



COUNCIL OF GOVERNORS

Tuesday 9 September 2014 10:00 – 13:00
Academy, Level 4, Lecture Theatre & Rm 9, Yeovil District Hospital

AGENDA

	Item	Presenter	Timings	Enclosure
1	WELCOME AND APOLOGIES FOR ABSENCE To Note the Governor Election Results and to Receive Introductions from Governors	Peter Wyman Jade Renville	10:00	Verbal
2	DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA	Peter Wyman	10:10	Verbal
3	TO APPROVE THE MINUTES OF 3 JUNE 2014 AND TO DISCUSS ANY MATTERS ARISING	Peter Wyman		Appendix 1
4	ACTION SHEET	Peter Wyman		Appendix 2
Performance Overview				
5	GOVERNOR INFORMATION DASHBOARD	Paul Mears	10:15	Appendix 3
Executive Reports / Updates To Note				
6	FINANCE, ESTATES AND WORKFORCE UPDATE	Tim Newman	10:30	Presentation
7	CHIEF EXECUTIVE REPORT, INCLUDING UPDATE ON FIVE YEAR STRATEGIC PLAN	Paul Mears	10:45	Appendix 4
8	QUALITY, PATIENT SAFETY AND DIRECTOR OF NURSING / MEDICAL DIRECTOR REPORT	Helen Ryan Tim Scull	11:15	Presentation
Tea / Coffee Break – 11:30				
9	TO DISCUSS THE STAFF ENGAGEMENT PLAN	Paul Mears	11:40	Presentation
10	TO DISCUSS THE CONTACT CENTRE STRATEGY	Sophie Sennett	12:10	Presentation

Reports from Board Assurance Committees / Governor Committees and Working Groups

11 BOARD ASSURANCE COMMITTEES:	12:40	Verbal
<ul style="list-style-type: none"> • Audit Committee – 2 September • NCRAC – 30 June / 2 September • CGAC – 8 July • Commercial Committee – 12 August • Patient Experience – Progress in Development 	<ul style="list-style-type: none"> Paul von der Heyde & John Park Julian Grazebrook Jane Henderson Mark Saxton Maurice Dunster 	
12 GOVERNOR COMMITTEES AND WORKING GROUPS	-	-
<ul style="list-style-type: none"> • Meetings Deferred Until the Autumn 		

13 ANY OTHER BUSINESS	All	12:50	Verbal
14 EXCLUSION OF THE PUBLIC		12:55	
15 DATE AND TIME OF FUTURE MEETINGS	Jade Renville		Verbal

2014:

- AGM, Tuesday 30 September 2014,
Yeovil District Hospital
- Tuesday 2 December 2014,
Lecture Theatre, Academy, L4

2015:

- 18 March 2015 (with NED update)
- Yeovil Innovation Centre
- 11 June 2015
- Yeovil Innovation Centre
- 17 September 2015 (with NED update)
- Academy, Lecture Theatre & Rm 9
- 10 December 2015
- Academy, Lecture Theatre & Rm 9

EXCLUSION OF THE PUBLIC

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

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.

Lunch – 13:00

COUNCIL OF GOVERNORS

Minutes of a meeting of the Council of Governors held on 3 June 2014
At the Academy, Level 4, Yeovil District Hospital

Present:	Peter Wyman Hala Hall John Park Geoff Stroud John Webster Alison Whitman Lesley Boucher Jane Lock Michael Fernando Julia Hendrie Judith Lindsay-Clark Paul Porter	Chairman Public Governor Public Governor Public Governor Public Governor Public Governor Appointed Governor Appointed Governor [until item 26/14] Staff Governor Staff Governor Staff Governor Staff Governor
In Attendance:	Paul Mears Tim Newman Jo Howarth Carole Shuff Tony Smith Maurice Dunster Julian Grazebrook Mark Saxton Jade Renville Nicola Webber	Chief Executive Chief Finance and Commercial Officer [until item 26/14] Associate Director of Nursing and Patient Safety [item 24/14] Head of IT Transformation [item 25/14] Consultant Anaesthetist [item 25/14] Non-Executive Director Non-Executive Director [until item 28/14] Non-Executive Director [until item 26/14] Company Secretary Membership Co-ordinator
Apologies:	Anne Bennett Ian Fawcett Jane Gifford Martin Ormston Andrew Summers Rob Childs Lou Evans Jane Henderson Paul von der Heyde	Public Governor Public Governor Public Governor Public Governor Staff Governor Appointed Governor Appointed Governor Non-Executive Director Non-Executive Director

		Action
18/14	<p>WELCOME, GOVERNOR ELECTION RESULTS AND APOLOGIES Peter Wyman welcomed the governors and those in attendance to the meeting. Apologies were noted as listed above.</p> <p>Jade Renville verbally advised of the public governor election results, congratulating Martin Ormston on being re-elected for Greater Yeovil and introducing and welcoming new public governors: Alison Whitman for the Rest of Somerset and England, John Webster for Greater Yeovil and Hala Hall for Mendip.</p>	

	<p>She also advised that Julia Hendrie, Judith Lindsay-Clark and Andrew Summers had been elected as new staff governors.</p> <p>Jade Renville explained there remain two vacancies in South Somerset (North and East) and two vacancies in South Somerset (South and West) and confirmed that these would be advertised as soon as practicable, recognising that, currently, there is a significant gap in public governor representation.</p> <p>In line with the election of new governors in the South Somerset constituencies, Jade Renville agreed to create an induction information pack for new governors, to be issued later in the summer.</p> <p>Peter Wyman congratulated those governors who had been nominated and elected and gave the opportunity for introductions.</p>	JR
19/14	<p>DECLARATIONS OF INTEREST</p> <p>The Chairman declared that he is Treasurer and member of the Council of the University of Bath.</p>	
20/14	<p>MINUTES OF THE PREVIOUS MEETING</p> <p>The minutes of the meeting held on 11 March 2014 were approved as a true and accurate record.</p>	
21/14	<p>ACTION SHEET AND MATTERS ARISING</p> <p>There were no matters arising not on the agenda. It was noted that all actions from previous meetings were complete or on the agenda, subject to action 7/14, site masterplan, being circulated to the Council of Governors.</p>	JR
22/14	<p>CHIEF EXECUTIVE BRIEFING</p> <p>Paul Mears presented highlights from his written report, from which the Council of Governors noted that:</p> <ul style="list-style-type: none"> • Monitor, the health sector regulator, has been reviewing the 2 year plans submitted by NHS foundation trusts in April 2014. They have issued initial sector findings in which they express concern that, in general, the plans are overly optimistic in demonstrating a recovery in 2015/16 given the continued decline in income in 2014/15. Consequently, Monitor has invited trusts to revisit their submissions for 2015/16. Tim Newman confirmed that YDH had submitted realistic plans and were therefore not anticipating reviewing its plans at this stage. YDH will continue to work with Monitor and keep them regularly informed. Progress is also being made on the development of the Trust's 5 year strategic plan which is due to be submitted to Monitor at the end of June 2014, a draft of which will be shared beforehand with the Council of Governors for comment. • Dr Elizabeth Warburton (a stroke physician from Cambridge) visited Somerset to review the options being considered for the configuration of stroke services in the county. Her report will form part of the deliberations of the Somerset CCG on 4 June 2014 where they will decide whether to maintain a two site model in Somerset. 	JR

