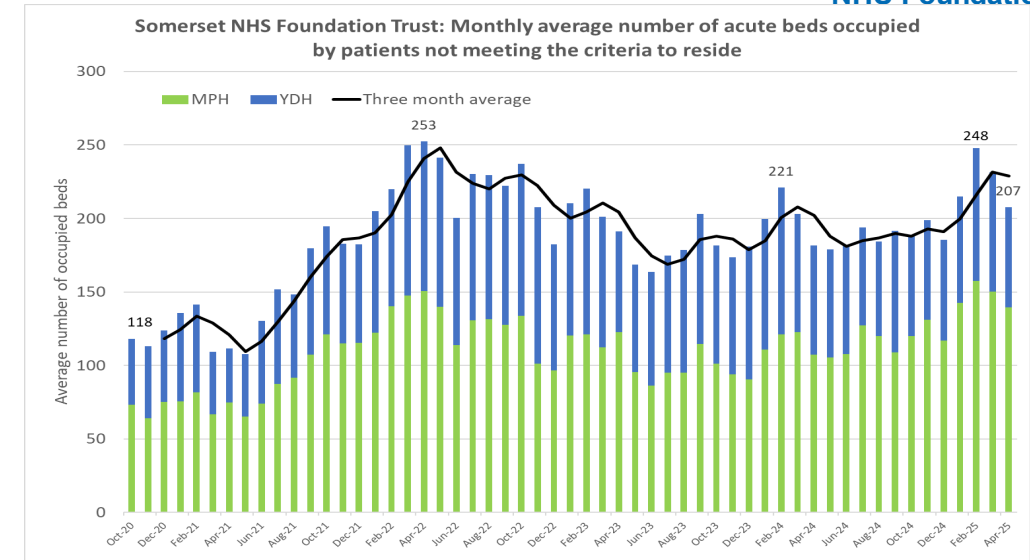
Referral to Treatment (RTT): acute services

- As at 30 April 2025, we were performing better than our planning trajectories for the national priority measures, to improve the percentage of patients waiting no longer than 18 weeks for treatment, and to improve the percentage of patients waiting no longer than 18 weeks for a first appointment. From 1 April 2025, the Trust target was reduced from the 92% national reporting standard, to local planning trajectories.
- The percentage of patients waiting over 52 weeks at the end of April was 2.5% of the waiting list against a target for April 2025 of 2.2% or less. The increase in the percentage of patients waiting over 52 weeks is partly due to an increase in long waiters, but also to a reduction in the total waiting list size. It is acknowledged that the aim to achieve a rate of 1% or less by March 2026 is a significant challenge, and one which we are likely not to achieve.
- The total size of the acute waiting list as at 30 April was 58,470, down by 1,151 from the 31 March position, and 1,217 lower (i.e. better) than the target of 59,687 or fewer.
- 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.



