

Council of Governors
17 December 2025, 13:30 – 16:00
Cheddon Fitzpaine Memorial Hall, Rowford, Cheddon Fitzpaine, Taunton, TA2 8JY

AGENDA

	Action	Presenter	Time	Enclosure
1 Welcome and apologies	Receive	Chair	13:30	None
2 Questions from members of the public	Receive	Chair		None
3 Declarations of conflict of interests in respect to items on the agenda	Receive and Note	Chair		None
4 To approve the draft minutes of the public meeting held on 19 September 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 Nomination and Remuneration Committee Update	Receive and Approve	Jack Torr		
<ul style="list-style-type: none"> • Chair Appraisal and Objectives for 2026/27 • Feedback from Non-Executive Director appraisals <ul style="list-style-type: none"> - Supporting material: NED Objectives 2025/26 • Reappointment of Non-Executive Directors 				Appendix 4 Appendix 5 Annex 1 Appendix 6
8 Chair's Update	Receive	Chair	13:45	
Council of Governors' attendance	To note			Appendix 7
Statutory Duties of Governors 2025/26	To note			Appendix 8
9 Future Governance Arrangements – Transition Proposal and Constitution Amendments	Receive and approve	Ben Edgar- Attwell	13:55	Appendix 9
10 Chief Executive and Executive Directors report	Receive	Peter Lewis / Execs	14:15	Verbal
11 Performance update from the Executive Directors	Receive	Pippa Moger	14:35	Appendix 10

12 LD/ADHD/ASD	Receive	Tom Clifford	14:50	Verbal
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13 FEEDBACK FROM:

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|---|---------|--|-------|--|
| <ul style="list-style-type: none">• The Lead and Deputy Lead Governors• Quality and Patient Experience meeting held on• People Group meeting held on• The Strategy and Planning Group meeting held on• The Membership, Involvement and Communications Group held on• Staff Governors | Receive | | 15:20 | Verbal
Appendix 11

Appendix 12
Appendix 13

Appendix 14

Verbal |
|---|---------|--|-------|--|

14 Any other business and close of meeting	To note	Chair	15:40	Verbal
<ul style="list-style-type: none">• Future Agenda items for Council of Governors meeting including feedback from communities				

15 Date of next meeting

Wednesday 18 March 2026, Time TBC

Council of Governors

Minutes of the meeting held on Friday 19 September 2025, 14:30
at John Meikle Room, The Deane House, Belvedere Rd, Taunton TA1 1HE

Present:	Rima Makarem	Chair
	Virginia Membrey	Public Governor – Mendip
	Jude Glide	Public Governor – Mendip
	Eddie Nicolas	Public Governor – Sedgemoor
	Jack Torr	Public Governor – Sedgemoor
	Ian Hawkins	Public Governor – South Somerset
	Sue Steele	Public Governor – South Somerset
	Mick Beales	Public Governor – South Somerset
	Sarah Duncan	Public Governor – South Somerset
	Ray Tostevin	Public Governor – South Somerset
	Jessica Cross	Public Governor – South Somerset
	Kate Butler	Public Governor – West Somerset and Taunton
	Jeanette Keech	Public Governor – West Somerset and Taunton
	Erica Adams	Public Governor – West Somerset and Taunton
	Stuart Goble	Public Governor – West Somerset and Taunton
	Alan Peak	Public Governor – Outside Somerset
	Adekunle Akinola	Staff Governor
	Julie Reeve	Staff Governor
	Joe Silsby	Staff Governor
	Heather Sparks	Staff Governor
	Lydia Karamura	Staff Governor
	Phil Hodgson-Purves	Staff Governor
	Emmanuel Audu	Staff Governor
	Heather Shearer	Appointed Governor – Somerset Council
	Jos Latour	Appointed Governor - Universities
	Graham Hughes	Non-Executive Director
	Alexander Priest	Non-Executive Director
	Paul Mapson	Non-Executive Director
	Inga Kennedy	Non-Executive Director
	Tina Hickinbottom-Tacey	Corporate Services Officer (minute taker)
In Attendance:	Peter Lewis	Chief Executive Officer
	Melanie Iles	Chief Medical Officer
	Andy Heron	Chief Operating Officer
	Isabelle Clements	Chief of People and Organisational Development
	Jade Renville	Director of Corporate Services
	Pippa Moger	Chief Finance Officer
	David Shannon	Director of Strategic Development
	Ben Edgar - Attwell	Deputy Director of Corporate Services
Apologies:	Alison James	Public Governor – Mendip
	Judith Goodchild	Public Governor - Sedgemoor
	Peter Shorland	Public Governor – Dorset



Halley Kimber-Keirle
Sun Sander-Jackson
Jonathan Moore

Staff Governor
Staff Governor
Staff Governor

Val Keitch
Dirk Williamson
Caroline Gamlin
Jane Knowles
Val Bishop

Appointed Governor – Somerset Council
Appointed Governor – SSL
Appointed Governor – ICB
Appointed Governor – VCSEF
Appointed Governor – VCSEF

Martyn Scrivens
David Thomas

Non – Executive Director
Interim Chief Nurse

1 WELCOME AND APOLOGIES FOR ABSENCE

- 1.1 The Chair welcomed all attendees to the meeting.
- 1.2 Apologies for absence were received and noted as above.

2 QUESTIONS FROM MEMBERS OF THE PUBLIC

- 2.1 No members of the public were present, and no questions had been submitted in advance of the meeting.

3 DECLARATIONS OF CONFLICTS OF INTEREST RELATING TO AGENDA ITEMS

- 3.1 No declarations of conflicts of interest were raised in relation to any items on the agenda.

4 MINUTES OF THE MEETING HELD ON 19 MARCH 2025

- 4.1 The minutes of the meeting held on 26 June 2025 were approved as a true and accurate record.
- 4.2 It was noted that Jessica Cross and Ray Tostevin had attended the meeting and subsequently emailed to confirm their attendance. This amendment was made to the minutes prior to the meeting.

5 MATTERS ARISING AND ACTION

- 5.1 The Council discussed ongoing work on racism, discrimination, inclusion, and allyship. A formal statement has been approved by the Board, and an audit of gendered spaces across estates is underway.
- 5.2 Governors reflected on the need to balance support for trans colleagues and patients with respect for biologically female women. The use of side rooms for trans patients was noted as part of this work. While the issue is complex and evolving, progress is being made.

- 5.3 Heather Shearer welcomed the progress, particularly in light of the recent High Court ruling on sex and gender. She emphasised the need to revisit room allocation and concerns related to race and inclusion.
- 5.4 The Council acknowledged rising tensions in some communities and committed to addressing these issues constructively.
- 5.5 A presentation on the Single Point of Access has been added to the agenda for future meetings.
- 5.6 A Governor development session on allyship and inclusion is planned for December.

6 PUBLIC REGISTER OF DECLARATION

- 6.1 The Public Register and Declarations of Conflicts of Interest were noted.
- 6.2 Governors were reminded to inform Tina Hickinbottom-Tacey of any updates to their declarations of interest.

7 RATIFICATION OF THE APPOINTMENT OF THE LEAD AND DEPUTY LEAD GOVERNORS

- 7.1 The Council formally ratified the appointments of Jack Torr as Lead Governor and Neil Thomas as Deputy Lead Governor.
- 7.2 Both candidates stood unopposed, and their appointments were unanimously approved by the Council.

8 CHAIR UPDATE

Council of Governors’ attendance

- 8.1 Attendance levels were noted and will continue to be monitored. An error with dates was notified and corrected ahead of the meeting.

Statutory Duties of Governors 2023/24

- 8.2 Governors were reminded of their statutory responsibilities for the coming year. These were noted by the Council.

9 TO RECEIVE THE AUDITORS’ REPORT ON THE 2024/25 ANNUAL ACCOUNTS AND ANNUAL REPORT

- 9.1 Rees Batley presented the external auditors’ findings, confirming that the Trust’s 2024/25 Annual Accounts were submitted on time and received a clean, unqualified opinion. The Annual Report was found to be consistent with the Trust’s known position and aligned with national guidance, with no additional reporting required.

- 9.2 The auditors assessed the Trust's arrangements for securing value for money across financial sustainability, governance, and efficiency. While no material risks were identified in financial or operational effectiveness, a significant governance weakness was noted in children and young people's services, linked to previous CQC findings in maternity. Maternity concerns have since been addressed through a progressing action plan, but paediatric governance issues remain under review.
- 9.3 Internal controls were generally followed, with no material concerns about override or procedural bypass. Financial statements appropriately addressed key risk areas, including complex expenditure.
- Governors raised several queries:
- 9.4 Heather Shearer sought assurance on progress since last year; Rees Batley confirmed maternity issues had been resolved, but paediatrics required further attention.
- 9.5 Jeanette Keech emphasised the need to learn from governance-related findings. Peter Lewis reported that 94% of CQC actions in maternity had been completed, while paediatrics had not progressed sufficiently by year-end.
- 9.6 The Board is reviewing risk articulation to support earlier identification and response.
- Financial implications of the New Hospital Programme were discussed:
- 9.7 Joe Silsby queried the write-off of preparatory costs due to delays until 2033. Rees Batley confirmed the loss of funding, but Peter Lewis and David Shannon noted the design work remains valuable for future use.
- 9.8 Joe also asked about the £9 million capital funding for women's and maternity services. David Shannon confirmed feasibility work could be revisited depending on future standards and timelines.
- 9.9 Rima Makarem reflected on the benefits of the merger, which enables comparison across legacy organisations and supports proactive leadership and risk identification. She acknowledged that in large organisations, issues may surface unexpectedly and require visible leadership to address.

10 TO RECEIVE THE 2024/25 ANNUAL ACCOUNTS AND ANNUAL REPORT

- 10.1 Pippa Moger and Jade Renville presented the Annual Accounts and Annual Report, with thanks extended to all contributors. The report was described as a valuable opportunity to reflect on both achievements and ongoing challenges, set against the broader context of NHS transformation and the ambitions of the 10-year plan.

Statutory elements were highlighted, and governors were invited to raise questions:

Negligence Claims

10.2 Jack Torr queried the £22 million allocated to negligence claims. Pippa Moger explained this is covered by NHS Resolution insurance, with premiums based on historical claims, staffing levels, and service types. Maternity services typically attract higher premiums due to the long-term nature of claims. The Trust continues to review risk factors to reduce exposure.

Integrated Performance Monitoring

10.3 Heather Shearer raised the need for shared performance management across health and social care. Rima Makarem confirmed active engagement with the voluntary, community, faith, and social enterprise (VCFSE) sector, highlighting prevention and early intervention successes such as Open Mental Health. She expressed optimism about deeper collaboration with social services to improve community engagement.

10.4 Heather Shearer asked about joint performance reporting. Rima acknowledged the tension between national siloed targets and the Board's ambition for integrated care. She suggested shared metrics should be developed for joint programmes, ideally led by the Integrated Care Board (ICB). Peter Lewis added that flow and discharge metrics are already shared weekly across acute and community sectors, citing the Somerset Board and Joint Strategic Needs Assessment as examples of integrated data use.

Fraud Prevention

10.5 Jeanette Keech queried the reported £3 million savings. Pippa Moger confirmed this related to a single attempted mandate fraud involving a supplier's bank details. The Trust's standard procedures flagged the attempt, preventing an incorrect payment. Lessons learned have reinforced fraud prevention protocols.

11 TO RECEIVE THE 2024/25 QUALITY ACCOUNT

11.1 Ben Edgar-Attwell presented the Quality Account, noting it is separate from the Annual Report and not externally audited. It was reviewed by the Quality and Governance Assurance Committee in June and approved by the Board in September.

11.2 The report follows a structured format:

- Context and regulatory background, including the CQC paediatrics inspection.
- Initiatives across the three quality pillars.
- Engagement and priorities for improvement.

11.3 Quality improvement priorities for 2024/25, aligned with the Quality Strategy, included:

- Personalised care
- Patient involvement
- Right care, right bed
- Patient Safety Incident Response Framework (PSERF)
- Deteriorating patients and treatment escalation planning
- "People who matter" initiatives

11.4 Progress across service groups was mixed:

- Positive developments were noted in personalised care, especially in Mendip mental health and staff wellbeing.
- Challenges persist around “right care, right bed,” particularly due to the lack of clear criteria to reside.
- PSERF implementation is in early stages, with internal audit identifying areas for improvement.
- Priorities for 2025/26 have been approved and aligned with the Board Assurance Framework (BAF), including:
- Embedding the Symphony model for ADHD and children/young people
- Inclusive governance
- Strengthening Equality, Diversity, and Inclusion (EDI) integration

Governors raised several concerns:

11.5 Jack Torr questioned the effectiveness of the 100-day sprint initiative, citing 114 out of 120 patients lacking criteria to reside. Peter Lewis acknowledged some progress in discharge processes but noted ongoing challenges due to limited post-acute capacity. Mick Beales added that improvements have yet to feel impactful.

11.6 Heather Shearer raised concerns about CAMHS beds and transition from children to adult services. Peter Lewis explained that Tier 4 CAMHS provision in Wessex is temporarily closed, with Somerset having low historical usage. Community CAMHS services have improved, and work is underway to define a regional Tier 4 community model. The aim is to provide care closer to home, though some Tier 4 beds may still be needed.

11.7 Stuart Goble discussed changes in ICB structure, noting that specialist mental health services are now commissioned collaboratively across the Southwest to ensure consistency and scale.

11.8 Transition challenges were acknowledged. Peter Lewis outlined efforts to improve pathways for ages 18–25, including dedicated clinics, but emphasised the need for better resourcing.

11.9 Heather Shearer asked about the future of the Wessex Tier 4 unit. Peter Lewis confirmed no final decision has been made, but national plans aim to enhance Tier 4 services.

11.10 Heather Shearer also raised concerns about ICB boundaries and strategic commissioning. Peter Lewis noted Somerset is one of the smallest ICBs, with a population under 600,000. Strategic commissioning is shifting toward larger population bases to improve sustainability and effectiveness.

12 PERFORMANCE UPDATE FROM THE EXECUTIVE DIRECTORS

12.1 Pippa provided a performance update covering the period up to the end of July 2025.

Finance

12.2 Pippa Moger reported an £8.2 million deficit, in line with the financial plan. This was expected early in the year, with savings anticipated to achieve a break-even position by year-end. Agency spend has reduced by £3.7 million compared to the same period last year. The Financial Recovery Board continues to oversee delivery of the savings programme.

Operational Performance

12.3 The performance report has been restructured in line with updated Board guidance.

12.4 Key highlights include:

- **Referral to Treatment:** 18-week performance is on track; 52-week waits remain above trajectory due to 41 cancellations linked to industrial action.
- **Emergency Department (ED):** Strong performance in July.
- **Neighbourhoods:** No patients waiting over 52 weeks; 18-week waits reduced.
- **Hospital at Home:** Referrals from primary care networks are increasing, supporting admission avoidance and earlier discharge.
- **Symphony Programme:** GP vacancy rate is at 2%.
- **Mental Health & Learning Disabilities:** Good performance reported.
- **Talking Therapies:** Improving following recruitment.
- **Ambulance Handovers:** Improved, with focus on sustaining performance through winter.
- **Diagnostics:** Performance improving.
- **Cancer Standards:** Challenges remain with 2-week wait and 28-day diagnosis, though improvements are emerging.
- **Maternity:** Smoking rates are falling; breastfeeding rates improving.
- **Patient Experience:** Complaint response times have improved.
- **Emergency Readmissions:** Monitored closely; innovations such as day-case hip replacements are reducing inpatient stays.