	<p>Early discussions had been held with the clinical stroke teams at Taunton and Somerset NHS Foundation Trust (T&S) about the practicality of collaboration, recognising the benefits to patients of shared expertise and best practice. Following questions from governors, it was confirmed that YDH is to purchase a second CT scanner to help meet increasing demand and that if working rotas were shared between T&S and YDH that clinicians rather than patients would be asked to travel between sites.</p> <ul style="list-style-type: none"> • The Director of Elective Care post is out to advert and a number of applications have been received. • Dorset County Hospital NHS Foundation Trust (DCH) and YDH recently went to recruitment for a Director of Organisational Development and Workforce. Although there were some strong candidates, unfortunately they did not match the requirements of both organisations. In the interim, Tim Newman will assume Director responsibility for HR, supported by Ali Morris, Head of Operational Human Resources Services, and Mark Appleby, Head of Workforce Performance and OD. Both organisations remain committed to joint working wherever possible. • Jean O'Callaghan, Chief Executive is leaving DCH to become the Chief Executive of Royal Berkshire NHS Foundation Trust. 	
23/14	<p>FINANCE AND PERFORMANCE BRIEFING</p> <p>Tim Newman presented a financial overview of 2013/14, from which it was noted that:</p> <ul style="list-style-type: none"> • As set by Monitor, YDH achieved a year-end financial risk rating of 4, the highest score available. • All Monitor healthcare targets and indicators were met during the year, except the 2 week cancer (breast screening) in Quarter 3 which was breached as a result of patient choice. • 97% of commissioning for quality and innovation (CQUIN) targets were met. • YDH delivered an underlying surplus of £200k. • Capital spend was £5.9million and included developments within the dementia friendly ward, FOPAS and the women's hospital. • The first stage of the estates strategy (masterplan) had commenced, which involves the demolition of the Cheverton building. • The year-end closing cash position was £8.0million. <p>Tim Newman also presented headlines from the 2 year plan which had previously been shared with governors for their input.</p>	

	<p>In line with the financial challenges facing the NHS, he indicated that the 2 year plan forecasts decreasing cash, increasing deficit with a Monitor risk rating of 3 in 2014/15 and 2 in 2015/16. He anticipated that the 5 year strategic plan will forecast a recovering position from 2017/18. He expressed the importance of continuing to invest in the Trust's infrastructure to maintain quality and performance.</p> <p>Peter Wyman thanked Tim Newman for the summary, reflecting on the financial pressures but noting that the Trust's plans for addressing the challenges are realistic and that the relationship of YDH with Monitor and the Somerset CCG is open and transparent.</p> <p>The Council of Governors welcomed the presentation and asked about the site development involving Cheverton. It was confirmed that plans for building a multi-story car park on the land are still in development and funding would need to be identified to undertake the works, with the car park needing to be self-sustaining in the long term. In the interim, a temporary car park will be located on the site which will be operational from September 2014.</p>	
24/14	<p>PATIENT EXPERIENCE QUALITY AND SAFETY BRIEFING</p> <p>Peter Wyman welcomed Jo Howarth who explained the patient safety and quality improvement programme at YDH. She outlined progress in reducing pressure ulcers (by 40%) and falls (by 10%). She explained that YDH had achieved 12 months without MRSA bacteraemia and achieved C difficile objectives. She advised that patient safety incident reporting had increased by 23% and there had been a reduction in levels of harm and serious incidents requiring investigation.</p> <p>Jo Howarth spoke of changes to the patient experience team and the work on improving the efficiency of the Trust's response to patient enquiries and concerns. As a result, the number of enquiries through the patient advice and liaison services (PALs) had increased as staff act in a timely way to respond to feedback from patients and visitors and pre-empt further concerns, which has led to a reduction in formal complaints.</p> <p>Jo Howarth outlined the Trust's participation in the regional Safer Care South West collaboration. She also summarised details of the national patient safety plan announced by Mike Durkin, National Director Patient Safety, and aspirations articulated by Jeremy Hunt, Health Secretary, to reduce avoidable harm by 50% over the next three years by encouraging NHS trusts to 'sign up to safety', which YDH would be doing.</p> <p>Jo Howarth described the YDH quality objectives for 2014/15 which include: working more closely with junior doctors and multi-disciplinary teams on quality improvement, reducing pressure ulcers by a further 20%, developing an annual medicines management plan and links with the electronic health record (EHR) and electronic prescribing, development of rapid assessment falls team business case and the delivery of the safe staffing agenda.</p> <p>The governor indicator ('timeliness/experience of discharge with particular focus on discharging patients before midday') was discussed and Jo Howarth confirmed that it had been included within the 2013/14 quality account.</p>	

	<p>Plans to improve the timeliness and patient experience of discharge are in progress and John Park expressed the need for the indicator to be measurable and requested that the focus be upon improving the patient experience of discharge, which was agreed by the Council of Governors.</p> <p>Peter Wyman thanked Jo Howarth for her presentation, which was noted by the Council of Governors. Attendees asked a number of questions regarding the number of questionnaires/feedback forms being asked of patients, standardising ward walk rounds and using numbers rather than percentages to express statistical information. Governors reflected on the positive progress and suggested that more could be done to proactively communicate these messages, together with areas for further improvement. Jo Howarth explained that YDH is making use of patient experience metrics, which assists the Trust monitor areas requiring improvement. Jo Howarth agreed to provide a further update on the patient safety and quality programme, including those questions raised by attendees, at a future Council of Governors.</p>	JHOW
25/14	<p>TECHNOLOGY AS AN ENABLER</p> <p>Peter Wyman welcomed Carole Shuff and Tony Smith who outlined the vision for the YDH information technology transformation programme. They explained that a key component would involve the implementation of the electronic health record (EHR), a suitable supplier for which (InterSystems) had now been selected via a procurement exercise. They said that implementation would enable a move from paper to electronic record keeping, accessible across teams and departments, underpinned by clinical decision support. Tony Smith described the disparate systems currently in place and the benefits of an integrated system which would improve efficiency and safeguard against errors.</p> <p>Tony Smith also explained recent use of VitalPAC across YDH and how this is transforming the taking of day to day observations and monitoring of patient health. The system will improve accuracy and enable active monitoring and automated escalation.</p> <p>The Council of Governors asked questions about populating EHR with historical and current data. Tony Smith acknowledged that while the first phase of implementation should be completed within two years, it may not be possible to retrospectively upload all historical paper records, although key, summarised information would be included.</p> <p>The Council of Governors also asked about security procedures and it was confirmed that staff would have restricted access on a 'need to know' basis according to their role. This would be strictly controlled and monitored. The communication between the Trust and other health organisations (such as Somerset Partnership NHS Foundation Trust and GP practices) was discussed and it is anticipated that EHR should improve the efficiency of interaction. Paul Mears stressed that EHR is not merely an information technology system but a total hospital transformation programme.</p> <p>The Council of Governors noted the presentation and Peter Wyman thanked Carole Shuff and Tony Smith for the update.</p>	

26/14	<p>GOVERNOR INFORMATION DASHBOARD</p> <p>John Park summarised the background to the development of the governor information dashboard. He explained that it indicates past performance and current trends. Peter Wyman added that the indicators are a mix of local and national targets, some of which are mandated. Performance at YDH is consistently strong.</p> <p>Paul Mears described current trends relating to the indicators as set out in the previously circulated report, focusing on those areas which were identified as amber or red in terms of achievement.</p> <p>The Council of Governors asked for clarity regarding 18 week referral to treatment (RTT) targets and the fining regime. Paul Mears reflected on the target being a mechanism for enabling better patient care. He confirmed that YDH is in the top 25% of the country for 18 week RTT performance, but acknowledged that there are pressures in some specialties as a result of increasing service demand. In terms of fines for breaches over 18 weeks, he advised of changes to the way in which this is calculated, which would now operate on a per-breach basis.</p> <p>The Council of Governors noted the information dashboard and discussed ambulance turnaround times, congratulating the Trust on achieving the 30 minute handover target in the past 11 months, which was among the best performance in the south west. They also commented on the strong performance in meeting the target for 95% of patients to be seen and discharged within 4 hours.</p>	
27/14	<p>REPORTS FROM ASSURANCE COMMITTEES</p> <p>The Council NOTED the following reports from the Board assurance committees:</p> <p>Audit Committee - 6 May 2014</p> <p>John Park summarised the role of the YDH Board assurance committees and spoke to the enclosed report which identified the areas discussed at the Audit Committee. In particular, he spoke of the internal auditor's review of data quality which had highlighted no evidence of data manipulation but did identify some weaknesses in data collection, such as the recording of RTT. This was being urgently reviewed by the Trust. Julian Grazebrook advised that the Audit Committee and the Board had subsequently received assurance that reporting anomalies would not affect the Trust's overall performance position and he advised that regular reviews would be incorporated within the work plan of the internal auditors.</p> <p>Commercial Committee - 27 May 2014</p> <p>Peter Wyman explained the key purpose of the Commercial Committee which involves reviewing commercial opportunities for YDH and monitoring performance. Examples of activities include the restaurant, coffee shops, pharmacy and car parking facilities. Any income or 'profit' generated from these ventures can be reinvested into patient care and services. Jade Renville advised that the meeting of 27 May 2014 received presentations regarding the development of the private patients' area, the Kingston Wing, and estates maintenance contracts.</p>	

