Yeovil District Hospital NHS
NHS Foundation Trust

COUNCIL OF GOVERNORS

11 March 2014 Innovation Centre, Barracks Close, Copse Road, Yeovil, Somerset BA22 8RN

PROGRAMME FOR THE DAY

(There is no seminar session as the main agenda is very full and includes significant topics)

8:45am	**Coffee/Tea**
9:00am	**Council of Governors**
	(to include Coffee break)
	Council of Governors – confidential roundup
1:00pm	**Lunch**
1:30pm	**Meet the Non-Executive Directors**
3:00pm	**Close**

Yeovil District Hospital NHS
NHS Foundation Trust

COUNCIL OF GOVERNORS

The Council of Governors' Meeting will be held at

9:00am on Tuesday 11 March 2014

the Innovation Centre, Barracks Close
Copse Road, Yeovil, Somerset, BA22 8RN

If you are an elected staff or public governor please ensure you 'sign in' on arrival at the meeting to confirm that you are eligible to vote on issues and play an active role in the meeting.

Please inform the Chairman, Peter Wyman, or Jade Renville prior to the meeting if you need to send your apologies.

A G E N D A

1	**Welcome to members of the public, governors and directors**	Presenter	
2	**DECLARATIONS OF INTEREST**	PW	
3	**APOLOGIES:**		
4	**MINUTES OF THE PREVIOUS MEETING** To APPROVE the Minutes of the Council of Governors meeting held on 6 December 2013	PW	Appendix
5	**ACTION SHEET**	JR	Appendix
6	**MATTERS ARISING**	PW	Oral
7	**GOVERNOR DASHBOARD** To DISCUSS the governor dashboard	PM	Appendix
8	**CHIEF EXECUTIVE'S BRIEFING** To DISCUSS the Chief Executive's Briefing	PM	Appendix
9	**SITE MASTER PLAN** To DISCUSS the site master plan **Coffee Break** (timing at Chairman's discretion)	PM/MR	Presentation
10	**SUSTAINABILITY** To DISCUSS sustainability	MF	Presentation
11	**MARKETING AND COMMUNICATION & FUNDRAISING** To DISCUSS marketing and communication and receive an update on Fundraising	SB/JK	Presentation

12	**PATIENT EXPERIENCE, QUALITY & SAFETY**	HR	Oral
	To DISCUSS patient experience, quality and safety		
13	**GOVERNOR ELECTIONS MAY 2014**	JR	Appendix
	To NOTE the governor elections in May 2014		
14	**REPORTS FROM ASSURANCE COMMITTEES**		
	14.1 **Audit Committee**	JP	Tabled
	To RECEIVE feedback from the Audit Committee held on 4/3/2014		
	14.2 **Non Clinical Risk Assurance Committee (NCRAC)**	JJ	Tabled
	To RECEIVE feedback from the NCRAC meeting held on 4/3/2014		
	14.3 **Clinical Governance Assurance Committee (CGAC)**	JH	Appendix & Tabled
	To RECEIVE feedback from the CGAC held on 10/1/2014 & 5/3/2014		
	14.4 **Commercial Assurance Committee (CAC)**	MS	Oral
	To RECEIVE a report from the Chair of the Committee regarding the meeting held on 17/2/2014		
15	**REPORTS FROM GOVERNOR COMMITTEES & WORKING GROUPS**		
	15.1 **Strategy Working Group**	JP	Appendix
	To NOTE an update from the Strategy Working Group 11/2/2014		
	15.2 **Membership and Communications Working Group**	GS	Appendix
	To NOTE an update from the Membership & Communications Working Group 17/2/2014		
	15.3 **Appointments Committee**		
	To NOTE an update from the Appointments Committee held on 18/2/2014	GC	Appendix
16	**GOVERNOR PRIORITIES**		
	To NOTE reports from:		
	16.1 **Patient Experience Development Group**	GC	Appendix
	To NOTE an update from the Patient Experience Development Group 24/2/2014		

17 **ANY OTHER BUSINESS**

18 **EXCLUSION OF THE PUBLIC**

To RESOLVE to exclude the public from the rest of the meeting by passing the following resolution:

The Council of Governors resolves to exclude the public from the rest of the meeting because publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other reasons arising from the nature of the business and the proceedings.

19 **REVIEW OF MEETING BY GOVERNORS**

An opportunity for governors to consider the matters presented in the meeting in the absence of the directors and officers of the Trust, and to confirm that the governors have received sufficient information to enable them to discharge their statutory duties.

20 **DATES AND TIMES OF MEETINGS**

2014 Council of Governor Meeting Dates

Tuesday 3 June 2014, Lecture Theatre, Academy, L4

Tuesday 9 Sept 2014, Lecture Theatre, Academy, L4

Tuesday 2 December 2014, Lecture Theatre, Academy, L4

LUNCH - The Council will adjourn for lunch at 1:00pm

COUNCIL OF GOVERNORS

Minutes of a meeting of the Council of Governors held on 6 December 2013
in the Academy, Yeovil District Hospital

Present:	Peter Wyman	Chairman
	Ann Beable	Public Governor
	Anne Bennett	Public Governor [*left after item 87/13*]
	Bill Brown	Public Governor
	Hugh Campbell	Public Governor
	Gloria Clark	Public Governor
	Michael Fernando	Staff Governor
	Jane Gifford	Public Governor
	Jane Johnston	Staff Governor
	Jane Lock	Appointed Governor [*left after item 87/13*]
	Sue McInnes	Public Governor
	John Park	Public Governor
	Paul Porter	Staff Governor
	Margaret Robathan	Public Governor
	Rob Childs	Appointed Governor [*left after item 87/13*]
	Derrick Howells	Staff Governor
	Lou Evans	Appointed Governor [*left after item 87/13*]
In Attendance:	Paul Mears	Chief Executive
	Jane Henderson	Non-executive Director
	Jonathan Higman	Director of Emergency Care and Long Term Conditions [*for item 74/13*]
	Mark Saxton	Non-executive Director [*left after 82/13*]
	Sheena Morrow	Assistant Director of Finance
	Helen Ryan	Interim Director of Nursing [*for item 88/13*]
	Simon Chase	Company Secretary
	Nicola Webber	Membership Co-ordinator
Apologies:		
	Geoff Stroud	Public Governor
	Ian Fawcett	Public Governor
	Lesley Boucher	Appointed Governor
	Steve Wills	Staff Governor
	Martin Ormston	Public Governor
	Tim Newman	Chief Finance and Commercial Officer

Action

69/13 **WELCOME & APOLOGIES**

The Chairman welcomed Governors and those in attendance to the meeting. He extended a special welcome to Lou Evans the new Appointed Governor for Somerset Clinical Commissioning Group.

Apologies were noted and are listed above.

70/13 **DECLARATIONS OF INTEREST**

The Chairman declared that he is Treasurer and member of the Council of the University of Bath.