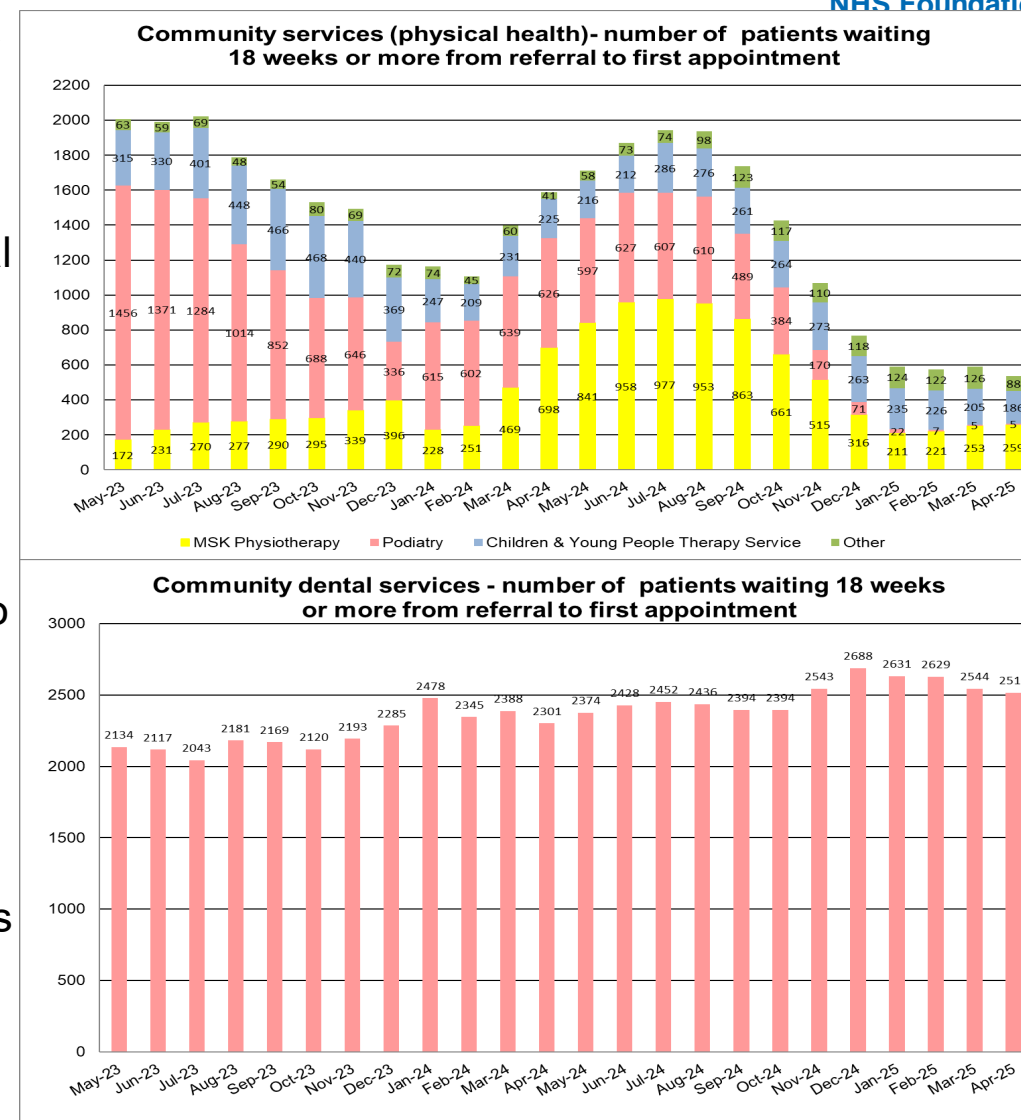
Criteria to Reside

- During April 2025, the Trust-wide number of acute bed days occupied by patients not meeting the criteria to reside was 6,224 (4,186 at MPH and 2,038 at YDH), down from 7,168 in March. This equates to 207 fully occupied beds for the month of April, down from 231 in March and 248 in February.
- As at 30 April 2025, national best-quartile performance was that 9.7% 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 25.6% of beds. We were ranked 115 of 118 Trusts nationally.
- In our community hospitals, number of patients not meeting the criteria to reside increased slightly, from 64 at the end of March, to 67 at the end of April.
- A range of actions is 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 ongoing.



Community physical health services

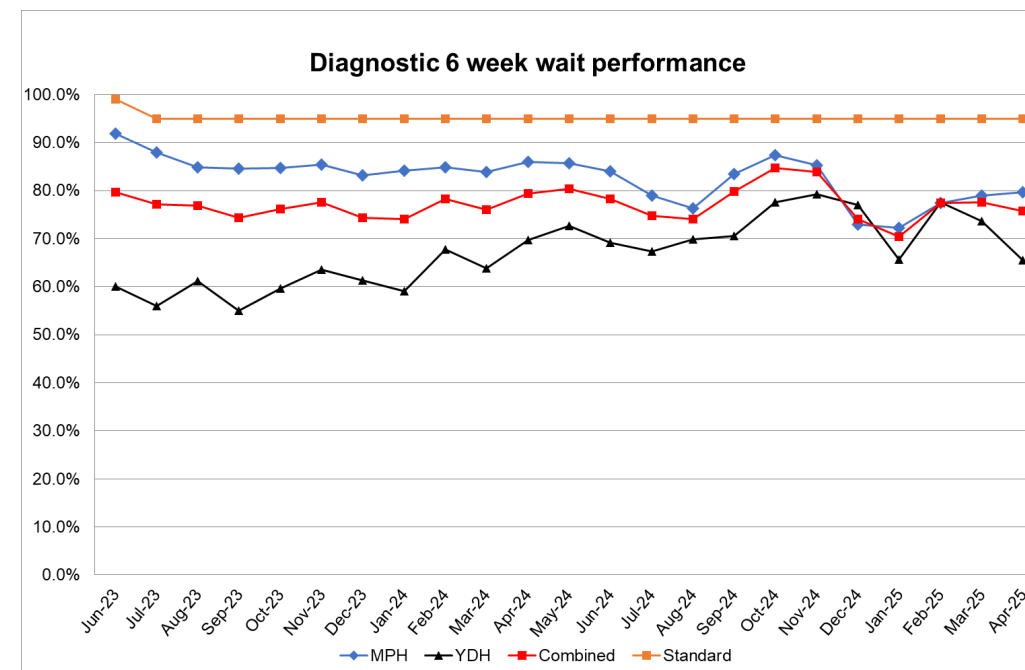
- As at 30 April 2025, the number of patients waiting 18 weeks or more to be seen by our community physical health services (excluding Dentistry) reduced by 35 to 554. The numbers have fallen by over 60% in the last six months.
- The highest numbers of patients are waiting for musculoskeletal Physiotherapy 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 30 April 2025, the number of patients waiting over 52 weeks had reduced to two (0.02% of the total waiting list).
- As at 30 April 2025, 2,516 patients had waited over 18 weeks to be seen by our community dental service - the numbers reduced for the fourth month in a row. 70% of those waiting are Somerset patients, being addressed directly through phased dentist capacity and productive care improvements. The GA waiting list for young people has reduced by 10% over the last four months to 563, and though still above the target of 463, it is steadily reducing. A business case approved by Dorset ICB provides additional theatre slots, supporting further GA list reductions.