28/14	<p>REPORTS FROM GOVERNOR COMMITTEES AND WORKING GROUPS The Council NOTED the following reports from governor committees and working groups:</p> <p>Strategy and Performance Working Group – 8 May 2014 John Park presented the enclosed report which identified the areas discussed at the meeting. In particular, he highlighted the update on the NHS staff survey and the concerns raised by the Strategy and Performance Working Group about the results.</p> <p>Peter Wyman and Maurice Dunster explained that the NHS staff survey has a convoluted and detailed format and only captures a snapshot of feedback. They also spoke of the need to establish better and simpler ways of engaging and receiving meaningful feedback from staff and it is proposed to pilot the staff friends and family test to assist with this. It was acknowledged that levels of dissatisfaction have been primarily identified in those areas where there have been recent changes and some level of staff concern is therefore to be expected.</p> <p>Peter Wyman assured the Council of Governors that the NHS staff survey has received in-depth consideration by the Board and the appropriate assurance committees and that an engagement plan is being developed in response. Paul Mears agreed to provide a further update on the engagement plan at the Council of Governors on 9 September 2014. At this point, Julian Grazebrook left the meeting.</p> <p>Appointments Committee Peter Wyman explained the responsibility of the Council of Governors to appoint the Chairman of YDH and the non-executive directors, with the possibility of appointing them for up to nine years over three terms. He advised that the term of office for Julian Grazebrook, Non-Executive Director, expired on 31 May 2014. Following virtual consideration (via email) by the Appointments Committee and the Council of Governors, it was agreed that feedback showed he was performing well and they had therefore agreed to appoint Julian Grazebrook for a further three year term.</p> <p>Membership and Communications Working Group – 12 May 2014 Geoff Stroud presented the enclosed paper, highlighting plans to use the Annual General Meeting (AGM) to showcase positive workstreams being undertaken at YDH, such as strategic plans, estates and EHR. He also said he hoped that with a new intake of governors, there may be more interest in using social media to attract membership from the younger generation.</p> <p>Food Group – 16 May 2014 This report was noted.</p>	PM
29/14	<p>ANY OTHER BUSINESS</p> <p>There was no further business to discuss.</p>	
30/14	<p>EXCLUSION OF THE PUBLIC The Council of Governors resolved to exclude the public and others for the remainder of the meeting.</p>	

	<i>At this point the non-executive directors and members of staff, except Peter Wyman, the Governors and the Company Secretary, left the meeting.</i>	
31/14	DATE OF NEXT MEETING The next meeting will be held on Tuesday 9 September 2014 at the Academy, Level 4, Yeovil District Hospital.	



**COUNCIL OF GOVERNORS
ACTION SHEET**

9 SEPTEMBER 2014

Minute	Action	Progress	Due	By
ACTIONS FROM 11 MARCH 2014				
6/14	<u>Director of Organisational Development</u> Paul Mears to provide an update.	Complete		
7/14	<u>Site Master Plan Presentation</u> To be circulated to the Governors.	Complete		
10/14	<u>Contact Centre</u> Sophie Sennett to speak at a future Council meeting.	On Agenda		
15/14	<u>Informal Quarterly Meetings</u> To arrange between Governors, CEO and Chairman.	Complete		
ACTIONS FROM 3 JUNE 2014				
18/14	<u>Governor Induction Pack</u> To create an induction information pack for new governors, to be issued later in the summer.	Complete		
22/14	<u>5 Year Strategic Plan</u> To be circulated to the Council of Governors for comment.	Complete		
24/14	<u>Quality and Patient Safety</u> Provide a further update on the patient safety and quality programme.	Incorporated within Director of Nursing Update – On Agenda		
28/14	<u>Staff Engagement Plan</u> To provide a further update on the staff engagement plan.	On Agenda		

Governors Report

May 14 / June 14

3	Dashboard - Outcome, Safety & Workforce Indicators
4	Dashboard - Early Warning Indicators
5	Mortality
6	RTT
7	Waiting Lists
8	A&E
9	Ambulance Targets
10-11	Cancer
12	First to follow up
13	Cancelled Operations
14	Safety
15	Friends & Family
16	Patient complaints and compliments
17	Admissions
18	Length of Stay – long stayers
19	Mandatory Training
20	Annual Appraisal
21	Staff Turnover
22	Sickness Absence
23	Appendix I - Terms

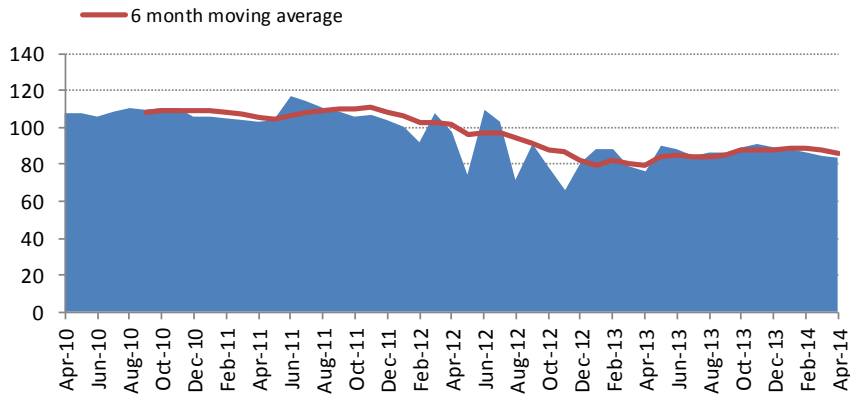
Outcome, Safety & Workforce Indicators

Summary Trend Results	FY	FY	FY	YTD	Results					
	11/12	12/13	13/14	14/15	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
Mortality										
HSMR	97.9	90.2	90.8	84.2	88.1	86.3	84.2	83.6		
Actual number of deaths	608	571	606	145	48	47	62	53	47	45
Finance & Monitor score										
I&E position distance from plan (£m)	0.1	-0.3	0.4	0.3	0.2	0.2	0.3	-0.2	-0.2	-0.3
% of cost improvement plans in place (CIP)	100.0%	92.0%			92.4%	78.5%	85.6%	63.3%	90.3%	62.3%
Monitor Score					1	1	1	2	0	2
Patient Experience										
F&F Test - % Extremely Likely to Recommend	n/a	n/a	72.3%	70.3%	73.3%	67.3%	69.0%	70.6%	66.4%	73.4%
F&F Test - Response rate	n/a	n/a	18.5%	21.9%	19.9%	22.0%	20.0%	20.4%	23.4%	21.8%
Number of Complaints	227	250	267	34	8	9	9	18	10	6
Number of Compliments	1,633	1,405	1,220	0	87	64				
Cancelled Ops - Breaches of <28day readmission			3.2%	0.0%	9.5%	0.0%	0.0%	0.0%	0.0%	0.0%
Cancelled Ops - Breaches <=5 cal day offer of new date			3.2%	4.1%	0.0%	0.0%	0.0%	33.3%	0.0%	18.2%
Safety										
C difficile cases	23	17	9	2	1	1	0	0	1	1
MRSA	2	1	0	0	0	0	0	0	0	0
Patient falls	959	1047	763	220	80	69	79	92	61	67
Pressure ulcers +2	194	198	102	29	9	10	10	12	7	10
Workforce										
Sickness Absence (avg) %	3.6%	3.7%	3.5%	3.2%	3.9%	3.6%	3.2%	3.4%	3.0%	3.3%
Annual Appraisal (avg) %		72.3%	80.3%	81.0%	80.0%	83.0%	81.0%	81.0%	81.0%	81.0%
Mandatory Training (avg) %		72.3%	79.8%	80.3%	80.0%	79.0%	79.0%	82.0%	82.0%	82.0%
Staff Turnover (avg) %		11.5%	12.8%	12.6%	13.0%	13.0%	12.4%	12.5%	12.6%	12.7%