71/13 **MINUTES OF THE PREVIOUS MEETING**

The minutes of the meeting held on 9 September 2013 were AGREED with one amendment. Governors agreed that the minute of the confidential section of the meeting relating to the reappointment of the Chairman should record that he had left the room for that item. **SC**

72/13 **MATTERS ARISING**

There were no matters arising.

73/13 **ACTION SHEET**

The Action Sheet was NOTED.

74/13 **WINTER PLANNING**

Jonathan Higman explained the way in which the Trust intended to manage the increased demand of "winter". Managing the flow of patients through the hospital was central to achieving success. The critical period to manage the pressure was from approximately 3pm to 8pm each day. Difficulties during this period were caused when patients were not discharged promptly in the morning, meaning that beds were not available to new admissions.

A number of measures had already been implemented and other steps were being taken to resolve these problems. Current performance showed that the plan was working, but the real test would be after Christmas. It was emphasised that whilst this would help the Trust to manage the demand, it also introduced changes that would improve the experience for patients.

Governors asked a number of questions and welcomed the clear approach to tackling a period of the year that historically been challenging.

75/13 **CHIEF EXECUTIVE'S BRIEFING**

Paul Mears updated the governors on a number of matters in his paper. These issues included the Symphony Project; the Somerset 'Case for Change' debate; commissioning contracts for 2014-15; and the SmartCare electronic health record system.

In particular the developments in connection with the CCG review of stroke services were considered. The CCG was currently assessing the potential implications of any centralisation of services and the matter would be considered again in Spring 2014.

Governors asked a number of questions on the matters listed above. The governors would welcome a one-page briefing on stroke services setting out the facts about YDH's performance. However, it was emphasised that now was not the time to begin lobbying. **PM & SB**

Governors were also informed of the arrangements for recruiting a successor to Mark Power, the Director of Workforce and Human Resources, who is to take up a post at Oxford University Hospitals NHS Foundation Trust. Mr Mears confirmed that this would be a shared appointment with Dorset County Hospital NHS Trust.

76/13 **GOVERNOR DASHBOARD**

The Governors welcomed the larger format and discussed the selection of data it contained. John Park confirmed that the Strategy Working Group would review the Council's requirements.

Governors noted that the Trust's performance was very good and very encouraging at a time when nationally an increasing number of trusts were struggling. On falls Mr Mears confirmed that the Trust was doing all it could to minimise patient falls and their severity.

77/13 **FINANCIAL UPDATE**

Sheena Morrow presented the latest financial data for this year, the forecast for the end of the year and then an outline of planning for 2014-15. A £200k surplus was expected for the end of the year, but this would be subject to the achievement of some savings plans. For the coming year there was an estimated deficit of £7m, which was the position before any Cost Improvement Plans had been taken into account, or before any potential support from the CCG had been factored in.

Governors recognised the scale of the financial challenge the Trust faced. The fundamental importance of implementing new ways of working, both within the Trust and the wider health community, was recognised. In comparison with a large number of trusts nationally, YDH was in a less critical situation.

78/13 **APPOINTMENT OF LEAD GOVERNOR**

John Park was the only Governor to have been nominated, and the Council readily confirmed that he should be appointed as the new Lead Governor with effect from 1 April 2014.

79/13 **REVISION OF THE CONSTITUTION AND STANDING ORDERS**

The Governors had reviewed the proposed changes to the Trust's Constitution ahead of the meeting.

Arrangements for the Rest of Somerset and England public constituency were agreed.

The minimum age limit for a Governor was agreed at 18 years.

The Council discussed the approach to the "significant transaction". The Chairman explained the reasons for adopting the 25% threshold as used by Monitor. Governors discussed the proposal and there was particular consideration of the words "and local authorities" at the end of 1.3.4 of the proposed appendix 4. This description of a significant transaction was agreed, subject to Board review to the phrase in question. **SC**

The Council then APPROVED the changes to the Constitution.

The Council also APPROVED the changes to the Standing Orders.

80/13 **ESTABLISHMENT OF AN APPOINTMENTS COMMITTEE**

The Council APPROVED combining the Nominations and the Remuneration Committees into a single Appointments Committee, and APPROVED the terms of reference. It was agreed to add a requirement in section 4.1 for an elected public governor member to be present in order to be quorate. **SC**

81/13 **WORKING GROUPS' TERMS OF REFERENCE**

The Council APPROVED the revised terms of reference.

82/13 **GOVERNOR ELECTIONS MAY 2014**

Governors recognised the importance of the coming round of elections, due at the end of May 2014. A number of public governors would be reaching the end of their terms of office. Governors also recognised the need for active promotion of these opportunities to the membership and the public. One avenue for this would be the Chief Executive's column in the Western Gazette. Governors also agreed that it would be important to encourage personal contacts and suggest attendance at a Council of Governors meeting.

83/13 **THE SOUTH WEST GOVERNOR EXCHANGE NETWORK**

Jane Johnston summarised the latest meeting. In the light of some comments made by governors from other trusts, she particularly noted the good and open relationship the YDH Governors have with the Board and Trust.

84/13 **REPORTS FROM ASSURANCE COMMITTEES**

Audit Committee: John Park spoke to his tabled report. He highlighted the internal auditor's Review of Governance draft report, which was to be discussed by the Board of Directors in December.

Non-Clinical Risk Assurance Committee (NCRAC): The Council noted the report on the recent meeting, which had been very useful.

Clinical Governance Assurance Committee (CGAC): The Council noted a report covering the last two meetings. There had been a useful session with the Medical Director and 'Intelligent Monitoring' from the CQC was reviewed. Also, the involvement with the South West Patient Safety Network was considered important. The appointment of a nurse consultant for dementia should help with falls issues. Governors also briefly discussed the new CQC approach to inspection.

Commercial Assurance Committee (CAC): The draft minutes of this meeting would be circulated with the Council of Governors minutes. **CoSec**

85/13 **REPORTS FROM GOVERNOR COMMITTEES**

Strategy Working Group: The report was NOTED, including the revised objectives of the group. The Site Master Plan was highlighted and it was agreed that there would be a presentation on this subject at the next Council of Governors' meeting. Paul Mears briefly outlined the importance of a site master plan and the progress to date. The process would involve consultations with many stakeholders. Governors would be fully included in this stage. The Chairman stressed that this was a long term, aspirational plan that would provide a framework for progressive development into the future. **TN**

Membership & Communications Working Group: The report was NOTED. The desire for an opportunity for Governors to visit clinical areas was underlined. The Chairman proposed that in rotation, a governor should join the regular 'walk-arounds' that are carried out by the Chairman, Chair of the Clinical Governance Assurance Committee and the Director of Nursing.

Gloria Clark proposed that this report should in future include a report of member's evenings. The recent meeting at Castle Cary, which had been very successful, was mentioned and Nicola Webber was thanked for organising this event.

