NHS Somerset NHS Foundation Trust

COUNCIL OF GOVERNORS' MEETING

A General Meeting of the Somerset NHS Foundation Trust's Council of Governors will be held on **Wednesday 9 March 2022 at 14:00 via Microsoft Teams.**

Microsoft Teams meeting

Join on your computer or mobile app

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If you are unable to attend, would you please notify Mrs Ria Zandvliet, Secretary to the Trust by email on ria.zandvliet@somersetft.nhs.uk

Yours sincerely

COLIN DRUMMOND
CHAIRMAN

A G E N D A

1. 14:00	**APOLOGIES FOR ABSENCE** Apologies have been received from	Chair	
2.	**QUESTIONS FROM MEMBERS OF THE PUBLIC**	Chair	
3.	**DECLARATION OF ELIGIBILITY TO VOTE**	CL	Verbal
4.	**DECLARATIONS OF CONFLICT OF INTERESTS IN RESPECT TO ITEMS ON THE AGENDA**	CD	Verbal
5.	**TO APPROVE:** • The draft minutes of the Public meeting held on 15 December 2021	Chair	Enc A
6.	**MATTERS ARISING AND REVIEW OF THE ACTION LOG**	Chair	Enc B
7.	**TO RECEIVE THE PUBLIC REGISTER OF COUNCIL OF GOVERNORS INTERESTS**	Chair	Enc C
8. 14:10	**CHAIRMAN'S UPDATE** • Council of Governors' attendance • Statutory Duties of Governors 2021/22 – update • Governor elections – Notice of Elections	Chair	Enc D Enc Di Enc E
9. 14:20	**PERFORMANCE UPDATE FROM THE EXECUTIVE DIRECTORS (PRESENTATION)** *In attendance: Lee Cornell, Associate Director – Planning and Performance and Mark Hocking, Deputy Finance Director*	Execs	Presentation Enc F

10. 14:45	**CHIEF EXECUTIVE UPDATE** • **Minehead MIU overnight closure**	PL	Verbal
11. 15:10	**TO RECEIVE AN UPDATE ON THE MERGER PROGRESS OF DISCUSSION WITH YEOVIL DISTRICT HOSPITAL**	DS	Presentation Enc G
13. 15:35	**TO RECEIVE AN UPDATE FROM THE MEMBERSHIP STRATEGY GROUP**	JK	Verbal
	GOVERNOR QUESTIONS		Verbal
14**.** 15:45	**FEEDBACK FROM:**		
	1) Report from the Lead and Deputy Lead Governors	IH/KB	Verbal
	2) Governors – issues and any ensuing actions needed/taken	All	Verbal
	3) The Strategy and Planning Group meeting held on 19 February 2022	PA	Enc H
	4) The Quality and Patient Experience Group meeting held on 7 February 2022	JG	Enc I
	5) The People Group meeting held 16 February 2022	LP	Enc J
	6) The Nomination and Remuneration Committee	IH	Enc K
	7) Staff Governors		Verbal
15. 15:55	**ANY OTHER BUSINESS**		
	• Future Agenda items for Council of Governors meetings	All	Verbal

16. **DATES OF NEXT MEETINGS**

The dates for 2022 are confirmed as follows:

- Wednesday 15 June - 16:00 – 18:00
- Wednesday 28 September (AGM) – 12:30 – 14:30
- Wednesday 14 December – 15:00 – 17:00

If a quorum is not present on the above dates (and for this meeting), the adjourned meeting will take place seven days after the above dates, at the same time and at a venue to be confirmed.

- Wednesday 22 June – 16:00 – 18:00
- Wednesday 5 October (AGM) – 12:30 – 14:30
- Wednesday 21 December – 15:00 – 17:00

17. **WITHDRAWAL OF PRESS AND PUBLIC**

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

Somerset
NHS Foundation Trust

MINUTES OF THE PUBLIC COUNCIL OF GOVERNORS' MEETING
HELD ON 15 DECEMBER 2021 AT 3.00 PM
VIA MS TEAMS

PRESENT	**POSITION / CONSTITUENCY**
Colin Drummond	Chairman
Elected Governors	
Ian Aldridge	Public – Somerset West and Taunton
Erica Adams	Public – Somerset West and Taunton
Jane Armstrong	Public – Somerset West and Taunton
Paddy Ashe	Public – South Somerset
Kate Butler	Public – Somerset West and Taunton
Richard Brown	Public - Mendip
Bob Champion	Public - Mendip
Judy Cottrell	Public – Somerset West and Taunton
Melanie Devine	Public – Somerset West and Taunton
Stephen Fowler	Public – Mendip
Judith Goodchild	Public - Sedgemoor
Dave Gudge	Public - Sedgemoor
Ian Hawkins	Public – South Somerset
Philip Jackson	Public - Mendip
Jeanette Keech	Public – Somerset West and Taunton
Eddie Nicolas	Public - Sedgemoor
Alan Peak	Public – Outside Somerset
Timothy Slattery	Public – Somerset West and Taunton
Sue Steele	Public – South Somerset
Jack Torr	Public - Sedgemoor
Gillian Waldron	Public – South Somerset
Margaret Worth	Public – Somerset West and Taunton
Sumitar Young	Public – Somerset West and Taunton
Staff Governors	
Paul Aldwinckle	Staff – Community Services
Manuel Blanco-Guzman	Staff - Acute
Phil Hodgson	Staff - Acute
Owen Howell	Staff – Mental Health
Julie Jones	Staff - Acute
Polly Maguire	Staff – Community Services
Julius Ndlovu	Staff – Mental Health
Lynn Pearson	Staff - Acute
Neil Thomas	Staff – Mental Health
Julie Vale	Staff - Acute

Appointed/Partnership Governors

Vacancy	Somerset CCG
Robert Cornes	Taunton Samaritans
Jos Latour	Universities
Heather Shearer	District and Borough Councils
Caroline Toll	Carers UK
Rod Williams	Somerset County Council
Vacancy	District and Borough Council
Vacancy	GP Board

In Attendance

Peter Lewis	Chief Executive
Sube Banerjee	Non-Executive Director
Phil Brice	Director of Governance and Corporate Development
Isobel Clements	Director of People and Organisational Development
Barbara Gregory	Non-Executive Director
Stephen Harrison	Non-Executive Director
Andy Heron	Deputy CEO and Chief Operating Officer – mental health, neighbourhoods and families
Jan Hull	Non-Executive Director
Daniel Meron	Chief Medical Officer
Hayley Peters	Chief Nurse
Alexander Priest	Non-Executive Director
David Shannon	Director of Strategic Development and Improvement
Carol Lydiate	Governor and Membership Support Officer and PA to the Chairman (Notetaker)

Apologies

Ria Zandvliet	Secretary to the Trust
Kate Fallon	Non-Executive Director
Matthew Bryant	Chief Operating Officer –hospital services
Pippa Moger	Director of Finance
Martyn Scrivens	Joint Non-Executive Director

1.	**APOLOGIES** The above apologies listed above were noted. The Chairman opened the meeting and confirmed that the meeting was quorate.
2.	**QUESTIONS FROM MEMBERS OF THE PUBLIC** There were no questions from members of the public.
3.	**DECLARATION OF ELIGIBILITY TO VOTE** Due to the meeting being held on a virtual platform, a copy of the Declarations in Relation to the Eligibility of Governors to Vote forms was circulated to Governors via email. The Chairman requested that Governors indicated by a

	show of hands if they no longer met the eligibility criteria. There was no show of hands and this indicated that all Governors continued to meet the eligibility criteria.
4.	**DECLARATIONS OF CONFLICT IN RESPECT TO ITEMS ON THE AGENDA** There were no declarations of conflicts of interest.
5.	**TO APPROVE THE MINUTES OF THE SOMERSET NHS FOUNDATION TRUST PUBLIC COUNCIL OF GOVERNORS' MEETING HELD ON 29 SEPTEMBER 2021** The minutes of the Public Council of Governors' meeting held on 29 September 2021 were approved as a true and accurate record Melanie Devine proposed, Stephen Fowler seconded and the Council of Governors approved the minutes.
6.	**ACTION LOG AND MATTERS ARISING** There were no matters arising.
7.	**THE PUBLIC REGISTER OF COUNCIL OF GOVERNORS INTERESTS** The Council of Governors discussed the Public Register of Interests and noted the changes to the register as outlined in the report.
8.	**CHAIRMAN'S UPDATE** • *Council of Governors' attendance:* The attendance register was noted. It was further noted that there was one breach in Staff Governor attendance to be brought to the attention of the Council of Governors. The reasons for the breach are known and no further action was required. The Council of Governors accepted the reasons for this breach. • *Statutory Duties of Governors*: The report was noted. It was agreed that the report provided a comprehensive overview of the Council of Governors' work. *Changes in Governors* The Chairman provided an update on changes in Governors and it was noted that Jayne Chidgey-Clark, Appointed Governor representing the Clinical Commissioning Group (CCG), had recently left the CCG and had therefore resigned as a Governor. Jayne had indicated that it had been a privilege to work in the Somerset system and had valued her role as an Appointed Governor. It was further noted that Julie Vale, Staff Governor, will be retiring from 20 January 2022. The Chairman advised that Julie had been a Staff Governor for many years, currently at SFT but previously also at TST. He set out all her

	achievements and thanked Julie for all her work and commitment to both her role as a Staff Governor and to the Trust as a whole. In recognition of her considerable achievements, Julie had been awarded the Chair's award at the Our People Award ceremony in November 2021. The Chairman further advised that Paul Aldwinckle will be retiring from the Trust at the end of March 2022 and thanked him for his support and commitment to his role as a Staff Governor. The Chairman commented that both Julie and Paul will be missed. *Joint Development Session* The Chairman advised that the 25 January 2022 Governor Development session will be held as a joint session with the YDH Governors and this change was supported by the Lead Governors. The purpose of the session will be to "get to know each other". The Governors/Non-Executive Directors session which had been scheduled in advance of today's meeting has been moved to the January 2022 joint Governor session and all Non-Executive Directors will be asked to introduce themselves and set out their backgrounds to both sets of Governors. An agenda for the joint session will be agreed with both the SFT and YDH Lead and Deputy Lead Governors.
9.	**PERFORMANCE REPORT FROM THE BOARD OF DIRECTORS QUESTIONS FOR THE BOARD OF DIRECTORS** In attendance: Lee Cornell, Associate Director – Planning and Performance and Mark Hocking, Deputy Finance Director Mark Hocking presented the financial slides which provided a high level overview of the financial position for October 2022 and the position for the year to date. It was noted that an in-month break even position had been achieved which was in line with the forecast for the month. The year to date performance was also in line with a break even forecast for the Trust but also for the whole Somerset system. Mark Hocking highlighted the key headlines from the report and in particular: the continued delivery of the Covid-19 mass vaccination and booster programme across Somerset; and the continued pressure on services, particularly in the urgent care system and the resulting additional financial pressure. It was noted that the 2022/23 planning guidance and financial allocations were expected to be issued later in the month but that discussions were already taking place with system partners to understand the financial outlook for the coming year. Jeanette Keech commented that long waits impacted on the quality of patients' lives and queried whether funding to recover elective care activities was ringfenced. Mark Hocking advised that the block funding required the Trust to deliver as much clinical and operational activity as possible. Funding for elective surgery was not ringfenced but funding was employed in the best way possible. Additional system wide funding for elective recovery schemes to support elective performance was expected to be allocated. The Chief Executive advised that all funding was being spent and if allocating more

	funding for one area, this will impact on funding available for other areas. Lee Cornell presented the quality and patient safety performance slides and highlighted: • the successes – high levels of cleanliness across all wards; the return of three patients from out of area mental health inpatient services; the high rates of screening patients for dementia during their stay in acute wards; 98.7% of patients admitted to our community hospitals and mental health wards having received a venous thromboembolism (VTE) risk assessment and 95.4% of mental health inpatients having received a physical health assessment within 48 hours of admission; the excellent performance in relation to the Improving Access to Psychological Therapies (IAPT) recovery rates; • the key areas for focus and actions taken in relation to: infection control; VTE risk assessments; urgent care; mental health; Referral to Treatment: acute services; community physical health services waiting times; diagnostics; cancer waiting times; and people – mandatory training and sickness absence. Heather Shearer queried the ambulance handover times and noted that handover delays could not always be avoided but Musgrove Park Hospital (MPH) and Yeovil District Hospital (YDH) had the shortest ambulance handover times delay in the South West. Heather Shearer referred to the two week wait target for people with a first episode of psychosis beginning treatment with a NICE-recommended care package and queried how long patients had to wait if not being seen within the two week period. Lee Cornell advised that in all cases where the target had not been met the two week period had been missed by one or two days and the target was now being met. Jane Armstrong highlighted the people performance issues and, in view of the increase in the sickness absence rates, stressed the need for a continued strong focus on colleague wellbeing. Manuel Blanco-Guzman highlighted the reference to dental work being undertaken in all locations in Somerset and Dorset and queried whether this related to primary care dental services. It was noted that the dental services target related to specialist community dental services provided by the Trust across Somerset and Dorset. Manual Blanco-Guzman commented that the delay in putting air exchange equipment in dental services had impacted on access to dental services. Peter Lewis advised that a meeting had recently taken place with the community dental team to discuss the availability of dental services and discussions were also taking place with the regional team about the commissioning of dental services and actions which could be taken to improve access. Manual Blanco-Guzman highlighted the important role the Trust had in relation to treating patients as early as possible to avoid the extraction of teeth and further highlighted the confusion caused by the different referral pathways.