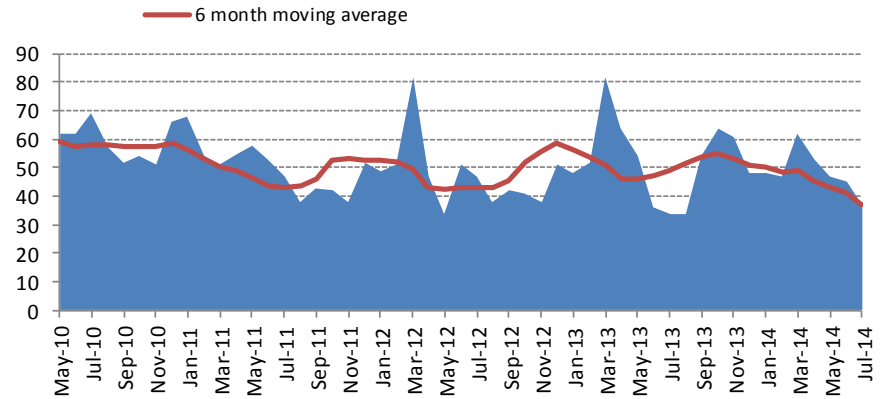
Summary Trend Results	FY	FY	YTD	Results		
	12/13	13/14	14/15	Apr-14	May-14	Jun-14
RTT						
15wks RTT - Admitted Pathways		89.9%	86.1%	85.6%	87.0%	85.7%
15wks RTT - Non-admitted Pathways		95.5%	92.9%	92.9%	92.5%	93.3%
15wks RTT - Incomplete Pathways		88.2%	91.2%	93.4%	90.4%	90.0%
Admissions / Waiting lists						
Total admissions	38,332	38,424	9,890	3,301	3,278	3,311
Total Elective admissions	19,711	19,575	5,121	1,743	1,605	1,773
Day Case admissions	16,411	16,386	4,212	1,475	1,302	1,435
Daycase Rate	83.3%	83.7%	82.2%	84.6%	81.1%	80.9%
Waiting List Size - Outpatients inc C2C.	2,596	2,941	3,059	3,029	3,217	3,059
Waiting List Size - Inpatients / Day case	1,323	1,435	1,719	1,496	1,650	1,719
Efficiency						
1st to follow up				1:1.6	1:1.7	1:1.6
% Discharges between 8am-12pm	17.9%	19.1%	17.0%	16.3%	16.3%	19.9%
Average length of stay	4.3 days	4.5 days	4.5 days	4.7 days	4.5 days	4.3 days
A&E						
A&E attendances	46,113	45,538	12,086	3,797	4,119	4,170
A&E attendances - % inc / dec vs LY	5.0%	-1.2%		-0.9%	7.2%	7.6%
A&E - % patients seen and discharged 4 hrs	95.1%	96.2%	96.1%	97.1%	95.3%	95.8%
Ambulance Handover < 30mins	94.5%	99.2%	99.9%	99.7%	99.9%	99.9%
Ambulance Handover fines	£34,080	£32,200	£1,200	£800	£200	£200

HSMR in April 14 was 83.6. Actual number of deaths in July 14 was 37.

Hospital Standardised Mortality Ratio (HSMR)

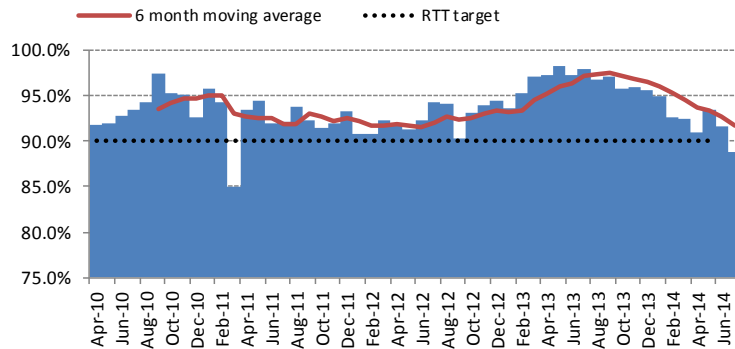


Actual number of deaths

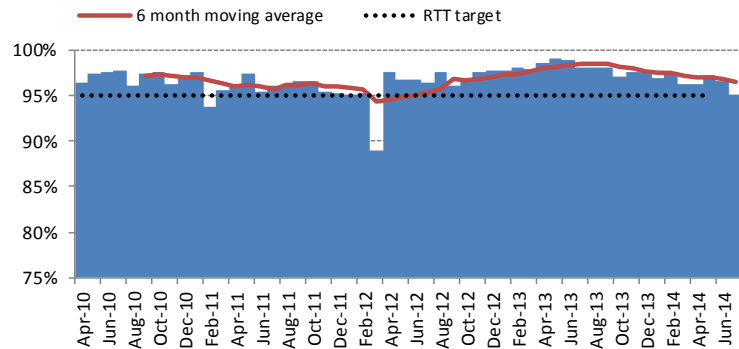


In July 14, 88.8% (target 90%) of admitted patients and 95.1% (target 95%) of non-admitted patients completed consultant-led treatment within 18 weeks of referral. While this is below the target for admitted pathways, this was pre-agreed with the CCG as part of the national RTT recovery project.

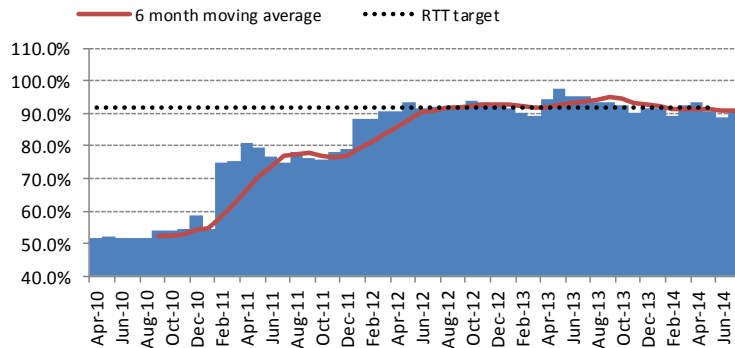
RTT completed pathways - 18 week - admitted



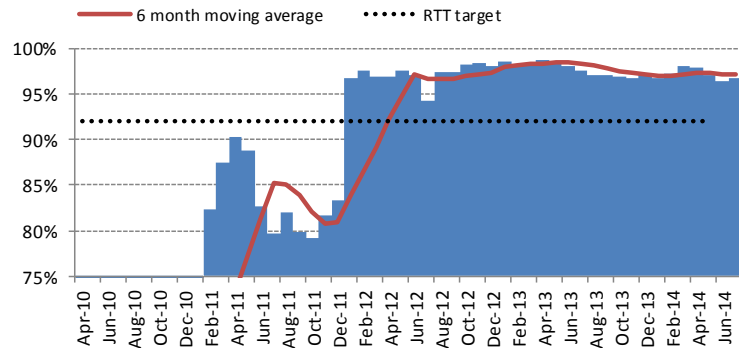
RTT completed pathways - 18 week - non admitted