86/13 **GOVERNOR PRIORITIES**

Local Food Group: There had been two meetings since the September Council of Governors meeting. The Council considered the outcome of the visit from the Soil Association and the potential for achieving Food for Life accreditation. This seemed possible, but was dependent on the longer term strategy for patient food. Paul Mears will investigate the current position with regard to the restaurant provision with Timothy Newman and Helen Ryan. Governors' attention was drawn to a number of areas in which the group had been active. **PM**

Patient Experience Development Group: Gloria Clark summarised recent activity. A 'responding to concerns' sheet was tabled and briefly discussed. Governors welcomed this and it was agreed that it would be amended and recirculated. **SC**

87/13 **MARKETING & COMMUNICATIONS**

This report was NOTED. Simon Blackburn would attend the March meeting to further discuss his work. Paul Mears reported that on 10 January 2014 BBC Somerset's local radio bus would come to the Trust for 'a day in the life of' the Trust. **SB**

88/13 **DIRECTOR OF NURSING REPORT**

Helen Ryan provided an update on the Trust's approach to implementing the Francis Report's recommendations. She outlined the major elements of 'Hard Truths', the government's response to the report and explained the potential implications for the Trust. The main points of each chapter were highlighted for consideration by Governors.

The Governors also received an update on how the Trust was taking steps to improve the patient experience. Ms Ryan related a number of areas where there has been negative feedback and what the Trust has done to rectify these shortcomings.

The Trust is seeking to articulate a patient and public experience vision which would provide the right ethos for this improvement process. This vision would then inform any changes to the structure, personnel and processes that were needed. The Trust needed to have a mind-set that remembered that patients had a choice and the Trust wanted patients to choose YDH.

Governors welcomed a very helpful presentation and asked several questions relating to various aspects of the matters covered. The feedback from the Friends and Family test, though very good, had also led to some action to address concerns. It was confirmed that A&E response rates to the test were quite low, but a text messaging approach was being piloted with a view to improving the position.

The Governors thanked Helen Ryan for her presentation.

89/13 **ANY OTHER BUSINESS**

There was no further business.

On behalf of Governors Gloria Clark thanked Simon Chase as this was his last Council of Governors meeting. Simon Chase in turn thanked the Governors for their support.

90/13 **EXCLUSION OF THE PUBLIC**

The meeting resolved to exclude the public and others for the remainder of the meeting.

At this point the NEDs and members of staff except the Company Secretary left the meeting.

91/13 **Date of Next Meeting**

The next meeting will be on Tuesday 11 March 2014 at the Innovation Centre, Barrack Close, Copse Road, Yeovil, Somerset, BA22 8RN.

COUNCIL OF GOVERNORS

Minutes of a confidential section of the meeting of the Council of Governors held on 6 December 2013 in the Academy, Yeovil District Hospital

Present:	Peter Wyman	Chairman
	Ann Beable	Public Governor
	Bill Brown	Public Governor
	Hugh Campbell	Public Governor
	Gloria Clark	Public Governor
	Michael Fernando	Staff Governor
	Jane Gifford	Public Governor
	Jane Johnston	Staff Governor
	Sue McInnes	Public Governor
	John Park	Public Governor
	Paul Porter	Staff Governor
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In Attendance:	Simon Chase	Company Secretary
Apologies:	Geoff Stroud	Public Governor
	Ian Fawcett	Public Governor
	Lesley Boucher	Appointed Governor
	Rob Childs	Appointed Governor
	Lou Evans	Appointed Governor
	Jane Lock	Appointed Governor
	Steve Wills	Staff Governor
	Martin Ormston	Public Governor

Action

67/13 **EXCLUSION OF THE PUBLIC**

1. Review of Meeting

Governors were very satisfied with the meeting and raised no comments in relation to the agenda.

There was some discussion arising from the CCG's review of stroke, concerning what other services might also be subject to scrutiny. The Chairman explained that the core of the Trust's services was centred on a 24/7 emergency service. The threat was that the removal of some individual services could undermine the viability of that provision. The Chairman also explained that the very positive partnership with Dorset County Hospital offered a very fruitful opportunity for future joint working to improve patient care and produce more cost-effective services.

DATE OF NEXT MEETING

The March 2014 meeting was noted and the time of day for the start of the meeting was considered satisfactory.

Yeovil District Hospital NHS
NHS Foundation Trust

Appendix
Council of Governors
11 March 2014

COUNCIL OF GOVERNORS – 11 March 2014

ACTION SHEET

Minute	Action	Outcome	By	Due
75/13	Stroke Services One page briefing on Stroke Performance	Outstanding	PM & SB	11/3/2014
84/13	Commercial Assurance Committee Draft minutes to be circulated	Outstanding	NW	Imminently (NW emailed M. Saxton)
86/13	Local Food Group Investigate position with restaurant provision	Outstanding	PM	
87/13	Marketing and Communications SB to attend the Council to discuss his work	Booked	SB	11/3/2014

CHOOSE YEOVIL HOSPITAL HEALTH CARE

Outcome, Safety & Workforce Indicators

Summary Trend Results	FY 11/12	FY 12/13	YTD 13/14	Results Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Mortality												
HSMR	97.9	90.2	90.8	76.2	90	88.1	84.7	86.4	86.2	89.2	90.8	
Actual number of deaths	608	571	497	64	54	36	34	34	54	64	61	48
Finance & Monitor score												
I&E position distance from plan (£m)	0.1	-0.3	0.4	0.0	0.1	0.0	0.0	0.0	0.4	0.4	0.5	0.4
% of cost improvement plan (CIP)	100.0%	92.0%		93.0%	103.0%	139.0%	130.0%	114.0%	106.0%	88.2%	82.0%	98.9%
Monitor Score										0	1	0
Efficiency												
F&F Test - % Extremely Likely to Recommend	n/a	n/a	72.3%	76.4%	68.8%	68.5%	71.8%	70.8%	73.0%	75.7%	75.5%	71.2%
F&F Test - Response rate	n/a	n/a	18.5%	14.2%	14.3%	19.3%	22.4%	19.7%	22.8%	22.9%	20.6%	22.8%
Number of Complaints	227	250	241	37	23	22	29	33	36	26	22	13
Number of Compliments	1,633	1,405	1,069	149	76	170	136	134	113	120	121	50
Cancelled Ops - Breaches of <28day readmission			0.5%	0.0%	0.0%	0.0%	0.0%	0.0%	10.0%	11.1%	0.0%	7.1%
Cancelled Ops - Breaches <=5 cal day offer of new date			4.0%	5.0%	0.0%	12.5%	0.0%	0.0%	0.0%	11.1%	0.0%	11.1%
Safety												
C difficile cases	23	17	7	1	1	0	1	1	1	2	0	0
MRSA	2	1	0	0	0	0	0	0	0	0	0	0
Patient falls	959	1047	683	77	52	91	95	69	72	73	79	75
Pressure ulcers +2	194	198	93	18	12	6	10	7	10	10	10	10
Workforce												
Sickness Absence (avg) %	3.6%	3.7%	3.4%	4.1%	3.1%	3.2%	3.2%	3.4%	3.1%	3.5%	3.5%	
Annual Appraisal (avg) %		76.3%	77.0%	75.0%	75.0%	75.0%	77.0%	77.0%	78.0%	81.0%	78.0%	80.0%
Mandatory Training (avg) %		72.3%	80.0%	76.0%	79.0%	80.0%	81.0%	81.0%	81.0%	81.0%	81.0%	80.0%
Staff Turnover (avg) %		11.5%	12.8%	13.3%	11.1%	12.7%	12.8%	13.8%	13.0%	13.1%	13.0%	13.0%