Diagnostics

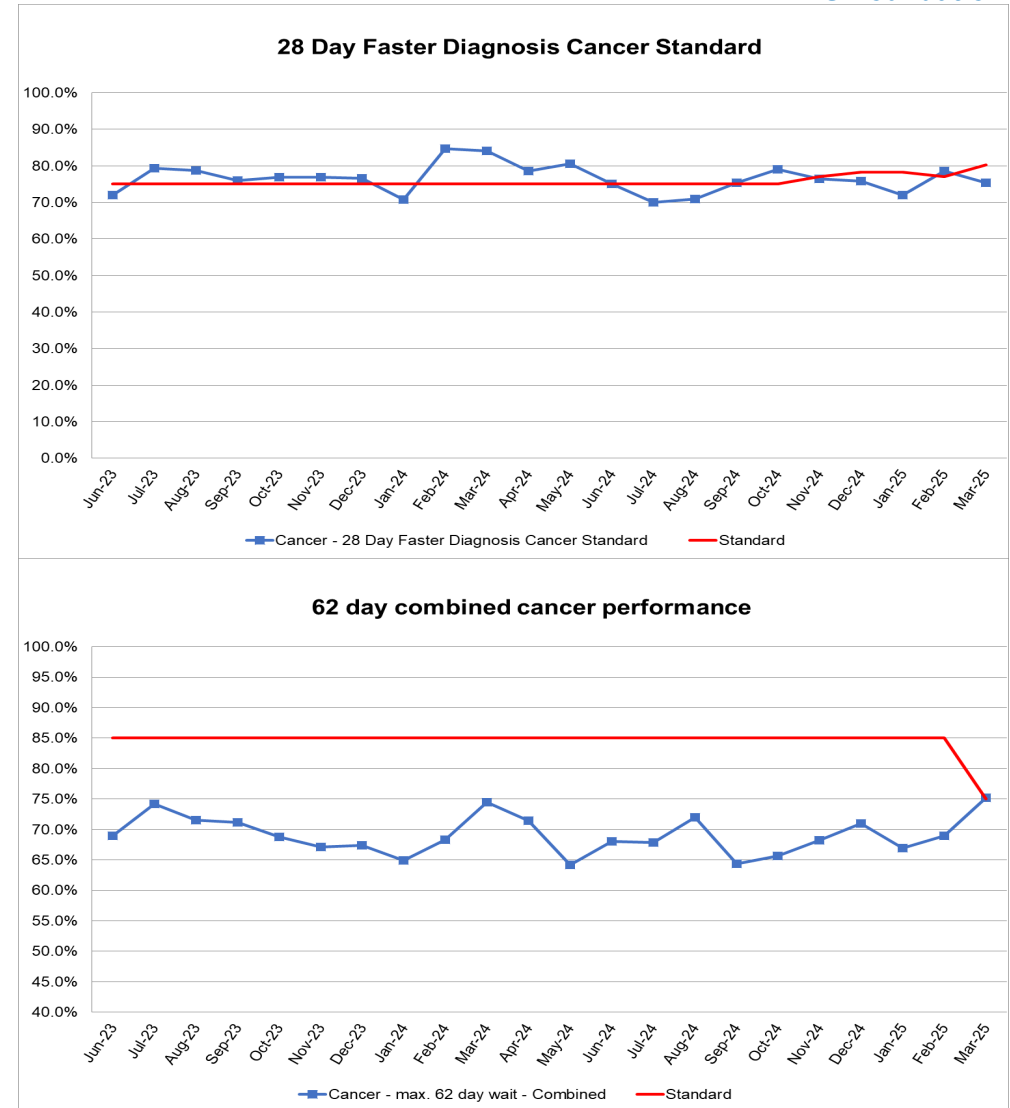
- The Trust-wide percentage of patients waiting under six weeks for their diagnostic test was 75.7% in April, down from 77.6% in March.
- The highest numbers of patients were waiting for Ultrasound (up from 429 to 849; 25% of over six-week waiters), echo (down from 570 to 526; 16%), CT (down from 590 to 439; 13%), and MRI (down from 461 to 335; 10%) together making up 64% of the long waiters.
- 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 ultrasound lists are being scheduled at Musgrove, with additional ultrasound capacity also being provided at Yeovil by a locum insourcing contract. Insourcing contracts for endoscopy lists are now back in place.
- Additional capacity put in place for echo, CT and MRI scans has seen the numbers of over six-week waiters reduce in the period.

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Cancer waiting times

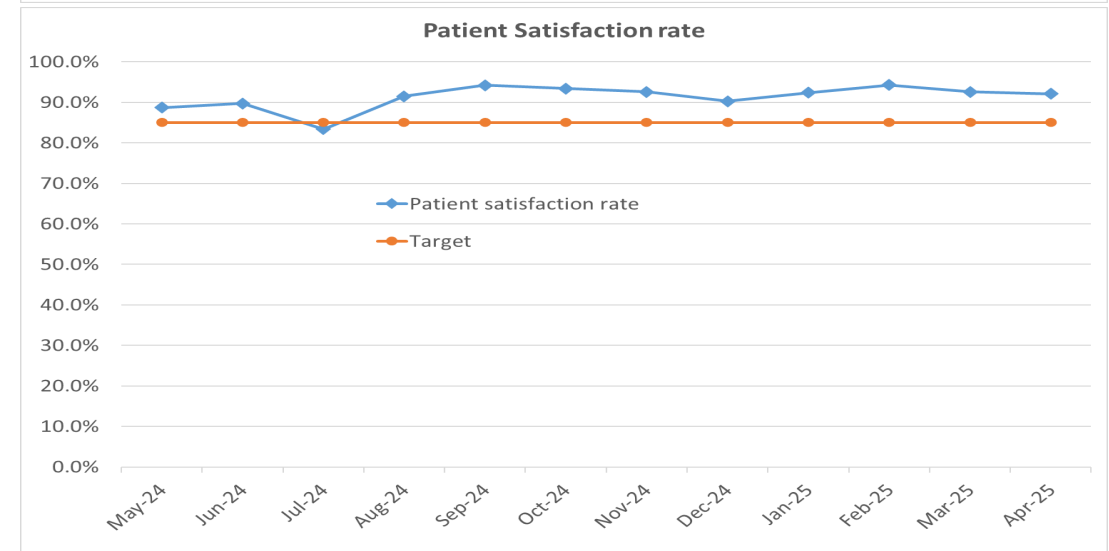
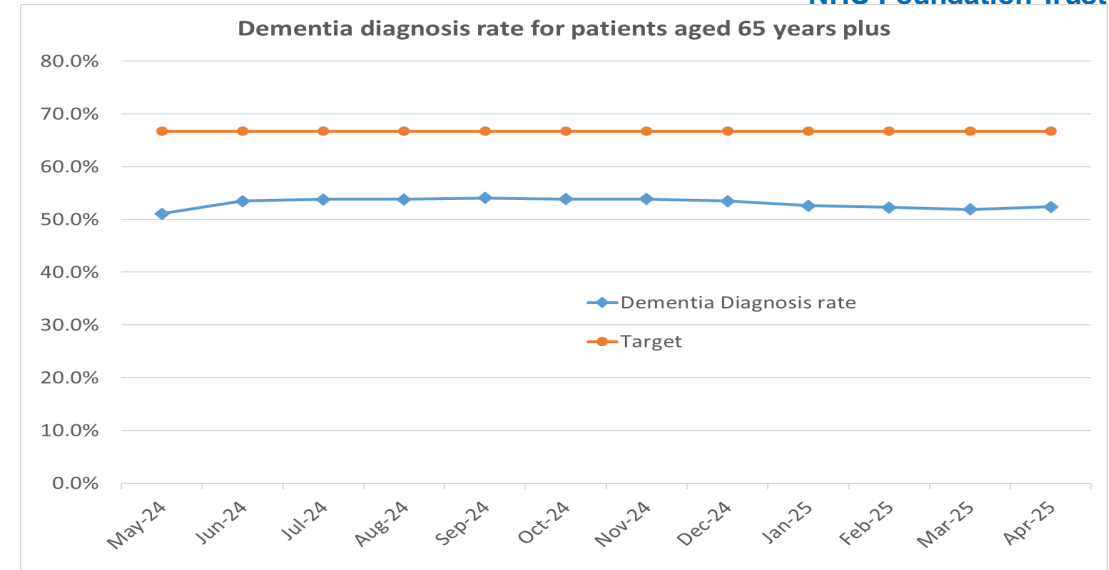
- As at 31 March 2025 – the latest data available - the percentage of patients diagnosed with a cancer or given a benign diagnosis within 28 days of referral was 75.4%, below the March 2025 target of 77%. The highest volumes of breaches were in colorectal (39% of breaches), breast (15% of breaches), and urology (13% of breaches). The breast service will be attempting to recruit an additional member of the team, who can also provide breast radiology capacity. Additional CT colon capacity will come online with the opening of the Yeovil Community Diagnostic Centre, and in the meantime, extra lists are being planned.
- As at 31 March 2025 we were performing better than the compliance standard for the headline 62-day cancer standard, for which the national requirement is to improve performance to 75% by March 2026. Our performance was 75.2%.
- The percentage of cancer patients receiving a first treatment within 31 days of diagnosis was 96.7% in March, above the 96% national standard for the second month in a row.