Governor Questions and Updates

12.5 Stuart Goble raised concerns about ED attendances for dental pain. Pippa confirmed increased demand due to lack of NHS access. A new practice has opened in Wellington, and additional services have been commissioned in Chard.

12.6 Jeanette Keech asked if waiting list reductions were impacting follow-ups. Peter Lewis confirmed follow-up needs are tracked.

12.7 Heather Shearer queried whether performance metrics are nationally or locally set. Peter Lewis confirmed most are nationally mandated, but there is a push toward population health and prevention. CAMHS services were noted as performing well.

12.8 Concerns were raised about data quality and conversation effectiveness within career conversations. Pippa Moger noted this is being revisited post-merger via co-designed working groups.

12.9 Mick Beales requested an update on the Yeovil Diagnostic Centre. David Shannon confirmed remediation work is underway, with opening planned for January 2026. Temporary services are operating via mobile scanners in Yeovil, Bridgwater, and

Minehead. Additional capacity is being explored in audiology, endoscopy, and echocardiography. Flow improvements are also underway at Yeovil District Hospital.

Maternity and Paediatrics Update

12.10 Peter Lewis reported:

- **Maternity:** YDH is one of 14 organisations included in the National Maternity and Neonatal Review. A visit is expected before Christmas, with an interim report due in spring 2026. Progress continues in the Special Care Baby Unit.
- **Paediatrics:** Consultant recruitment is progressing, with four expected to join YDH. Planning is underway to reopen the paediatric unit in early 2026, once staffing is in place.
- **National Safety Reporting:** Stuart Goble asked about upcoming reporting; Peter Lewis confirmed no details have been received yet.
- **Redeployed Staff:** Mick Beales raised concerns about specialist nurses. Peter Lewis confirmed staff redeployed to Dorchester or MPH are being supported, and efforts are being made to ensure their return does not destabilise other services.

13 FEEDBACK FROM:

Lead Governor

- 13.1 Kate Butler reflected on a challenging year, thanked colleagues for their support, and welcomed new Non-Executive Directors (NEDs). She acknowledged Rima Makarem's leadership and the Council's resilience.
- 13.2 Jack Torr encouraged newer Governors to participate in Leadership Quality Walkarounds, highlighting their value.
- 13.3 It was noted that the People Working Group and the Quality and Patient Experience Group did not meet this quarter.

Strategy and planning working group

- 13.4 No additional feedback was provided beyond the submitted report.

Membership, Involvement and Communication working group

- 13.5 No further updates were added to the report.
- 13.6 Kate Butler noted discussions around *Medicine for Members* and *Care Opinion*, encouraging Governors to share both positive and negative experiences.
- 13.7 Heather Shearer raised concerns about inconsistent messaging regarding community hospitals, referencing summer workshops and the perception that these facilities should play a more central role. She highlighted a disconnect between staff and public understanding. Peter Lewis acknowledged the complexity of the issue, noting Somerset has more community beds than most areas. The Trust is shifting toward community-based care focused on services rather than beds. Temporary bed removals are being trialled alongside investment in reablement services. He admitted communication

efforts have not always landed effectively and welcomed feedback to improve messaging.

- 13.8 Kate Butler raised concerns about staff perceptions around redundancy and job security. Peter Lewis clarified that no compulsory redundancies have occurred; staff were redeployed to avoid job losses and given priority to return if beds reopen. Some staff chose to leave or retire early, but the Trust remains committed to supporting redeployment.
- 13.9 Jeanette Keech shared public concern in Frome following news of bed closures, which led to confusion about the hospital's future. Peter Lewis acknowledged the unintended messaging and stressed the importance of local engagement.
- 13.10 Julie Reeves questioned how the Trust would manage winter pressures with fewer beds. Peter Lewis confirmed additional funding has been allocated but admitted this may not have been communicated clearly.
- 13.11 Heather Shearer emphasised the need for the public to understand actual bed usage and availability. Rima Makarem confirmed that more detailed updates will be provided in December.

Nomination and Remuneration Committee

- 13.12 No updates were provided at this time.

Staff Governors

- 13.13 No feedback was submitted and no updates were provided from staff.

14 ANY OTHER BUSINESS

- 14.1 Sue Steele noted that the Quality and Patient Experience Group meeting was cancelled due to low attendance and not being quorate. She observed that participation has declined compared to previous years.
- 14.2 Jack Torr shared that Tina Hickinbottom-Tacey is conducting a skills and interest activity with all Governors. This may lead to changes in working group membership and is intended to reinvigorate engagement and attendance.
- 14.3 Tina Hickinbottom-Tacey informed the Council of a proposed revision to the Council and Development Day Schedule. Following discussions with the Chair and Lead Governor, it was suggested that the number of meeting days be reduced from eight to four per year. Each session would be extended to include both Council business and Governor development. The change aims to improve efficiency, reduce travel demands, and enhance overall engagement. Governors were updated on the rationale and expected benefits of this approach.

15 Date of the Next Council

- 15.1 Wednesday 17 December 2025

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

AGENDA ITEM	ACTION	BY WHOM	DUE DATE	PROGRESS
17 December 2024				
<p>Item 12 (12.4)</p>	<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>	<p>Tina Hickinbottom-Tacey</p>	<p>July 2025</p>	<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 post and communication with relevant teams is taking place to arrange a training session. <p>July 2025</p> <ul style="list-style-type: none"> Governors completed the LEAP modules on Civility, Kindness and Inclusivity. <p>December 2025</p> <ul style="list-style-type: none"> Inclusion team from Thrive are joining the Council for a session on allyship.

19 March 2025

<p>Item 10 (10.5)</p>	<p>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.</p>	<p>Tina Hickinbottom- Tacey</p>	<p>TBC</p>	<p>December 2025</p> <ul style="list-style-type: none"> The Council have received updates at various meetings including an in-depth discussion at the Joint Board and Governor Development morning on 2 December 2025. <p>ACTION TO BE CLOSED</p>
<p>19 June 2025</p>				
<p>No actions from the June Meeting</p>				
<p>19 September 2025</p>				
<p>No actions from the June Meeting</p>				



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:	17 December 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
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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 December 2025</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)



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

Equality

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)

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

Is this paper clear for release under the Freedom of Information Act 2000?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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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	<ol style="list-style-type: none"> 1. None to be declared
Howard Millington	Public – Somerset West and Taunton	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 1. None to be declared
Jude Glide	Public – Mendip	<ol style="list-style-type: none"> 1. Member of Grove House Patient Participation Group
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.
Mr Eddie Nicolas	Public – Sedgemoor	<ol style="list-style-type: none"> 1. Member – East Quay Medical Centre PPG

Governor	Constituency	Declaration of Interest (Financial and other interests)
		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. Chair for Preston Grove Patient Participation Group (PPG). 2. Member of the Conservative Party
Sarah Duncan	Public – South Somerset	1. None to be declared
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
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

Governor	Constituency	Declaration of Interest (Financial and other interests)
		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. Southwest Regional Lead for the Chief Nursing Officer & Chief Midwifery Officer's Black and Minority Ethnic Strategic Advisory Group, NHS England 2. WRES (Workforce Race Equality Standard) Expert for NHS England
Neil Thomas	Staff	1. Founder and Director of Steve – Boys and Men's Health Network
Emmanuel Audu	Staff	1. None to be declared
Robert Williams	Staff	1. None to be declared
Appointed Members		
Caroline Gamlin	Somerset Integrated Care Board	1. Non executive Director of NHS Somerset (ICB) with lead for quality 2. Member of ICB audit and remuneration committees 3. Husband is a retired GP and director of Pier Health 4. Volunteer mentor for PromiseWorks Somerset 5. Member Deafinate CIC
Cllr Heather Shearer	Somerset Council	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)
		<ul style="list-style-type: none"> 7. Councillor – Somerset Council 8. Trustee – Mendip Community Transport
Professor Jos Latour	Universities	<ul style="list-style-type: none"> 1. Professor in Clinical Nursing - University of Plymouth 2. Director of the professorial-led South West Clinical School located at Somerset Foundation NHS Trust
Vacancy	Somerset GP Board	
Dirk Williamson	Simply Serve	<ul style="list-style-type: none"> 1. None declared
Vacancy	Symphony Health Services	
Jane Knowles	Voluntary, Community, Faith and Social Enterprise (VCFSE)	<ul style="list-style-type: none"> 1. Chief Executive Officer - SASP
Val Bishop	Voluntary, Community, Faith and Social Enterprise (VCFSE)	<ul style="list-style-type: none"> 1. Chief Executive Officer - CCS
Sarah Wakefield	Somerset Council	<ul style="list-style-type: none"> 1. Councillor – 041184 2. Somerset Council

Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Chairman Appraisal and 2025-26 objectives
SPONSORING NED:	Graham Hughes, Senior Independent Director
REPORT BY:	Tina Hickinbottom-Tacey, Corporate Services Officer
PRESENTED BY:	Jack Torr, Lead Governor
DATE:	17 December 2025

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

Executive Summary and Reason for presentation to Committee/Board	<p>This paper provides the Council of Governors with a summary of the 2024/25 Chairman appraisal process and presents the proposed objectives for 2025/26 for approval. The appraisal was conducted in line with the NHS Code of Governance, led by the Senior Independent Director, and informed by feedback from Non-Executive and Executive Directors. The process assessed the Chair's performance against agreed objectives and the NHS Leadership Competency Framework.</p> <p>Key findings highlight the Chair's strong impact in strategic leadership, governance, and stakeholder engagement, alongside areas for continued development such as strengthening Board assurance on quality improvement and enhancing system-level collaboration.</p> <p>The proposed objectives for 2025/26 aim to build on these strengths and address development areas, ensuring alignment with the Trust's strategic priorities and national expectations.</p>
Recommendation	The Council of Governors is asked to note the appraisal outcome and approve the objectives to support continued leadership effectiveness and delivery of the Trust's vision.

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 checked="" type="checkbox"/> Aim 2 Provide the best care and support to people	
<input type="checkbox"/> Aim 3 Strengthen care and support in local communities	

- Aim 4 Respond well to complex needs
- Aim 5 Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture
- 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 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)

Feedback gathered from NEDs and Executive Directors informed the appraisal process.

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]

Reviewed by Nomination and Remuneration Group prior to submission.

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

FEEDBACK FROM THE 2024/25 CHAIRMAN APPRAISAL PROCESS AND OBJECTIVES FOR 2025/26

1. PURPOSE

- 1.1 To provide the Council of Governors with feedback on the 2024/25 Chairman's appraisal process.
- 1.2 To present the Chairman's draft objectives for 2025/26

2. APPRAISAL PROCESS

- 2.1 The NHS Code of Governance requires that the Chair's appraisal is led by the Senior Independent Director and that the outcome is shared with the Council of Governors.
- 2.2 The appraisal process for 2024/25 was conducted by Graham Hughes (Senior Independent Director) and was adapted to reflect the appointment of a new Chair and the forthcoming national performance framework.
- 2.3 The Chair completed a self-assessment against agreed objectives.
- 2.4 Feedback was gathered from Non-Executive Directors and Executive Directors in line with the NHS England Board member appraisal guidance.
- 2.5 The appraisal meeting was held on 3 November 2025, led by the Senior Independent Director.
- 2.6 The Nomination and Remuneration Group reviewed the appraisal outcome and agreed objectives for 2025/26.

3. KEY FINDINGS

- 3.1 In her first year as Chair, Rima Makarem has made a strong and visible impact across all domains of the NHS Leadership Competency Framework.



- 3.2 She has brought strategic clarity, strengthened governance, and enhanced Board effectiveness.
- 3.3 Feedback highlights her ability to raise the Trust's profile nationally, promote inclusivity, and build trusted relationships across the system.

- Key Strengths

- Strategic thinking and system-wide planning
- Promotion of diversity and inclusion in Board appointments
- Robust governance and assurance
- Visible leadership and commitment to a positive culture
- Strong networking and stakeholder engagement

- Development Areas

- Continue to push the Executive Team to take ownership of difficult decisions
- Strengthen Board assurance on quality improvement in key service areas
- Enhance system-level collaboration and influence, particularly with the ICB cluster

4. CHAIR'S OBJECTIVES FOR 2024/25

- 4.1 The Nomination and Remuneration Group discussed the Chair's objectives for 2025/26 and the proposed:
- Lead the refresh of SFT's organisational strategy, ensuring alignment with the NHS 10-Year Plan and ambitions for an Integrated Health Organisation (IHO).
 - Increase national visibility of SFT to build reputation and influence.
 - Support integration of new NEDs into the Board to ensure cohesion and effectiveness.
 - Strengthen relationships with key stakeholders, including the ICB, Council, and VCSE sector.
 - Enable the Board to gain assurance on quality improvement in priority areas such as paediatrics at YDH and elective recovery.

5. RECOMMENDATION

- 5.1 The Nominations and Remuneration Group recommends that the Council of Governors:



- **Note and accept** the outcome of the appraisal process
- Receive assurance that objectives have been set for the coming year to support continue development and Board effectiveness as outlined above.

JACK TORR

CHAIR OF THE NOMINATION AND REMUNERATION GROUP



Kindness, Respect, Teamwork
Everyone, Every day

Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Feedback from the Non-Executive Directors Appraisal Process
SPONSORING EXEC:	Rima Makarem, Chair
REPORT BY:	Tina Hickinbottom-Tacey, Corporate Services Officer
PRESENTED BY:	Jack Torr, Lead Governor
DATE:	17 December 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 paper provides the Council of Governors with an overview of the 2024/25 Non-Executive Directors' (NEDs) appraisal process and its outcomes. In line with the NHS Code of Governance, the Chair led the appraisal process, which this year adopted a peer review approach rather than the previous 360-degree feedback model.</p> <p>Each NED sought feedback from colleagues and executives, informed by NHS England's Board member appraisal guidance. The Nomination and Remuneration Group reviewed the compiled feedback and confirmed that all NEDs have made strong contributions to Board effectiveness, with no performance concerns identified.</p> <p>Objectives for 2025/26 have been agreed for all NEDs, including those newly appointed during the year, to support continued development and alignment with the Trust's strategic priorities. Full appraisal documents are retained by Corporate Services. NED objectives for 2025/26 are provided in Annex 1 for Governor oversight.</p>
Recommendation	The Council of Governors is asked to note the appraisal outcomes and receive assurance that objectives have been set to maintain high standards of governance and leadership.

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 checked="" type="checkbox"/> Aim 2 Provide the best care and support to people	
<input type="checkbox"/> Aim 3 Strengthen care and support in local communities	

- Aim 4 Respond well to complex needs
- Aim 5 Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture
- 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 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 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

FEEDBACK FROM THE 2024/25 NON-EXECUTIVE DIRECTORS' APPRAISAL PROCESS

1. INTRODUCTION

- 1.1 The NHS Code of Governance requires that Non-Executive Director (NED) appraisals are led by the Chair and that the outcome is shared with the Council of Governors.
- 1.2 The appraisal process for 2024/25 included a peer review approach rather than the previous 360-degree feedback model.