CHOOSE YEOVIL HOSPITAL HEALTH CARE

Early Warning Indicators

Summary Trend Results	FY 11/12	FY 12/13	YTD 13/14	Results Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
RTT												
15wks RTT - Admitted Pathways			91.4%	93.7%	94.9%	91.5%	92.6%	88.2%	92.6%	86.8%	90.2%	91.4%
15wks RTT - Non-admitted Pathways			96.6%	97.2%	97.5%	97.0%	96.1%	96.5%	95.8%	94.1%	95.8%	96.3%
15wks RTT - Incomplete Pathways			90.7%	95.5%	95.4%	94.3%	94.3%	92.8%	92.4%	92.9%	91.5%	91.9%
Admissions / Waiting lists												
Total admissions	36,711	38,332	28,844	3,168	3,255	3,064	3,417	3,146	3,097	3,354	3,222	3,121
Total Elective admissions	19,749	19,711	14,534	1,537	1,668	1,483	1,745	1,485	1,562	1,835	1,673	1,546
Day Case admissions	17,782	16,411	12,195	1,288	1,406	1,202	1,470	1,255	1,324	1,577	1,399	1,274
Daycase Rate	90.0%	83.3%	83.9%	83.8%	84.3%	81.1%	84.2%	84.5%	84.8%	85.9%	83.6%	82.4%
Waiting List Size - Outpatients	3,276	3,037	33,700	3,316	3,184	3,272	3,409	3,114	3,128	3,180	3,466	3,688
Waiting List Size - Inpatients / Day case	1,590	1,402	16,081	1,738	1,728	1,772	1,775	1,834	1,776	1,462	1,419	1,237
Efficiency												
1st to follow up				1:2.2	1:2	1:2.1	1:1.9	1:1.9	1:2.0	1:2.0	1:2.0	1:2.0
% Discharges between 8am-12pm		17.9%	19.6%	18.7%	19.3%	19.6%	20.8%	17.2%	20.1%	21.5%	18.9%	17.1%
Average length of stay	4.6 days	4.3 days	4.2 Days	4.7 days	4.4 days	3.8 days	3.9 days	3.9 days	4.3 days	4.3 days	4.4 days	4.3 days
A&E												
A&E attendances	43,915	46,113	42,214	3,832	3,821	3,852	4,151	3,953	3,802	3,722	3,619	3,877
A&E attendances - % inc / dec vs LY	2.8%	5.0%		3.9%	-2.3%	-0.1%	4.0%	0.9%	-1.2%	-5.1%	-1.2%	-1.1%
A&E - % patients seen and discharged 4 hrs	95.9%	95.1%	96.2%	94.6%	97.4%	96.7%	96.8%	95.2%	97.3%	96.8%	95.5%	95.3%
Ambulance Handover < 30mins		94.3%	99.1%	96.1%	99.4%	99.4%	99.6%	99.6%	99.6%	99.2%	99.3%	99.4%
Ambulance Handover fines		£2,840	£29,600	£16,800	£1,400	£2,200	£1,000	£1,000	£ 600	£1,800	£2,600	£1,600

CHOOSE YEOVIL HOSPITAL HEALTH CARE

Appendix I - Terms

HSMR [Hospital standardised mortality ratio]	Weighted risk of mortality against national average
I&E	Income & Expenditure
CIP	Cost improvement plan
F&F	Friends and Family
RTT targets	% patients that started consultant-led treatment within 15/18 weeks (admitted / non-admitted patient) (complete / incomplete pathway)
1st to follow up	Ratio – number of follow up appointments to 1st appointment
Ambulance handover	Time it takes from when ambulance arrives to when we accept the patient into A&E
DNA	Did not attend

Yeovil District Hospital NHS
NHS Foundation Trust

Report to: **Council of Governors**

Report from: **Chief Executive Officer**

Subject: **Chief Executive's Report**

Date: 11 March 2014

Chief Executives Report to Governors

Medical Director

Governors will be aware that Dr Jon Howes has held the Deputy Chief Executive role in addition to his Medical Director responsibilities since October 2012. I have been discussing with Jon the opportunity for him to take on a more strategic leadership role on the board particularly leading the development of clinical integration across primary and secondary care, the leadership of the Electronic Health Record implementation and our developing clinical partnerships with other providers.

I am pleased that Jon and I have agreed that he will focus on his Deputy Chief Executive role from the beginning of March whilst continuing to undertake clinical practice within the anaesthetic department. This will be a considerable asset to the Executive team and the board with a strong clinical perspective on some of our most important strategic developments. We have agreed that Jon will take on this role for a twelve month period and that he will continue to be a full voting member of the board. Jon will also continue to deputise for me as required.

Given this development I have asked Dr Tim Scull to take on the role of Medical Director from the 1st March. Dr Scull is a well-respected and experienced clinician who has held a number of clinical leadership roles within the organisation. Currently he is Associate Medical Director for Urgent Care and Long Term Conditions and we have agreed that he will continue to fulfil this role whilst also taking on the Medical Director responsibilities. This will be a secondment into this position for twelve months.

I am pleased that we are strengthening the medical leadership on the board with two doctors as executive members. I am confident that both Jon and Tim will ensure that the board has a strong clinical input into key strategic decisions and wish them both success in their roles.

Director of OD and Workforce

The recruitment process for the new Director is in progress. We are planning to interview on March 10th for this post and I would hope to be able to advise governors of the successful candidate at the March board meeting.

Symphony Project

Work on the Symphony project continues to progress well and there are now several workstreams in progress to take this forward.

These include a group of clinical staff from across the health and social care community who are designing the integrated care model which will support the most complex patients. There are also working groups looking at different commissioning and contracting mechanisms and how finances will flow between organisations to support new contracts.

We are working closely with the CCG, Somerset Partnership, the County Council and local GPs to also understand how the Symphony project can be linked with the wider Somerset transformation programme and the Better Care Fund which become operational in 2015/16

Stroke Review

The project manager undertaking the development of the business case for stroke services in Somerset has recently visited the trust to discuss the next steps in the process of evaluating the option of moving all stroke care to one location in Somerset.

The business case will be developed over the coming months with an anticipation that a proposal will be taken to the Clinical Commissioning Group (CCG) governing body in June. In the meantime we have produced a briefing paper for local stakeholders including the MPs and district councillors and this is also attached for the information of governors as an appendix to this report.