	Jane Armstrong advised that each individual practice made their own decisions as to what level of service to provide during the pandemic and there was a level of reluctance with some practices still not treating any patients. Jeanette Keech advised that the Trust receiving the Mental Health Trust of the Year award and the low delays in ambulance handover times were positive stories and queried whether areas of good news were being communicated. She further queried whether sickness and the increasing need for bank and agency staff had impacted on the quality of services provided by the Trust. In relation to the communication question, Phil Brice advised that communications had been issued about the Trust being awarded the Mental Health Trust of the Year award, but there was a reluctance by the media to publish good stories. Communications had also been issued in relation to the ambulance handover times. Peter Lewis responded to the staffing question and advised that sickness absence and staffing in general remained an ongoing challenge. It was difficult to fill shifts and cover was not always available when needed. Hayley Peters commented that there continued to be chronic shortages of staffing in core specialties. Some professions were in a stronger position but the position was particularly challenging in acute nursing and community mental health services. In addition, a large number of teams were fatigued. All possible actions were being taken to address the staffing shortage and wellbeing support continued to be provided where needed. Erica Adams welcomed the focus on dental services especially as a number of patients were unable to afford treatment as no local NHS primary care dental services were available and this lack of local services will impact on secondary care dental services. She advised that the Patient Participation Group had written to the local MP in this respect and, in addition, the County Council had been asked for their support. The Chairman highlighted that there was a national lack of training for dentists, nurses and clinicians. Although extra funding was welcomed, this will not address the shortages of staff. There was a real need for long term training planning for all types of health professionals and this point will continue to be raised with MPs and Government representatives. Tim Slattery queried whether patients with multiple attendances were monitored. It was noted that these patients were monitored on a regular basis to check whether additional, or more appropriate, support could be provided. Julie Vale advised that she has worked in ED for six years and assured the Governors that these patients were closely monitored. The majority of these patients had a robust treatment and management plan which was accessible to any staff through the electronic system. Jane Armstrong highlighted the decision by the Government to mandate Covid-19 vaccinations for all frontline healthcare staff and queried the implications for staff. Peter Lewis advised that although the decision had been approved in Parliament, clear guidance had not as yet been received and the impact of this decision was currently unclear. Work will need to take

	place to identify any colleagues who have not been vaccinated and discuss their reasons with them on an individual basis.
10.	**CHIEF EXECUTIVE UPDATE** *Covid-19 and vaccination programme* Peter Lewis provided an update on Covid-19 and vaccination figures and it was noted that the Somerset Covid-19 prevalence figure was 480 per 100,000 population. The overall figure had been stable in the last few weeks but figures fluctuated by council area. The new Omicron variant was expected to impact on the Covid figures as this variant was more transmissible. The impact on the NHS was currently unclear and work was taking place to plan for an increase in Covid-19 positive patients. It was noted that notification had been received that all adults will be offered a booster vaccine by the end of December 2021 and work was taking place to increase throughput. Rod Williams thanked Peter Lewis for his Covid-19 update. From conversations within the County Council and the CCG, his understanding of the Omicron variant was that the Omicron case rate was doubling every two days and this was double the Delta variant transmission rate. This variant was a concern and it had been stated that the next three weeks will be critical and that NHS staff may need to be redeployed to the vaccination programme. He noted from the performance report that Trust services were under considerable pressure and he expected the position to worsen over the next three weeks. Peter Lewis commented that the reference to three weeks related to the need to increase the booster uptake over the next three weeks to reduce the impact of the Omicron variant. The impact on hospitalisations will not be known until January 2022. Every effort will be made to increase the availability of booster vaccination sessions, but the redeployment of NHS staff will not be without implications on other essential services. It will be important to agree which services can be stand down and assess the impact on patients and this will need to be balanced with the needs of the vaccination programme. Rod Williams welcomed the focus on a balance between the varying needs. He has also heard that all new primary care appointments will be cancelled. Peter Lewis commented that he had received feedback from a GP who had indicated that all appointments for the next four weeks had been fully booked and that his practice could therefore not participate in the vaccination programme and this will be similar for other practices. Timothy Slattery queried whether the Trust was confident that it had adequate emergency support in place to manage the mass vaccination programme, particularly with the need for a 15 minute waiting period after vaccination. Peter Lewis advised that it will be challenging as approximately 180,000 people in Somerset had not yet received their booster vaccine and the programme will therefore need to provide capacity for 60,000 vaccinations a week to be able to achieve the end of December 2021 target. Andy Heron was working on the vaccination programme and was reasonably confident that the target can be achieved.

	Ian Aldridge queried which organisation was leading the vaccination programme as the programme cut across a number of different agencies, including transport, and what the role of the CCG was. Peter Lewis advised that a Somerset wide group involving a number of organisations had been set up at the start of the pandemic and this group made decisions relating to the vaccination programme. This group was chaired by the CCG but the wider leadership team was led by Andy Heron and Alex Murray from the CCG. There were no financial barriers to the vaccination programme but there was a limit as to the number of locations in which vaccinations could be provided. A team of colleagues were working on the logistical aspects of the programme, including transport and access for people who were housebound and not able to get to a GP practice or vaccination centre. *Joint Executive Team* Peter Lewis advised that the Joint Executive Team had been appointed and this team will work across both SFT and YDH until the merger and will then form the Executive Team for the merged organisation. The joint team will come into effect from 10 January 2022 and, where needed, transitional arrangements were being put in place. Phil Brice advised that with the move to a single joint executive team, work was taking place with Ben Edgar-Attwell and Ria Zandvliet about supporting the corporate functions across both organisations. Ria will be the single point of contact in terms of Governor related activities pending the outcome of the corporate review. Kate Butler highlighted how Carol had been instrumental in the smooth running of the Governor related activities and expressed concern about how much time Ria will have to take the membership and governor work forward whilst managing an already busy job. Phil Brice advised that the arrangements will be short term arrangements whilst longer term solutions were being explored. Phil Brice provided a commitment to the Governors that support will continue to be available.
11.	**UPDATE ON THE MERGER PROGRESS WITH YEOVIL DISTRICT HOSPITAL** David Shannon provided an update on the merger and advised that work on the due diligence process continued. He set out the due diligence process followed to date and the reviews of the due diligence templates scheduled in December 2021 and January 2022. He advised that the due diligence reports and Non-Executive Directors' oversight of the reports will be an important source of assurance for Governors. David Shannon further advised that the NHSEI had updated their guidance on NHS transactions and the consultation on the changes will run from 9 November to 21 December 2021. The changes had been expected for some time and the Trust had submitted its response to the consultation. It was expected that the new guidance will come into effect from 1 April 2022 and the Trust's business case will be assessed under this new guidance. David Shannon highlighted that the role of Governors will not change. One of the key changes will be that the business case will need to clearly set out how the deliverable benefits to the population materially outweigh the costs and risks in the medium to long term.

	The guidance will further include an increased emphasis on benefits to patients and the wider public, culture, staff engagement, digital integration, readiness for transformational change, and support from system partners. It was noted that a meeting will be set up with all Governors in January 2022 to take the Governors through the due diligence process and reports and to discuss the case studies.
12.	**APPROVAL OF THE CONSTITUTION AND STANDING ORDERS FOR THE MERGED ORGANISATION** Phil Brice presented the constitution and standing orders and set out the process followed in developing the draft constitution and standing orders for the merged organisation. Phil Brice advised that the changes to the composition of the Council of Governors over the next two years had already been approved by the Council of Governors and the Board. Ian Hawkins queried whether the name of the merged organisation had been confirmed and noted that a consultation amongst colleagues on the new name was still ongoing. It was further noted that the name of the Trust was subject to strict requirements and there were therefore not many options for changing the name. The Council of Governors asked for the Governors to also be given the opportunity to comment on the new name and this was agreed. The Council of Governors asked for one change to be made to the Constitution: Annex 3 – 1.3 in table – to include (or successor organisation) as this was in line with the reference to the CCG in the main constitution. Jane Armstrong proposed, Julie Vale seconded and the Council of Governors unanimously approved the Constitution and Standing Orders with the provisos as set out in the report.
13.	**UPDATE FROM THE MEMBERSHIP STRATEGY GROUP** Jeanette Keech provided an update from the Membership Strategy Group and set out the background to the Group and its purpose. She further set out the current membership figures, the current achievements, the membership resources, the next steps and the value of membership. Members can get involved with surveys and special projects and members were a valuable, and underused, resource. Stephen Fowler congratulated Jeanette Keech and the working group on the excellent work and the commitment to improving engagement with members. He commented that the presentation referred to the need for increased social media engagement and queried whether a social media expert was able to support the membership work as social media was such a valuable way of communicating. Phil Brice advised that Sophie Edwards, Digital Communications Officer, attended the working group meetings and was able to follow up any actions as agreed by the working group. During 2022 Sophie will also focus on different social media platforms to encourage members of the public to become members.

	Kate Butler advised that this was one area which would benefit from working closely with YDH and two members of the YDH membership team were already attending the working group meetings. Dave Gudge made an offer to help governors who perhaps were not confident in approaching their GP surgery or other group asking them to display posters and distribute membership leaflets. Neil Thomas noted that the focus of the working group extended to young people and offered to attend the Youth Strategy Group meetings to provide his expertise working with that age group. This offer was gratefully accepted. Erica Adams advised that discussions were taking place about visiting six forms colleges to encourage students to become members or involve them in specific projects. It was noted that the group was working with West Somerset College and representatives of the Group will be attended a mental health focussed assembly in the near future.
	GOVERNOR QUESTIONS There were no questions.
14.	**FEEDBACK FROM:**
	1) Lead and Deputy Lead Governors Ian Hawkins advised that both he and Kate Butler were working now more closely with the Yeovil Governors. The main topics of discussion were the merger and the Covid-19 pandemic. The informal meetings were positive and it was felt that the working relationships were moving in the right direction. Heather Shearer provided feedback from the pre meeting and advised that holding the NEDs to account was a key role of the Governors and the way to hold Executive Directors to account was through the NEDs. Governors welcomed the warm relationship they had with the executive team and the approachability of the executive team. A number of Governors felt that opportunities to have the same level of access to NEDS were more limited than anticipated and these Governors felt that their knowledge of the executive directors was better than their knowledge of the NEDs. Heather Shearer advised that Governors had asked for this to be raised so that more opportunities for interaction with the NEDs can be identified. Stephen Harrison welcomed more opportunities to meet with the Governors and advised that a meeting between the Governors and NEDs had been set up for 25 January 2022. He mentioned that NEDs were part of a unitary board together with the executive directors but was keen to strengthen the link between the Governors and NEDs. Ian Hawkins commented that not having been able to meet in person had been a factor as there had not been an opportunity to talk to NEDs outside of physical meetings.

	Kate Fallon agreed that the relationships felt closer when meeting in person and Covid-19 had made it more difficult to establish relationships. Although Ian Hawkins, Kate Butler, Jan Hull and her met on a monthly basis, this did not involve other NEDs. Judith Goodchild advised that she had been privileged representing governors on the Quality and Governance Committee meetings and had seen first hand how NEDs held the executive directors to account. She thanked the NEDs for their hard work.
	2) Governors' issues No issues were raised.
	3) Strategy and Planning Group The report from the Joint Strategy and Planning Group meeting held on 10 November 2021 was noted. Paul Aldwinckle advised that the Group was aware how much information was included in the Board Assurance Framework and agreed that this will need to be given more attention.
	4) Nomination and Remuneration Committee The report from the Nomination and Remuneration Committee was noted.
	5) Quality and Patient Experience Group The report from the Quality and Patient Experience Group meeting held on 12 November 2021 was noted.
	6) People Group The report from the People Group meeting held on 4 November 2021 was noted. Lynn Pearson advised that the focus of the meeting has understandably been on colleague health and wellbeing and merger engagement with colleagues. With reference to the feedback about the relationship with NEDs, Lynn advised that a People Group representative attended the People Committee meetings and saw a high level of scrutiny by NEDs at that meeting. In addition, as part of her role, Lynn also saw the effectiveness of the NEDs and their excellent working relationships with the executive directors. It was recognised that not all governors have that level of visibility. Kate Butler advised that at the pre meeting and at the meeting with the YDH lead and deputy lead governors' concerns had been raised about the YDH staff and their feelings about a single executive team. Kate Butler suggested that the SFT staff governors met with the YDH staff governors and get to know each other on an informal basis. Lynn Pearson advised that this had been in the planning and will be progressed in 2022.