2. NON-EXECUTIVE DIRECTORS' APPRAISAL

- 2.1 Each NED sought feedback from a selection of colleagues and executives. This was based upon the NHS England Board member appraisal guidance.
- 2.2 Feedback was compiled into individual summaries and reviewed by the Nomination and Remuneration Group, which includes public and staff governors, the Lead Governor, and Deputy Lead Governor.
- 2.3 The Group concluded that all NEDs had a successful year and continue to make strong contributions to the Board's effectiveness.
- 2.4 No performance concerns were identified.
- 2.5 Objectives for 2025/26 have been agreed for all NEDs, including those newly appointed during the year.

3. RECOMMENDATION

The Council of Governors is asked to:

- 3.1 **Note and accept** the conclusion of the Nomination and Remuneration Committee that all NEDs have performed effectively during 2024/25.
- 3.2 **Receive assurance** that objectives have been set for the coming year to support continued development and Board effectiveness

JACK TORR

CHAIR OF THE NOMINATIONS AND REMUNERATION GROUP

Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Reappointment of Non-Executive Directors' terms of office
SPONSORING EXEC:	Dr Rima Makarem, Chair
REPORT BY:	Tina Hickinbottom-Tacey, Corporate Services Officer
PRESENTED BY:	Jack Torr, Lead Governor
DATE:	17 December 2025

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

Executive Summary and Reason for presentation to Committee/Board	<p>The terms of office for Graham Hughes, Paul Mapson, and Alexander Priest end on 31 March 2026. Graham Hughes and Paul Mapson have confirmed willingness to continue and are eligible for reappointment under the Trust's Constitution. Both have strong appraisals and provide critical expertise. Their reappointment for three years will ensure continuity and stability.</p> <p>Alexander Priest has completed six years on the Board, chairing the Mental Health Legislation Committee and offering vital system leadership during transformation. To retain this expertise, the Nomination and Remuneration Group recommends a one-year reappointment, permitted under the NHS Code of Governance in exceptional circumstances.</p>
Recommendation	<p>The Council of Governors is asked to approve the reappointment of:</p> <ul style="list-style-type: none"> • Graham Hughes for a three-year term • Paul Mapson for a three-year term • Alexander Priest for a one year term

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

- Aim 5 Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture
- 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 checked="" type="checkbox"/> Legislation	<input type="checkbox"/> Workforce	<input type="checkbox"/> Estates	<input type="checkbox"/> ICT	<input type="checkbox"/> Patient Safety/ Quality
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Details: N/A

Equality and Inclusion

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

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

The recommendations relate to the reappointment and extension of Non-Executive Directors and do not introduce any changes that would negatively impact individuals with protected characteristics.

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)

The recommendations in this report have been informed by the annual appraisal process for Non-Executive Directors, which included input from the Chair and relevant Board members. Staff involvement was limited to the Nomination and Remuneration Committee, which reviewed and endorsed the recommendations at its meeting on 3 November 2025.

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 Nominations and Remuneration Group considered the annual appraisals of the Non-Executive Directors and considered the recommendation of the reappointments as outlined within this paper at the meeting held on 3 November 2025.

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

Reappointment of Non-Executive Directors' Terms of Office

1. PURPOSE AND BACKGROUND

- 1.1 To ask the Council of Governors to consider and approve the reappointment of three Non-Executive Directors.
- 1.2 Graham Hughes provides leadership in workforce strategy and cultural development. Paul Mapson brings deep financial governance experience, critical for Audit and Finance Committees. Alexander Priest has provided strategic leadership in mental health legislation and governance. His experience and system-wide perspective are critical during ongoing transformation.
- 1.3 All three NEDs have demonstrated independence and strong performance in their appraisals.

2. TERM OF OFFICE

- 2.1 The terms of office for Graham Hughes and Paul Mapson will end on 31 March 2026. Both have indicated their willingness to continue and are eligible for reappointment under the Trust's Constitution. Each has received satisfactory appraisals and brings valuable skills and experience to the Board.
- 2.2 Graham Hughes provides leadership in workforce strategy and cultural development, serving as Senior Independent Director and Chair of the People Committee.
- 2.3 Paul Mapson brings deep financial governance experience, serving as Chair of the Audit Committee and contributing significantly to financial oversight and governance.
- 2.4 The term of office for Alexander Priest will also end on 31 March 2026. Alex has served two three-year terms and will have completed six years on the Board. Under the NHS Code of Governance, serving more than six years may affect perceptions of independence, but continued appointment is permitted where the Council is satisfied that the individual remains independent in character and judgment, with reasons clearly stated.
- 2.5 Alex chairs the Mental Health Legislation Committee and provides strategic leadership in mental health governance, which is critical during ongoing system transformation.

3. REAPPOINTMENT

- 3.1 Graham Hughes, Paul Mapson and Alex Priest have all indicated their willingness to continue and are eligible for reappointment under the Trust's



Constitution. Each has received satisfactory appraisals and brings valuable skills and experience to the Board.

- 3.2 Graham Hughes, Paul Mapson and Alex Priest have demonstrated independence, strong performance, and commitment to the Trust's strategic aims. Their reappointment will ensure continuity and stability as newly appointed Non-Executive Directors embed into their roles.
- 3.3 Alexander Priest's reappointment beyond six years is recommended to retain his expertise during a period of strategic transformation. The Constitution allows for a reappointment beyond six years in exceptional circumstances, subject to annual review.

4. RECOMMENDATION

- 4.1 The Nomination and Remuneration Group recommends reappointment for three years for both Graham Hughes and Paul Mapson. The Nomination and Remuneration Group also recommends the reappointment of Alex Priest for a one-year term. This will ensure continuity and stability as newly appointed NEDs embed into their roles.
- 4.2 The Council of Governors is asked to approve:
- **Graham Hughes:** Reappointment for a **three-year term** from 1 April 2026 to 31 March 2029.
 - **Paul Mapson:** Reappointment for a **three-year term** from 1 April 2026 to 31 March 2029.
 - **Alexander Priest:** Reappointment of a **one year term** from 1 April 2026 to 31 March 2027, subject to annual review.

Jack Torr
Chair of Nomination and Remuneration Group



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:	17 December 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
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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 have been no instances of Governors failing to attend three successive meetings.</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
<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 - GOVERNOR ATTENDANCE RECORD
AT COUNCIL OF GOVERNORS' MEETINGS**

Governor	Constituency	22 October 2024	December 2024	19 March 2025	19 June 2025	19 September 2025	Meetings	
							Possible	Actual
Erica Adams	Public –Somerset West and Taunton	√	√	√	X	√	5	4
Ian Aldridge	Public –Somerset West and Taunton	√	√					
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
Stuart Goble	Public –Somerset West and Taunton				X	√	2	1
Howard Millington	Public –Somerset West and Taunton				X	X	2	0
Bob Champion	Public – Mendip	√	√					
Virginia Membrey	Public – Mendip	√	√	√	√	√	5	5
Alison James	Public – Mendip	√	√	√	√	X	4	3
Utpal Barua	Public – Mendip		X	X				
Jude Glide	Public - Mendip				X	√	2	1
Judith Goodchild	Public – Sedgemoor	√	√	√	√	X	5	4
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	√	√					
Sarah Duncan	Public – South Somerset	√	√	X	√	√	4	3
Ray Tostevin	Public – South Somerset				√	√	2	2
Jessica Cross	Public – South Somerset				√	√	2	2
Peter Shorland	Public – Dorset	√	X	√	√	X	5	3

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

Governor	Constituency	22 October 2024	December 2024	19 March 2025	19 June 2025	19 September 2025	Meetings	
							Possible	Actual
Alan Peak	Public – Outside Somerset	X	√	√	√	√	5	4

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

Governor	Constituency	22 October 2024	December 2024	19 March 2025	19 June 2025	19 September 2025	Meetings	
							Possible	Actual
Shabnum Ali	Staff							
Joe Silsby	Staff	X	√	√	√	√	5	4
Julie Reeve	Staff	√	√	√	√	√	5	5
Nick Crow	Staff	X	X					
Mark Robinson	Staff	X	X					
Lydia Karamura	Staff	√	X	X	X	√	5	2
Phil Hodgson-Purves	Staff	X	√	X	X	√	5	2
Halley Kimber-Keirle	Staff	X	X	√	X	X	5	1
Heather Sparks	Staff	√	√	X	√	√	5	4
Jonathan Moore	Staff	√	√	√	√	X	5	4
Adekunle Akinola	Staff	√	√	√	√	√	5	5
Sun Sander-Jackson	Staff	√	√	√	X	X	5	3
Neil Thomas	Staff				X	X	2	0
Robert Williams	Staff				X	X	2	0
Emmanuel Audo	Staff				X	√	2	1

Appointed Governors

Governor	Organisation	22 October 2024	December 2024	19 March 2025	19 June 2025	19 September 2025	Meetings	
							Possible	Actual
Vacancy	Somerset GP Board						0	0

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

Governor	Organisation	22 October 2024	December 2024	19 March 2025	19 June 2025	19 September 2025	Meetings	
Caroline Gamlin	Somerset Integrated Care Board	√	√	√	√	X	5	4
Jos Latour	Universities	X	√	√	√	√	5	4
Cllr Heather Shearer	Somerset Council	√	√	√	X	√	5	4
Cllr Adam Dance	Somerset Council	X	X					
Dirk Williamson	Simply Serve	X	√	√	√	X	5	3
Vacancy	Symphony Health Services						0	0
Jane Knowles	Voluntary, Community and Social Enterprise (VCSE)	X	X	√	√	X	5	2
Val Bishop	Voluntary, Community and Social Enterprise (VCSE)	√	√	X	√	X	5	3
Val Kietch	Somerset Council		√	√	X	X	4	2
Sarah Wakefield	Somerset Council						0	0

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:	17 December 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>The statutory duties of Governors are set out in the Health and Social Care Act and are also reflected in the Trust's Constitution.</p> <p>The attached report is updated to reflect the Addendum to the Statutory Duties published in October 2022.</p> <p>The report is updated at every meeting and provides a clear overview of progress made in relation to the implementation of these statutory duties.</p>
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)

Not applicable.

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]

This report is considered on a regular basis at every Council of Governor meeting.

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

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

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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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 2025/26	<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>
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 2024/25 Annual Accounts and Annual Report and external audit opinion will be included on the agenda of the September 2025 Council of Governors meeting and the September 2025 Annual Members	Completed

<p>Assist the Board of Directors in setting the strategic direction of the Trust and targets for the Trust's performance</p>		<p>meeting.</p> <p>The Quality Report for 2024/25 and the Quality Account priorities will be presented to the September 2025 Council of Governors meeting.</p> <p>Input into the strategic direction of the Trust is provided through the Strategy and Planning Group.</p>	<p>Completed</p>
<p>To hold the Non-Executive Directors, individually and collectively to account for the performance of the Board of Directors, including:</p> <ul style="list-style-type: none"> • considering whether the interests of the public 'at large' have been factored into board decision-making • be assured of the Board's performance in the context of the system as a whole, and as part of the wider provision of health and social care • compliance with the triple 		<p>Performance is discussed through a number of different ways:</p> <ul style="list-style-type: none"> • Governors Strategy and Planning Working Group • Governors Quality and Patient Experience Group • Governors People Group • Governors' attendance to Public Board meetings • weekly Governor briefings 	<p>Ongoing</p>

<p>aim duty of better health and wellbeing for everyone, better quality of health services for all individuals, and sustainable use of NHS resources.</p> <ul style="list-style-type: none"> • The role of the Trust in relation to reducing health inequalities in access, experience and outcomes. 		<ul style="list-style-type: none"> • 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. 	
<p>Represent the interests of the members of the Trust as a whole and form a rounded view of the interests of the public 'at large', which includes the population of the Somerset system.</p>		<p>The interests of members as a whole and the interests of the public are represented in a number of ways, including Governor attendance at non-Trust meetings, members' newsletter, Leadership</p>	<p>Ongoing</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.		Walkrounds. Actions will be taken forward through the Membership, Involvement and Communication Group.	Ongoing
Agree with the Audit Committee the criteria for appointing, reappointing and removing external auditors following a written recommendation from the Audit Committee		A report on an external audit tendering process and the findings of the tendering exercise was presented to the September 2024 Council of Governors meeting.	Completed
Appraisal process for Chairman and Non-Executive Directors		The appraisals for Chair and Non-Executive Directors is in progress and will be presented at a future Council of Governors.	December agenda
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		The Trust does not anticipate a proposed increase in non-NHS income	Ongoing

financial year.		of 5% or more for the 2025/26 financial year.	
To approve an application by the Trust to enter into a merger, acquisition, separation or dissolution (obtain assurance that the board of directors has been thorough and comprehensive in reaching its decision to undertake a transaction and has undertaken due diligence and that it considered the interests of members and the public as part of the decision-making process).		No further merger, acquisition, separation or dissolution is envisaged for 2025/26.	Completed
To approve a significant transaction.		No significant transaction is envisaged for 2025/26.	Completed
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.	In Progress

Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Future Governance Arrangements – Transition Proposal and Constitution Amendments
SPONSORING EXEC:	Dr Rima Makarem, Chair
REPORT BY:	Ben Edgar-Attwell, Deputy Director of Corporate Services
PRESENTED BY:	Ben Edgar-Attwell, Deputy Director of Corporate Services
DATE:	17 December 2025

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

Executive Summary and Reason for presentation to Committee/Board	<p>This report seeks the Council of Governors’ approval for a transition model for the Council’s future composition and the associated amendments to the Trust’s Constitution.</p> <p>These changes are proposed in response to anticipated legislative reforms under the Fit for the Future: 10-Year Health Plan for England (10YHP). The recommended approach is for a transition approach, which reduces the size of the Council while maintaining statutory compliance and proportional representation.</p> <p>The proposed constitutional amendments are set out in Appendix 1.</p> <p>This paper is issued ahead of the deadline for feedback requested by the Lead Governor to ensure Governors have the full detail of the recommended option and proposed constitutional amendments.</p>
Recommendation	<p>That the Council of Governors consider the recommendations set out in this paper:</p> <ul style="list-style-type: none"> • Approve Option 5 – Transition as the preferred approach for the future composition of the Council of Governors. • Approve the constitutional amendments detailed in Appendix 1 to enable implementation of this model from the next election cycle in 2026. • Delegate authority to the Trust Secretary to update the Constitution and submit the revised version to NHS England in line with statutory requirements.

Links to Strategic Aims

(Please select any which are impacted on / relevant to this paper)

- Aim 1 Contribute to improving the physical health and wellbeing of the population and reducing health inequalities
- Aim 2 Provide the best care and support to people
- Aim 3 Strengthen care and support in local communities
- Aim 4 Respond well to complex needs
- Aim 5 Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture
- 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 checked="" type="checkbox"/> Legislation | <input checked="" type="checkbox"/> Workforce | <input type="checkbox"/> Estates | <input type="checkbox"/> ICT | <input type="checkbox"/> Patient Safety/ Quality |
|------------------------------------|---|---|----------------------------------|------------------------------|--|

Details: N/A

Equality and Inclusion

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

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

The Trust aims to make its services as accessible as possible to all people and to support colleagues to thrive within our organisation so that we can provide the best care.

In developing this proposal, we have considered the potential impacts on people with protected characteristics under the Equality Act 2010. The changes relate to governance arrangements rather than direct patient care, but they do affect representation and voice within the Trust. To ensure inclusivity:

- **Public Representation:** The revised Council structure maintains representation across all public constituencies, ensuring that diverse communities continue to have a voice in governance.
- **Staff Representation:** The proposed constitutional amendment requires proportional representation across the integrated Trust, with at least one Staff Governor from acute services, community services, and mental health services. This approach safeguards inclusion of staff from different professional backgrounds and service areas.