Maternity Capital Funding

We have recently been informed that we have been successful in a bid for £200,000 to support further improvements to the environment in the maternity unit. This includes making improved provision for fathers attending births and other improvements in the labour ward.

This is a second allocation of funding from the Department of Health for maternity capital works and will significantly contribute to a better experience for local mothers and their families in our maternity unit.

Nursing Technology Fund

We have recently heard that we have been successful in our bid to NHS England to provide technology to record patients observations electronically. Other trusts have implemented similar technology which has been proven to improve patient safety, reduce length of stay and ensure the early identification of deterioration in patients. The total amount awarded to the trust is £310K which will fund the software and the devices to roll out this important technology across the hospital.

Strategic Estates Partnership

The trust has recently issued a European tender to find a strategic estates partner to support the delivery of the estate master plan. This is an important development to enable the trust to continue to develop our site and in particular the health campus and car park.

The OJEU procurement process will take several months to progress and we anticipate being in a position to award the contract in October/November.

REVIEW OF HYPERACUTE STROKE SERVICES IN SOMERSET – BRIEFING PAPER

1. Background

Somerset Clinical Commissioning Group (CCG) commenced a review of the clinical pathway for stroke in November 2011. This highlighted a need to improve treatment for people who experience a stroke in order to achieve the performance standards demanded by the Department of Health. The review acknowledged that the service in Somerset has historically been good but the aspiration is to deliver a service to local patients that can be assessed as 'world-class'.

To inform the review an Expert Panel was established in October 2012 to consider options for the future provision of hyper-acute Stroke Service in Somerset. 'Hyper-acute' is defined as care in the first 72 hours following the stroke. The panel met in January 2013 and set stretch measures for the two Somerset hospitals and again in September 2013 to consider the progress that had been made. Following this work the Expert Panel recommended to the Somerset CCG Board in November 2013 that there should be a centralisation of hyper-acute services at Musgrove Park Hospital.

In acknowledging the Panel's recommendations we (Yeovil Hospital) responded to make it clear that such a centralisation would make the future provision of stroke services at Yeovil District Hospital unviable.

In recognition of the wider implications for patients and the organisations involved the CCG agreed to commission an impact assessment with the aim of assessing whether there is overwhelming evidence that the new model would result in a significant improvement in the outcomes and quality of care provided to stroke sufferers and their families. This impact assessment will inform whether the CCG proceeds to a formal public consultation on the proposed change. It is anticipated that the decision as to whether to proceed to public consultation will be made in June 2014.

Yeovil District Hospital (YDH) has been fully engaged with the review process and supports the aspiration of developing a world class stroke service for local people. However, the Trust remains unconvinced that the clinical benefits seen in other, mainly urban, parts of the country will be achieved via this model in a rural county like Somerset.

It is important to note that YDH is already delivering a service which meets or exceeds current national targets in the majority of areas and our clinical outcomes for Stroke patients are very good.

2. How many Stroke patients are seen at YDH each year?

	Somerset	Dorset	Total
Total diagnosed Stroke admissions	376	109	501
Query stroke admissions	125	36	166
Total stroke admissions	**501**	**145**	**667**

3. What is the current performance of the YDH Stroke service?

The YDH stroke service has historically performed well against the range of National performance indicators. From April 2013 all stroke services have been required to report performance via the Sentinel Stroke National Audit Programme (SSNAP) and on a quarterly basis benchmarking data is published. The most up to date data relates to the period ending quarter 2 (September 2013). However, YDH has also undertaken an assessment of the likely scores for quarter 3 (the period to the end of December 2013). A summary is attached as Appendix 1.

The data demonstrates that YDH has made significant improvements in a number of the indicators during the year and the service benchmarks well against comparable services across the country. Notable is the Trust's historic strong thrombolysis performance, which is a key measure of the effectiveness of hyper-acute care, and the improvement in access to diagnostics and transfer to patients to the specialist stroke unit within 4-hours of their arrival at hospital.

The standards that have been the focus of the Somerset CCG review relate to the clinical process of managing stroke, rather than the outcomes for patients. It is worth noting that YDH has a track record of delivering exceptionally low stroke mortality (death) rates and a short length of stay, with a high proportion of our patients returning to their normal place of residence to continue their lives following their stroke. YDH have consistently argued that these measures should be reviewed alongside the process measures to get a full assessment of the quality of the service.

There is, therefore, no evidence that the YDH stroke service has historically achieved poor outcomes to patients. Our service has historically performed well against all of the National benchmarks and has made some significant improvements in recent months.

4. What are the implications of any service change for Dorset residents?

The Somerset CCG hyper acute review has focussed primarily on the service model for Somerset residents. Approximately 25% of stroke patients attending Yeovil District Hospital are residents of Dorset. If centralisation to Taunton was to occur YDH could not continue to provide a service to Dorset patients. The Trust is not aware of any detailed discussion having taken place with Dorset Clinical Commissioning Group (CCG) or Dorset County Hospital to assess the options for the future delivery of service to people from this area.

5. What is the likely impact on travel times for patients?

A formal evaluation of the impact of increased travel times for people from South Somerset (and potentially North Dorset) has not yet been undertaken. This is planned as part of the impact assessment. However, the mapping that has been undertaken to date indicates that for the majority of the South Somerset population centralisation of the service would result in an additional 30-45 minute journey time by emergency ambulance to Musgrove Park Hospital. Key to the treatment of stroke is prompt and timely diagnosis and, where clinically indicated, the administration of a clot-busting drug. To improve clinical outcomes the current 'door to needle' time at Musgrove Park would have to significantly reduce in order to offset the increased journey times. We have seen no evidence that this can be achieved.

There would also be an increase in travel times for family members, carers and friends visiting patients, with many areas of South Somerset having poor access to Taunton via public transport. The average length of stay for a Yeovil Hospital stroke patient is between seven and ten days.

6. **What are the unique features of the current YDH stroke service?**

The YDH stroke service has the following unique features:

- An innovative stroke follow-up programme that is very highly regarded by patients. The ASPIRE group provides a forum for peer support for patients who are recovering from a stroke and their family/carers. The service provides rehabilitation and advice on prevention of a further stroke

- An internationally renowned stroke research team. The YDH team was one of seven finalists for the National Stroke Research Team of the Year award in 2013. The Yeovil team is the highest UK recruiter to the Avert trial and the second highest in the world.

7. **What are the financial implications of the proposed change?**

We have undertaken an assessment of the financial implications of the proposed change, which will be independently verified during the next phase of the review. However, it is unequivocally clear that due to intrinsic links between the stroke service and our Hospital's other emergency services, it will not be possible to reduce costs in the same proportion as the anticipated reduction in income which would result from the transfer of the stroke service to Musgrove Park Hospital. There would also be a need to invest in services at Musgrove Park to expand provision there.

Based upon the figures available to date we estimate that the change will result in a net financial cost of approximately £3.7 million across Somerset. This excludes any additional costs associated with rolling out the early supported discharge scheme across the county, estimated at around £1m, which is a stated aim of the review.