	7) Staff Governors There were no issues to be raised.
15.	**ANY OTHER BUSINESS** Richard Brown commented that discussions at today's meeting had mostly focussed on the acute hospitals and queried whether the community hospitals were overlooked. Ian Hawkins advised that community hospitals and mental health and community services had an equally high focus and mental health will be one of the main topics at the next development day. Jeanette Keech commended the NEDs and executive directors for their hard work and felt proud to be involved with the Trust. The Chairman thanked Jeanette for her warm words and commented that it was a pleasure to work with the Governors. The Chairman thanked all Governors, NEDs and executive directors for their hard work during the year and wished everyone a Merry Christmas. **Future agenda items for Council of Governors' meetings** No items were identified.
16.	**DATES OF NEXT MEETINGS** The dates for 2022 are confirmed as follows: • Wednesday 9 March – 14:00 – 16:00 • Wednesday 15 June - 16:00 – 18:00 • Wednesday 28 September (AGM) – 12:30 – 14:30 • Wednesday 14 December – 15:00 – 17:00 If a quorum is not present on the above dates (and for this meeting), the adjourned meeting will take place seven days after the above dates, at the same time and at a venue to be confirmed. • Wednesday 16 March – 14:00 – 16:00 • Wednesday 22 June – 16:00 – 18:00 • Wednesday 5 October (AGM) – 12:30 – 14:30 • Wednesday 21 December – 15:00 – 17:00
17.	**WITHDRAWAL OF PRESS AND PUBLIC** The Chairman moved that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

SOMERSET NHS FOUNDATION TRUST

ACTION NOTES FROM THE PUBLIC COUNCIL OF GOVERNORS MEETING HELD ON 15 DECEMBER 2021

AGENDA ITEM	ACTION	BY WHOM	DUE DATE	PROGRESS
12.	To ensure that the Governors were included in the survey on the name of the merged organisation.	Phil Brice	March 2022	The survey details were included in the Governor briefing circulated on 25 February 2022.

SOMERSET NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS – DECLARATIONS OF INTEREST AS AT MARCH 2022

1. PURPOSE

1.1 To present the updated overview of the Council of Governors' declarations of interest.

2. BACKGROUND

2.1 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.

2.2 The attached report outlines the current interests declared by governors as at March 2022.

3. CHANGES NOTIFIED SINCE THE PREVIOUS COUNCIL OF GOVERNORS' MEETING

3.1 There have been no changes to the declarations since the December 2021 meeting.

4. RECOMMENDATION

4.1 The Council of Governors is asked to note the governors' declarations of interest.

SECRETARY TO THE TRUST

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	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
Cllr Ian Aldridge	Public – Somerset West and Taunton	1. District Councillor - Somerset West and Taunton Council and Williton Parish Council (Independent) 2. Member - Patient Participation Group at Williton Surgery
Dr Jane Armstrong	Public - Somerset West and Taunton	1. Secretary - Patient Participation Group at West Somerset Health Care
Mr Paddy Ashe	Public – South Somerset	1. Wife works at the Somerset Clinical Commissioning Group in children services.
Mrs Kate Butler	Public – Somerset West and Taunton	1. Member - Patient Participation Group at Williton Surgery 2. Trustee – Community Council Somerset
Mr Bob Champion	Public – Mendip	1. Board Member and Volunteer - Healthwatch Somerset Board 2. Members - Carers Voice Somerset 3. Member - Carers UK 4. Member - Save Our Hospitals Group Shepton Mallet 5. Lay Member - "Urgent and Emergency Care Services Clinical and Assurance Committee" with Somerset Clinical Commissioning Group 6. Eldest daughter works for Practice Plus

Governor	Constituency	Declaration of Interest (Financial and other interests)
		Group 7. Full time carer for family member 8. Involved with Somerset, Wiltshire and Dorset CCGs and Somerset CC re funding 9. Town Councillor, Shepton Mallett 10. Member – Liberal Democrat Party
Mrs Judy Cottrell	Public – Somerset West and Taunton	None to be declared
Dr Melanie Devine	Public - Somerset West and Taunton	1. Volunteer – Musgrove Park Hospital Chaplaincy 2. Volunteer – Facilitator, The Reader Organisation 3. Daughter-in-law is Lead Orthoptist at Musgrove Park Hospital
Revd Stephen Fowler	Public – Mendip	1. Director - Churches Together in England 2. Director- Root Connecting CIC 3. Director – KeyRing Lettings CIC
Mrs Judith Goodchild	Public –Sedgemoor	1. Chair - Healthwatch Somerset and on their behalf sits on: - Health and Wellbeing Board - CCG Governing Body - Fit for My Future Programme Board - Primary Care Board (Joint Commissioning) - Somerset Engagement Advisory Group - Member - Shadow Integrated Care System Board 2. Trustee Bridge Academic Trust.
Mr Dave Gudge	Public Governor – Sedgemoor	1. Member – East Quay Medical Centre PPG
Mr Ian Hawkins	Public – South Somerset	2. Trustee - South Petherton League of Friends

Governor	Constituency	Declaration of Interest (Financial and other interests)
Dr Philip Jackson	Public – Mendip	1. Member: Glastonbury Surgery PPG 2. Wife runs focus groups for MPH oncology as a volunteer and part of PEG
Mrs Jeanette Keech	Public – Somerset West and Taunton	1. Trustee - Taunton Cider Charitable Trust 2. Member - Lyngford Park Surgery PPG
Mr Eddie Nicolas	Public – Sedgemoor	1. Governor – Robert Blake Science College 2. Member – East Quay Medical Centre PPG 3. Member – Somerset Mental Health Stakeholders Engagement Forum 4. Member - Somerset NHS Citizens Panel
Mr Timothy Slattery	Public – Somerset West and Taunton	1. Volunteer Presenter - Local Community Radio Station, Apple FM, which is located on the Musgrove Park Estate. 2. Volunteer Press Officer - Village Community Projects. 3. Member – Liberal Democrat Party
Mrs Sue Steele	Public – South Somerset	1. Member – Conservative Party
Mr Jack Torr	Public - Sedgemoor	None to be declared
Mrs Sumitar Young	Public – Somerset West and Taunton	1. Member - Somerset County Council School Admission Appeal Panel
Mrs Gillian Waldron	Public – South Somerset	1. Lay Member - Palliative and End of Life Programme Group for Somerset. 2. Member – Martock and South Petherton PPG 3. Board Member – Healthwatch Somerset
Mrs Margaret Worth	Public – Somerset West and Taunton	None to be declared
Cllr Alan Peak	Public - Outside Somerset	1. Member - Weston Town Council 2. Leader - Weston Town Council 3. Member - Labour Party
Staff Governors		
Mr Paul Aldwinckle	Staff	1. Works in a private practice, Bristol 2. Chair – Bristol and District Branch of Royal College of Podiatry 3. Chair – South West Regional Branch of the Royal College of Podiatry

Governor	Constituency	Declaration of Interest (Financial and other interests)
Mr Manuel Blanco-Guzman	Staff	1. Private practice at Nuffield Hospital
Mr Phil Hodgson	Staff	1. Partner works as an HCA at Musgrove Park Hospital
Mr Owen Howell	Staff	1. Member - Labour Party and Momentum
Mrs Julie Jones	Staff	None to be declared
Ms Polly Maguire	Staff	None to be declared
Mr Julius Ndlovu	Staff	1. Partner works for Somerset County Council
Mrs Lynn Pearson	Staff	None to be declared 1.
Mr Neil Thomas	Staff	None to be declared
Mrs Julie Vale	Staff	1. Daughter is a Registered Nurse on Conservators Ward.
Appointed Members		
Vacancy	Somerset Clinical Commissioning Group	
Cllr Rod Williams	Somerset County Council	1. Member – Conservative Party 2. Director SJM Training Consultants Ltd 3. Somerset County Councillor – in that capacity: • County Councillor for the Rowbarton and Staplegrove Division of Somerset County Council (SCC) • Chairman of the SCC Conservative Group • Chairman of the Somerset Armed Forces Covenant Partnership • Vice Chairman of the Heart of the South West Local Enterprise Partnership Scrutiny Committee • Vice Chairman of the SCC Childrens' and Families Services Scrutiny Committee • Member of the SCC Officer Appeals Committee • SCC Lead for The Somerset Wood • Member - Somerset Local Government Reorganisation (LGR) Advisory Board

		• Member – Somerset LGR Joint Scrutiny Committee
Ms Caroline Toll	Carers UK	1. Member - Somerset Engagement Advisory Group of the CCG 2. Member - Frome Medical Practice PPG
Cllr Heather Shearer	District Councils	1. Company Director - Quick Space Ltd 2. Councillor - Mendip District Council 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
Mr Robert Cornes	Taunton Samaritans	None to be declared
Professor Jos Latour	Universities	1. Professor in Clinical Nursing - University of Plymouth 2. Director of the professorial-led South West Clinical School located at Somerset Foundation NHS Trust
Vacancy	GP Board	
Vacancy	District Council	

SOMERSET NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS – MEETING ATTENDANCE 2021/22

1. PURPOSE

1.1 To present the updated overview of Council of Governors' meeting attendance to the Council of Governors and to bring to the attention of the Council of Governors those Governors who have missed three consecutive meetings.

2. BACKGROUND

2.1 According to the Trust's Constitution – Annex 6 paragraph 1 - if a Governor fails to attend any meeting of the Council of Governors for three successive meetings of the Council of Governors, his/her tenure is to be immediately terminated by the Council of Governors unless the Council of Governors is satisfied that:

- 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.

2.2 There are no instances of a failure by a Governor to attend three consecutive meetings to be brought to the attention of the Council of Governors.

3. RECOMMENDATION

3.1 The Council of Governors is asked to note the overview of meeting attendance.

CHAIRMAN

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

Governor	Constituency	10 December 2020	17 March 2021	16 June 2021	29 September 2021	15 December 2021	Meetings	
							Possible	Actual
Erica Adams	Public –Somerset West and Taunton	√	√	√	√	√	5	5
Ian Aldridge	Public –Somerset West and Taunton	√	X	√	√	√	5	4
Jane Armstrong	Public –Somerset West and Taunton	√	√	√	√	√	5	5
Paddy Ashe	Public – South Somerset	√	√	X	X	√	5	3
Richard Brown	Public – Mendip	√	√	√	√	√	5	5
Kate Butler	Public – Somerset West and Taunton	√	√	√	√	√	5	5
Bob Champion	Public – Mendip	√	√	√	√	√	5	5
Judy Cottrell	Public – Mendip	√	√	√	X	√	5	4
Melanie Devine	Public – Somerset West and Taunton	√	√	√	√	√	5	5
Stephen Fowler	Public – Mendip	X	√	X	√	√	5	3
Judith Goodchild	Public – Sedgemoor	√	√	√	√	√	5	5
Dave Gudge	Public – Sedgemoor				X	√	2	1
Ian Hawkins	Public – South Somerset	√	√	√	√	√	5	5
Philip Jackson	Public - Mendip	√	√	√	X	√	5	4
Jeanette Keech	Public –Somerset West and Taunton	√	X	√	√	√	5	4
Eddie Nicolas	Public - Sedgemoor	√	√	√	√	√	5	5
Alan Peak	Public – Outside Somerset	√	√	√	√	√	5	5
Timothy Slattery	Public – Somerset West and Taunton	√	√	X	√	√	5	4
Sue Steele	Public – South Somerset	√	√	√	√	√	5	5
Jack Torr	Public - Sedgemoor				X	√	2	1
Gillian Waldron	Public – South Somerset	√	√	√	√	√	5	5
Margaret Worth	Public –Somerset West and Taunton	√	√	√	√	√	5	5
Sumitar Young	Public – Somerset West and Taunton	√	√	√	√	√	5	5
Paul Aldwinckle	Staff	√	√	√	√	√	5	5

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

Governor	Constituency	10 December 2020	17 March 2021	16 June 2021	29 September 2021	29 September 2021	Meetings	
							Possible	Actual
Manuel Blanco-Guzman	Staff	√	√	√	√	√	5	5
Phil Hodgson	Staff	X	√	√	√	√	5	4
Owen Howell	Staff	X	X	√	√	√	5	3
Julie Jones	Staff	√	X	X	X	√	5	2
Polly Maguire	Staff	√	√	X	√	√	5	4
Julius Ndlovu	Staff			√	X	√	3	2
Lynn Pearson	Staff	X	√	√	√	√	5	4
Neil Thomas	Staff	√	√	X	X	√	5	3
Julie Vale	Staff	√	√	√	X	√	5	4

Appointed Governors

Governor	Organisation	10 December 2020	17 March 2021	16 June 2021	29 September 2021	15 December 2021	Meetings	
							Possible	Actual
Dr Jayne Chidgey-Clark	Clinical Commissioning Group	√	√	√	X		4	3
Robert Cornes	Taunton Samaritans	√	√	√	√	√	5	5
Jos Latour	Universities	√	√	√	√	√	5	5
Cllr Heather Shearer	District Councils	√	√	√	√	√	5	5
Caroline Toll	Carers UK	√	√	√	√	√	5	5
Rod Williams	Somerset County Council	√	√	√	√	√	5	5