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)

The recommendations have been informed by discussion at the joint Board and Governor development session on 2 December 2025, where options were presented and feedback gathered. Governors highlighted the need for meaningful engagement and proportional representation. Further input was received from the Lead Governor following the session. This feedback shaped the proposed transition model and constitutional amendments.

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 options appraisal was considered by the Board and Governors at the Joint Development Day held on 2 December 2025.

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

<input type="checkbox"/> Safe	<input type="checkbox"/> Effective	<input type="checkbox"/> Caring	<input type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well Led
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Is this paper clear for release under the Freedom of Information Act 2000?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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SOMERSET NHS FOUNDATION TRUST

FUTURE GOVERNANCE ARRANGEMENTS – TRANSITION AND CONSTITUTION AMENDMENTS

1. PURPOSE AND BACKGROUND

- 1.1 This report seeks the Council of Governors' approval for a transition model for the Council's future composition and the associated amendments to the Trust's Constitution. These changes are proposed in response to anticipated legislative reforms under the Fit for the Future: 10-Year Health Plan for England (10YHP).
- 1.2 The 10YHP sets out a clear intention to remove the statutory requirement for NHS Foundation Trusts to have Councils of Governors from April 2027. While the precise legislative framework is yet to be confirmed, the direction of travel is clear: future governance models will be dynamic and focused on patient, staff, and stakeholder engagement through alternative mechanisms.
- 1.3 Somerset NHS Foundation Trust currently has one of the largest Councils nationally, comprising forty-two Governors (twenty-one public, twelve staff, and nine appointed). Twenty-one of these terms will conclude in early 2026, creating a natural opportunity to review and adjust the Council's size and composition without curtailing existing terms.
- 1.4 We recognise that the proposed changes may feel challenging, given the depth of involvement and dedication Governors have shown over many years. We want to record our sincere thanks to all Governors for their exceptional commitment, insight, and professionalism. Governors have played a vital role in shaping the Trust's strategic direction, holding the Board to account, and ensuring that the voices of patients, staff, and communities are heard. Governors' contributions extend beyond statutory duties, encompassing quality walk rounds, PLACE inspections, membership engagement, and working groups – all of which have improved patient care.
- 1.5 These changes do not diminish the value of the Governors' work; rather, they reflect the evolving national context and the need to prepare for future models of engagement. The Trust is committed to ensuring that Governors' experience and perspectives continue to influence decision-making throughout the transition and beyond. Your willingness to engage constructively in these discussions demonstrates the strength of our partnership and the shared commitment to delivering the best possible outcomes for the people of Somerset.

2. PREVIOUS DISCUSSION AND GOVERNOR FEEDBACK

- 2.1 At the joint Board and Governor development session held on 2 December 2025, NHS Providers presented five options for managing the transition. These ranged from doing nothing, which would result in non-compliance

with the NHS Act 2006, to reducing the Council to its smallest possible size, which would severely restrict its ability to discharge statutory duties. The recommended option was Option 5 – Transition. This option proposes reducing the number of public Governors from twenty-one to thirteen, staff Governors from twelve to five, and appointed Governors from nine to seven, resulting in a total Council size of twenty-five Governors. This approach maintains compliance with the NHS Act and the Trust’s Constitution, provides sufficient capacity to discharge statutory duties, and avoids unnecessary cost and disruption from full elections for short-term roles. It also enables flexibility for future governance models envisaged by the 10YHP.

The following table illustrates the proposed Council structure:

Electing/Appointing Body	Elected Governors	Appointed Governors
Public Governors		
Mendip area	2	
Sedgemoor area	2	
South Somerset area	4	
Somerset West and Taunton area	3	
Dorset	1	
England and Wales outside Somerset	1	
Staff Governors		
Staff Constituency	5	
Appointed Governors		
NHS Somerset		1
Somerset Council		2
Voluntary, Community, Faith and Social Enterprise (VCFSE)		2
Universities		1
Wholly owned subsidiaries (Symphony Healthcare Services Limited and Simply Serve Limited)		1
Total	18	7

2.2 The discussion at the development session highlighted the importance of maintaining meaningful engagement and representation during this period of change. Governors were clear that while they understood the need to prepare for legislative reform, they wanted assurance that the Trust would continue to value their role and the perspectives they bring. Several Governors expressed concern about the potential loss of influence and accountability if the Council’s size was significantly reduced, noting that Governors provide robust challenge and constructive input on strategic decisions. There were questions about how staff and public voices would be captured in future arrangements, with particular emphasis on avoiding tokenistic engagement and ensuring that any new model remains transparent and inclusive.

2.3 Governors emphasised the importance of proportional representation across constituencies, notably the staff constituency bearing in mind the integrated Trust that SFT is.

- 2.4 There was also discussion about the practical challenges of holding elections in 2026 for terms that may only last a year before national changes take effect and the detrimental impact of onboarding new Governors for a short time period. It was therefore acknowledged that there is a need for a balanced approach that meets statutory requirements while avoiding unnecessary disruption.
- 2.5 These sentiments were echoed in correspondence from Jack Torr, Lead Governor, who wrote to colleagues following the session. In his letter, Jack acknowledged the surprise felt by many Governors at the scale of change and emphasised the need for a modern, dynamic replacement for the current model that continues to represent patients, communities, and staff effectively. He expressed support for a transitional approach, noting that Option 5 appeared to be the most appropriate way forward, while urging Governors to share their views and remain actively involved in shaping future arrangements.
- 2.6 It is recognised that this paper has been circulated ahead of the deadline for feedback requested by the Lead Governor. Jack's correspondence summarised the discussion at the development session and invited Governors to share their views on the proposed changes before this meeting. Issuing this paper now ensures that all Governors have the full detail of the recommended option and the proposed constitutional amendments to inform their responses.

3. RISKS AND MITIGATIONS

- 3.1 Reducing representation may raise concerns about stakeholder confidence and accountability. To mitigate these risks, robust alternative forums for staff and public engagement will be established, alongside existing networks, and transparency will be reinforced through patient groups and community partnerships. We will work with the reduced Council of Governors on how the Trust can have meaningful engagement with staff, patients and communities from 2027. Legislative uncertainty will be addressed by maintaining flexibility and reviewing arrangements regularly.
- 3.2 In response to feedback from the joint Board/Governor session, to ensure proportional representation across our integrated Trust in the staff constituency, the proposed amendment to the Constitution will now require that at least one Staff Governor should be elected from each of the following areas: acute services, community services, and mental health services, with five Staff Governors in total.

4. CONSTITUTIONAL AMENDMENTS REQUIRED

- 4.1 To implement this proposal, amendments to the Trust's Constitution will be required. Specifically, Annexes 1, 2, and 3 must be revised to set out the revised allocations for public, staff, and appointed Governors. Approval of these amendments requires more than half of the Council of Governors and

more than half of the Board of Directors voting in favour, as set out in paragraph 54 of the Constitution. Further detail on the amendments is set out in Appendix 1.

5. RECOMMENDATION

5.1 The Council of Governors is asked to:

5.1.1 Approve the adoption of Option 5 – Transition as the preferred approach for the future composition of the Council of Governors. This option provides a balanced and proportionate model that maintains statutory compliance, ensures effective governance, and positions the Trust to adapt to the changes anticipated under the Fit for the Future: 10-Year Health Plan for England.

5.1.2 Approve the constitutional amendments set out in Appendix 1 to enable implementation of this model. The revised allocations are detailed in Appendix 1 and require formal approval by both the Council of Governors and the Board of Directors in accordance with paragraph 54 of the Constitution.

5.1.3 Delegate authority to the Board Secretary and Corporate Services Manager to make the necessary updates to the Constitution and ensure that the revised document is submitted to NHS England in line with statutory requirements.

5.1.4 Agree that the changes take effect from the next scheduled election cycle in 2026, ensuring a smooth transition without curtailing existing terms of office.

5.1.5 By approving these recommendations, the Council will enable the Trust to remain compliant with current legislation, manage resources effectively, and prepare for the governance changes expected nationally. The Trust will continue to work closely with Governors to maintain strong engagement and influence during and beyond the transition period.

Appendix 1 – Proposed Amendments to the Constitution

Annex 1 – Public Constituencies

Existing table:

Table 1 - Seats on the Council of Governors from 1 May 2023

Name of Constituency	For residents of	Minimum number of members	Elected Governors
Mendip	The Mendip District Council area	150	4
Sedgemoor	The Sedgemoor District Council area	150	4
South Somerset	The South Somerset District Council area	200	6
Somerset West and Taunton	Somerset West and Taunton District Council	200	5
Dorset	Dorset	50	1
Outside Somerset and Dorset	England and Wales outside Somerset and Dorset	50	1
Totals	Minimum Membership	800	
	Governors		21

To replace table with:

Table 1 - Seats on the Council of Governors from [DATE TBC]

Name of Constituency	For residents of	Minimum number of members	Elected Governors
Mendip	The Mendip District Council area	150	2
Sedgemoor	The Sedgemoor District Council area	150	2
South Somerset	The South Somerset District Council area	200	4
Somerset West and Taunton	Somerset West and Taunton District Council	200	3
Dorset	Dorset	50	1
Outside Somerset and Dorset	England and Wales outside Somerset and Dorset	50	1
Totals	Minimum Membership	800	
	Governors		13

Annex 2 – Staff Constituency

1. MINIMUM NUMBER OF MEMBERS

1.1 There will be a single Staff Constituency with at least 1,200 members.

2. NUMBER OF SEATS ON COUNCIL OF GOVERNORS

2.1 The number of Governors to be elected by the Staff Constituency is 12 (twelve).

To replace with:

1. MINIMUM NUMBER OF MEMBERS

1.1 There will be a single Staff Constituency with at least 1,200 members.

2. NUMBER OF SEATS ON COUNCIL OF GOVERNORS

2.1 The number of Governors to be elected by the Staff Constituency shall be five (five).

2.2 To ensure proportional representation across the integrated Trust, at least one Staff Governor should be elected from each of the following service areas:

- Acute Services
- Community Services
- Mental Health Services

Annex 3 – Composition of Council of Governors

Existing wording:

2. COMPOSITION

2.1 The Composition of the Council of Governors shall be as follows:

2.2 The Composition of the Council of Governors from 1 May 2023 shall be as follows:

	Electing/Appointing Body	Elected Governors	Appointed Governors	
1.1	Public Governors			
	1.1.1	Mendip District Council area	4	
	1.1.2	Sedgemoor District Council area	4	
	1.1.3	South Somerset District Council area	6	
	1.1.4	Somerset West and Taunton District Council	5	
	1.1.5	Dorset	1	

	1.1.6	England and Wales outside Somerset	1	
1.2	Staff Governors			
		Staff Constituency	12	
Appointed Governors				
1.3	CCG Governor			
		NHS Somerset		1
1.4	Local Authorities' Governors			
	1.5.1	Somerset Council		2
1.5	Partnership Organisations' Governors			
	1.6.1	Somerset Primary Care Board		1
	1.6.2	Voluntary, Community and Social Enterprise (VCSE)		2
	1.6.3	Universities		1
	1.6.4	Symphony Healthcare Services Ltd		1
	1.6.5	Simply Serve Limited		1
	Total		33	9

To replace table with:

2. COMPOSITION

2.1 The Composition of the Council of Governors shall be as follows:

	Electing/Appointing Body		Elected Governors	Appointed Governors
1.1	Public Governors			
	1.1.1	Mendip area	2	
	1.1.2	Sedgemoor area	2	
	1.1.3	South Somerset area	4	
	1.1.4	Somerset West and Taunton area	3	
	1.1.5	Dorset	1	
	1.1.6	England and Wales outside Somerset	1	
1.2	Staff Governors			
		Staff Constituency	5	
Appointed Governors				
1.3	NHS Somerset			1
1.4	Somerset Council			2
1.5	Voluntary, Community, Faith and Social Enterprise (VCFSE)			2
1.6	Universities			1
1.7	Wholly owned subsidiaries (Symphony Healthcare Services Limited and Simply Serve Limited)			1
	Total		18	7

A large, stylized graphic of many birds in flight, arranged in a shape that resembles the number '7'. The birds are in various colors including blue, green, purple, and white, and are scattered across the left side of the slide.

Finance and Performance: Report to the Council of Governors

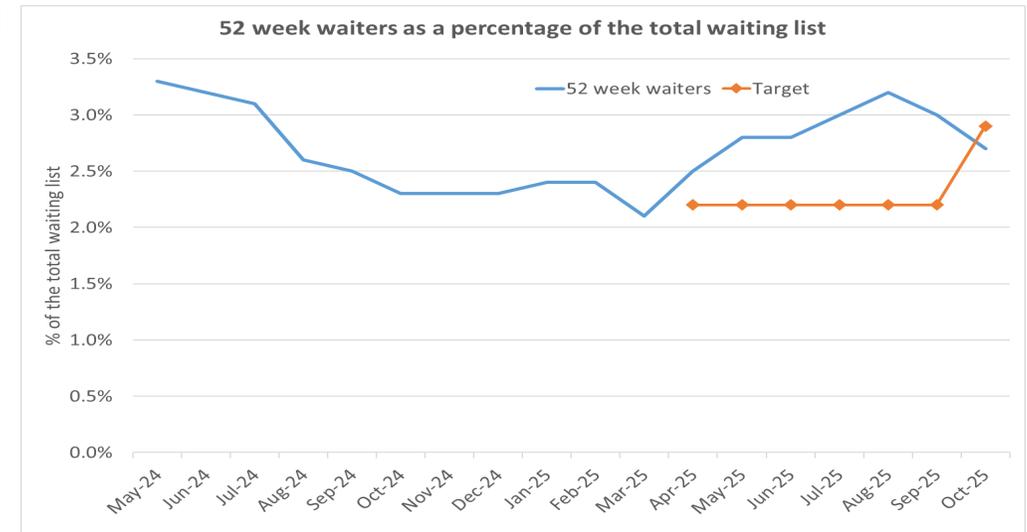
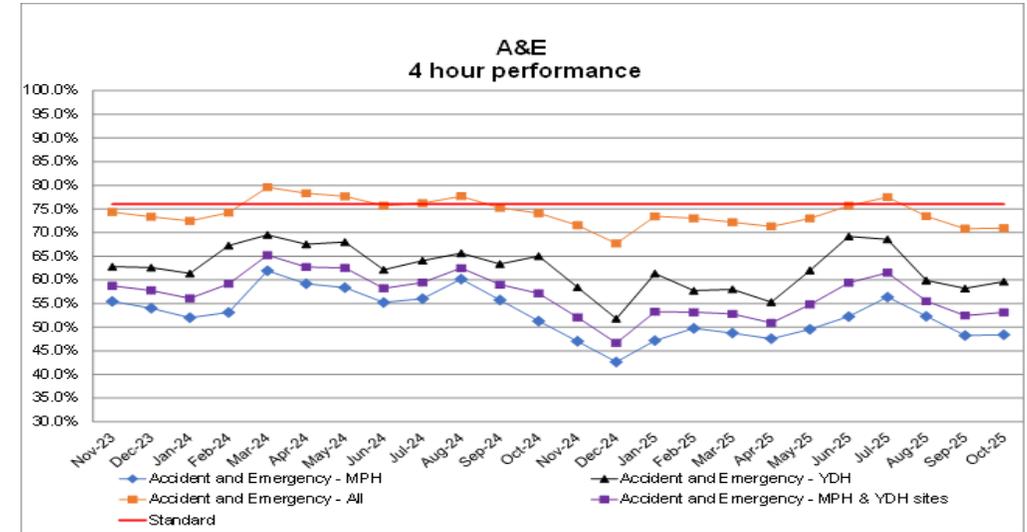
Kindness, Respect, Teamwork
Everyone, Every day

Pippa Moger, Chief Finance Officer
17 December 2025

National Priorities

- As at 31 October 2025, we were 0.8% below our planning trajectory for the national priority measure to improve the percentage of patients waiting no longer than 18 weeks for treatment (actual 62.5%, plan 63.3%) and were also below our target for the percentage of patients waiting no longer than 18 weeks for a first appointment (actual 70.3%, plan 74.7%).
- The percentage of patients waiting over 52 weeks at the end of October was 2.7% of the waiting list, worse than the original plan of 2.2% or less, but better than the revised trajectory of 2.9% or less. The number of patients waiting over 65 weeks decreased by 16 to 141 at the end of October, against a national expectation of zero.
- Trust-wide A&E 4-hour performance in October 2025 was 53.1%, up slightly from September. Overall compliance, including Urgent Treatment Centres, was 71%, below the national standard of 76%. The regional average performance for October was 68.8%, the lowest level since February 2025, and SFT was the third-best-performing Trust out of 13 in the region.
- Two consultant posts at MPH have been approved via the vacancy panel. The UTC at YDH went live on 11 November.