This additional financial pressure comes at a time when the NHS in Somerset is already looking for savings of circa £200 million over the next four years.

8. **What developments are being planned at Yeovil District Hospital to further improve the quality of the service we provide?**

The following developments are being taken forward to further strengthen the stroke service at Yeovil District Hospital:

- The Hospital is developing a dedicated hyper-acute stroke unit which will provide access to critical care staffed beds for all newly diagnosed stroke patients. Planned building work will commence in mid-February and the aim is that the new unit will open in early March 2014.

- Despite having a single Computed Tomography (CT) scanner the Trust has made significant improvements in door-to-needle times for thrombolysis and has plans to reduce these further. In recent months we have delivered the stretch target set by the CCG of 50% of patients receiving a scan within one hour of arrival at hospital. We have audited all patients who did not receive scanning within the hour and can demonstrate that in every case there was a good clinical reason why this did not happen and that an earlier scan would not have changed the patient's clinical management and outcome.

- A key issue in the management of hyper-acute stroke care is timely assessment, diagnosis and access to clot busting drugs for all clinically appropriate patients. There is no evidence within the panel's report, or that we are aware of, that the

increased travel times associated with the centralisation of acute care in Taunton can be offset by reductions in door to needle times at Musgrove Park Hospital. We have plans to reduce door to needle times further and believe that the most significant reduction in this important standard would be achieved via a local service, retained in Yeovil Hospital

- We are changing working practices within our Radiology department, moving from an on-call rota for CT scanning to the provision of Radiographers onsite 24-hours a day, seven days a week, ensuring consistent access to scanning at all times.

Yeovil Hospital has a strong history of working in partnership and it is recognised that we need to work together with other organisations to deliver a world-class stroke service. As an example, to ensure all stroke patients have access to review by a stroke specialist, 7-days a week, we are supporting a partnership with either Musgrove Park Hospital or Dorset County Hospital to provide cross-county cover by senior clinicians. We believe that this can be achieved across a two site model.

There is already a history of collaboration between YDH and Musgrove Park Hospital through the provision of a seven-day assessment service for patients with suspected TIA (minor stroke), these arrangements have been in place since February 2013.

9. Are there concerns about the sustainability of the service at Yeovil District Hospital given advances in the treatment of stroke?

The future clinical development of stroke treatment is far from clear. While some specialist centres are beginning to employ invasive techniques to physically remove clots, it is unlikely that this practice will become common place across non-specialist centres within the next 10 years. This raises the question as to whether there would need to be a wider review of the provision of services at some time in the relatively near future.

However, it is crucial to recognise that, apart from access to the necessary scanning, the current treatment for stroke requires timely access to clot busting drugs. This does not need to be undertaken in a specialist centre. The key to improved patient outcomes is early access to diagnosis and treatment; the requirements of which are and can continue to be provided at Yeovil District Hospital.

10. Summary

Yeovil District Hospital wholeheartedly supports the aspiration to further improve stroke services in Somerset. Our current performance demonstrates that we are delivering a good service which meets, and in many cases exceeds, national targets and we continue to improve. We acknowledge that there are further improvements to be made but it is our view that this can be achieved locally, with some collaboration of existing services.

There is no evidence, at this time that a model developed as a solution to the problems in London will have the same clinical benefits in rural Somerset. It is our belief that the particular demands of our population require a model of care which is informed by national best-practice and driven by local need, reflecting our geography.

Given the broader financial challenge faced by the NHS it is our view that a single site solution would also add cost to the overall service provision.

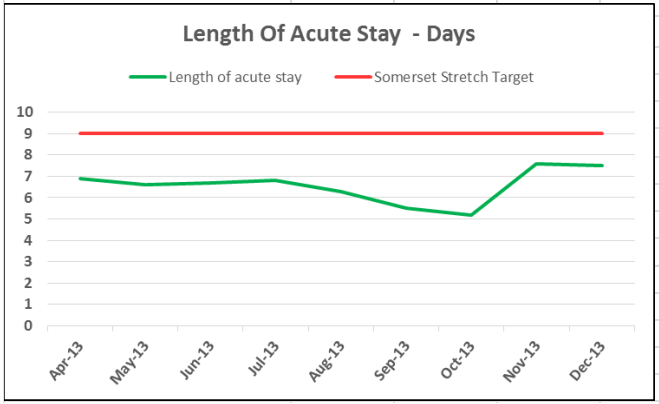
Appendix 1

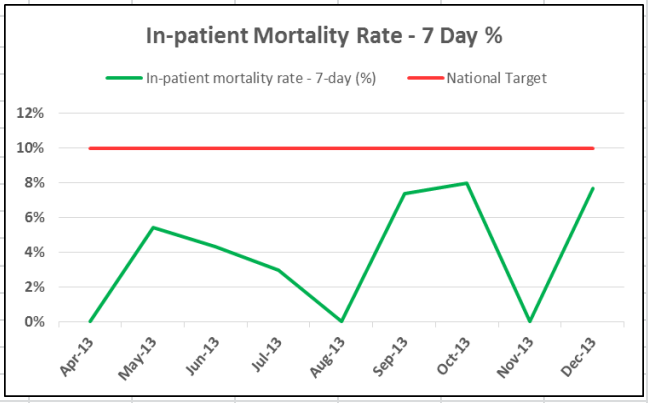
National Performance Measures for Stroke – Yeovil District Hospital

National (published SSNAP) data for the period April to September 2013 (Quarters 1 and 2)

Provisional (unpublished) data for Quarter 3 (October to December 2013)

	% of patients scanned within 1 Hour of arrival in hospital	% of patients scanned within 12 hours of arrival in hospital	% of patient directly admitted to a stroke unit within 4 hours	% of stroke patients given thrombolysis (clot busting drugs)	% of patients receiving a swallow screen within 4 hours of admission	% of patients assessed by an Occupational Therapist within 72 hours of admission	% of patients assessed by a physiotherapist within 72 hours of admission	% of patients who have rehabilitation goals agreed within 5 days of admission	% of patients receiving a joint health and social care plan on discharge	% of patients treated by a stroke skilled Early Supported Discharge team
National Score Q1	**41.5**	**83.9**	**58.6**	**11.8**	**61**	**86.1**	**92.6**	**76.6**	**65.5**	**24.6**
National Score Q2	**41.0**	**83.8**	**58.4**	**11.8**	**64.6**	**86.2**	**93.4**	**77.9**	**66.5**	**24.5**
YDH Score Q1	24.2	61.1	58.2	12.6	58.8	85.9	85.7	98.2	96.2	27.8
YDH Score Q2	48.8	84.5	71.4	17.9	68.5	97.4	98.7	98.1	100	41.2
YDH Provisional Score Q3	47.9	84.0	68.5	21.0	65.0	98.0	98.0	100	100	50





Chairman – Peter Wyman CBE **Chief Executive – Paul Mears**

Yeovil District Hospital NHS
NHS Foundation Trust

Appendix
Board of Governors
11 March 2014

Report to: Board of Governors

Report from: Jade Renville, Company Secretary

Subject: Governor Elections

Date: 11 March 2014

The Council of Governors is asked to NOTE the process and timetable for the forthcoming governor elections and the constituencies for which positions are being sought.