Symphony Healthcare

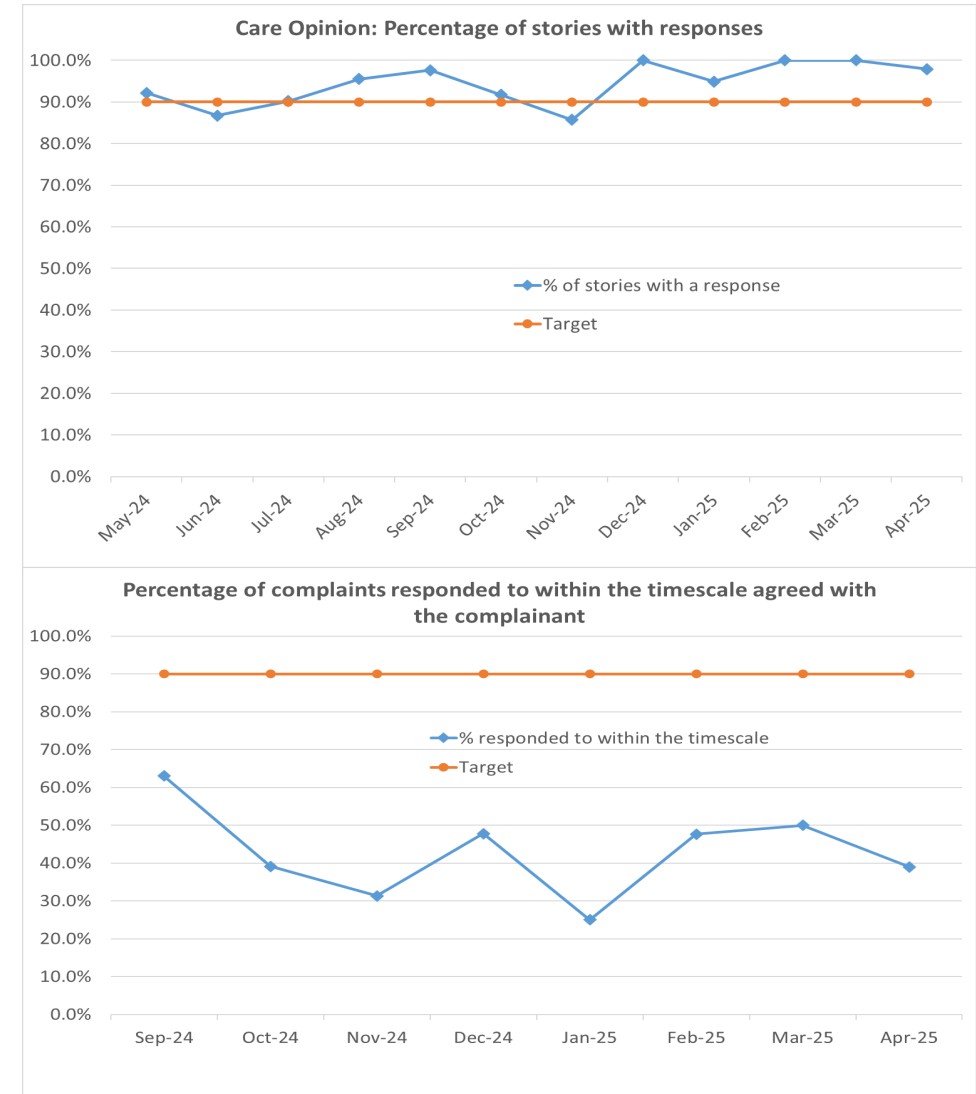
- Dementia diagnosis rates are calculated by comparing the actual numbers of recorded diagnoses with estimated dementia prevalence levels. Practices are expected to ensure that the number of patients actually diagnosed is at least 66.7% of the estimated prevalence level. As at 30 April 2025, the dementia diagnosis rate across Symphony Healthcare practices was 52.4%. Symphony is undertaking work with practices to achieve improved outcomes.
- The patient satisfaction rate for Symphony practices in April 2025 was 92.1%, above the 85% target for the ninth month in a row.
- The recruitment of General Practitioners continues to be positive, with the net GP vacancy rate across Symphony expected to be 2% in June 2025. Between April 2024 and March 2025, the organisation recruited 11 newly qualified GPs (8.01 WTE) and 13 experienced GPs (9.59 WTE).