Kindness, Respect, Teamwork
Everyone, Every day

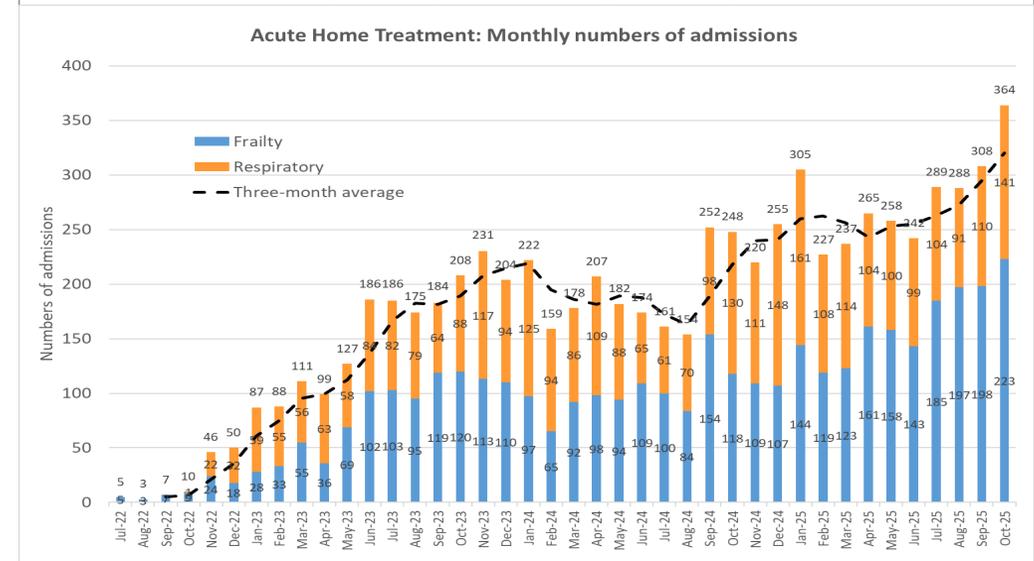
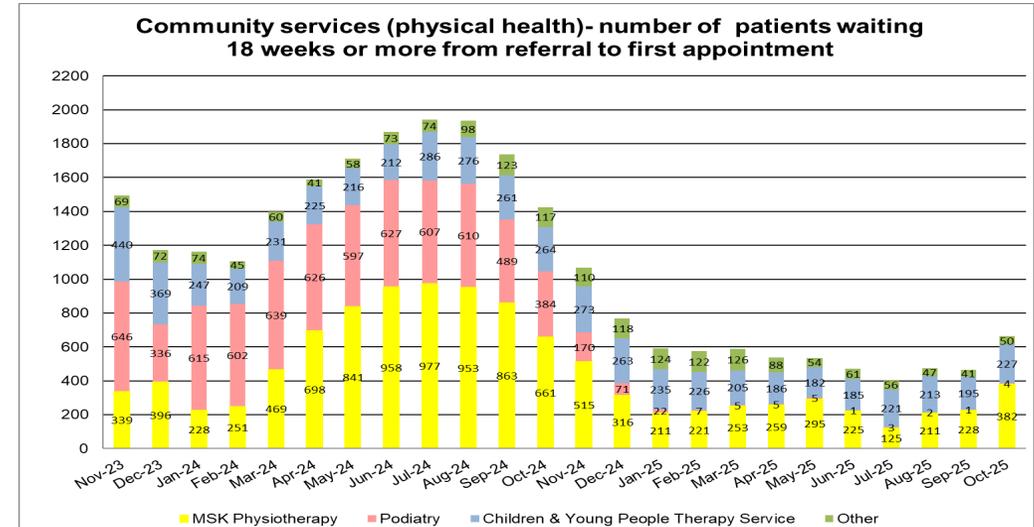


Pippa Moger

Neighbourhoods and Community services

- As at 31 October 2025, the number of patients waiting 18 weeks or more to be seen by our community physical health services (excluding Dentistry) was 663, up from 465 in September. The rise was mainly due to MSK Physiotherapy, which has made significant progress with reducing its numbers of long waiters, but which has also experienced rising demand and a reduction in capacity due to vacancies, planned and unplanned sickness absence, and insufficient cover for maternity leave. The percentage of patients waiting under 18 weeks was 94.3%, against a national standard of 78% to be achieved from April 2026. No patients were waiting 52 weeks or more.
- In October 2025, the percentage of patients seen within two hours by our urgent community response service was 91.3%. Performance has consistently been maintained well above the 70% national standard.
- The average Hospital at Home caseload was 107 during October, the highest level since the service began. There were 364 admissions to the virtual beds in October, also the highest monthly number since the service began.

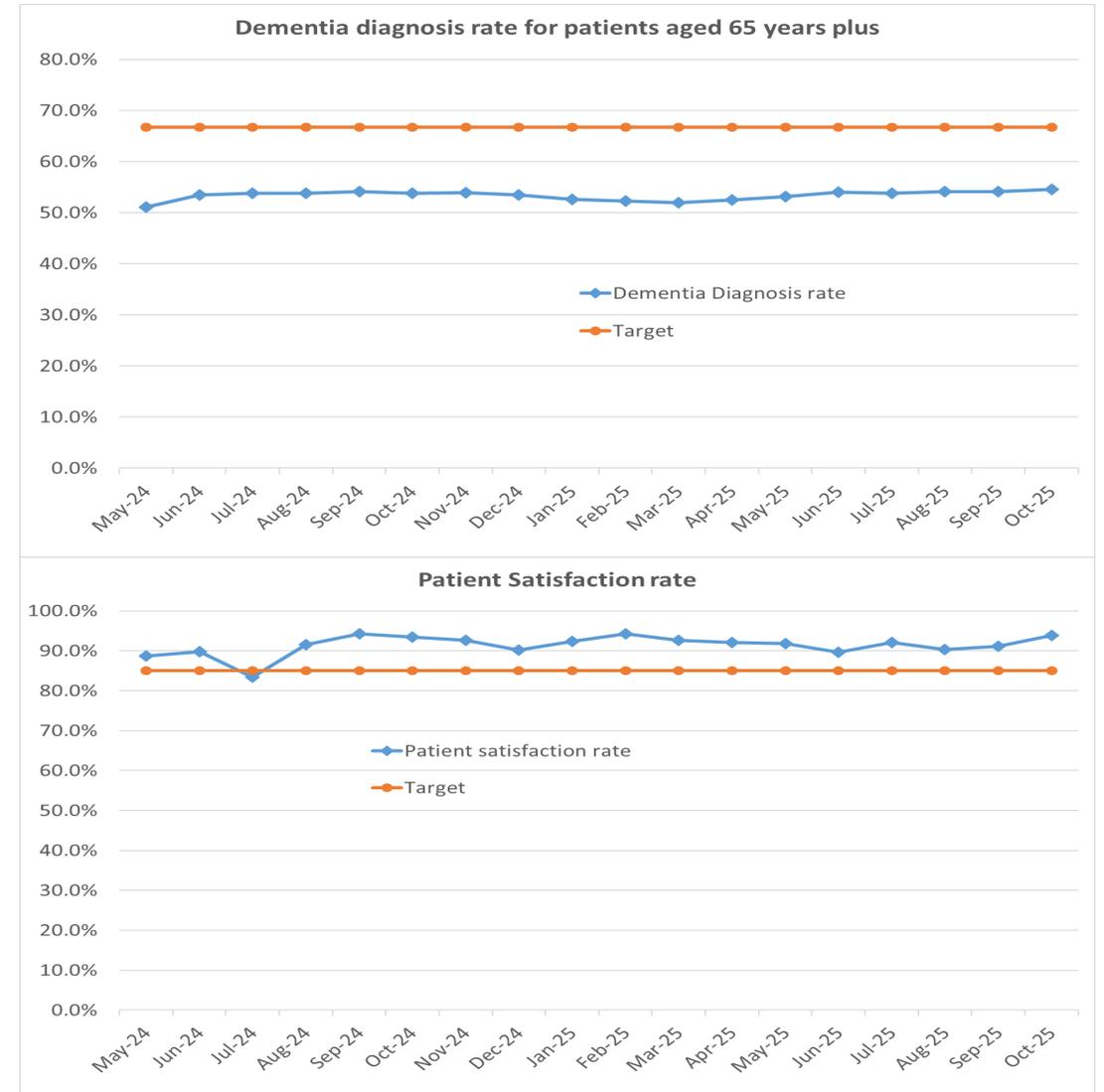
Kindness, Respect, Teamwork
Everyone, Every day



Pippa Moger

Symphony Healthcare Services

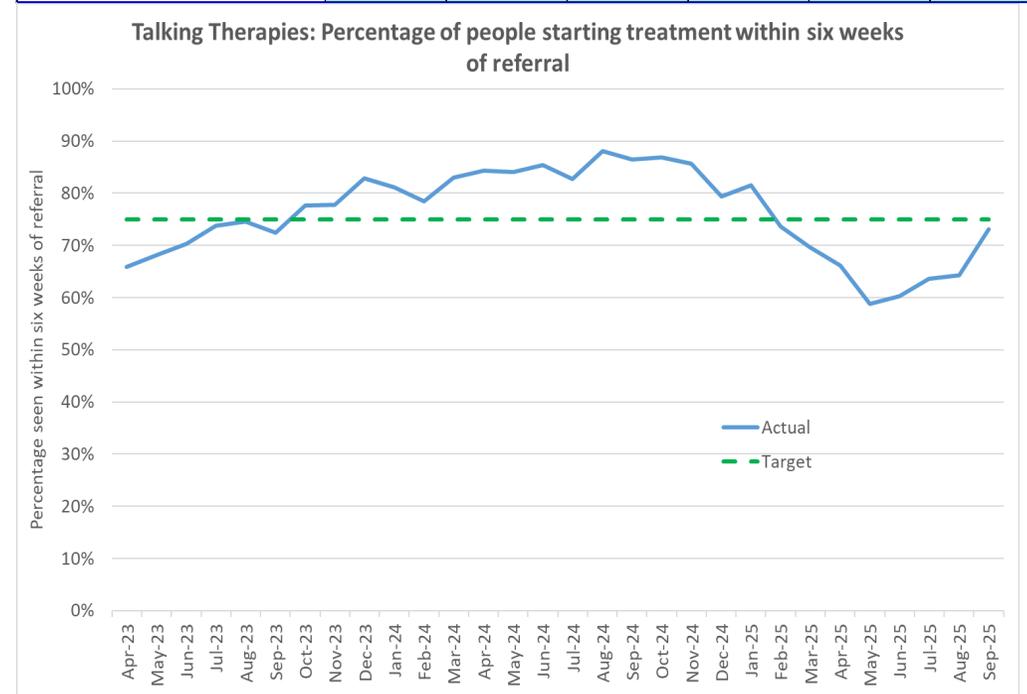
- Dementia diagnosis rates are calculated by comparing the actual numbers of recorded diagnoses with estimated dementia prevalence levels. Practices are expected to ensure that the number of patients actually diagnosed is at least 66.7% of the estimated prevalence level. As at 30 June 2025 – the latest data available - the dementia diagnosis rate across Symphony Healthcare practices was 54.6%, up from 54.1% in September and the highest level since April 2024. Symphony is undertaking work with practices to achieve improved outcomes.
- The patient satisfaction rate for Symphony practices in October 2025 was 91.7% and has been maintained consistently above the 85% target level.
- The recruitment of General Practitioners remains positive, with the net GP vacancy rate across Symphony reducing from 6% in September to 5% in October.