RTT incompleting pathways - 18 week - admitted

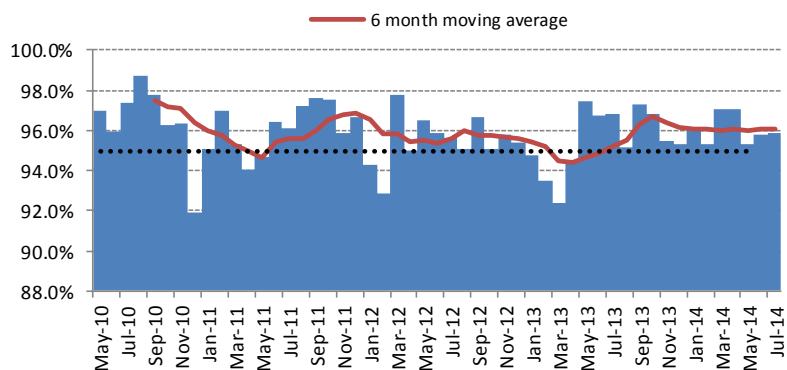


RTT incompleting pathways - 18 week - non admitted



In July 14, 95.86% (target 95%) of patients were seen and discharged within 4 hours from A&E.
Average A&E attendances in July were 136 per day. Ambulance arrivals averaging 39 for the last 12 months

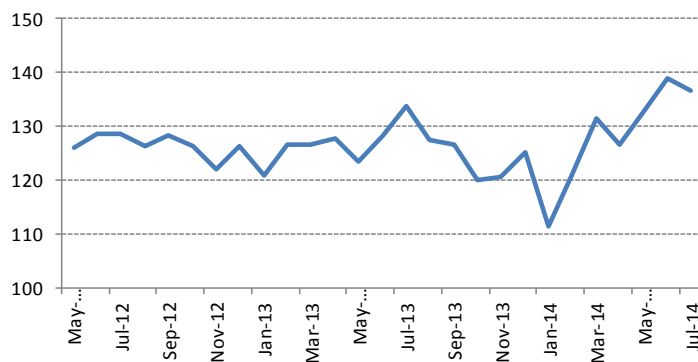
A&E 4 hour performance - All Attendances



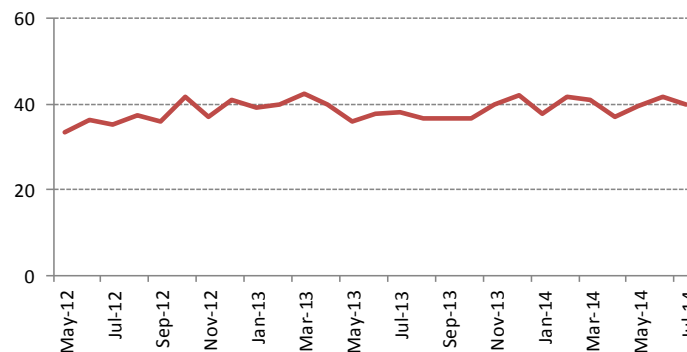
Average attendances per day

Day	Jul-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14
Monday	146	117	130	145	134	150	152	148
Tuesday	132	107	119	125	123	134	137	139
Wednesday	129	116	115	130	123	133	126	125
Thursday	135	115	123	123	116	126	131	135
Friday	121	107	112	127	131	126	131	129
Saturday	136	108	119	125	130	124	133	138
Sunday	138	108	127	142	132	143	157	145
Grand Total	134	111	121	132	127	133	139	136

Avg A&E attendance per day

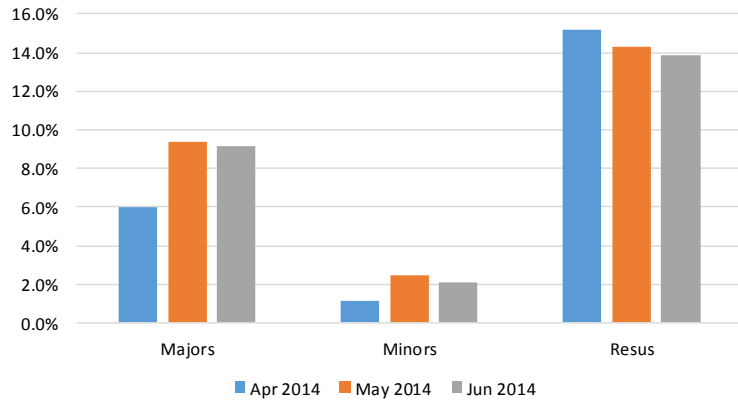


Avg A&E ambulance arrivals per day

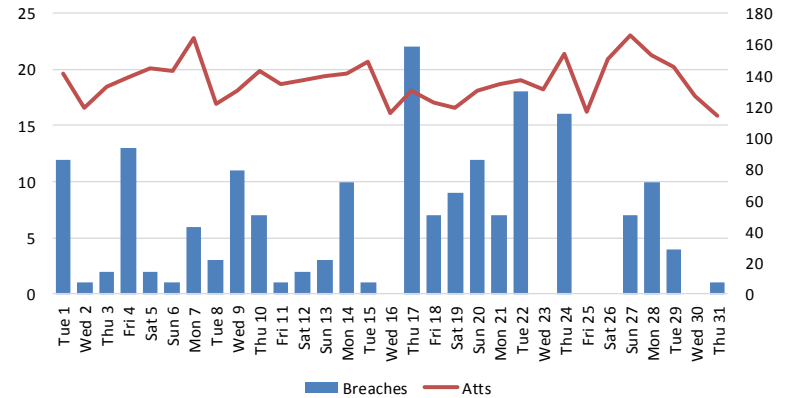


A&E activity over the two month period June and July has increased by 4.7% vs last year (+397 attendances).
 YTD A&E attendances (16,316) have increased by 4.1% vs last year (15,656).
 Q1 Breach rate has decreased over all 3 areas, Majors, Minors and Resus.