STATUTORY DUTIES OF GOVERNORS FOR 2021/22
(Progress on actions taken all relate to 2021/22 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 2021.	A succession planning report was included on the agenda of the December 2020 meeting.	Completed
	Re-appointment of two Non-Executive Directors from 1 August 2020	The re-appointment of Jan Hull and Barbara Gregory were approved at the July 2020 meeting.	Completed
	Re-Appointment of 2 Non-Executive Directors from 29 May 2021.	The re-appointment of Kate Fallon and Stephen Harrison were approved at the December 2020 meeting.	Completed
	Appointment of a new Non-Executive Director	The recruitment process was approved at the December 2020 meeting and the appointment of Sue Banerjee was approved by email and ratified at the June 2021 Council of Governors meeting.	Completed.
	Appointment of a new Joint Non-Executive Director	A proposal to appoint a Joint Non-Executive Director with Yeovil District Hospital	Completed.

		was approved at the September 2021 Council of Governors meeting.	
Decide the terms and conditions of the Chairman and Non-Executive Directors	Annual remuneration review	The findings from a remuneration review were approved at July 2020 Council of Governors meeting.	Completed.
Consider the Annual Accounts and Annual Report		The 2020/21 Annual Accounts and Annual Report and external audit opinion were presented to the September 2021 Council of Governors meeting and to the September 2021 Annual Members meeting.	Completed.
Assist the Board of Directors in setting the strategic direction of the Trust and targets for the Trust's performance		Governors are involved in the annual planning process and attended the joint Board and Governors Away Day held on 3 December 2019 to discuss the priorities for 2020/21. Governors were also involved in the Quality Account priorities planning process for 2021/22 at the Board/Governors development session held on 1 December 2020 and	Completed

		have been invited to join the December 2021 Board/ Governors Development session to be held on 8 December 2021.	
To hold the Non-Executive Directors, individually and collectively to account for the performance of the Board of Directors.		Performance is discussed through a number of different ways: • Governors Strategy and Planning Working Group; • Governors Quality and Patient Experience Group; • Governors People Group; • Governors' attendance to Public Board meetings; • circulation of the Trust's staff newsletters to Governors; • weekly Governor briefings; • report of the Board of Directors to the Council	Ongoing

		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; • availability of detailed finance and performance reports on the Trust's website.	
Represent the interests of the members of the Trust as a whole and the interests of the public.		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, visits to Trust premises, participation in Patient Walkrounds, members' events, members' newsletter. Feedback from Governors is provided to the Council of	Ongoing

		Governors or to the relevant Governor Groups on a regular basis.	
Agree with the Audit Committee the criteria for appointing, reappointing and removing external auditors following a written recommendation from the Audit Committee		A joint tendering exercise is being undertaken during 2020 and the Council of Governors agreed the two Governors who will be part of the tender review panel at its September 2020 meeting. The Council of Governors also agreed to delegate the approval of the tender criteria to these two Governors. The appointment of the external auditor was approved at the March 2021 meeting.	Completed.
Appraisal process for Chairman and Non-Executive Directors		The Council approved the 2020/21 appraisal process for both the Chairman and Non-Executive Directors at its September 2020 Council meeting. Feedback on the Non-Executive Directors appraisals for 2020/21 has been included on the agenda of the June 2021	Completed Completed

		meeting. A 360 degree feedback process for the Chairman has been undertaken and the outcome was presented to the June 2021 Council of Governors meeting.	Completed
To decide whether the Trust's private patient work would significantly interfere with the Trust's principal purpose.		This will be raised with the Council of Governors as and when required.	Ongoing
To approve any proposed increases in non-NHS income of 5% or more in any financial year.		The Trust does not anticipate a proposed increase in non-NHS income of 5% or more for the 2020/21 financial year.	Ongoing
To approve an application by the Trust to enter into a merger, acquisition, separation or dissolution.		Governors will be involved in an application to enter into a merger, acquisition, separation or dissolution. Feedback on the possible SFT/YDH merger will be provided to every Council meeting and additional briefing sessions will be set up as and when required.	Ongoing Ongoing

To approve a significant transaction.		The definition of a significant transaction was approved at the July 2013 Council of Governors meeting. A significant transaction was approved in 2019/20. No significant transaction is scheduled in 2021/22.	Completed.
To approve proposed changes to the Constitution.		The Constitution for the merged organisation was approved at the May 2019 meeting. The Constitution will be kept under review and changes proposed as and when required. A proposal to change the composition of the Council of Governors from 1 May 2022 was approved at the September 2021 Council meeting. The draft Constitution for the merged organisation was approved at the December 2021 Council meeting.	Completed. Ongoing Completed. Completed.

SOMERSET NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS – GOVERNOR ELECTIONS

1. PURPOSE

1.1 To present an overview of those governors whose term of office will come to an end or seats which have or will otherwise become vacant prior to 1 April 2022.

2. VACANT SEATS

2.1 The following Governors' term of office will come to an end either on 31 March 2022 or 30 April 2022:

Staff

- Paul Aldwinckle (end of third term)
- Polly Maguire (end of third term)

Public

- Judith Goodchild – Sedgemoor (end of first term)
- Alan Peak – Outside Somerset (end of first term)
- Gill Waldron – South Somerset (end of first term)
- Ian Aldridge – Somerset West and Taunton (end of second term)
- Margaret Worth – Somerset West and Taunton ((end of first term)
- Judy Cottrell – Somerset West and Taunton (end of first term)
- Jeanette Keech – Somerset West and Taunton (end of first term)
- Kate Butler – Somerset West and Taunton (end of first term)
- Bob Champion – Mendip (end of second term)

2.2 The following seats have or will become available:

- Richard Brown – Public Mendip (resignation)
- Julia Vale – Staff (retirement) – term of office for this seat will end on 31 March 2023)
- Julie Jones – Staff (retirement) – term of office for this seat will end on 31 March 2023)

2.3 As part of the merger with YDH, it was agreed to add four more seats to the South Somerset constituency and to include a new Dorset constituency with one seat. It was also agreed to reduce the number of Somerset West and Taunton seats from ten to seven.

2.4 It was further agreed to hold two existing and two new staff seats for Yeovil District Hospital NHS Foundation Trust staff. The two existing staff seats which will be held will be the seats with an end of term of 31 March 2023.

These seats and the two new seats will be included in elections following the merger in 2023.

2.5 The total number of seats available are as follows:

Public	
Somerset West and Taunton	2
Sedgemoor	1
Dorset	1
Mendip	2
South Somerset	5
Outside Somerset	1
Staff	2

2.6 The Notice of Election setting out details on how to obtain a nomination form and the election timetable is attached.

3. RECOMMENDATION

3.1 The Council of Governors is asked to note the above overview.

CHAIRMAN

Notice of Election

SOMERSET NHS FOUNDATION TRUST

ELECTION TO THE COUNCIL OF GOVERNORS

The Trust gives notice that it will hold elections to the Council of Governors of the Somerset NHS Foundation Trust

Elections are to be held for the following positions:

12 PUBLIC GOVERNORS IN THE FOLLOWING CONSTITUENCIES		
Constituency	**Vacancies**	**Term Length**
Dorset	1	3 years
Mendip	2	3 years
Outside Somerset	1	3 years
Sedgemoor	1	3 years
South Somerset	5	3 years
West Somerset and Taunton	2	3 years

2 STAFF GOVERNORS IN THE FOLLOWING CONSTITUENCY		
Constituency	**Vacancies**	**Term Length**
Staff	2	3 years

A nomination form to stand for election to these positions is available from Wednesday 3 March 2022 and can be obtained from the Returning Officer in the following ways:

Online: www.cesvotes.com/somerset2022
Telephone: 0208 889 9203
Email: ftnominationenquiries@cesvotes.com
Text: Text 2FT SO and your name and address to **88802**
Post: Civica Election Services
The Election Centre
33 Clarendon Road
London. N8 0NW

All nominations should be received by the Returning Officer, Ciara Hutchinson, at the address or website as detailed above, by 5pm on Wednesday 23 March 2022.

Should any nominee wish to withdraw their nomination, they must put this in writing to the Returning Officer by 5pm on Monday 28 March 2022.

For all contested constituencies voting will open on Tuesday 12 April 2022. Voting will close at 5pm on Thursday 5 May 2022.

The Returning Officer for these elections is Ciara Hutchinson, Civica Election Services (address as above).

NHS
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Finance and Performance: Report to the Council of Governors

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Quality and patient safety

NHS Somerset NHS Foundation Trust

Successes:

- We are continuing to maintain high levels of cleanliness across all of our wards.
- In January 2022, two patients were placed out of area, for a total of 28 days. At the time when the patients required admission, Holford ward was unable to accept them due to clinical and patient safety considerations. Both patients have since returned to Somerset. We continue to have amongst the lowest rates of such placements nationally.
- We are maintaining high rates of screening patients for dementia during their stay in our acute wards (94.7% in January 2022).
- 97.1% of patients admitted to our community hospitals and mental health wards received a venous thromboembolism (VTE) risk assessment, and 96.7% of mental health inpatients received a physical health assessment within 48 hours of admission

Cleanliness audit - wards	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Acute services	97.2%	96.8%	97.3%	97.5%	97.8%	98.0%
Community and mental health services	98.3%	98.0%	98.3%	98.6%	98.7%	98.7%

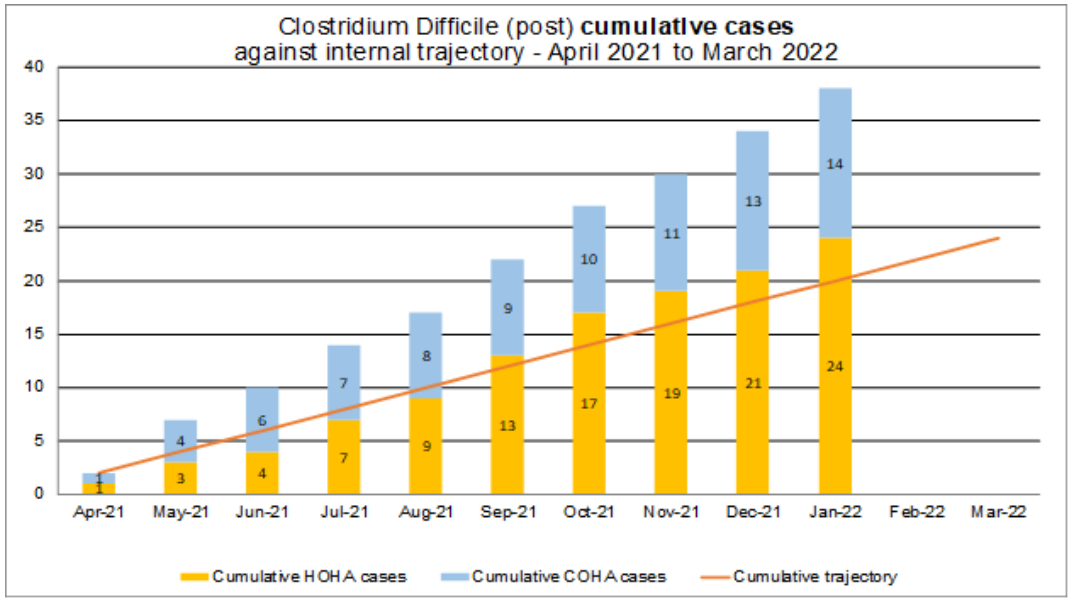
	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Patients screened for dementia during their stay - acute services	93.0%	94.2%	93.1%	93.8%	92.2%	94.7%
VTE risk assessment: community and mental health services	96.9%	98.9%	98.7%	97.2%	99.0%	97.1%
Mental health inpatients receiving a physical health assessment within 48 hours of admission	96.6%	97.9%	95.4%	96.8%	98.1%	96.7%

Quality and Patient safety

Somerset NHS Foundation Trust

Areas for focus:

- Infection Control: there were four Trust-attributable C.diff cases in January 2022, bringing the cumulative total for the year to date to 38, which is above the threshold trajectory. To date, 30 reviews have been completed, with lapses in care identified in eight, relating to antimicrobial prescribing, and standards not being met for hand hygiene and environmental cleanliness. The C. diff improvement group remains in place.
- VTE risk assessment – acute services: Performance declined slightly in January 2022, to 91.7%, and remained below the 95% compliance standard. Work is progress to roll out a digital VTE form to improve the robustness of recording and increase compliance levels. The new form is currently being trialled by several wards. The VTE Group, chaired by a Consultant Haematologist, monitors performance and actions.