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Patient Experience and Involvement

- Care Opinion is a facility which enables people to share their experiences of health or care services online, and help make them better. We aim to ensure that at least 90% of stories on Care Opinion about Somerset NHS Foundation Trust have a response. In April 2025, the actual percentage of stories with a response was 97.5%.
- In April 2025, the percentage of complaints responded to within the agreed timescale was 39%. Delays continue to occur due to a combination of reasons including:
 - ongoing operational and workforce challenges
 - continued complexity, with a large proportion of complaints overlapping teams and service groups; and
 - the timely availability of paper medical notes when multiple teams are involved across service groups.
- A wide range of actions is being taken to support teams across the Trust and improve compliance.



People

- In respect of retention, 89.1% of colleagues who were in post as at 30 April 2024 were still with the Trust as at 30 April 2025. Our aim is to achieve a rate of at least 88.3%. The retention rate was at its highest level since June 2024.
- As at 30 April 2025, the percentage of colleagues who had had a career conversation review within the last 12 months was 77%, down by 1.2% on the previous month, and the lowest level of compliance since April 2024. Feedback from colleagues indicates that the recording of appraisals on different systems for legacy organisations may be affecting data quality and the reported levels of compliance may not represent the true position. A decision is being made to move to a single solution while the new ESR is procured nationally.
- As at 30 April 2025, our mandatory training rate was 93%, up from 92.8% the previous month.
- Our vacancy rate as at 30 April was 8.4%, up from 7.8% at the end of March. The rate in April 2025 has been affected by changes in new financial year budgets. Our recruitment pipeline shows that we could over-establish in the coming months. We are measuring the likelihood of this by focusing on starter/leaver rates and time to hire.
- Our sickness absence rate for the 12 months to 30 April 2025 was 5.1%, its lowest level since October 2024.



Finance

In April, the Trust deficit was £2.6m, this was consistent with our planned position.

The key financial headlines are:-

- Agency expenditure was £1.8m, this was a reduction of £0.3m compared with March. The Trust has set a stretching target to reduce agency usage by 40% and is exploring all opportunities to reduce usage. We continue to operate robust grip and control over the use of agency staff.
- CIP delivery was £0.4m below plan in month at £1.6m. Considerable work is being undertaken across the Trust to improve the rate of efficiency delivery; however, it will remain a significant challenge and risk to the achievement of our financial plan.
- Cash at the end of April was £70.6m and above the planned level due in part to lower than planned capital expenditure in month.

Statement of Comprehensive Income	Year to date		
	Budget £000	Actual £000	Fav./ (Adv.) Variance £000
Income			
Patient Care Income	85,484	85,640	156
Other Operating Income	5,396	5,610	214
Total operating income	90,879	91,250	371
Operating expenses			
Employee Operating Expenses	(64,642)	(65,592)	(950)
Drug costs: Consumed/Purchased	0	1,306	1,306
Clinical Supp & Serv Exc-Drugs	(5,973)	(5,914)	59
Supplies & Services - General	(2,898)	(2,942)	(44)
Other Operating Expenses	(19,475)	(20,501)	(1,025)
Total operating expenses	(92,989)	(93,643)	(654)
Operating Surplus/Deficit	(2,109)	(2,393)	(284)
Finance Expense	(1,170)	(983)	187
Finance Income	379	308	(71)
Overall Surplus/(Deficit)	(2,900)	(3,067)	(167)
Adjustments to financial performance	316	483	167
Adjusted Financial Performance	(2,584)	(2,584)	0

Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Report from the Quality and Patient Experience working group on Thursday 15 May 2025
SPONSORING EXEC:	Jade Renville
REPORT BY:	Tina Hickinbottom-Tacey, Corporate Services Officer
PRESENTED BY:	Judith Goodchild
DATE:	26 June 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

Executive Summary and Reason for presentation to Committee/Board	<p>This report summarises key updates from the Quality and Patient Experience Working Group.</p> <p>Highlights included the launch of a new Patient Experience and Engagement Strategy, early success from the 100-Day Sprint to reduce hospital delays, and performance updates showing regional strengths in ED/UTC alongside challenges in ambulance handovers and waiting lists.</p> <p>The group also reviewed improvements in Complaints and PALS processes, raised concerns around maternity and SCBU staffing, and discussed the impact of upcoming mental health legislation. Issues around MIU visibility and discharge lounge experience were also noted.</p> <p>This summary is provided for assurance and oversight by the Council of Governors.</p>
	<p>Recommendation</p> <p>The Council of Governors is asked to note the items discussed at the meeting.</p>

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

- ☐ Aim 7 Deliver the vision of the Trust by transforming our services through, innovation, research and digital transformation

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

<input type="checkbox"/> Financial	<input type="checkbox"/> Legislation	<input type="checkbox"/> Workforce	<input type="checkbox"/> Estates	<input type="checkbox"/> ICT	<input checked="" type="checkbox"/> Patient Safety/ Quality
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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 People 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 People 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 – e.g. 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?

☐ Yes ☐ No



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SOMERSET NHS FOUNDATION TRUST

Summary of key points for the Quality and Patient Experience Group **Thursday 15 May 2025**

Approval of Minutes and Matters Arising

The minutes from the February 2025 meeting were approved. The group revisited previous discussions on perioperative services and diagnostic waiting times.

Election of Chair and Deputy

No current interest in the Chair role, suggesting the timing may be better once new governors have settled in. Judith Goodchild and Sue Steele agreed to continue in their roles for now.

Patient Experience and Engagement Strategy

Emma Davey presented the new strategy, developed through extensive community engagement and co-production. It focuses on listening to diverse voices, aligning with national standards, and improving patient outcomes. Key themes include personalised care, reducing health inequalities, and improving feedback mechanisms. Progress will be monitored through surveys, complaints data, and quality improvement initiatives.