Mental Health and Learning Disabilities

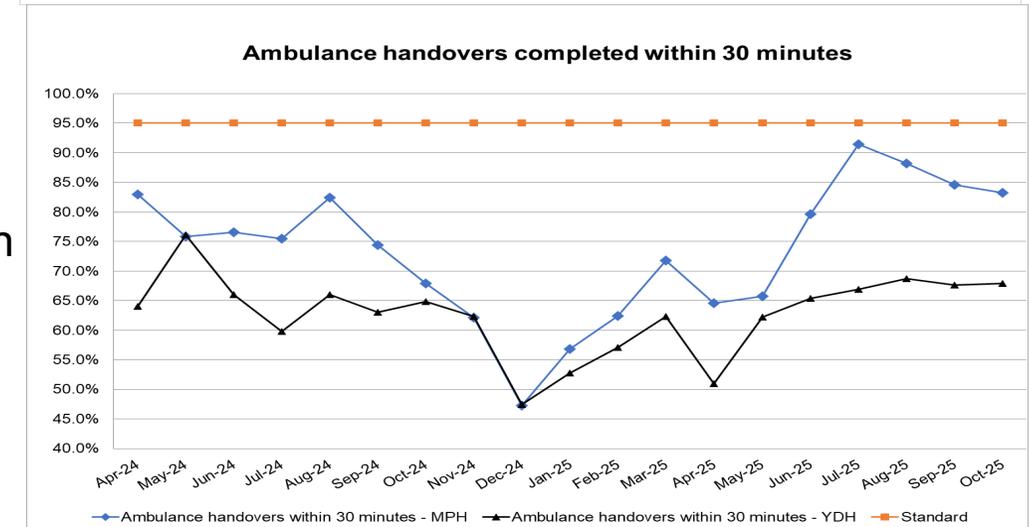
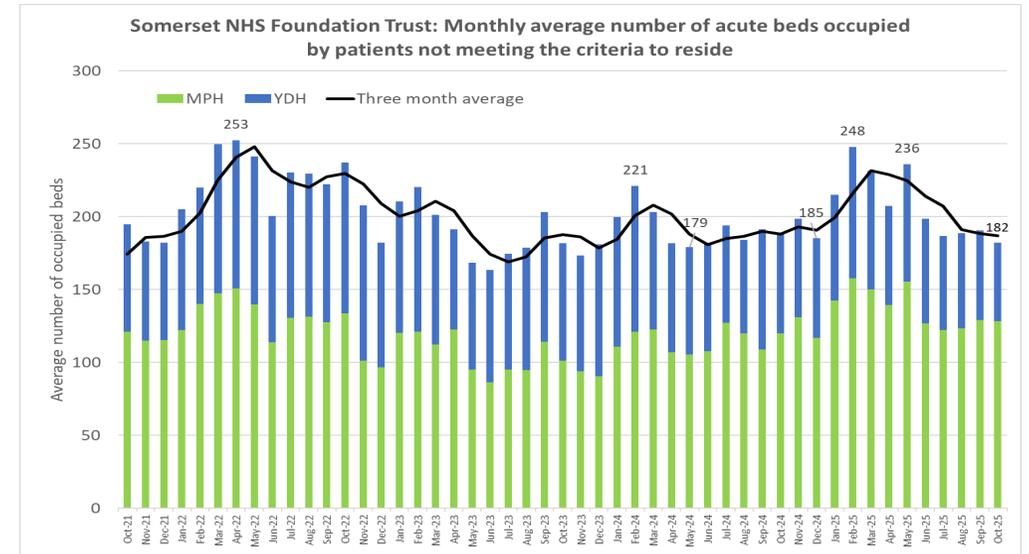
- The percentage of people waiting six weeks or less to be seen by our adult community mental health services was 92.2% in October 2025, and 97.9% of older people on the waiting list for a first appointment had waited under six weeks; 96.6% of children and young people referred to Child and Adolescent Mental Health Services (CAMHS), and all people referred to our learning disabilities service had waited under six weeks.
- All people referred with a first episode of psychosis began treatment with a NICE-recommended care package within two weeks of referral in the three months to 31 October, against the national standard of 60%. The access standard was also achieved once again for access to perinatal mental health services.
- The percentage of Talking Therapies patients beginning treatment within six weeks of referral remained below the 75% standard in September 2025 – the latest validated data available - at 73.1%, up from 64.3% in August.
- The service expects to return back above the 75% level in October 2025.
- During October 2025 the rolling three-month average length of stay within our adult mental health wards was 57.8 days, above the planning trajectory of 54.8 days.

	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
Adult mental health services	92.6%	92.1%	97.1%	98.2%	91.9%	92.2%
Older Persons mental health services	98.0%	100.0%	96.8%	97.2%	99.0%	97.9%
Learning disabilities service	100.0%	100.0%	100.0%	100.0%	-	100.0%
Children and young people's mental health services	100.0%	96.8%	100.0%	96.7%	97.1%	96.6%



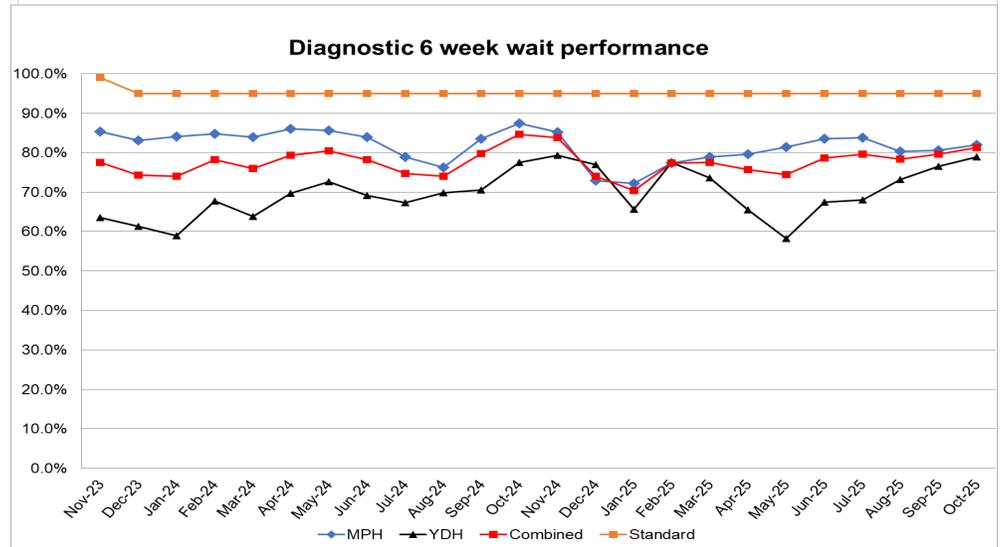
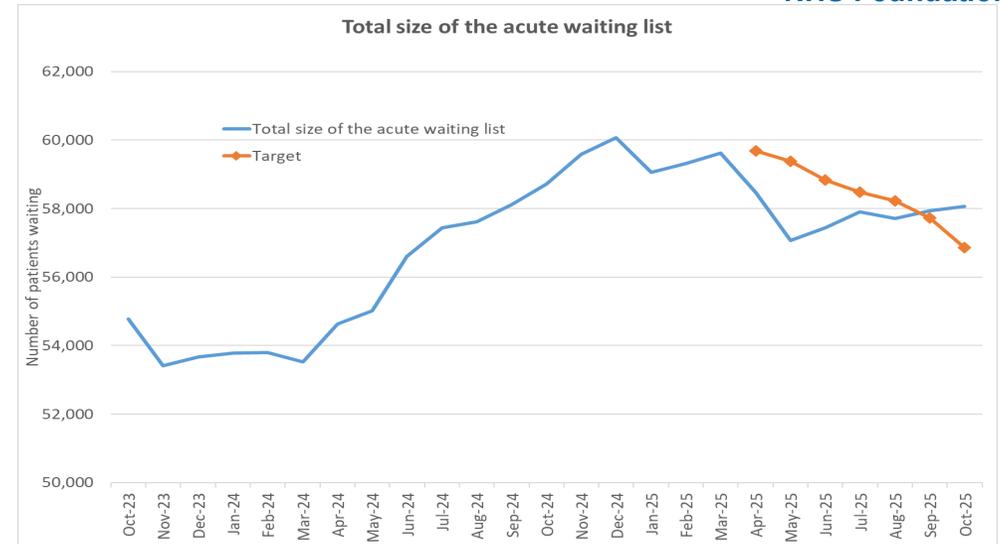
Urgent and Emergency Care

- During October the Trust-wide average number of beds across the two acute sites occupied by patients not meeting the criteria to reside was 182, down from 190 in September, and the lowest monthly average number since June 2024.
- As at 31 October, national best-quartile performance was that 10.7% of Adult General & Acute and critical care beds were occupied by patients who did not meet the criteria to reside. Our performance was 21.4% of beds. We were ranked 107th out of 118 Trusts nationally.
- Actions continue across both acute sites to improve hospital-related delays as well as continued focused work on board rounds and criteria-led discharge.
- During October, performance for the handover within 30 minutes of patient arrivals by ambulance was similar to the previous month at both acute sites. Somerset continues to see higher than the south west regional average of ambulance handover conveyances, by around 4%. Call before Convey began in September 2025, with the aim of reducing attendances where alternatives in the community could be used.



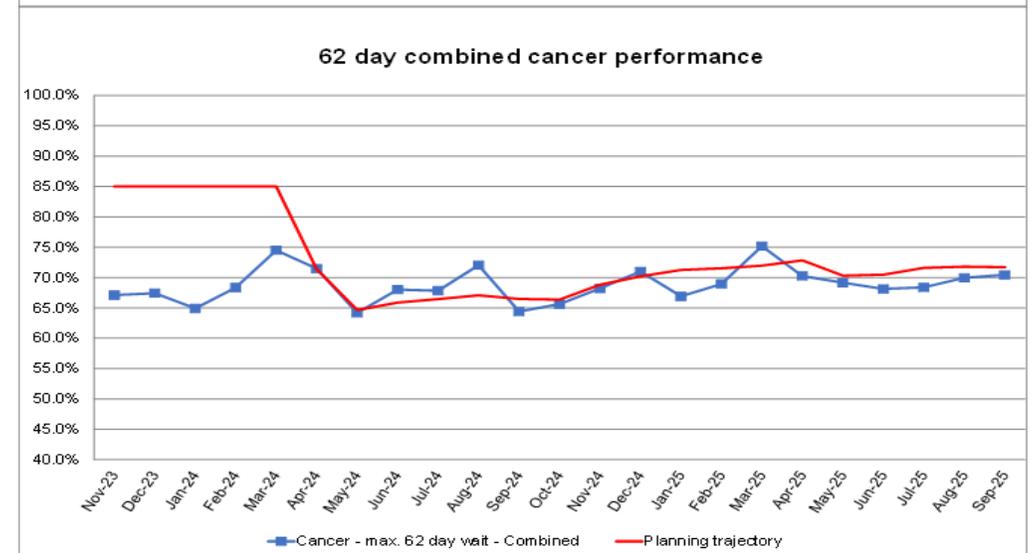
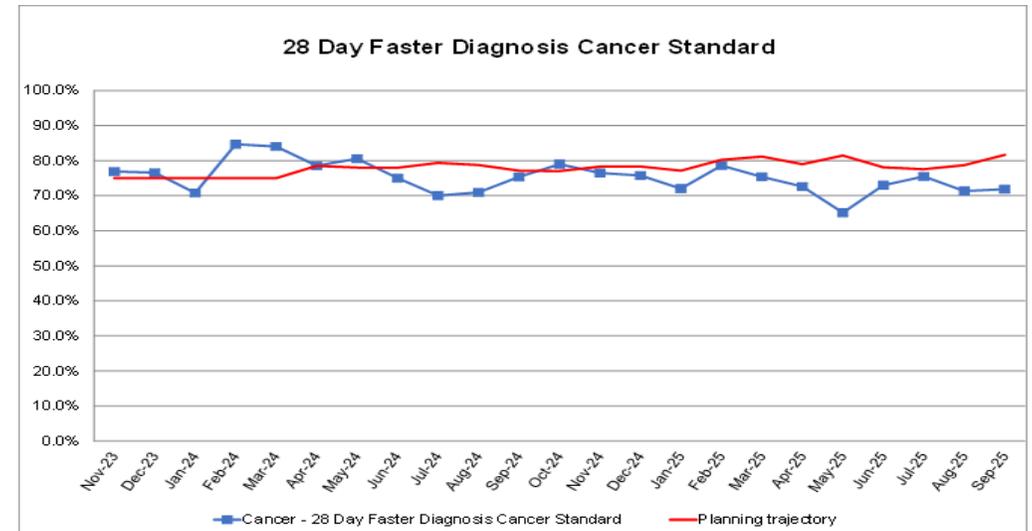
Elective Care

- The total size of the acute waiting list as at 31 October was 58,068, 1,210 higher (i.e. worse) than the target of 56,858 or fewer.
- The Trust-wide percentage of patients waiting under six weeks for their diagnostic test was 81.3% in October, up from 79.7% in September, and the highest level of performance since November 2024.
- Actions taken to increase capacity include:
 - waiting list initiatives for echo and radiology
 - locum radiographers, sonographers and physiologists,
 - the deployment of MRI and CT scanning vans..
- 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.



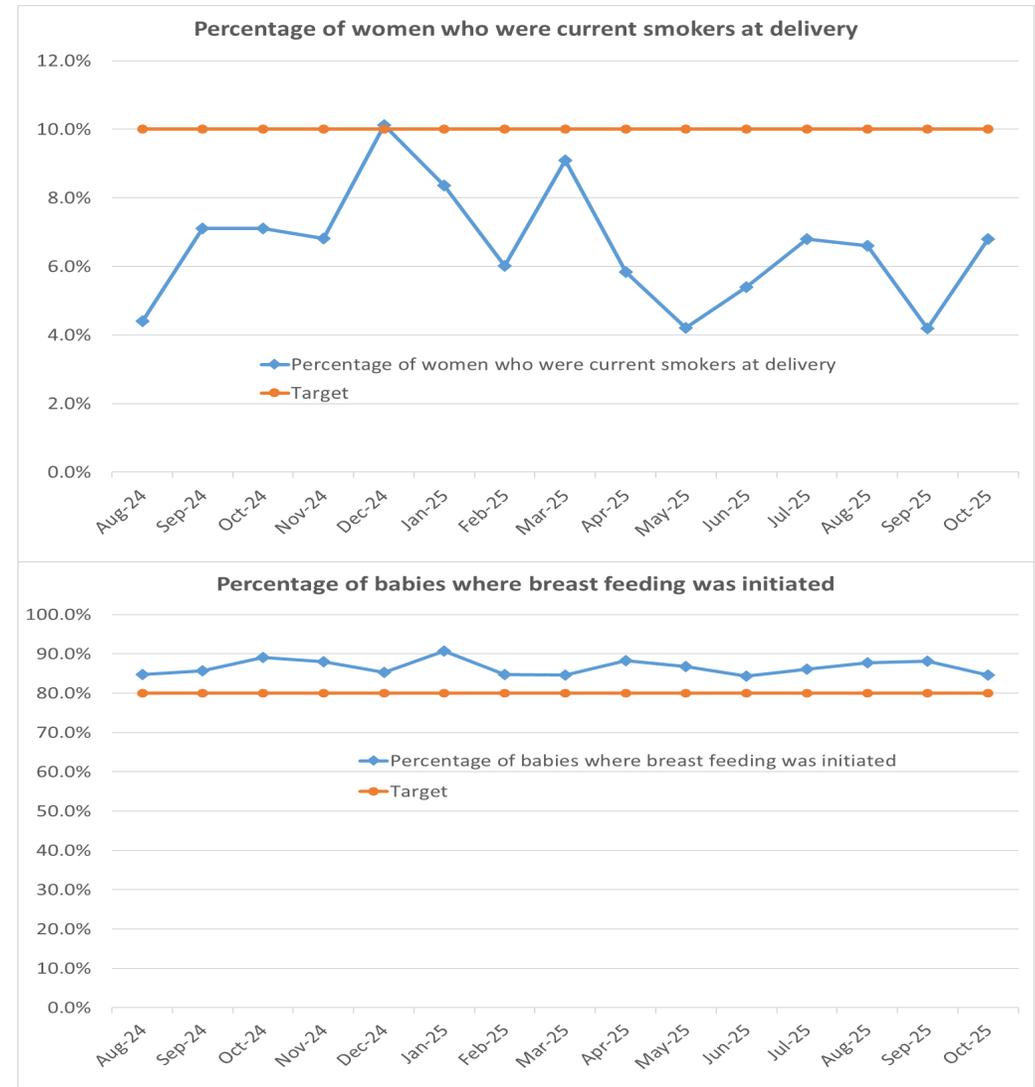
Cancer Services

- As at 30 September 2025 – the latest data available - the percentage of patients diagnosed with a cancer or given a benign diagnosis within 28 days of referral was 71.9%, below the September planning trajectory target of 81.7%. Performance is expected to be above 77% in October 2025. The highest volumes of breaches were in colorectal, breast, gynaecology and head & neck. Breast performance has improved, but remains lower than normal, linked to an inability to recruit within breast radiology. The head & neck and gynaecology services have been experiencing high levels of demand. The colorectal and urology teams have taken part in the national 100 Days Matter challenge. Urology performance improved by 24.8% between June and September 2025.
- Performance against the 62-day standard was 70.4% in September, above national standard of 70%, but below the planning trajectory of 71.7%. The main breaches were in urology, skin, and breast. The main cause of the breaches for urology and colorectal continues to be high demand. Self-referral services continue to be piloted and rolled out for patients with symptoms of cancer, to encourage patients to come forward sooner to get checked out. Two urology consultants (one substantive and one fixed-term) have been appointed and are now in post; two consultants have also returned from maternity leave.