	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
VTE risk assessment: acute services	93.1%	90.2%	88.7%	91.6%	92.9%	91.7%

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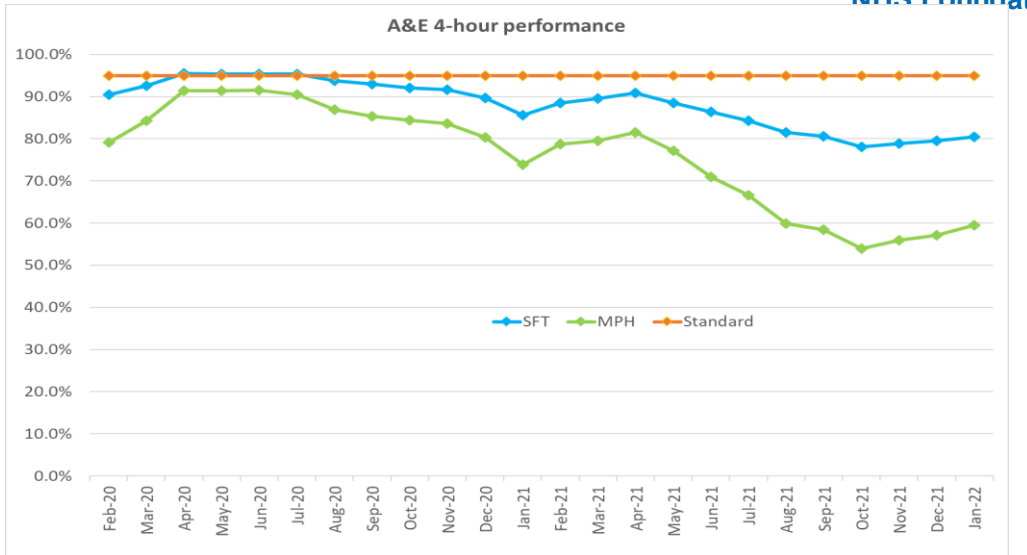
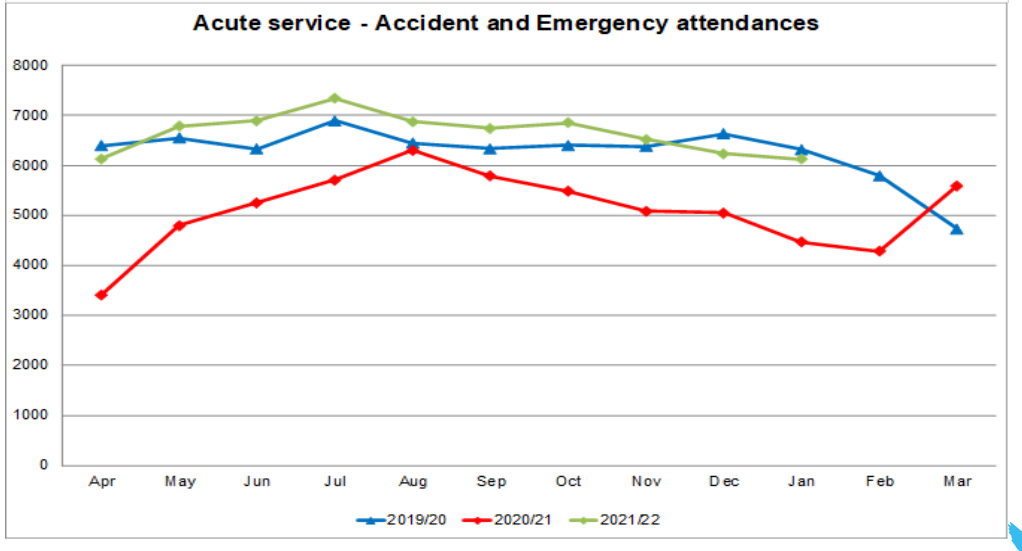
Urgent Care

- Performance against the A&E 4-hour standard was 59.4% in January 2022, ranking us 75 out of 111 Trusts nationally. National average performance was 62.3%. With MIU activity included, we were ranked 25, with performance of 80.5%.
- A&E attendances in January 2022 were 3.1% below January 2020 levels, but were 2.8% higher for the year to date than in 2019/20.
- Patients admitted to an inpatient bed are, on average, staying half a day longer. This is consistent with increasing patient acuity and a slowing of the rate of discharge due to capacity challenges in intermediate care.
- Patients continue to be triaged on arrival and continue to be segregated into COVID and non COVID areas within the department until a full clinical assessment has been completed.

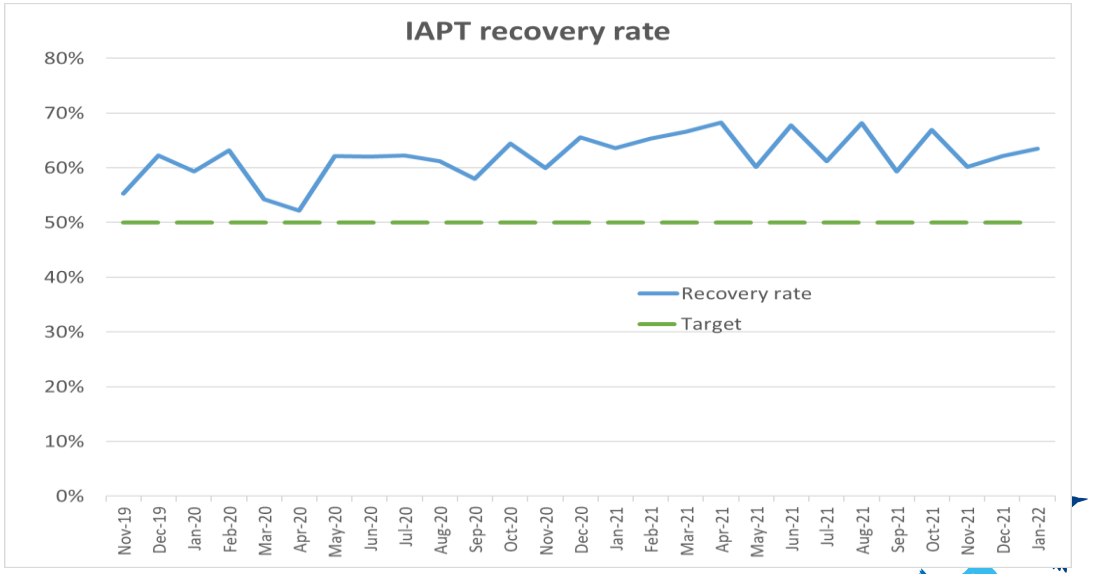




Mental health

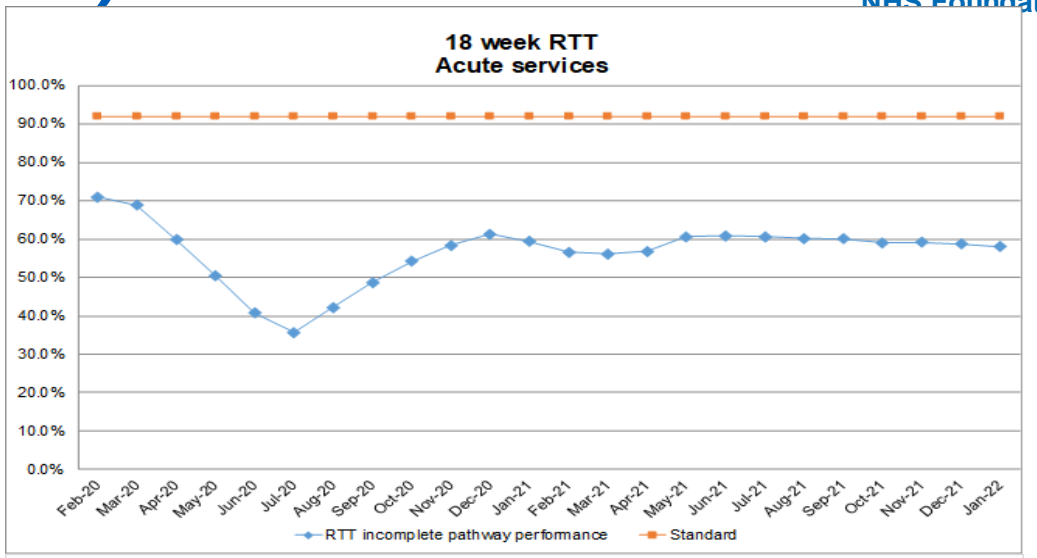
- The percentage of people waiting six weeks or less to be seen by our adult community mental health services was 87.4% in January 2022. 98.5% of children and young people referred to Child and Adolescent Mental Health Services (CAMHS), and all people referred to our learning disabilities service for a first appointment had waited under six weeks. 90.4% of older people had waited six weeks or less for a first appointment.
- Between 1 April 2021 and 31 January 2022, referrals to our adult community mental health teams increased by 49.5% compared to same months of 2019/20. The latest data shows that compliance as at 13 February 2022 was 92.0%.
- The percentage of people with a first episode of psychosis beginning treatment with a NICE-recommended care package within two weeks of referral was 65.2% during the quarter ending 31 December 2021, above the 56% national standard.
- Improving Access to Psychological Therapies (IAPT) recovery rates have remained higher than the 50% standard and are amongst the highest nationally.

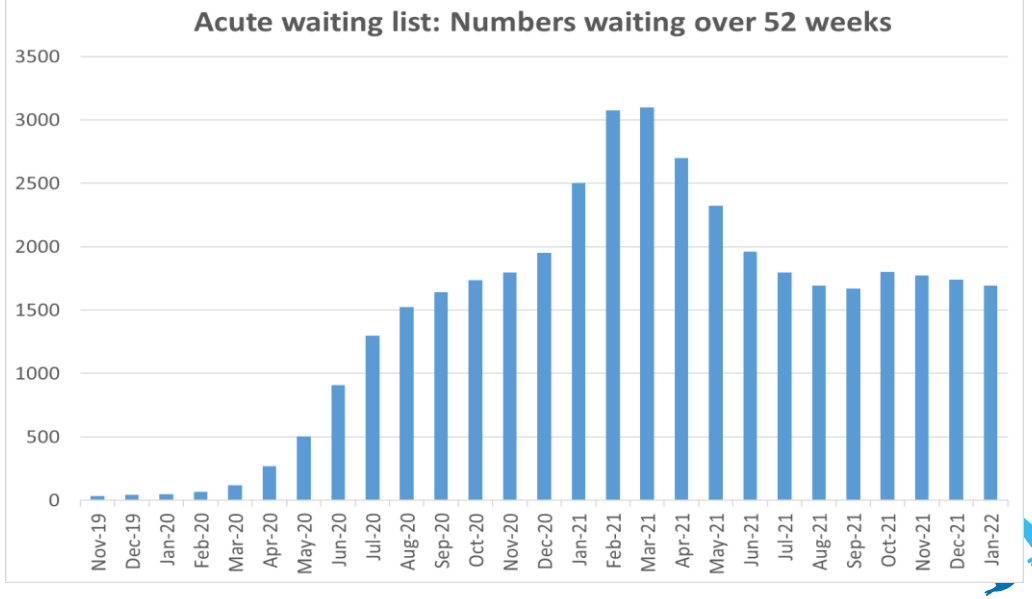
	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Adult mental health services	90.3%	90.1%	93.4%	94.2%	91.4%	87.4%
Older Persons mental health services	92.9%	96.4%	92.5%	91.1%	94.7%	90.4%
Learning disabilities service	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Children and young people's mental health services	96.7%	97.3%	100.0%	97.0%	100.0%	98.5%



Referral to Treatment (RTT): acute services

- The percentage of patients waiting under 18 weeks from referral to treatment decreased slightly, from 61.0% in December 2021 to 60.3% in January 2022.
- The total waiting list size at the end of January 2022 was 32,013, up from 31,425 in December, but 1,357 below (i.e. better than) the target trajectory of 33,370.
- The number of 52-week waiters fell from 1,742 in December 2021 to 1,693 in January 2022. This is 455 patients below (i.e. better than) trajectory.
- There is an active programme of system-wide actions to support long term recovery, which includes the shared use of capacity across the system





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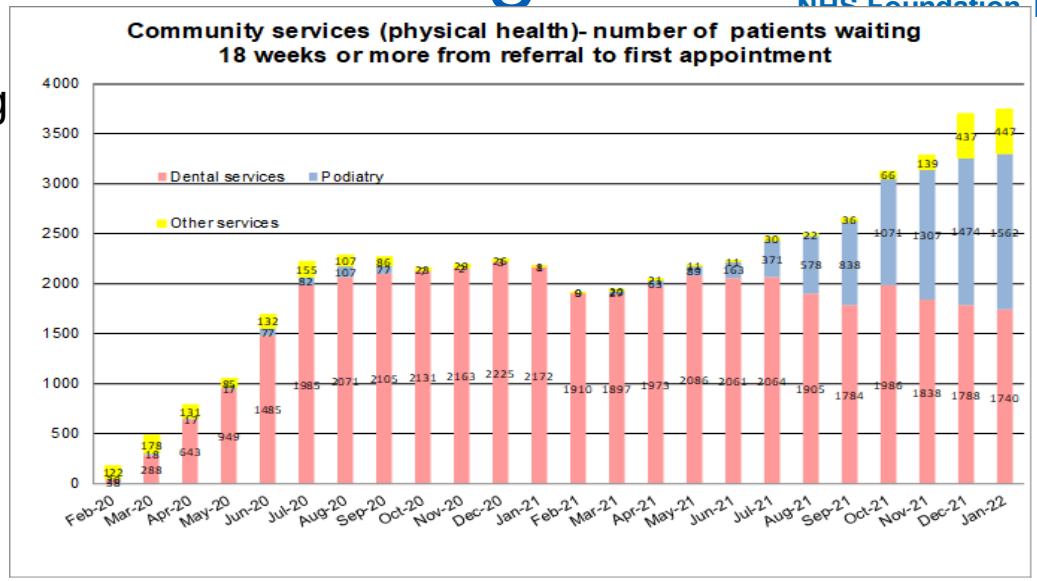
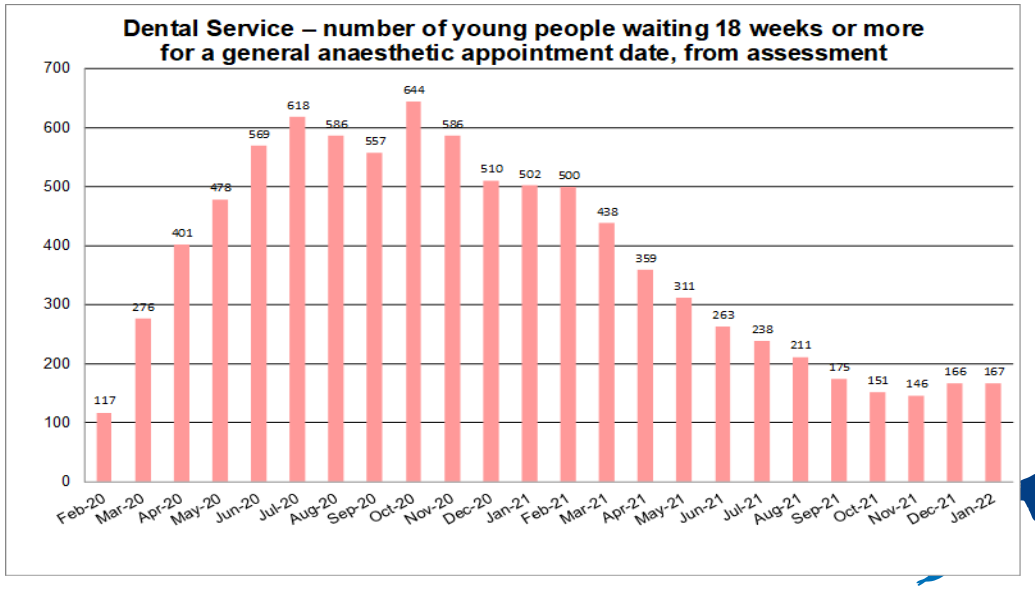
Community physical health services waiting times