100-Day Sprint (System Flow)

Kate Smith updated the group on the 100-Day Sprint to reduce hospital delays. The initiative has already halved delays caused by internal processes. While challenges remain, particularly around capacity, the programme has shown strong leadership engagement and will continue beyond the sprint to ensure sustainability.

Quality and Performance Exception Report

Lee Cornell reported on performance across key areas. ED and UTC performance remains strong regionally, though ambulance handovers and waiting lists present ongoing challenges. Improvements were noted in 52-week waits, community services, and diagnostics. New scorecards and reporting frameworks are being introduced to enhance oversight and accountability.

Complaints and PALS Report

Caroline Walker shared updates on Complaints and PALS activity. While volumes remain high, response quality is improving, with fewer second letters required. Escalation processes are being strengthened, and service groups are engaging in friendly competition to improve performance. Key themes include communication, waiting times, and access to records.

Feedback from the Quality and Governance Committee

The group discussed recent concerns around maternity services and SCBU staffing. Emma clarified the rationale behind temporary service changes and encouraged governors to share local feedback. Discussions also covered capacity issues at MPH and regional coordination with Bath and Dorchester.



Feedback from the Mental Health Act Committee

Although the nominated governor was unable to attend the latest meeting, updates were shared on upcoming legislative changes. These include more frequent tribunals and reduced CTO durations, which may increase relapse risk. The changes are expected to have a direct impact on Trust operations.

Good to Know Log

Concerns were raised about MIU service visibility and early closures, particularly for vulnerable patients. Communication challenges and staffing pressures were acknowledged. Judith Goodchild also raised concerns about the discharge lounge experience, which will be followed up.

Any Other Business

Sue Steele reflected on a recent Tissue Viability session, noting disappointment at low governor attendance but praising the quality of the presentation. She thanked the team and described the meeting as very positive and informative.



Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Report from the Strategy and Planning working group on 28 May 2025
SPONSORING EXEC:	David Shannon
REPORT BY:	Tina Hickinbottom-Tacey, Corporate Services Officer
PRESENTED BY:	Eddie Nicholas
DATE:	26 June 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

Executive Summary and Reason for presentation to Committee/Board	<p>This report summarises key updates from the Strategy and Planning Working Group. Eddie Nicolas was welcomed as interim Chair, with a review of the role planned once new governors are fully engaged. As the meeting was not quorate, formal approvals will be sought virtually.</p> <p>The group received updates on elective care, urgent and community services, diagnostics, cancer pathways, and finance. Progress was noted in reducing long waits and delivering financial targets, despite ongoing capacity challenges. Diagnostic performance remains under pressure, though mitigations are in place. The Yeovil Diagnostic Centre opening has been delayed to autumn 2025 due to infrastructure issues.</p> <p>This report provides assurance and visibility on strategic priorities, operational performance, and financial planning discussed by the Strategy and Planning Working Group, and to support the Council of Governors in its oversight role.</p>
	<p>Recommendation</p> <p>The Council of Governors is asked to note the items discussed at the meeting.</p>

Links to Strategic Aims (Please select any which are impacted on / relevant to this paper)	
<input checked="" type="checkbox"/> Aim 1 Contribute to improving the physical health and wellbeing of the population and reducing health inequalities	
<input type="checkbox"/> Aim 2 Provide the best care and support to people	
<input checked="" type="checkbox"/> Aim 3 Strengthen care and support in local communities	
<input checked="" type="checkbox"/> Aim 4 Respond well to complex needs	
<input type="checkbox"/> Aim 5 Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture	

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| <input checked="" type="checkbox"/> Aim 6 Live within our means and use our resources wisely
<input checked="" type="checkbox"/> Aim 7 Deliver the vision of the Trust by transforming our services through, innovation, research and digital transformation |
|---|

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

- | |
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| <input type="checkbox"/> This report has been assessed against the Trust's People Impact Assessment Tool and there are no proposals or matters which affect any persons with protected characteristics |
| <input type="checkbox"/> This report has been assessed against the Trust's People 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 – e.g. 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?

☐ Yes ☐ No



Kindness, Respect, Teamwork
Everyone, Every day

SOMERSET NHS FOUNDATION TRUST

Summary of key points for the Strategy and Planning Group

28 May 2025

Emily Mock welcomed Eddie Nicolas as the interim Chair of the Strategy and Planning Working Group. She advised that the position of Chair will be reviewed once the newly appointed governors have had the opportunity to attend all working groups and providing existing governors the chance to move groups and express any interest in taking on the role of Chair or Deputy Chair.

Eddie Nicolas advised that the meeting was not quorate therefore could not approve any documents. The Minutes of the last meeting, the Terms of Reference, workplan and review of effectiveness will be circulated to the governors of the group for approval. A few comments were expressed in the meeting which will get changed.

Xanthe Whittaker provided an update on the Trust's progress against elective care standards, which are grouped into three key categories: Referral to Treatment Times (RTT), Cancer Care, and Diagnostics.

- The Trust was tasked with achieving a maximum RTT wait of 65 weeks by September 2024. This was acknowledged as a significant challenge. The original target to treat all patients waiting over 78 weeks by March 2024 was extended to June 2024, recognising that many trusts still had patients exceeding this threshold. A further target was set to eliminate all 64-week waiters by September 2024. The initial trajectory projected 314 patients; however, actual performance improved to 247, with a further reduction to 81 patients by March 2024. The Trust aims to reach zero by March 2025. Despite being in the bottom third nationally for RTT performance, the Trust is not considered a significant outlier.
- The trust has challenges with gaps in capacity due to staff sickness, maternity leave, and vacancies. Increased trauma and complex patient cases are reducing our elective care capacity.
- The Trust has used the independent sector to provide support through providing insourcing services and also using independent sector facilities.
- The Trust continues to face challenges in diagnostic performance, primarily due to staffing shortages and turnover. The Trust remains in the bottom third nationally for the 6-week diagnostic wait standard. Although this standard is no longer a formal target, reducing diagnostic waits remains a priority to support RTT performance.
- Some actions that have been taken are the deployment of mobile MRI and CT vans in Bridgwater. A capital investment plan to introduce four additional scanners in 2025/26. Installation of an additional CT scanner in ED, though staffing remains a constraint.