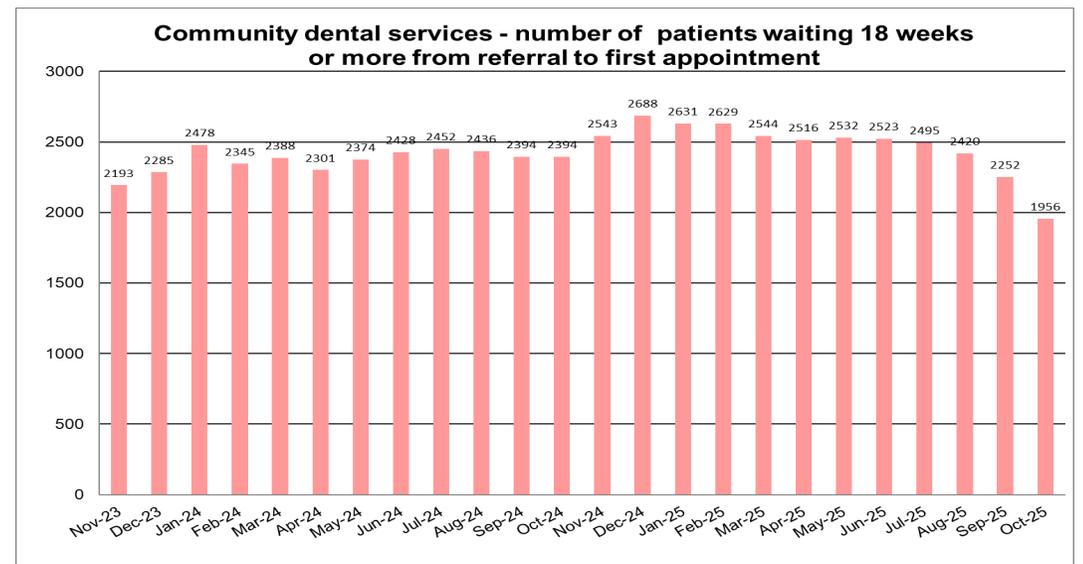
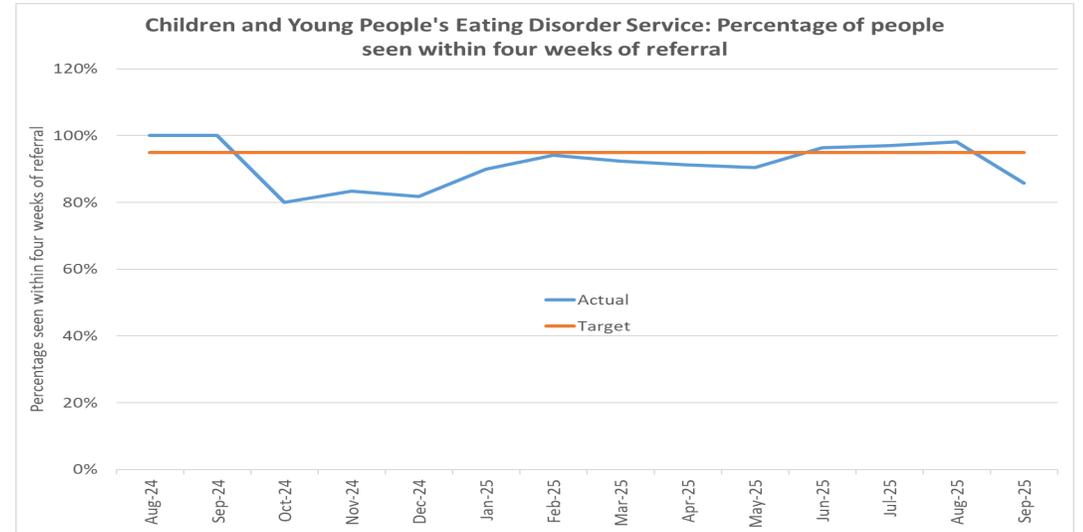
Maternity Services

- The Trust continues to monitor the impact of the temporary closure of YDH services. There have been no reported incidents since the temporary closure, where outcomes are directly linked to the temporary closure. Activity continues to be split evenly between DCH and MPH. As long as specific safety criteria are met, the Trust will re-open YDH Maternity and Neonatal services on 21 April 2026.
- Following the announcement made on 15 September 2025, that SFT Maternity services have been selected as one of 14 Trusts for the national independent Maternity and Neonatal Investigation, the Trust hosted the investigation team on 27 and 28 November 2025. The investigation team conducted 1:1 interviews, staff panels, and site walkarounds at both MPH and YDH.
- The percentage of women who were smokers at delivery in October was 6.8%, better than the target of 10% or less.
- The percentage of babies where breast feeding was initiated remained better than the 80% target level in October, at 84.6%.



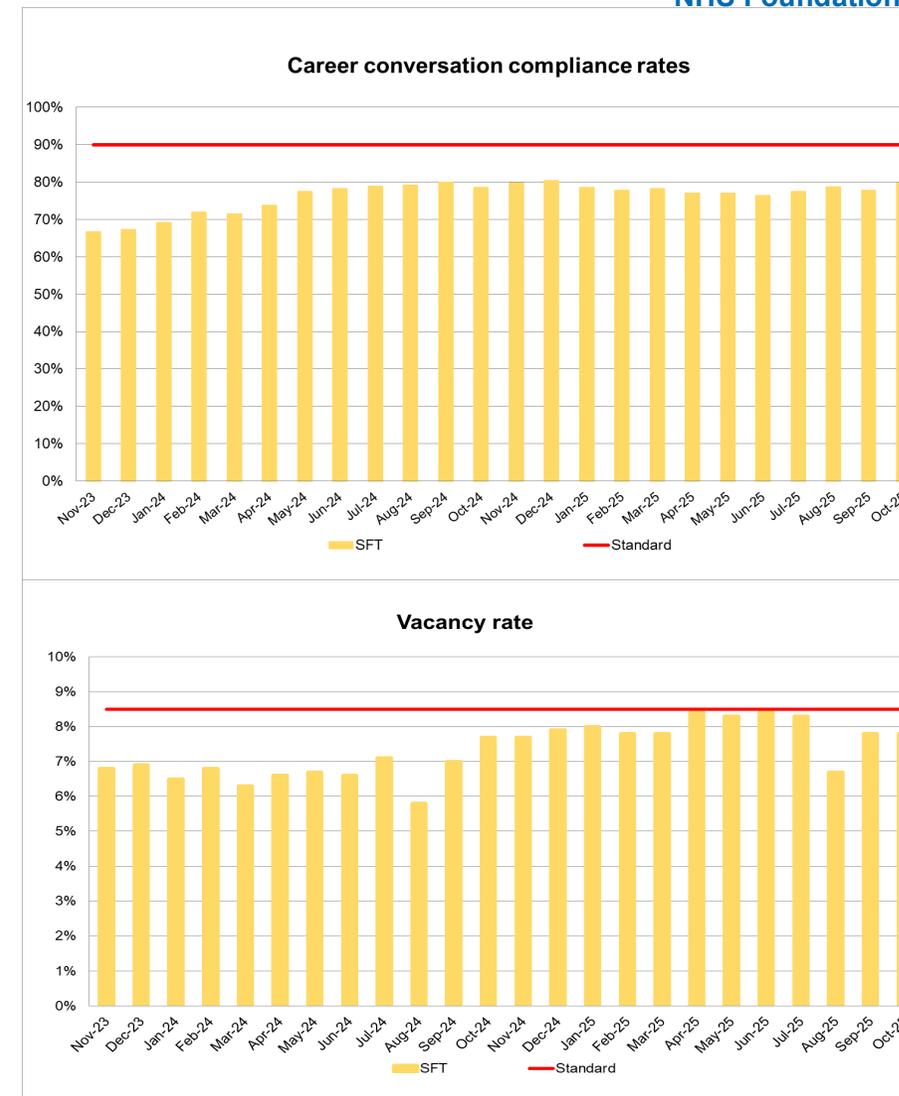
Children and Young People's Services

- The number of Children and Young People accessing NHS-funded mental health services in the 12 months to 31 October 2025 was 5,676, significantly above the target of 4,075.
- In the three months ending 30 September 2025 – the latest validated data available - the combined compliance of the SFT CEDS and SWEDA service was 85.7%, below the national standard of 95%. For SFT, performance was 87% (20 out of 23 referrals seen inside of four weeks), and for SWEDA compliance was 84.6% (22 out of 26 referrals seen inside of four weeks). The Deputy Head of Service is in close contact with SWEDA, working collaboratively to plan service improvements.
- As at 31 October, 1,956 patients had waited over 18 weeks to be seen by our community dental service, the fifth month in a row that the numbers had fallen. The numbers waiting 52 weeks or more fell to 84, a reduction of 86% since May 2025. The GA waiting list for young people reduced again to 454, the eighth month in a row that the numbers had fallen. A business case approved by Dorset ICB provides additional theatre slots, supporting further GA list reductions. Good progress has been made with recruitment, with the Somerset team now being fully established. The forthcoming opening of a new surgical facility in Somerset is expected to double Paediatric GA capacity.



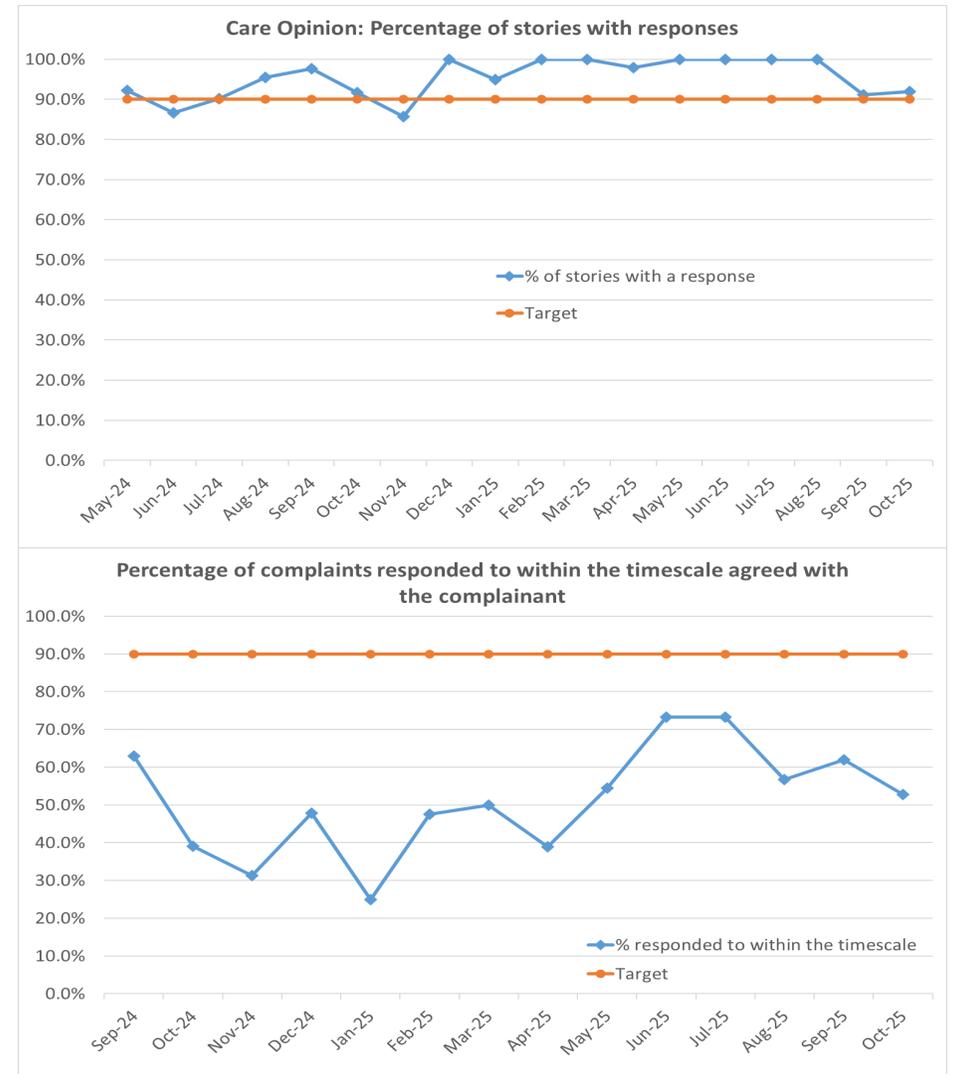
People

- In respect of retention, 89.8% of colleagues who were in post as at 31 October 2024 were still with the Trust one year later. Our aim is to achieve a rate of at least 88.3%. The retention rate is at its highest level since the new Somerset FT was established.
- As at 31 October 2025, the percentage of colleagues who had had a career conversation review within the last 12 months was 79.8%, up by 2.1% on the previous month. People Business Partners are linking with key stakeholders to provide targeted support.
- As at 31 October 2025, our mandatory training rate increased to 94%, the highest compliance level since the new Somerset FT was established.
- Our vacancy rate as at 31 October was 7.8%, below the new temporary Green level of 8.5%, instituted to reflect the current restriction on external recruitment.
- Our sickness absence rate for the 12 months to 31 October 2025 was 5.2%, unchanged from the previous month.



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 October 2025, 92% stories had a response, above the 90% standard for the eleventh month in a row.
- In October 2025, the percentage of complaints responded to within the agreed timescale was 52.8%. 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.



In October, the Trust recorded a surplus of £1m and has a year-to-date deficit of £8.4m, this is consistent with our planned position.

The key financial headlines are:-

- We continue to see a sustained reduction in our agency expenditure which at the end of October was £11m, this is £6.8m below the comparable period in 2024/25.
- CIP savings of £23.3m have been achieved at the end of October, slightly ahead of plan, although the level of recurrent savings form only 29% which is below our expected level. We are continuing to reduce the gap in our plans as services continue to identify additional areas to focus on.
- The resident doctor industrial action has created additional financial and performance pressures for which there is no additional central support.
- The Trust is now entering the period of winter escalation where we can expect further pressure on services and on our finances.

Statement of comprehensive income	Month 7 (October) 2025/26		
	Plan	Actual	Variance
	Year to date £'000	Year to date £'000	Year to date £'000
Operating income from patient care activities	605,969	606,295	326
Other operating income	44,536	45,581	1,044
Employee expenses	(454,384)	(460,652)	(6,268)
Operating expenses excl employee expenses	(199,946)	(195,501)	4,445
Operating Surplus/(Deficit)	(3,824)	(4,277)	453
Net Finance Costs/Corporation tax	(6,087)	(5,374)	712
Surplus/(Deficit) for the period	(9,911)	(9,652)	259
Adjustments to Financial Performance	1,508	1,249	(259)
Adjusted Financial Performance Surplus/Deficit	(8,403)	(8,403)	0

- The Trust is currently working on the draft plans for 2026/27 to 2027/28 which are due on 17 December, with final plans expected on 12 February.

Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Report from the Quality and Patient Experience working group on Thursday 20 November 2025
SPONSORING EXEC:	Jade Renville, Director of Corporate Services
REPORT BY:	Tina Hickinbottom-Tacey, Corporate Services Officer
PRESENTED BY:	Judith Goodchild, Chair of Q&PE Working Group
DATE:	17 December 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>The meeting focused on perioperative service developments, performance challenges in elective care and emergency pathways, and ongoing work to improve patient experience. Governors also discussed transport access issues, the role of patient stories in governance, and future engagement opportunities.</p> <p>This summary is provided for assurance and oversight by the Council of Governors.</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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Details: N/A
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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)
Not applicable

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]
Not applicable

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

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

SUMMARY OF KEY POINTS FOR THE QUALITY AND PATIENT EXPERIENCE GROUP HELD ON 21 NOVEMBER 2025

The meeting was initially not quorate, so the group agreed to stand down some agenda items. However, once additional governors arrived later, the meeting became quorate and most of the planned business was able to proceed.

Actions

Governors expressed concern over lack of progress on transport access and suggested lobbying local councillors.

Perioperative Service Update

Annabel Allen presented significant progress in optimising patients ahead of elective surgery.

- Recruitment to 14 specialist roles, including frailty and diabetes nurses, has enabled proactive risk identification and improved surgical outcomes.
- Introduction of a digital pre-assessment tool and targeted interventions (e.g., anaemia pathway) has reduced iron infusion rates from 88% to 14%, saving £72,000 and improving recovery times.
- Frailty reviews have supported shared decision-making, with 50% of patients declining surgery after informed discussions.
- Outreach clinics in Martock aim to reduce travel burden and improve access, though integration challenges with Yeovil systems remain.
- Next steps include developing pathways for patients with learning disabilities and consolidating perioperative governance across sites.

Kate Butler has agreed to share her perioperative journey and feedback for the Good to Know log in the future.

Quality and Performance Overview

Lee Cornell reported mixed performance:

- **Elective care:** Reduction in 52-week waits, but 65-week waits remain above national expectations.
- **Emergency care:** A&E performance at 71% is below target; UTC opening at YDH expected to improve flow.
- **Cancer pathways:** Progress slower than trajectory; recruitment underway to address consultant gaps.
- **Community and mental health services:** Performing strongly, exceeding national standards in early intervention and talking therapies.
- **System pressures:** High bed occupancy and delayed discharges continue to impact flow and length of stay.

Other Updates

- Governors raised concerns about **transport access** to diagnostic centres; lobbying local authorities may be required.
- Discussion on reintroducing **patient stories** at Board and working group level to ensure meaningful engagement.
- Feedback from Quality and Governance Committee highlighted improved scrutiny and challenge from Non-Executive Directors.



Challenges Identified

- Persistent long waits for elective care and cancer pathways.
- Operational pressures in acute services, including bed occupancy and ambulance handovers.
- Integration issues between perioperative services and Yeovil systems.
- Transport access and infrastructure limitations affecting patient experience.

Group agreed to review future meeting dates to avoid school holidays.



Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Report from the People working group on Thursday 11 December 2025
SPONSORING EXEC:	Isobel Clements, Chief of People and OD
REPORT BY:	Tina Hickinbottom-Tacey, Corporate Services Officer
PRESENTED BY:	Ian Hawkins / Jack Torr
DATE:	17 December 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	The People Working Group met on 11 December 2025 to review workforce priorities, recruitment challenges, colleague well-being initiatives, and cultural improvement programmes. Governors also reflected on the future role and format of the group, noting that decisions will be considered by the full Council early in 2026.
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
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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					

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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)
Not applicable

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]
Not applicable

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

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

SUMMARY REPORT FROM THE PEOPLE GROUP THURSDAY HELD ON 11 DECEMBER 2025

People Committee Update

Isobel Clements provided an update from the People Committee, including actions aligned to NHS England's 10-Point Plan for resident doctors. These focus on improving line management, sickness absence management, and implementing the Patchwork rota system to strengthen workforce coordination.

Workforce metrics were reviewed in detail.

- Turnover and retention stable; retention remains a key strategic measure.
- Appraisal compliance improved to 80% (up from 77%); quality requires further focus.
- Vacancy rate increased, under review.
- Time to hire: Currently 74 days vs. target of 56; improvement plan underway.
- Agency usage reduced by 4%; further 30% reduction targeted for next year.
- Mandatory training compliance strong at 94%.
- BME representation higher at lower bands; underrepresented at senior levels.

Staff survey results are expected to reflect national trends, which are moving in a negative direction. Although Somerset FT continues to perform better than average, the gap is narrowing. A cultural maturity review has been completed, and recommendations will follow.

Well-being and Research with Louise Netto, Rosemary Novak and Sue Chant

The group also received a presentation on research-led approaches to well-being, including:

- Presentation on *Care Under Pressure* and *Staff Time* studies highlighted systemic factors affecting stress and burnout.
- Priorities include improving rest spaces and hot food provision, reducing stigma around help-seeking, and strengthening team-based interventions.
- Compassionate Leadership Programme launched; fully booked until April.
- New medical leadership model embeds kindness and inclusion.

Governors raised concerns about recruitment delays and the risk of losing candidates during onboarding. Suggestions were made for informal support for overseas staff, and examples of community-led initiatives were shared. Governors emphasised the importance of maintaining colleague well-being as a priority equal to finance and performance.

Challenges Identified

Persistent delays in recruitment and onboarding remain a significant concern, alongside rising sickness absence linked to flu and operational pressures. Cultural and engagement indicators are trending negatively at a national level, and



infrastructure limitations for rest spaces and catering continue to impact staff experience.

Future of the People Working Group

Governors noted challenges with attendance and engagement and discussed potential changes to the group's format and purpose:

- Shorter, more focused sessions.
- Clearer distinction between staff governor engagement and public governor scrutiny.

Governors agreed this requires further discussion after the Council of Governors meeting.

Actions Identified

- Isobel Clements and Sun Sander-Jackson to discuss options for enhancing support for overseas staff and report back on practical steps.
- Governors to revisit the future structure and purpose of the People Working Group following the Council of Governors.



Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Report from the Strategy and Planning working group on 21 November 2025
SPONSORING EXEC:	David Shannon, Director of Strategy and Digital Development
REPORT BY:	Tina Hickinbottom-Tacey, Corporate Services Officer
PRESENTED BY:	Eddie Nicholas
DATE:	17 December 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.</p> <p>The group reviewed strategic priorities, digital transformation plans, estates development, and financial risks. Discussions focused on the HealthSET programme, EHR procurement, and AI adoption, alongside capital projects and community schemes. Challenges around aging infrastructure, maternity service accommodation, and financial sustainability were highlighted.</p> <p>The purpose is to inform governors of progress and risks impacting delivery of the Trust's strategic aims.</p>
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)	
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Implications/Requirements (Please select any which are relevant to this paper)
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<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

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Public/Staff Involvement History

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Not applicable

Previous Consideration

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Not applicable

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

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

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

- Yes No



SOMERSET NHS FOUNDATION TRUST

SUMMARY OF KEY POINTS FOR THE STRATEGY AND PLANNING GROUP 21 NOVEMBER 2025

Deputy Chair role remains vacant; nominations will be sought before the next meeting.

Digital Transformation and Health SET

The group received a comprehensive update on the Trust's digital strategy, which is fully aligned with the NHS 10-Year Plan.

A major focus was the **Health SET programme**, including the procurement of a new Electronic Health Record (EHR) system. The preferred bidder has been identified, with contract signing expected by February 2026 and full implementation planned for April 2028. This represents one of the most significant transformation programmes the Trust has undertaken.

AI adoption is progressing, with **Microsoft Copilot** now deployed across administrative areas and pilots of **ambient voice technology** in outpatient settings to streamline documentation. Cybersecurity remains a critical priority, supported by active monitoring and third-party audits. However, interoperability challenges across regional systems were noted, and mitigation will be addressed through procurement and governance arrangements.

Estates and Capital Projects

The group discussed the **mixed state of the Trust's estate**, highlighting the contrast between modern facilities and older, less suitable buildings. Updates included Wells Priory refurbishment, Swingbridge House for eating disorder care, and Magnolia repurposed for dental services. Significant investment is required for **fire safety and electrical compliance**, particularly in maternity and community hospitals. The **Surgical Centre** is nearing completion, with handover expected early in the new year despite ventilation issues that may require further work. Similarly, repairs at the **Yeovil Diagnostic Centre** are ongoing, with completion targeted for January.

Community mental health accommodation remains outdated, and relocation projects are underway to improve accessibility and quality. Financial pressures continue to impact the ability to deliver the new hospital programme, meaning repurposing older estate will remain necessary for the foreseeable future.

Financial and Risk Overview

The **Board Assurance Framework** was reviewed, highlighting several high-rated risks, particularly around financial sustainability and transformation delivery. Achieving a break-even position this year depends on an aggressive cost improvement programme, which remains challenging. Operational pressures—such as high bed occupancy and patient flow—are also affecting performance metrics and elective recovery. Temporary estate changes have reduced private patient activity; mitigation plans are under review. Governors noted significant operational pressures reflected in BAF, including elective recovery and ED performance.



Research and Innovation

The **mobile research unit** is now operational, supporting outreach and inclusion across Somerset. A broader research strategy update will be brought to the next meeting.

Pandemic Preparedness

The Trust is contributing to the national **Pegasus exercise**, which focuses on scenario planning and resilience strategies for future pandemics. This work will inform both local and national preparedness plans.

Challenges Identified

- Aging estate and delayed maternity redevelopment (earliest date 2030).
- Financial constraints and cost escalation in complex projects.
- Cybersecurity and data quality risks during digital transition.
- Workforce digital literacy and change management requirements.



Somerset NHS Foundation Trust	
REPORT TO:	Council of Governors
REPORT TITLE:	Report from the Membership, Involvement and Communications working group on 18 November 2025
SPONSORING EXEC:	Jade Renville, Director of Corporate Services
REPORT BY:	Tina Hickinbottom-Tacey, Corporate Services Officer
PRESENTED BY:	Jack Torr, Lead Governor
DATE:	17 December 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>The group discussed engagement activities, strategic priorities, and future direction in light of the NHS 10-Year Plan.</p> <p>Updates included Medicine for Members events, youth involvement, governor surgeries, and the proposed Foundation Families initiative. Membership statistics and communication metrics were reviewed, alongside plans for refreshed workstreams and community engagement.</p> <p>The purpose is to inform governors of developments in membership engagement, communications strategy, and evolving Trust priorities.</p>
Recommendation	The Council of Governors is asked to note the items discussed at the meeting.

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

SOMERSET NHS FOUNDATION TRUST

SUMMARY OF THE KEY POINTS FOR THE MEMBERSHIP, INVOLVEMENT AND COMMUNICATIONS GROUP 18 NOVEMBER 2025

Governance and Group Direction

The group agreed to refresh its workplan and clarify its role in supporting the Trust's strategic priorities. A detailed review will take place at the February 2026 meeting.

Membership and Engagement

Medicine for Members: October event focused on mental health received positive feedback. Future topics suggested include sleep, ageing well, and long-term conditions. Group agreed to consider an online event in January themed around NHS winter pressures and public support.

Youth Engagement: No recent contact from previous volunteers; opportunities to involve young people through the volunteer programme and colleges will be pursued.

Governor Surgeries: Revised approach to include hospital tours and links with Patient Participation Groups for more meaningful engagement.

Governors stressed the importance of consistent messaging and wider involvement in community engagement activities.

Governors discussed strengthening links with Patient Participation Groups to amplify community feedback.

Foundation Families Initiative

Proposal to involve multi-generational families in feedback and engagement was discussed. Alignment with existing patient engagement work will be explored.

Membership Statistics

Membership numbers remain stable. Email newsletters reach over 400 members with a 50–60% open rate. Data accuracy and engagement monitoring continue.

Strategic Context

Discussion on the NHS 10-Year Plan highlighted the need for governors to support community transformation and consistent messaging. Stakeholder reference groups for community hospitals will be established in 2026.



Annex 1
Non- Executive Directors' Objectives

Martyn Scrivens

Objectives for 2025/26

- Develop a medium-term financial plan addressing the underlying deficit, identifying opportunities for recurrent savings and new income sources.
- Continue transformation of SHS as an exemplar provider of primary care.
- Support the refresh of SFT's organisational strategy, aligning with the 10-Year Plan and ambitions for greater service integration.

Graham Hughes

Objectives for 2025/26

- People Committee – Provide strategic leadership and oversight, with a focus on workforce cost control and delivery of the CIP programme.
- SSL – Continue to support commercial diversification and financial contribution to the Trust.
- Charity – Drive growth and visibility of the Trust's charitable activities, ensuring alignment with organisational priorities.

Alexander Priest

Objectives for 2025/26

- Provide strategic leadership to the Mental Health Legislation Committee, ensuring alignment with national reforms and a continued focus on patient rights and ethical governance.
- Support assurance around maternity transformation, including safety programmes and digital integration.
- Offer values-led support and constructive challenge to the Executive Team, helping navigate strategic pressures with clarity and resilience.

Paul Mapson

Objectives for 2025/26

- Input into the refresh of SFT's organisational strategy, aligned with the 10-Year Plan and integrated care ambitions
- Continue to challenge the Trust on financial resilience, focusing on recurrent savings and alternative income sources
- Improve assurance on risks and controls through the Audit Committee
- Support development of a deliverable EPR solution, working with the Board and digital teams



Inga Kennedy

Objectives for 2025/26

- Achieve a balanced approach to performance and quality/safety discussions, providing evidence of driving a quality improvement agenda.
- Support the development of updated strategy and plans, aligned with the NHS 10-Year Plan and Somerset population needs.
- Ensure governance assurance across all provider areas, highlighting strengths and weaknesses through Board reporting.

Rosie Benneyworth

Objectives for 2025/26

- Support the review and development of strategies aligned with the NHS 10-Year Plan, enabling a shift from acute to community care and prevention.
- Promote a learning culture across the organisation, with a focus on community, mental health, and primary care.
- Champion an inclusive culture that celebrates diversity and promotes equality.
- Ensure health inequalities are considered in all Board work, with positive action taken.
- Strengthen the speaking-up culture and oversight of Freedom to Speak Up processes as Board FTSU Champion.

Olena Doran

Objectives for 2025/26

- Attend at least one meeting of each Trust Committee and conduct monthly site visits to deepen understanding of Trust operations.
- Build effective working relationships with the Chair, NEDs, Governors, and Executive Directors.
- Collaborate with the Executive Director of Innovation to establish a Trust Research Committee and finalise the Research Strategy and Delivery Plan.
- Undertake personal development through NHS provider courses, performance report reviews, and relevant journals.

Darshan Chandarana

Objectives for 2025/26

- Build a strong understanding of Trust strategy, operations, and governance.
- Complete site visits across acute, community, and service hubs.
- Actively contribute to the Finance Committee.
- Support digital transformation via the Digital Steering Committee.
- Complete NHS Providers' NED Development Course.
- Explore AI enablement to support communications strategy.
- Champion stakeholder voice in Board and committee discussions.
- Contribute to effective Board dynamics and decision-making.

Tom Frederick

Objectives for 2025/26

- Become an active member of at least one Board committee and attend all others during induction.
- Provide oversight and assurance for the EPR programme and digital strategic priorities.
- Develop a comprehensive understanding of the Trust and Somerset health system through site visits and stakeholder engagement.
- Build capability as an NHS NED through mentoring and formal development programmes.
- Align technology expertise with population health priorities and Trust strategies.