- As at 31 January 2022, the number of patients waiting 18 weeks or more rose to 3,749, of whom 1,740 were waiting to be seen by our Somerset and Dorset dental service. The Podiatry service had the next highest number of patients waiting over 18 weeks, with 1,562. The Podiatry service has had significant levels of vacancies for a long time, and is prioritising high risk vascular / diabetic foot care and acute nail surgery cases. All routine podiatry patients have been contacted by letter and telephone call to provide support. The increase in numbers recorded within 'Others' relates to our MSK Physiotherapy service; patients waiting 18 weeks or more increased to 341 as at 31 January 2022, up from 310 as at 31 December 2021. This was primarily due to increased referral levels, sickness absence, and vacancies.
- The number of Somerset and Dorset children waiting 18 weeks or more for an appointment for treatment involving a general anaesthetic (GA) was 167 as at 31 January 2022, up by 1 from the previous month.





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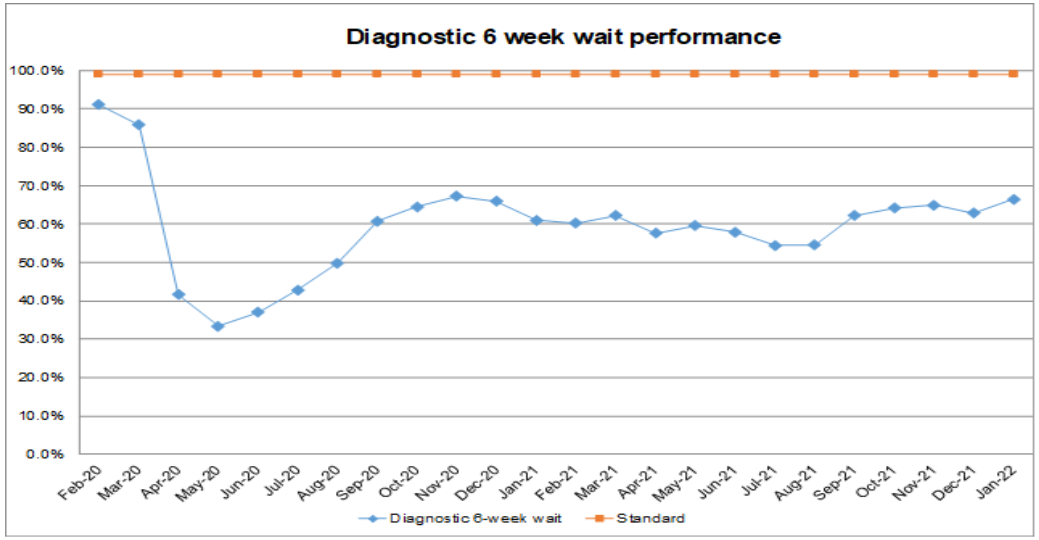
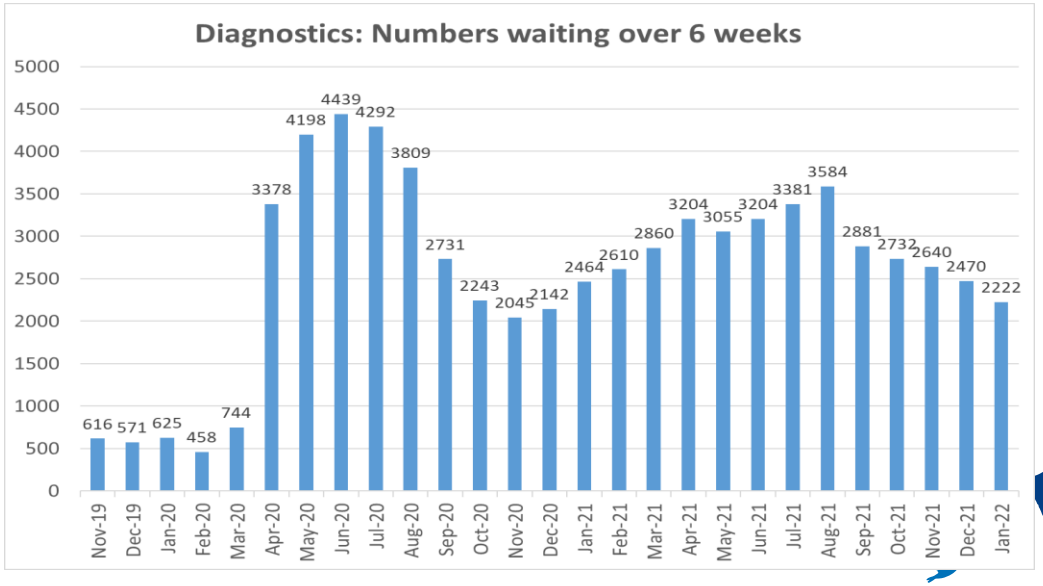
Diagnostics

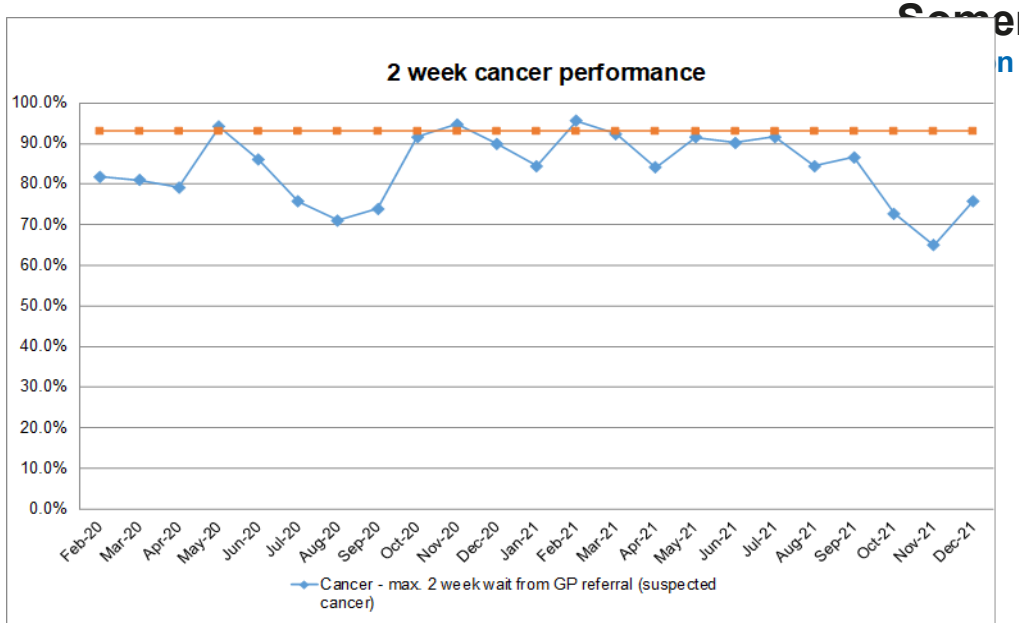
- The percentage of patients waiting under 6 weeks for a diagnostic test rose from 62.9% in December 2021 to 66.5% in January 2022. The number of patients waiting under 6 weeks grew from 4,186 in December to 4,406 as at 31 January 2022.
- The number of patients waiting over 6 weeks as at 31 January 2022 was 2,222, down from 2,470 as at 31 December 2021; the highest numbers of patients were waiting for echo (down from 1,599 to 1,512) followed by MRI (down from 403 to 355), together making up 84% of all the long waiters.
- The total waiting list size list was almost unchanged at 6,628 in January 2022, compared to 6,656 in December 2021.
- Additional MRI capacity is now being utilised at a local Independent Sector provider, and the Rutherford Diagnostic Centre in Taunton, providing additional static CT and MRI scanners. 5.4 whole time equivalent (WTE) echo physiologists have been appointed, three of whom have commenced in post.

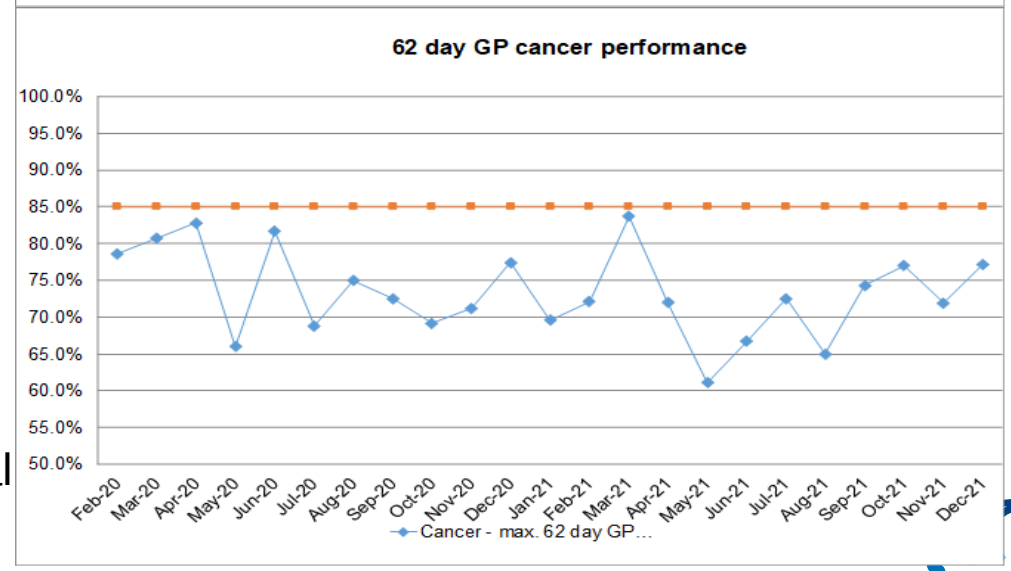




Cancer waiting times

- The percentage of patients seen within 14 days of referral by their GP with a suspected cancer increased from 64.9% in November 2021 to 75.8% in December 2021, the latest data available. 51% of the breaches in December were for breast pathways. Referrals to the service have been exceptionally high but have reduced to 28% above 2019/20 levels.
- The percentage of cancer patients treated within 62 days of referral by their GP was 77.1% in December compared with 71.9% in November. This was above the national average of 67%, but below the 85% standard. Patients treated for a colorectal cancer made-up 22% of the breaches of the 62-day standard. The number of patients waiting 63 days or more at the month-end was above (i.e. worse than) the 2021/22 elective recovery trajectory at the end of December 2021 (99 against a plan of 88). A review has been undertaken of the reasons for delays and what additional actions can be taken. No clinical concerns have been raised regarding the lengths of wait for these patients.