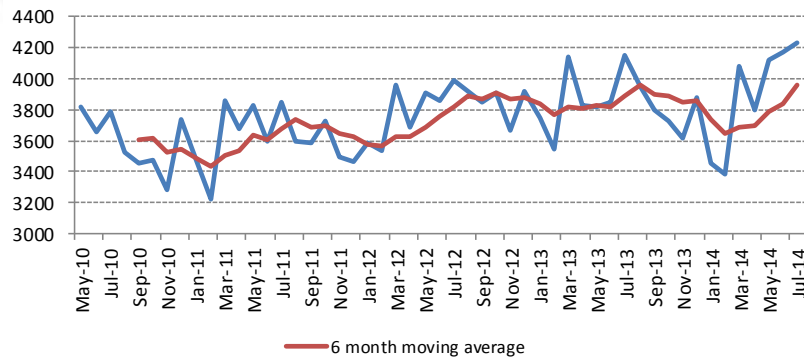
A&E Breaches



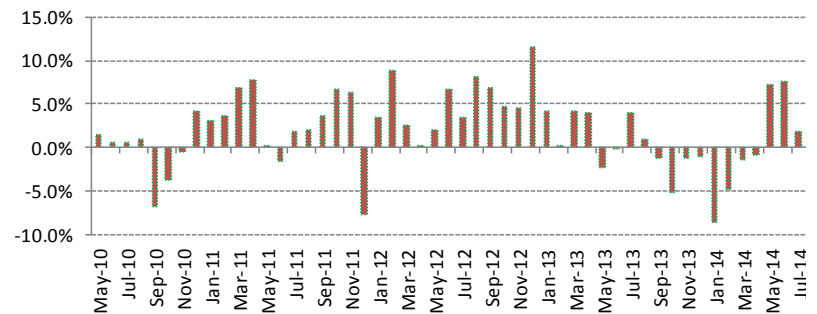
July 14 Activity & Breaches



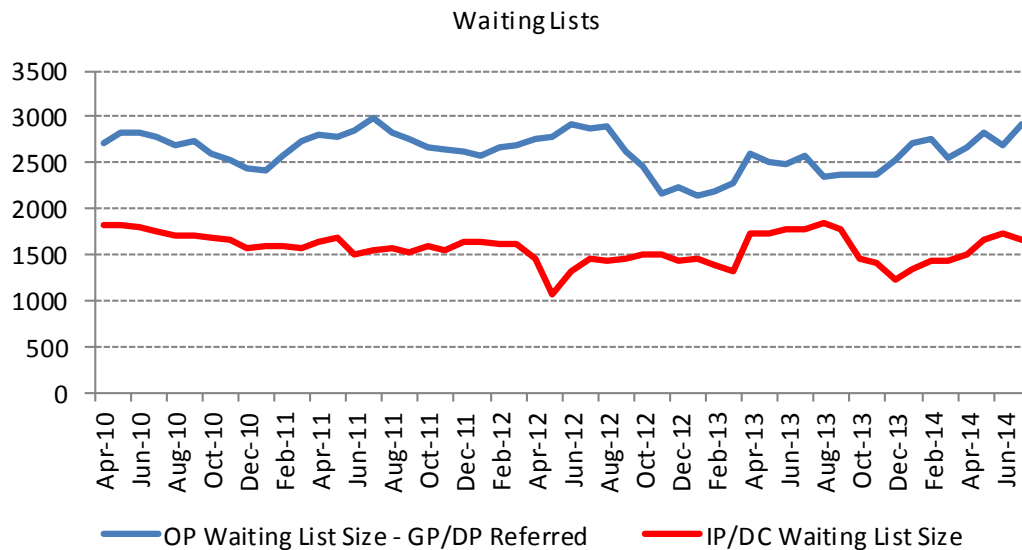
A&E Activity



% increase/decrease vs LY (Graph uses this one).



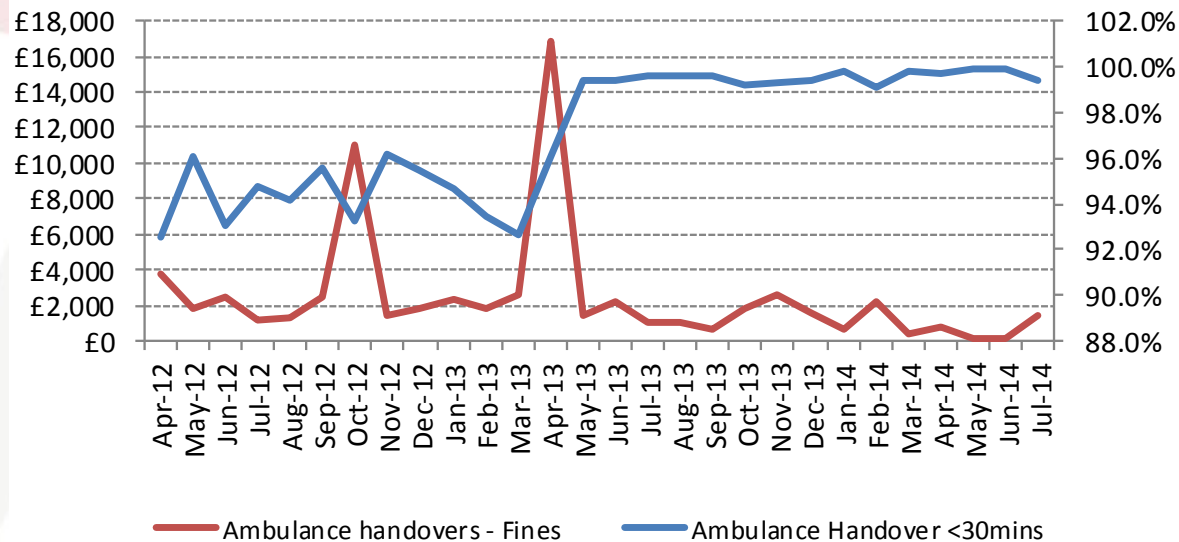
At the end of July 14, the inpatient and day case waiting list has fallen to 1671, a decrease of 104 patients year on year (-6%). The outpatient waiting list rose to 2,930 at the end of July, a year on year increase of 211 patients (+8.2%), this increase is mostly due to the Ophthalmology service restarting.



Numbers above are live waiting list patients, they **include** patients that have chosen to delay their treatment. Currently it is difficult to identify these patients due to the booking methods i.e. this information is only in the form of a “comment”. Previously we used a separate waiting list code, which enabled us to exclude these patients from our reports. This was stopped in order to increase visibility of all patients. The above numbers do not include planned or suspended patients i.e. medically unfit or regular future bookings i.e. five year endoscopies.

We have achieved the 30 minute handover target (98%) for the last 12 months running

The last 12 months fines total £13,400. In the same period in the previous 12 months the fines were £46,240. Mainly due to spikes in October 12 (£10,980) and April 13 (£16,800)



NOTES:

Ambulance fines for over 30mins only began in April 2011

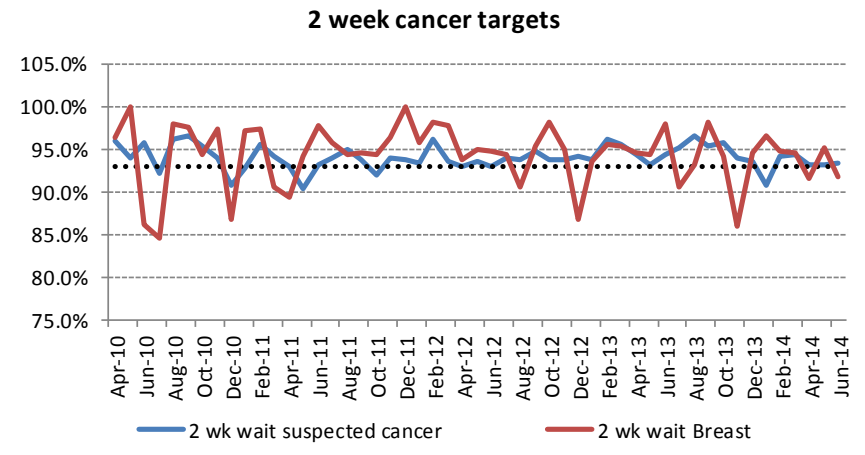
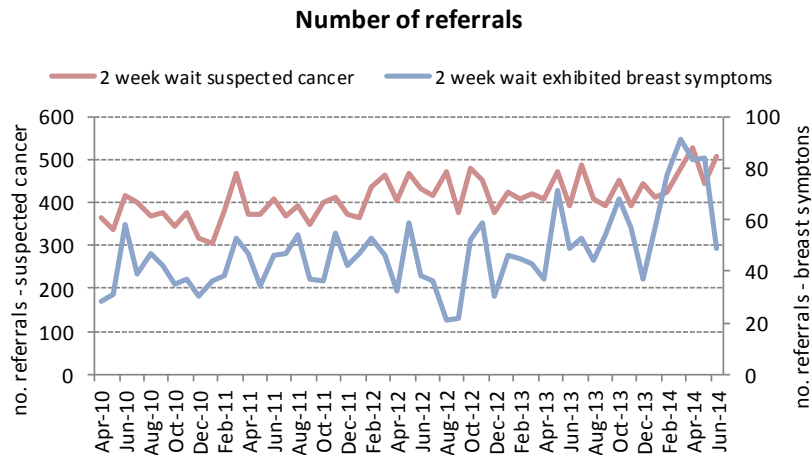
Imposed Fines have changed each year but have always been based on breaching 30 mins or more



Cancer 2 week waits

In Quarter 1 we achieved the 93% target for 2 Week Waits in suspected cancers (93.2%), as well as exhibited breast referrals (93.1%).

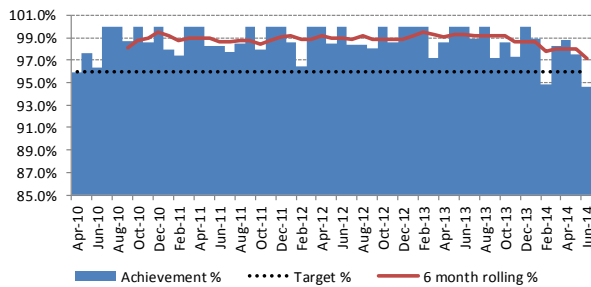
Referrals have risen to 508 suspected cancers in June 2014, a 29% increase year-on-year. Exhibited breast referrals have fallen to 49, returning to the same level as this time last year following several months of very high referral rates.