- The 62-day RTT cancer standard (target: 70%) was achieved in March 2024, with a performance of 75.4%. Increased public awareness, often driven by media coverage, and seasonal peaks (e.g., skin cancer) have led to higher referral volumes. Cancer patients are prioritised for diagnostics, but CT colon capacity remains under pressure. The upcoming Yeovil Diagnostic Centre (YDC) and expansion at Bridgwater are expected to alleviate this. The 28-day faster diagnosis standard (target: 77%) has seen a recent decline due to reduced capacity in the breast care team. There is a new nurse-led cancer front door service. The Trust has developed self-referral pathways for lung, colon, breast, and gynaecological cancers (including post-menopausal bleeding).

Lee Cornell provided an overview of performance across urgent care, community services, and national priorities.

- A&E and ambulance handovers remain a challenge both locally and nationally. April performance was below 52%, which is consistent with national trends. Overall compliance across all attendance types was 71%, below the national standard. SFT ranked third out of 13 trusts in the Southwest.
- In terms of ambulance handover performance, for MPH they completed 65% of handovers within 30 minutes (above national average, though down from March). For YDH they completed slightly below the national average.
- No Criteria to Reside continues to impact ED flow. In April, an average of 207 acute beds were occupied by patients with no criteria to reside, though this number is decreasing.
- The trusts mental health teams exceeded the national standard, with over 90% of patients seen within six weeks.
- In terms of physical health, there was a 65% reduction in patients waiting over 18 weeks. With no patients waiting over 104 weeks.
- Dental Services have improvement due to successful recruitment into previously vacant roles and people coming back from maternity leave. For the Acute Home Treatment Service there has been over 5,500 virtual admissions recorded.
- In terms of the trusts mandatory training, our compliance remains high at 93%. Vacancy rates remain above target, particularly in hard-to-recruit roles. Sickness absence was low at 4.6% at the end of April.



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- 18 national priorities were released, of which 12 apply to the Trust. The NHSE Performance Assessment Framework will guide reporting. For 2025/26, 11 scorecards will be developed to monitor progress across service areas.

Mark Hocking presented the financial position and planning outlook.

- The Trust incurred £1.2 billion in operating expenses and achieved a small surplus, exceeding expectations and breaking even. Agency spend was reduced by £8 million. The Cost Improvement Plan (CIP) target of £64 million was delivered, though with fewer recurrent savings than planned. The Trust ended the year with a strong cash position, supporting capital investments. No borrowing is planned for the current year, positioning the Trust as a positive outlier. The capital programme was both significant and complex, with £96.1 million invested in estate and equipment improvements.
- The breakeven plan for 2025/26 has been approved and submitted. Planning was challenging due to delayed national guidance. The Trust faces a £50 million efficiency target, representing 4.3% of turnover. Additional cost-saving targets include a 30% reduction in agency spend and a 10% reduction in bank spend. While there are fewer targets this year, there is a clear focus on delivery and progress.

David Shannon informed the group that the Yeovil Diagnostic Centre was originally scheduled to open in April 2025, however, has not yet opened due to a valve failure that caused flooding. This incident damaged the flooring and electrical infrastructure, which now requires drying and recommissioning. The revised completion date is projected for late September to early October 2025.

e and informative.

Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Report from the People working group on Friday 13 June 2025
SPONSORING EXEC:	Isobel Clements
REPORT BY:	Tina Hickinbottom-Tacey, Corporate Services Officer
PRESENTED BY:	Lydia Kurumura
DATE:	26 June 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

Executive Summary and Reason for presentation to Committee/Board	This report summarises key updates from the People Working Group.
	Governors discussed staff wellbeing, line manager pressures, and the emotional impact of service changes. Concerns were raised around administrative staff morale, with further updates on sickness and burnout expected in September.
	The group also reflected on recent format changes and agreed to share a message of support following the crash in India, signposting staff to wellbeing resources.
	This summary is provided for assurance on workforce experience and governor engagement.
Recommendation	The Council of Governors is asked to note the items discussed at the meeting.

Links to Strategic Aims (Please select any which are impacted on / relevant to this paper)	
<input type="checkbox"/> Aim 1 Contribute to improving the physical health and wellbeing of the population and reducing health inequalities	
<input type="checkbox"/> Aim 2 Provide the best care and support to people	
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<input type="checkbox"/> Aim 7 Deliver the vision of the Trust by transforming our services through, innovation, research and digital transformation	

Implications/Requirements (Please select any which are relevant to this paper)					
<input type="checkbox"/> Financial	<input type="checkbox"/> Legislation	<input checked="" type="checkbox"/> Workforce	<input type="checkbox"/> Estates	<input type="checkbox"/> ICT	<input type="checkbox"/> Patient Safety/ Quality
Details: N/A					
<p style="text-align: center;">Equality</p> <p>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</p>					
<input type="checkbox"/> This report has been assessed against the Trust's People Impact Assessment Tool and there are no proposals or matters which affect any persons with protected characteristics					
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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 – e.g. 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?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

SOMERSET NHS FOUNDATION TRUST

Summary report from the People Group **Friday 13 June 2025**

Action Log / Matters Arising

The group reviewed outstanding actions, including support for overseas colleagues, the visibility of education within governance, and student placements following the maternity unit closure. Some actions remain in progress, with updates expected at future meetings.

Q&A Session Following the People Committee

Although the latest assurance report was not available, governors reviewed the People Committee papers and previous assurance report and raised questions around staff wellbeing, leadership visibility, and the impact of organisational changes. These themes continued into the next agenda item.

Quality Performance Exception Report Relating to the People Directorate

A wide-ranging discussion focused on stress, burnout, and the pressures on line-managers. Governors emphasised the need for practical support, better data insights, and sharing good practice across teams. An update on sickness and burnout research is expected in September.