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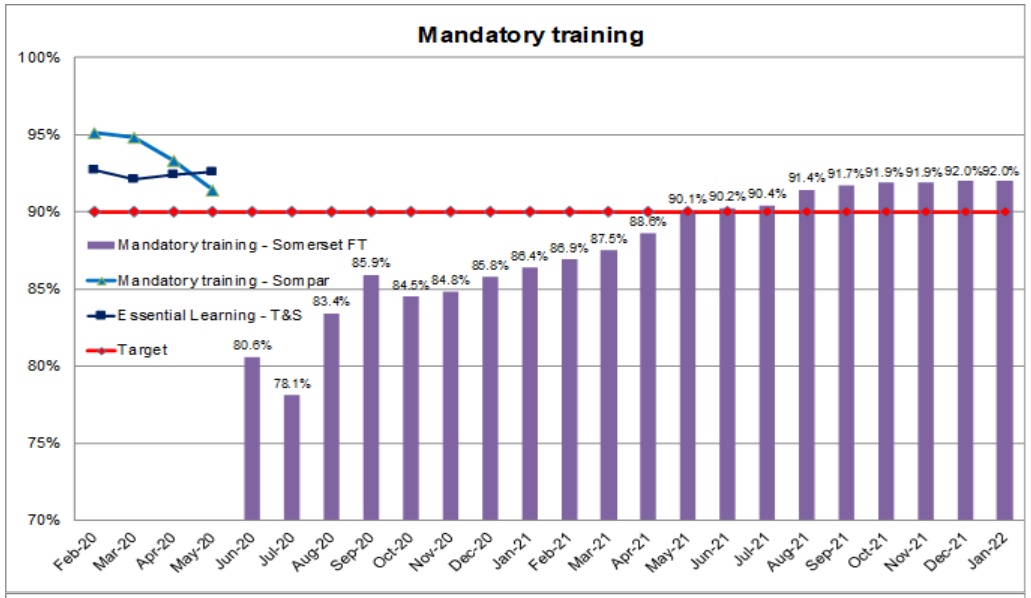
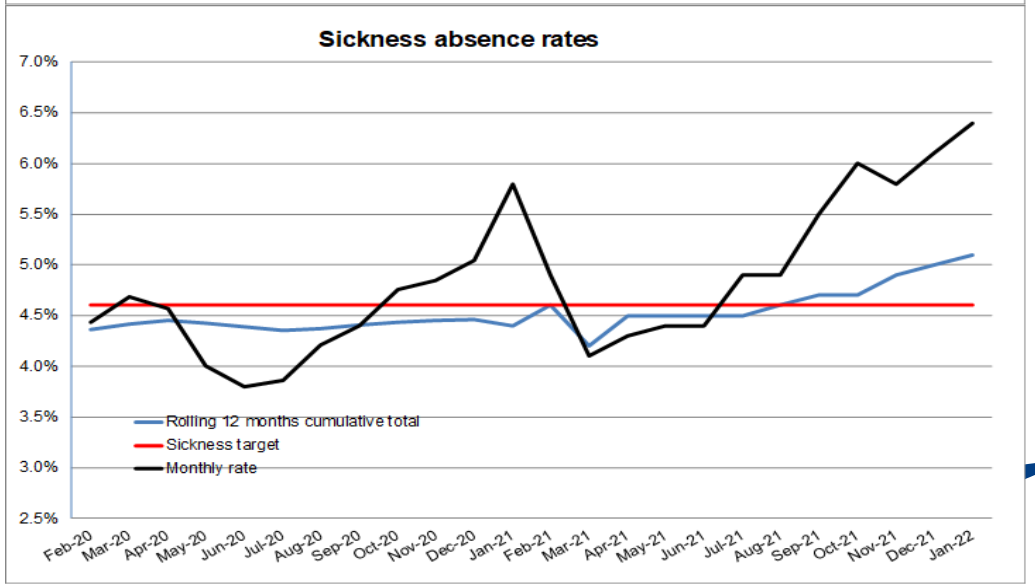
People

- Our Trust-wide staff turnover rate remained below the 12% target, and stood at 11.4% for the year to 31 January 2022.
- Our Trust-wide vacancy level was 4.7% as at 31 January 2022, against a target of no more than 5%.
- As at 31 January 2022, our mandatory training rate was 92.0%, the highest rate recorded since the merger of the two predecessor Trusts.
- Our sickness absence rate for the month of January 2022 was 6.4%, against a target of no more than 4.6%. This was the highest monthly rate recorded since the merger of the two predecessor Trusts. The recent increases to the rate have been due to an increase in COVID-related sickness.





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Finance 2021/22

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- In month 10 (January), the Trust recorded a breakeven position, which was in line with plan for the month; cumulatively the Trust continues to achieve a breakeven position which is consistent with the plan for the period;

FINANCIAL PERFORMANCE IN MONTH	£m Budget	£m Actual	£m Var
Income	48.92	52.89	3.97
Expenditure	-46.89	-49.62	-2.72
EBITDA	**2.03**	**3.28**	**1.25**
Finance Costs	-1.94	-3.22	-1.28
Surplus before exceptional items	**0.08**	**0.05**	**-0.03**
Control total adjustments	-0.08	-0.06	**0.03**
Adjusted financial performance	**0.00**	**0.00**	**0.00**

- The Trust has continued to experience significant ongoing operational pressures across many of its community, mental health and acute services. In response, we are continuing to maintain additional escalation capacity where needed, utilising bank and agency staffing where required;
- Although services remain under pressure both through the impact of Covid and winter pressures, financially the Trust remains in a balanced position and continues to forecast delivery of the financial plan for the year.

Finance 2022/23

NHS Somerset NHS Foundation Trust

- The internal business planning process is nearing completion; through this we have established an accurate assessment of the underlying cost base, assessed the level of income the Trust can expect to receive and the cost pressures which we can expect to face in 22/23;

- Services through this process have also identified a number of business cases to address safety, quality and capacity concerns. These will be assessed and prioritised alongside cases from our system partners over the coming weeks;

- Directorates are formulating their CIP plans with recognition that 22/23 is likely to significantly more financially challenged;

- Work continues with our system partners to prepare the first cut plan; draft plans are due mid March, with final plans (which will incorporate activity, workforce and finance information) required at the end of April. These will be taken through Joint Finance Committee in Common for approval;

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SFT Council of Governors

Merger Progress Update

March 2022

Yeovil District Hospital NHS
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Contents

- Revised transaction timeline
- Clinical case studies
- Due diligence

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Revised Transaction Timeline

- At the Trust Board meetings held in February, the timeline for the transaction was reviewed and a recommendation was approved to delay the submission of the merger case to October 2022 and the subsequent transaction until April 2023.

- This additional time will support the development of the clinical integration programme and in particular the delivery of the patient benefit case, ensuring sufficient time to fully engage with colleagues and stakeholders on the proposals and the broader strategy, vision and values. This work had been impacted by the operational pressures in recent months.

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Clinical Case Studies

A key element of the business case for the transaction is the clinical strategy, which is supported by a patient benefits case. The patient benefits case will draw on a number of service-level case studies to illustrate the benefits to patients of bringing our trusts together. The 6 service-level case studies that we are developing are:

- **Maternity services**
- **Oncology and Haematology**
- **Stroke**
- **Peri-operative care – supporting patients prior to planned surgery to improve patient outcomes**
- **Cardiology**
- **Homeless and rough sleepers**

These case studies will be presented to the Trust Boards in the coming months as they are developed in close conjunction with NHSEI.

A further four services (Diabetes, Paediatrics, Intermediate Care and Urology) will also be included in the merger business case in a lower level of detail.

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Clinical Case Studies – emerging Key Themes

- There are some services, at both trusts, which are unsustainable. In many cases, this is due to long-term staffing gaps.
- There are inequities across the county, where some patients can access specialist care more readily than others, depending on where they live.
- Many YDH and SFT services are already working closely together eg to cover staffing gaps, align policies etc.
- But different IT systems, employment contracts, governance arrangements and budgets hamper this collaboration.

- Merger offers the opportunity to:
  - make better use of our combined estate and provide more care closer to people's homes
  - tackle inequities of care that currently exist eg by improving access to specialist care
  - streamline our processes and do things only once - freeing up more time for front line care
  - increase our resilience and deploy our combined resources to where they are needed most
  - share good practice, learning and skills development amongst a wider colleague group

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Maternity clinical case study - background

- Both Trusts provide comprehensive consultant and midwife-led maternity services before, during and after birth. Both services are rated ‘Good’ by the CQC.
- The size and rurality of Somerset makes it challenging to provide maternity care. Although we have relatively low birth rates we need to maintain two consultant-led units (in Yeovil and Taunton) to ensure safe care across our large, rural geography.
- Around 15% of women (who live in the middle of the county) receive a blend of care from both Trusts.
- The Trusts’ maternity teams have collaborated for the last few years as part of the Local Maternity and Neonatal System. However, collaboration is hampered by different policies and protocols, different IT systems and different governance arrangements.
- Under our merger plans we will retain two high performing maternity units at Yeovil and Taunton, working under single leadership, governance, and policies.

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Maternity clinical case study – patient benefits

The patient benefits which will result from combining the two maternity teams include:

- Standardised county-wide protocols and ways of working which will help streamline pathways and improve clinical decision-making, especially for patients with complex needs.
- We will be able to increase the maternity care taking place in community settings or at home, for low-risk births. This will improve patient experience and free up acute resource for more complex cases.
- We will implement an integrated digital maternity care record which will help us provide improved patient care and experience, support clinical learning and increase efficiency.
- Merger will increase our scale and ability to implement national requirements (Ockenden and Better Births), including midwife continuity of carer and personalised care.
- The integrated team will increase our resilience and enable us to better deploy our combined resources to where they are needed most.

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Maternity clinical case study – the WREN team

- Until recently, each Trust had a dedicated team of midwives supporting vulnerable women with additional needs during their pregnancy. Getting the support right for these families can significantly influence whether a baby remains in their mother's care, as well as the child's later life chances.
- However, some women with additional needs receive antenatal support from a maternity team that differs from the team that assists them during labour (eg antenatal support from SFT but they give birth at YDH); this can be especially problematic for women with complex needs, where the trusted relationship between woman and midwife is especially important.
- For the last three years, these two teams have been led by a jointly-funded midwife.
- *See next slide for Dawn Sherry's colleague story.*

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Maternity clinical case study - summary

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Colleague story – Dawn Sherry, Head of WREN (Women Requiring Extra Nurturing) team

“In 2018, I became joint head of the two Trust teams supporting pregnant women who are vulnerable or have complex needs. When I took up post, I quickly set up joint meetings between the two teams because I felt strongly from the beginning that working even more closely together wasn't going to work unless the teams were happy to do that. We’ve talked a lot about our team vision and overcoming the barriers to what we want to achieve for women in Somerset who have complex needs, especially those who live in the area between the two Trusts.

In practical terms, understanding the two Trusts’ systems has been hard and while YDH antenatal records are still on paper it's even more tricky. We store what we can on a shared drive and are now able to access both sites’ shared drives without logging into the other site, but just one IT system would be really fab.

It would also be great to have just one governance system to navigate instead of two. At the moment, I'm having to still go through both, even though the policies are exactly the same. One governance structure - that would definitely help.

In January 2022 we took another step forward and officially became a single team called WREN (Women Requiring Extra Nurturing). I constantly say to the team: “this is your merger, not my merger, and I'm just helping to direct it, but you're the ones actually doing this, so tell me what's going to work and what's a barrier”. So I'm constantly giving it back to them and reminding them what the benefits are. I feel a bit like I'm holding my breath at the moment - when we’re six months down the line and I can see we still have a happy and resilient workforce, then I’ll be able to breathe out.”

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Due Diligence: recap

- PwC undertook Strategic Case stage Due Diligence in late 2020 and early 2021.

- We built on this work at Business Case stage and undertook a comprehensive Due Diligence process from August – October 2021.

- Due Diligence was carried out in the following areas (reflecting NHSEI transaction guidance)
  - Charities
  - Clinical Governance
  - Commercial
  - Corporate Governance
  - Digital
  - Estates (inc Environment)
  - Finance
  - People and OD (inc Pensions)
  - Procurement
  - "PMO" capturing other areas.

- Outputs were a set of completed templates describing and RAG-rating the risks identified.
- Legal DD was undertaken by Bevan Brittan at both Strategic Case and Business Case stages – reports were presented to the Boards in November.

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Due Diligence process and progress

- Subject matter experts from each trust analysed the risks in their areas, overseen by an Exec-level Senior Responsible Officer (SRO) from each trust.
- SROs then cross-checked the other trust's information and discussed issues with their counterparts.
- Deloitte provided "critical friend" support to ensure that the scope of the Due Diligence, its execution and write-up in the templates and report to the boards were robust.
- NEDs undertook a review from November 2021.
- A summary report was presented to both trust Boards on 1st February 2022, including a letter from Deloitte about their role and recommendations.
- The high-level findings of the due diligence exercise were presented to both Councils of Governors at a session on 16 February 2022.
- We will continue to review risks (and mitigations) up until the transaction. This includes:
    - Quarterly updates to the Boards on all aspects of Due Diligence, including updates on the Red and Amber risks.
    - An additional Finance Due Diligence report in May 2022 as financial forecasts become clear.
    - Additional Due Diligence on subsidiary companies will take place after NED feedback, and will report in May.