Public Governor Elections

There are seven public governors and three staff governors whose term of office ceases as of 31 May 2014. There is one public governor vacancy for Rest of Somerset and England.

Public Governor	Constituency	To be Advertised
Martin Ormston	Greater Yeovil	2 Vacancies
Ann Beable		
Bill Brown	South Somerset (South and West)	2 Vacancies
Margaret Robathan		
Vacancy	Rest of Somerset and England	1 Vacancy
Hugh Campbell	Mendip	1 Vacancy
Sue McInnes	South Somerset (North and East)	2 Vacancies
Gloria Clark		
Staff Governor		To be Advertised
Jane Johnston	Staff	3 Vacancies
Derrick Howells		
Steve Wills		

All current governors eligible and wishing to re-stand must follow the process set out below.

Having received quotes from three companies, the Trust has engaged the Electoral Reform Services to run the elections on the basis of cost and quality of services offered. The Electoral Reform Services is the UK's leading independent supplier of ballot and election services and their status as an independent scrutineer of voting is authorised by parliament.

A summary of the **election timetable** is set out as follows:

- notice of election/nomination opens - Monday 31 March 2014
- deadline for receipt of nomination forms - noon on Tuesday 15 April 2014 deadline for candidate withdrawals from the election - 5pm on Tuesday 22 April 2014
- issue of ballot papers - Thursday 8 May 2014
- close of ballot - noon on Thursday 29 May 2014

Next Steps

The Electoral Reform Services will be engaged and the process for elections will commence as described in the above timetable on 31 March 2014. The outcome of the governor election process will be presented to the nominees on Friday 30 May 2014 and the outcome will also be presented at the Council of Governors meeting on 3 June 2014.

The elections were advertised in the winter edition of the members' letter, at the January staff briefing, and will be promoted in newspapers covering each of our constituency areas, at future staff briefings and in all areas of the hospital. Notice will be sent to every member household. The standard Governor terms will be for three years from 1 June 2014, unless the position is taken by a re-elected governor who has less time remaining on their 9 year term.

Yeovil District Hospital NHS
NHS Foundation Trust

Appendix
Board of Governors
11 March 2014

Report to: Board of Governors

Report from: Minutes of Clinical Governance Assurance Committee

Subject: Clinical Governance Assurance Committee

Date: 11 March 2014

The Council of Governors is asked to NOTE an update from the Clinical Governance Assurance Committee held on 10 January 2014 and is chaired by Jane Henderson, Non-Executive Director. The Committee discussed:

Never Events

The committee discussed at length Never Events. The Committee agreed that even where Never Events do not have life threatening consequences for the patient, and there are variations between each definition, it was nevertheless imperative that the distress and discomfort to the patient is recognised and appropriate levels of clinical and psychological support are provided.

Update on Actions from the Francis Report

The Director of Nursing and Clinical Governance updated the committee on the topics below:

Safe staffing; Ward Sisters are now supervisory which is helping to ensure appropriate experience and skills.

Culture of the organisation; Several work areas have been identified where staff have not felt able to speak out. The Raising Concerns Policy will help to address this issue. The policy will underpin this work and embed the culture of openness.

Complaints Process**:** The Trust's approach is now meeting the Patient Association standards. It is also important to ensure positive feedback is provided to staff. Promoting openness and candour is of paramount importance.

Raising Concerns Policy

The Raising Concerns Policy format was intended to be user friendly and adopts a similar approach to 'the standard you walk past is the standard you accept'. Concerns and comments can be raised via the CONECT meetings, and ways of raising issues are discussed at Trust induction and mandatory training.

The committee heard that concerns raised by staff would be collated within the Governance Department to provide a corporate overview, ensuring any recurring themes were identified. Human Resources and Governance will provide guidance for those identified to receive concerns about organisational expectations and how to manage concerns appropriately.

Review of Board Assurance Framework (BAF) 2014

The latest draft Board Assurance Framework includes the revised Trust strategic objectives, the principal risks, key controls and processes of assurance. The Assurance Framework enables gaps in control/assurance to be more easily identified. It will link to the Risk Register and normally be subject to change only if risks alter significantly or if there are fundamental changes to the mechanisms for gaining assurance.

Internal Auditors' Review of Governance Arrangements: next steps

The committee discussed the proposed changes at Risk Committee level and the proposal for a new structure at executive level. The proposed changes would involve a reduction in the number of formal risk committees and sub-committees but include the formation of a Quality Assurance Committee which would have a pre-agreed programme, based on legal, statutory and CQC requirements. Operational leads would report compliance, providing a level of assurance. Other working committees would feed into the Quality Assurance Committee which would receive, respond and monitor progress before reporting (normally by exception) to the Board and its assurance committees. The intention was to reduce meetings within a more effective streamlined framework. There would also be a range of task and finish groups which would not formally report through this system.

Yeovil District Hospital NHS
NHS Foundation Trust

Appendix
Board of Governors
11 March 2014

Report to: Board of Governors

Report from: John Park, Public Governor

Subject: Strategy Working Group

Date: 11 March 2014

The Council of Governors is asked to NOTE an update from the Strategy Working Group which took place on 12 February 2014. The main points discussed at the meeting were as follows.

Update from CEO, including:

- The Estates Master Plan has been finalised and the procurement process for a strategic estates partner will begin mid February. Local residents are to be consulted end Feb, especially with respect to demolition, and staff will be given an overview in March.
- Operational. The winter escalation plans are working well, including structured "escalation beds" in Ward 8a. Performance against targets is much better than last year.
- FOPAS. The Frail Older Persons Assessment unit is now open and creates a one stop area enabling all but 5% of patients to return home the same day with appropriate support and intervention. Ward 6a has been refurbished and is now open, offering a much improved environment for patients with dementia.
- Stroke Services. Somerset CCG is now looking at the business case to move stroke services to Taunton. This study will not be complete until June 2014. Meanwhile YDH stroke services are exceeding national targets in all areas.
- The Annual Plan is now in progress. Monitor now requires a 2 year detailed financial plan, plus an outline plan for years 3-5. Strategic components will remain overall the same as last year. The strategy working group will see the draft annual plan at about the same time as the Board (19 March) in order to incorporate governors' views. Governors will choose the local indicator as usual, and commentary on the quality plan will come from the patient experience group. Submission is due on 4 April.

Symphony Project, with Jeremy Martin

- The project is continuing well with a programme board led by a local GP. A design team, also GP led, has been set up including both clinical and social care staff.
- The CCG intend to commission an Alliance Contract, focusing on defined outcomes rather than defined activities.
- The focus of Symphony is now on the number of conditions a person has and not on age, as age was found to be a poorer predictor of the cost of individual care.
- Data is being collected initially on records of c. 6,000 patients with dementia, diabetes or both. Nearly all have other conditions as well. This dataset has been widely welcomed as it is so valuable in planning and budget estimation.