People Group Discussion

The group reflected on recent changes to the People Group format, shared positive patient feedback, and discussed the emotional impact of service changes. Concerns were raised about the experience and morale of administrative staff, with suggestions for further exploration.

Staff Good to Know Log

No new items were submitted to the log, though several relevant updates had already been shared earlier in the meeting. It was agreed that future items not directly related to the agenda could be submitted for inclusion in the log.

Any Other Business and Close of Meeting

The group acknowledged the recent crash in India and its potential emotional impact on staff. A message of support and signposting to wellbeing resources will be shared with staff via internal communications.



Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Report from the Membership, Involvement and Communications working group on Wednesday 28 May 2025
SPONSORING EXEC:	Jade Renville
REPORT BY:	Tina Hickinbottom-Tacey, Corporate Services Officer
PRESENTED BY:	Kate Butler
DATE:	26 June 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

Executive Summary and Reason for presentation to Committee/Board	<p>This report summarises key updates from the Membership, Involvement and Communications Working Group.</p>
	<p>As the meeting was not quorate, formal approvals for the minutes, Terms of Reference, workplan, and review of effectiveness will be deferred to the next meeting.</p>
	<p>The group received a detailed presentation from the Patient Information Team on efforts to standardise and improve the quality, accessibility, and governance of patient information across the merged Trust.</p>
	<p>Key developments include the introduction of a unified request process, plain language standards, and digital access via QR codes. A recent survey highlighted a growing preference for digital formats, even among older patients.</p>
	<p>The second half of the meeting focused on community engagement. The team shared examples of outreach to underrepresented groups, including asylum seekers, LGBTQ+ communities, and dementia support groups. These visits have informed targeted service improvements and supported equitable access to care. Ongoing engagement with carers, mental health service users, and other seldom-heard voices continues across Somerset.</p> <p>This report is presented to the Council of Governors to provide assurance on the Trust's approach to inclusive communication, patient information, and community involvement.</p>

Recommendation	The Council of Governors is asked to note the items discussed at the meeting.
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Implications/Requirements (Please select any which are relevant to this paper)					
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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

Summary for the Membership, Involvement and Communications Group **28 May 2025**

Kate Butler advised that the meeting was not quorate and therefore could not approve any documents. The minutes of the last meeting, Terms of Reference, workplan, and review of effectiveness will be taken to the next group for approval. A few comments were made during the meeting and will be incorporated.

Kate confirmed that the planned presentations would proceed as scheduled. She also extended an invitation to the presenters to attend a future development day, should they wish to present to a wider group of governors.

Tori Birch and Sofia Castello provided an update as part of the work they completed with the patient information team:

- The merger between Yeovil District Hospital (YDH) and Musgrove Park Hospital (MPH) presented complexities in aligning three legacy systems into one unified approach.
- Following the formation of a single team, a comprehensive review was undertaken to identify effective practices, existing resources, and areas requiring improvement. It was recognised that a clear, standardised process was essential to ensure robust governance and confidence in the distribution of patient information.
- The team reviewed legacy services to streamline and merge best practices from each trust. The aim is to support clinical teams in delivering high-quality, accessible patient information in line with NHS guidelines. A dedicated team is now in place to manage this work.
- A standardised request form and patient information template have been introduced. All content is authored by clinical teams, reviewed by service managers, and then submitted to the patient information team.
- Each new request must be submitted using the request form, with a mandatory review every three years to ensure accuracy and compliance. This is critical from a legal and governance perspective.
- Accessibility remains a core focus. The team ensures that information is understandable to individuals with lower reading ages by using plain language, avoiding jargon, and keeping sentences concise.
- The team is phasing out tri-fold leaflets due to space limitations and readability issues in digital formats. Instead, they are adopting plain A4 sheets, which are easy to print and can be double-sided. For more extensive content, A5 booklets are produced.
- The team has recently joined the Patient Information Forum (PIF), gaining access to a resource hub, guidance, webinars, and training. This membership supports the team's goal of achieving PIF Tick certification, demonstrating compliance and commitment to accessible, high-quality information.



- Tori shared insights from a recent survey exploring patient preferences for receiving information. Contrary to assumptions, many older patients preferred digital formats. Of the 928 responses, the majority—particularly those over 60—favoured email, although some individuals up to age 80 still preferred paper copies.
- Looking ahead, the team is working with the Library and Technology Enhanced Learning (TEL) teams to create patient-facing videos, supported by the Patient Information Team to ensure clear and appropriate scripts. QR codes linking to these videos are being added to printed materials. The team is also reviewing and updating all appointment letter leaflets for clarity and relevance and developing a digital storage system to give patients direct access to information via QR codes.

The second part of the meeting focused on community engagement efforts led by Lauren Hunter. She provided an update on the team's work to reach the quiet voices within the community.

She explained that the team has engaged with a range of community groups, including the Women's Conversation Club, LGBTQ+ community members, the Connection Café, a dementia support group, Gypsy, Roma and Traveller communities, and individuals involved with health improvement initiatives and asylum seeker support services.

To gather insights into healthcare access and identify areas for improvement, the team conducts surveys during these visits. For example, following a visit to the Women's Conversation Club, the Gynaecology Matron and Sister were invited to share information about Trust services. After engaging with asylum seekers, the team worked with local Boots pharmacies and dental practices to provide temporary filling kits, which were distributed during a follow-up visit. These efforts support equitable access to healthcare services.

The team continues to engage with additional underrepresented groups, including Carers Support Groups, with ongoing visits taking place across Somerset. Efforts are also underway to establish contact with the Homeless Community and Prison Residents to gather feedback and explore opportunities for service improvement.

During each visit, the team provides surveys to collect feedback, distributes information packs, shares details of upcoming events, and promotes the Health and Wellbeing Hub.

They have also visited mental health wards to ensure that the voices of service users are heard. For mental health services, individual follow-up meetings are being arranged to discuss how feedback will be used to inform and improve service delivery.