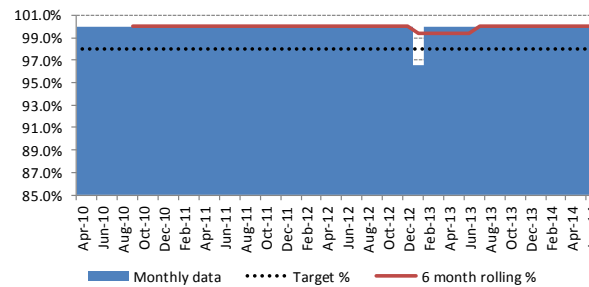
Cancer 31 day and 62 day targets

In Quarter 1, we achieved the 96% target of delivering treatment within 31 days of the decision to treat (1st treatment), despite falling to 94.7% in June.

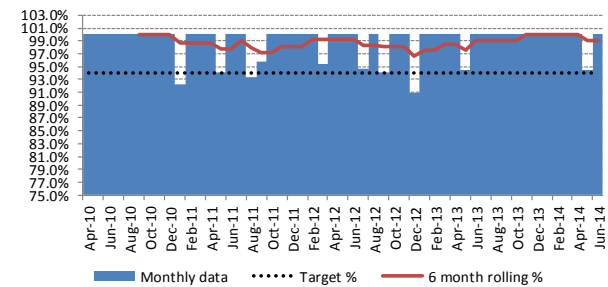
31 day treatment first



31 day treatment first subsequent drugs

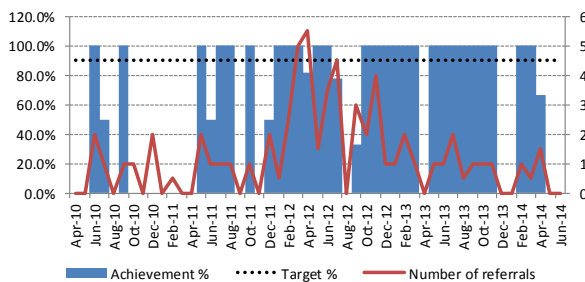


31 day treatment subsequent surgery

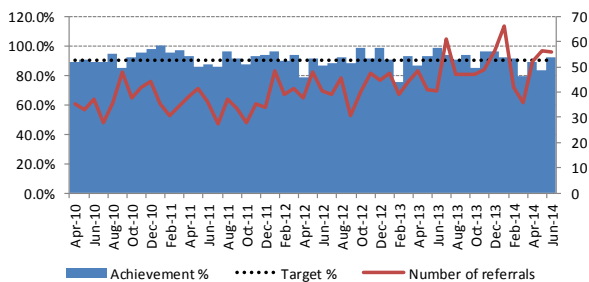


We achieved the 62 day 85% target in Quarter 1. The 90% screening target was failed, though there was only a single breach, which shared with Musgrove Park (only three screening patients were treated during the quarter).

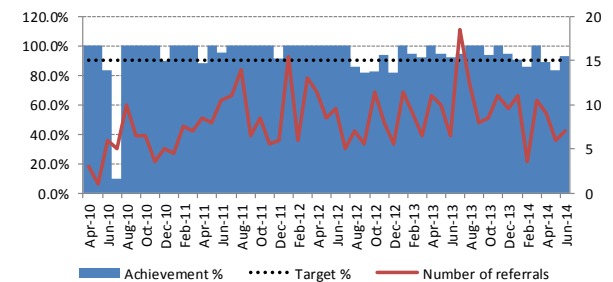
62 day treatment screening



62 day treatment standard

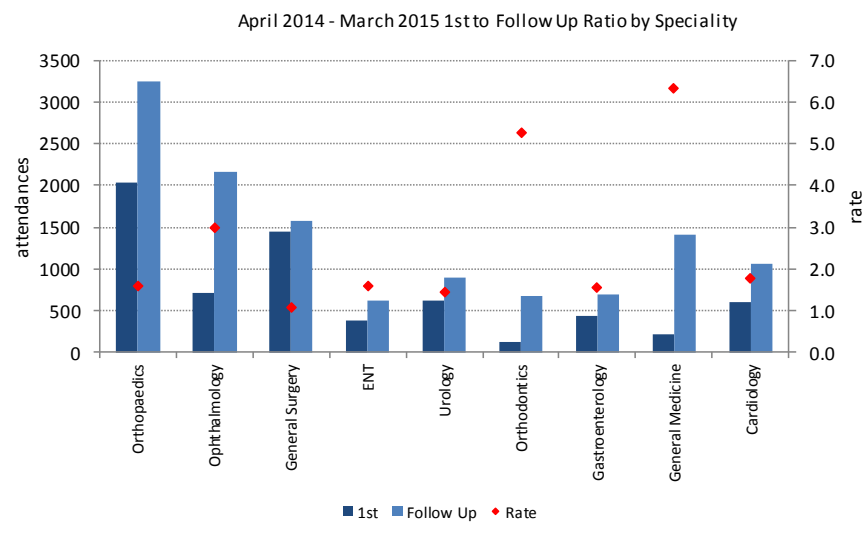
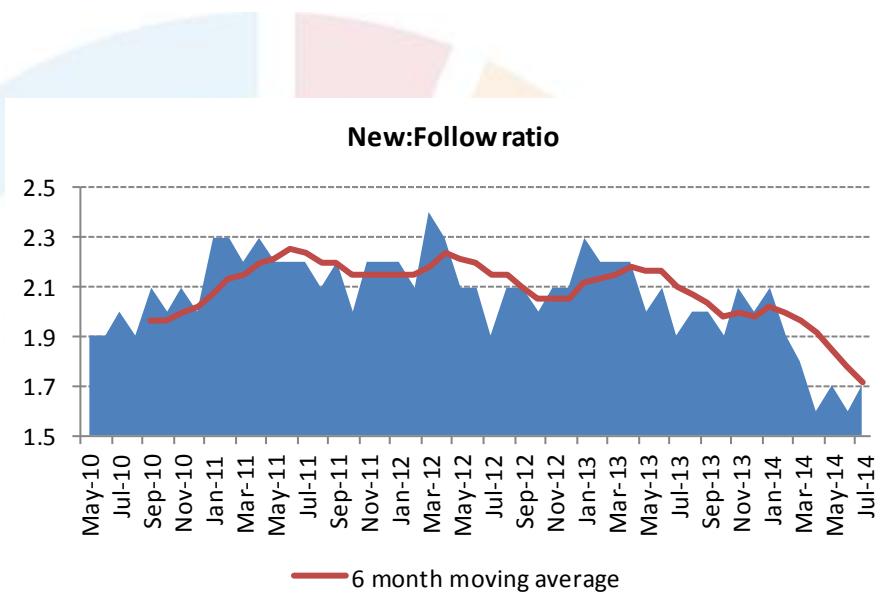


62 day treatment upgrades



1st to follow up ratio for consultant led activity in July 2014 was 1:1.7, with the 6 month rolling average 1st to follow-up ratio being 1:1.8.

General Medicine (1:5.8) and Orthodontics (1:5.1) have the highest first to follow up ratios.