Performance Dashboard, with Natalie Kemp

- A completely new dashboard was presented based on material shown at Board meetings. The new governor dashboard will have two sheets giving an overview of performance with Red/Amber/Green labels as before, backed up by detailed graphs showing variation in performance. To be finalised at our next meeting.

Yeovil District Hospital NHS
NHS Foundation Trust

Appendix
Board of Governors
11 March 2014

Report to: Board of Governors

Report from: Geoff Stroud, Public Governor

Subject: Membership and Communications Working Group

Date: 11 March 2014

The Council of Governors is asked to NOTE an update from the Membership and Communications Working Group which took place on 17th February the Membership & Communication Working Group discussed the following :-

1. It was noted a small decrease in the Membership aged 21 years and under. In order to address this it is proposed to attend the Fresher's Day at the College with a view to recruitment.

2. Overall Membership was in general holding up and the increase of 1.93% in Staff Membership was most welcome.

3. Communication with the Members/Public. The Meeting after lengthy discussion suggests that we should consider holding a Public Meeting separate from the AGM at which perhaps the Chief Executive and Chairman will attend to present what we have achieved and what we are doing in the future. We would propose this in the first instance be further discussed with our fellow Governors at the Meeting to be held this afternoon.

Yeovil District Hospital NHS
NHS Foundation Trust

Appendix X
Council of Governors
11 March 2014

Report to:	Council of Governors
Report from:	Gloria Clark
Subject:	Appointments Committee
Date:	11 March 2014

1. The Appointments Committee met on February 18th 2014 to review the 360 feedback which had been undertaken for the Non-Executive Directors and the Chairman, coordinated by Mark Appleby in the HR department. This year none of the Non-Executive Directors finishes their term of office, so this information does not feed directly into a potential re-appointment. The Chairman completes his first three years in May, but governors had already confirmed his re-appointment for a further three years at the December 2013 Council of Governors meeting.

2. The committee saw all the feedback and concluded that on the basis of this, all the NEDs and the Chairman are doing a good job. Specific feedback on individuals will be used as part of the appraisals conducted by the Chairman of the NEDs and by the Senior Independent Director of the Chairman.

3. It was agreed that the new more open-ended format was better than the previous version and this should be continued next year. It was also agreed to ask all NEDs to participate in the future.

4. The Council of Governors is asked to receive this report.

Yeovil District Hospital NHS
NHS Foundation Trust

Appendix X
Council of Governors
March 2014

Report to:	Council of Governors
Report from:	Gloria Clark
Subject:	Patient Experience Development Working Group
Date:	11 March 2014

1. Following agreement at the last Council of Governors' meeting that the Patient Experience Development Working Group should become a standing committee, the group discussed its remit and a plan of work. Attached is a modified version of the Governor Working Group Terms of Reference, which were agreed in December, with the Patient Experience Development Group added in red. **Governors are requested to agree these revised Terms of Reference.**

2. To meet these objectives, it is envisaged that the role and activities of the group will include:

   - Receive reports about existing surveys and other forms of patient and public feedback, including complaints and compliments
   - Advise/discuss new methods of learning from patients and carers, to inform service improvement and development
   - Specifically feed in and discuss any points raised by members of the trust or the public with governors
   - Receive information on how measures and learning from patients is used by the Trust to make improvements, where indicated
   - Act as a forum for governors to be engaged with the patient experience
   - Work with the Patient Voice group, whose main role is to seek patient and public views

It is proposed that the Lead Trust executive will be the Director of Nursing and the Associate Director of Quality and Safety will be a member of the group. It is also suggested that a member of Patient Voice is invited to be part of the group.

3. Understanding, measuring and improving Patient Experience

   The group received an update on three areas. The PPI group is being re-formed as Patient Voice. It will continue its work in gathering survey information in the Trust, and also become involved in seeking wider feedback. The group's membership will be increased and include representation from a broad mix of the public the hospital serves.

   The group also heard about the improvement in the 'Level 3 experience', including the addition of a Pop-up coffee shop, changes to responsibilities for reception staff and a new Access Team.

   There was a report on patient surveys and the format and content for future information was agreed.

4. Governors' Feedback on Patient Experience

- A member had commented that before coming for inpatient treatment, she had been required to attend for tests on three separate days. Agreed to look into how to avoid this in the future.
- A member had asked how to contact a clinician for post-discharge queries. Work is under way to improve discharge information. This should reduce the need for follow-up, and could include a section on how to be in touch in case of clinical questions.

GOVERNOR WORKING GROUPS

Terms of Reference
December 2013

1. Purpose

The Governor working groups are to be established as and when required by the Council of Governors to address key issues identified by the Council.

The working group chairman will work with the Company Secretary or a member of his team, to ensure the working group delivers its aims and objectives. The Company Secretary or a member of his team will act as the secretary of the Committee.

Each working group will also have a Lead Trust executive, who will be the person in the Trust most closely associated with the work of the group. For Membership & Communications, this will be the Head of Communications & Marketing; for Patient Experience Development it will be the Director of Nursing and for Strategy & Performance it will be the Chief Executive.

2. Aims

These working groups are established with the following aims:

i) Membership & Communications – to develop the membership through defined recruitment activities and opportunities for ongoing engagement.

ii) Patient Experience Development - to receive information on Patient Experience feedback, work with the Trust to optimize ways of understanding patient views and discuss areas of improvement for the patient experience.

iii) Strategy & Performance – to work with the Trust in developing its strategy and keep an overview of implementation and of the performance of the Trust.

3. Objectives

Each working group should agree key objectives and areas of work to be achieved over the course of a planning year. These will be reported annually to the Council of Governors in the September Council meeting.

4. Working Group Chairman

Each working group will have a working group chairman. The chairman for each working group will be selected by being nominated and seconded by other governor members of that group. Where two or more members are nominated and seconded, the working group chairman will be elected by a simple show of hands. Terms of office will run from June.

No working group chairman is to have more than two consecutive three year terms of office on any one working group, nor should a governor chair two working groups at the same time.

5. Membership

No working group should ordinarily have a membership of more than eight governors including the working group chairman. Changes to membership should be noted by a meeting of the Council of Governors. There will be an opportunity once a year for changes to membership. Ideally working groups will include a mix of public, staff and appointed governors.

6. Quorum

A working group will be quorate with four governor members of a working group present along with at least one member of the Trust's support team in attendance.

7. Reporting

Each working group chairman will provide a report the outcome of each meeting to the subsequent Council of Governors. In case of absence, it is the responsibility of the working group chairman to identify another governor to feedback on their behalf.

8. Accountability

The working groups are accountable to the Council of Governors and have no powers of their own. However, they may make recommendations to a meeting of the Council of Governors.

9. Review

The Terms of Reference for working groups should be approved by the Council of Governors and reviewed once a year in the September Council meeting.