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Workstreams update as at 1 March 2022

Workstream	RAG Scoring		Workstream	RAG Scoring		Workstream	RAG Scoring
Clinical strategy	Amber		Clinical Governance	Green		Finance	Amber
Operating model	N/A		Safeguarding (part of ClinGov)	Green		PMO	Green
Digital	Amber		IPC (part of ClinGov)	Amber		Commercial	Red
People & OD	Amber		Patient Experience (part of ClinGov)	Amber		Communications	Amber
Estates, Hard and Soft FM	Amber		Corporate Governance	Green		Improvement	Green
Capital (part of Estates)	Amber		EPRR (part of CorpGov)	Green		Procurement	Green
Security Management (part of Estates)	Amber		Information Governance (part of CorpGov)	Green		Charities	Green

NHS Somerset NHS Foundation Trust

STRATEGY AND PLANNING GROUP

REPORT TO THE COUNCIL OF GOVERNORS MEETING ON 9 MARCH 2022

Name of the Working Group	Strategy and Planning Group
Date of the Meeting	9 February 2022
Introduction	The meeting was attended by the following governors: Erica Adams, Paul Aldwinckle (Chair), Paddy Ashe, Bob Champion, Eddie Nicolas, Alan Peak, Rod Williams and Jack Torr. In attendance as observers: Kate Butler and Ian Hawkins
Summary of the Discussions	The following items were considered at the meeting: **Review of the Trust's Strategic Objectives** **Objective 1 – culture of learning, research and continuous improvement - Update on the position with clinical research, the work through Covid and forward look of activity** Andrea Mostyn Jones joined for this item. She highlighted the key health regulatory events, policies and documents released over the period 2011 to 2020 to further embed research and the culture of learning. She further highlighted the increase in the number of non medical principle investigators and Chief Investigators; the successful delivery of the department research strategy; the opening of research in new areas; the activation of the Urgent Public Health research plan; the restructuring of the teams into a patient safety monitoring team, Covid UPH research team and remote teams to be able to deliver the required studies. A review of all studies was carried out during Covid-19 to check which ones could be stopped and which ones had to continue. A number of the closed studies have since reopened but had to be carried out in a different way. The different research project areas were noted as well as the challenges faced; the recruitment of patients into the studies over the years; the areas for future development; and the actions identified. The Group noted that particularly the Covid-19 studies had identified clear patient benefits and the findings of the studies have been fed into a national programme.

	Objective 10 – financial sustainability - Finance update The Group received an update on the financial position as at 31 December 2021 (break-even) and noted the approval of the financial plan for the period October 2021 to March 2022 and the continued operational pressures and resulting additional financial pressure on the Trust. It was noted that the NHS planning guidance priorities for 2022/23 had been released late December 2021 and the planning priorities were predicated on Covid-19 activities and disruption returning to early summer 2021 levels. It was noted that the financial framework will be based on the current system funding envelopes. Elective recovery was a key element of the financial envelope and £2.3bn elective recovery funding had been allocated to systems to support the recovery of elective services – details of how this funding will be allocated were still awaited. A further £1.5bn of capital funding will be made available and dedicated funding will also be made available for mental health services. The Group noted the progress in relation to planning for 2022/23. **Yeovil/Somerset FT Merger Update** David Shannon provided an update on the merger timeline and set out the reasons for the delay in submitting the business case to NHSEI. He further highlighted the new transaction guidance which will come into effect from 1 April 2022 and the increased focus on patient benefits and colleague and wider stakeholder engagement. The Group noted that patient case studies were being prepared and that the due diligence templates will continue to be updated and monitored by the Board. The Group further noted that colleague feedback on the delay in the submission of the business case had been mixed with a concern that momentum may be lost. The Group was assured that the merger and integration work will continue as quickly as possible. **Board Assurance Framework (BAF)** Objective 4 (safe, effective and high quality services), Objective 9 (performance) were the objectives with the highest risk due to the operational pressures and the challenges discharging patients to home based or bedded care pathways. The risk in relation to the objective 8 (workforce) had also increased due to sickness absence and pressures on teams. Phil Brice further advised that three risks on the Corporate Risk Register had been rated as 25 – intermediate care, future financial position, and Covid-19 related risks. It was

	unusual to have risks scored at 25 and this reflected the operational pressures. **Review of the Terms of References, review of effectiveness and election of Chair and Deputy Chair** The Group agreed that the Terms of References remained fit for purpose and no changes to the Terms of Reference were proposed. The Group noted that Paul Aldwinckle will be leaving the Trust at the end of March 2022 and the Group thanked him for his contributions to the work of the Group. Due to the resignation of the Deputy Chair, Richard Brown, the post of Deputy Chair had become available and Eddie Nicholas was appointed as Deputy Chair until May 2023. Nominations for the Chair's post will be sought after the elections. The Group noted the overview of work carried out over the last year and agreed that the Group had met its objectives as set out in the Terms of Reference. **Commercial Contracts Update** There are currently no new contracts to bring to the group's attention. The Group also received a brief report on the Finance Committee. It was noted that Richard Brown had been the Group's representative on the Finance Committee and, in view of his resignation, the Group nominated Eddie Nicholas.
Progress against the Work Plan	Work-plan is being followed to date
Actions Identified	No specific actions were identified.
Recommendations to the Council of Governors	To note the report.
Date of Next Meeting	4 May 2022 – 10.30 to 12.30

NHS Somerset NHS Foundation Trust

QUALITY AND PATIENT EXPERIENCE GROUP

REPORT TO THE COUNCIL OF GOVERNORS MEETING ON 9 MARCH 2022

Name of the Working Group	Quality and Patient Experience Group
Date of the Meeting	7 February 2022
Introduction	This meeting was held virtually and was attended by the following governors: Judith Goodchild (Chair), Sue Steele, Jane Armstrong, Judy Cottrell, Phil Jackson, Jos Latour, Neil Thomas, Caroline Toll, Margaret Worth, Ian Hawkins and Kate Butler.
Summary of the Discussions	The following items were considered at the meeting and highlights are noted below: **Patient and Public Involvement Managers' Report, including the Complaints and PALs report** • Services continued to be under extreme pressure but number of positive feedback exceeded the less positive feedback. • Family Liaison team had been reinstated in October 2021 and will run until July 2022 to support with improved communications with families. • Plan for patient/family experience films to be created to support learning and development around staff attitude and experience of care. ***Complaints and PALs*** • The PALS and Complaint teams were now fully staffed. • Good progress was being made in relation to the timeline for acknowledging and responding to complaints but the volume of formal complaints continued to increase. Additional support was being provided to the surgical directorate. • Volume of PALS enquiries had increased and the team was struggling with the volume of work. • Complaints handling workshops will be reinstated with all managers band 7 and above to undertake the management essentials programme. • Team was congratulated on responding quickly to comments on Care Opinion.

Patient section of the performance exception report

- Areas of exception reporting related to infection control; falls; A&E 4 hour standard; out of area placements; Referral to Treatment Time; Improving Access to Psychological Therapies; waiting times in general; child and adolescent mental health Eating Disorders service; intermediate care; two week wait for suspected cancer; 62 day cancer waiting times; and diagnostic 6 week wait. The number of exceptions was reflective of the operational pressures. Considerable work was taking place to try and stop the position deteriorating further and improve performance where possible. A national elective recovery plan was awaited.
- Staffing, sickness absence and vacancies remained challenging.
- The need to involve carers in the care of patients and discharge arrangements was highlighted.

Presentation on Discharge to Assess

The Group received a presentation from Katie Smith, Head of Intermediate Care Services, on discharge and care in the community challenges – the system response – and she set out the intermediate care model, performance, actions taken to address the intermediate care challenges and the outcomes for people. The key role of the service was to support patients when in crisis at home and arrange care to avoid them having to go to hospital for bedded care. The key challenges were the shortage of domiciliary care packages and the closure of care home beds due to Covid-19 infections in the care home. Domiciliary care staff pay and conditions had been improved to attract more domiciliary care staff. The shortage of these staff had severely impacted on the Trust's ability to discharge patients out of hospital and a number of actions were being taken to create more capacity in the home based pathways.

It was noted that an intermediate care screening tool will need to be completed as part of the hospital discharge process and this tool takes account of the patient and family's wishes.

Update on the Experience of Care Workplan and the Carers Support and Involvement Project

The Experience of Care Workplan item was deferred to the next meeting. The Group received a short update on carers support and involvement and noted that carers were not always recognised when the person they cared for was admitted. A working group had been set up, involving carers, and good progress was being made to embed change. The recognition of carers had been included on the front page of the Care Risk document and this prompted the admitting person to think about carers and involve them in conversations. This new document will be rolled out across the organisation.

	The Group noted that Hayley Hughes will be leaving the Trust and thanked her for her considerable contributions to the patient experience work. **Quality Accounts Process, including KPPI indicator for 20220/21, QIP review (2022/23) and KPI setting (2023/24)** As for last year, the Quality Accounts will not be subject to an external audit and there was no requirement to produce a Quality Report as part of the 2022/21 annual accounts and report requirements. There was therefore also no requirement for Governors to identify an indicator to be audited. The Quality Accounts priorities will continue to focus on the clinical workstreams. **Terms of Reference Review** The Group reviewed its Terms of Reference and agreed that the Terms of References remained fit for purpose. No changes were proposed. The Group agreed to defer the appointment of a new Chair and Deputy Chair until after the Governor elections and to roll the existing appointments over until the next meeting. Other items presented to the Group were: feedback from the Quality and Governance Committee, the Mental Health Act Committee and the Sustainability Report.
Progress against the Work Plan	Work-plan is being followed to date.
Actions Identified	An update on pressure ulcers both in hospital and in the community has been identified as an agenda item for the next meeting. An update on discharge planning has been identified as an item for a future Governor development day. An update on anticipatory care prevention has been identified as a possible item for a future meeting.
Recommendations to the Council of Governors	To note the report.
Date of Next Meeting	10 May 2022 14.00 – 16.00

NHS Somerset NHS Foundation Trust

PEOPLE GROUP

REPORT TO THE COUNCIL OF GOVERNORS MEETING ON 9 MARCH 2022

Name of the Working Group	People Group
Date of the Meeting	16th February 2022
Introduction	This meeting was held virtually on MS Teams and was attended by the following governors: Lynn Pearson (Chair), Julius Ndlovu, Kate Butler, Sumitar Young, Ian Hawkins, Robert Cornes, Tim Slattery.
Summary of the Discussions	The following key items were considered at the meeting: **1. People Strategy** Isobel Clements provided a written report outlining that SFT is now into year 4 of its current people strategy which was extended out due to the proposed merger work. Work now commences on the integration of HR/people services across SFT and YDH, and with this work a new vision will be developed that will include new structures and plans regarding engagement on the development of the new people strategy for the new provider. The Trust baseline positions are positive, early 2021 staff survey results indicate positive results when taken against the comparator groups. We also now have the results from BDO, our internal auditors, on the cultural maturity reviews undertaken in both SFT and YDH against positive results and recommendations. This taken alongside the latest pulse results for both Trusts will provide a helpful baseline when considered alongside our people KPI's to enable us to start engagement on the new people strategy, priorities and focus. The strategy will have the national people plan and promise weaved throughout alongside the HR/OD futures outcomes. **2. Communication strategy to support the merger between Somerset FT and Yeovil District Hospital** Fiona Reid, Director of Communication, attended the meeting and provided a very comprehensive summary of the plans in place for communication with stakeholders including colleagues and patients/public. This prompted some useful discussion on different communication methods that could be

	used and on options for how the Governors could be used to help spread the messaging. It was clear that describing the benefits of the merger will be key to ensure stakeholder engagement. **3. Inclusion** Harriet Jones, new Head of Inclusion, attended the meeting and ran through her initial thoughts and aspirations for SFT since joining. These were very well received. She focussed on the need to 'fix the system' not 'fix the people' and outlined the plans to do this through: ▪ In-depth data analysis ▪ Recruitment reviews ▪ Focus on workplace culture & behaviours ▪ Strengthening accountability for inclusion **4. Performance Review** This is a standing agenda item when the Group reviews the latest People Section of the Board Exception Report. Delays in responses to complaints was again discussed, this meeting focussing more on processes and timescales to deal with allegations made against staff which were felt to be too lengthy for the colleagues involved – Isobel Clements has been asked to look into this and respond at the next meeting. The other key element discussed was concern around the community staffing shortages and the mitigation in place; as there was nobody in the meeting able to comment on this. This was added as an action for Isobel Clements to feedback to the next meeting. The meeting also received reports for information from the Membership Strategy Group, the Charitable Funds Committee and the People Committee. **5. Other Issues discussed** The only other significant discussion was around the continued concern about the availability of hot food provision for colleagues out of hours on the Musgrove site (following colleague feedback that current provision is inadequate). This was discussed again at the beginning of the meeting and it was agreed that it remains difficult to ascertain how many colleagues this is affecting. Since the meeting the Health and Wellbeing Team have launched a survey to colleagues that includes the option to comment on this (as well as other key factors impacting on Health and Wellbeing) so this will help inform those discussion in future.

	Finally it was agreed that Kate Butler will join the Yeovil equivalent of this Group until the merger is complete; it is not yet known which Yeovil governor will join this Group in return.
Progress against the Work Plan	Work-plan is being followed to date.
Actions Identified	None other than highlighted above
Recommendations to the Council of Governors	To note the report.
Date of Next Meeting	Thursday 5 May 2022 at 10:30.

SOMERSET NHS FOUNDATION TRUST

REPORT TO THE COUNCIL OF GOVERNORS MEETING ON 9 MARCH 2022

Name of the Working Group	Nomination and Remuneration Committee.
Date of the Meeting	No formal meeting of the Committee has taken place since December 2021.
Summary of the Discussions	N/A
Progress against the Work Plan	N/A
Actions Identified	N/A
Recommendations to the Council of Governors	N/A
Date of Next Meeting	To be confirmed.