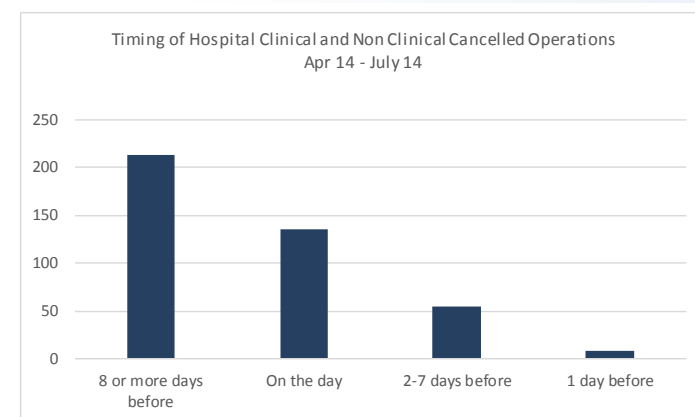
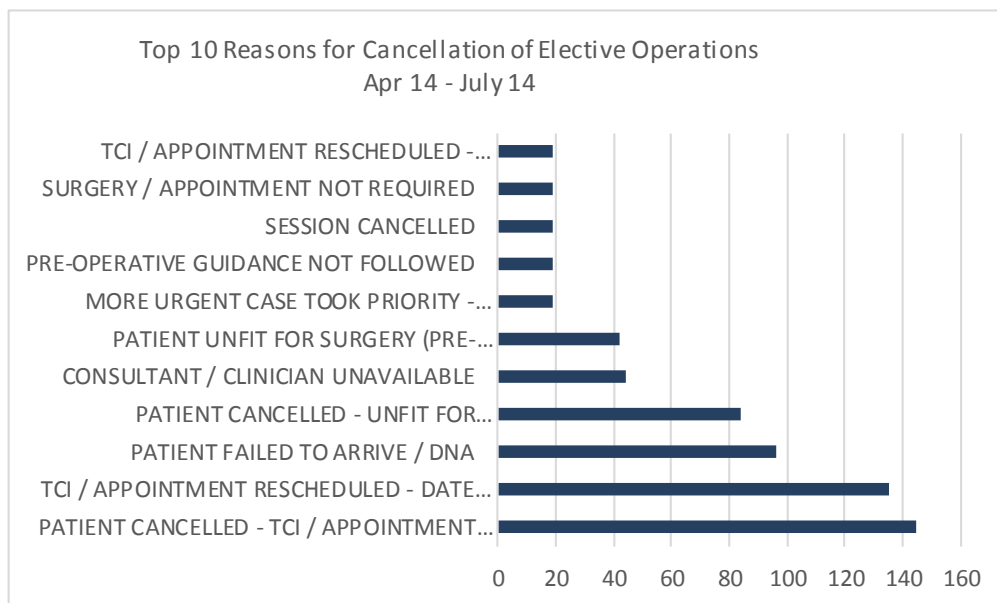
For any elective operation cancelled by the trust **on the day of the operation/admission**, an offer of a new date must be made within **5 calendar days**, and the newly offered date must be within **28 days** of the cancelled operation date.

July 14, 8 operations have been cancelled by the trust on the day for non-clinical reasons. All of these patients were offered a new date within 5 days or transferred to other trusts, and all newly offered dates were within 28 days of the cancelled operation.

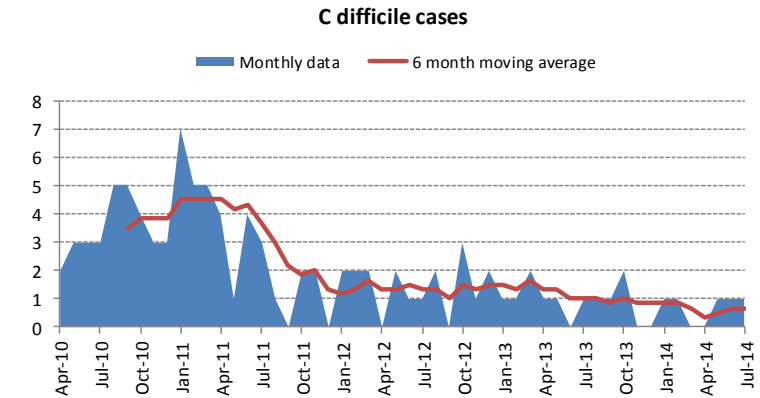
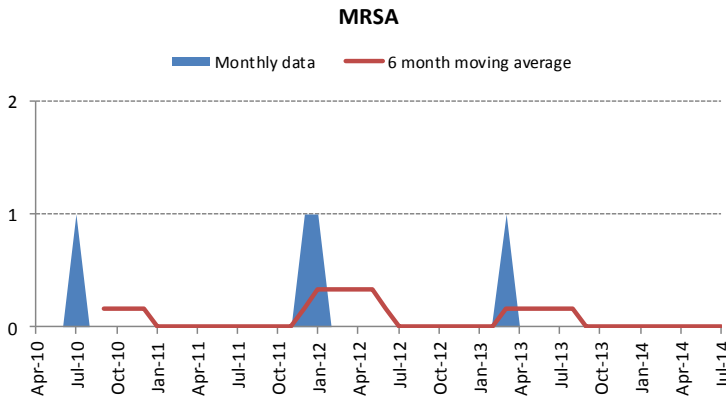
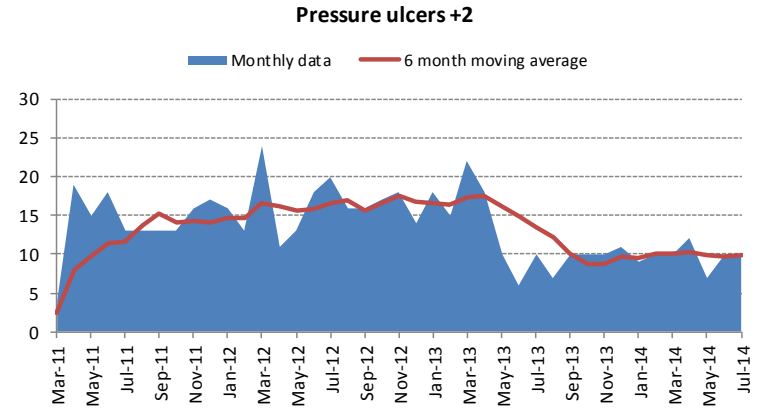
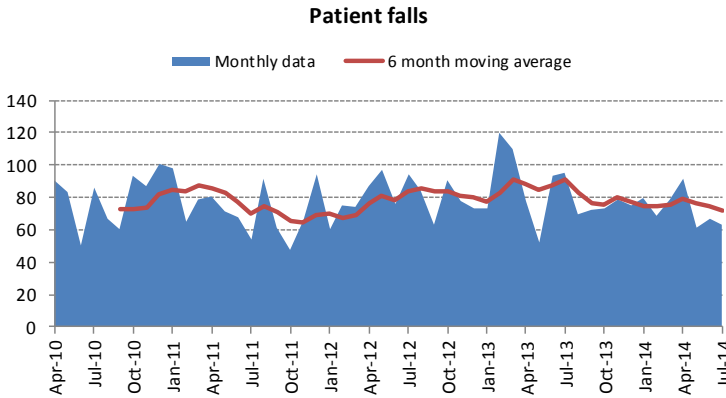
Most common reason of cancelling an operation is “patient cancellation”

For Hospital Clinical and Non Clinical Cancellations – 33% are cancelled on the day, while 52% give at least 8 days notice

Patient Cancellations – 55% on the day, 30% give at least 8 days notice.



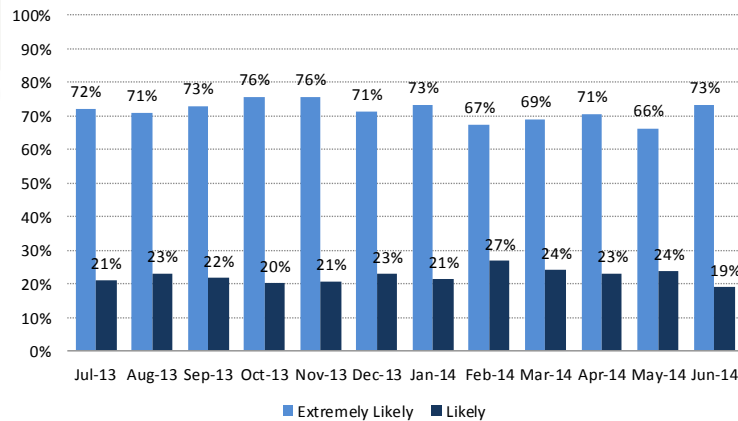
We have reported 283 patient falls compared to 318 last year (Apr – Jul). In July 14 there was 1 C.Diff case reported, (YTD = 3). The last reported case of MRSA was in Mar 13 with only 4 cases in the last 3 years. Pressure ulcers are on a decreasing trend



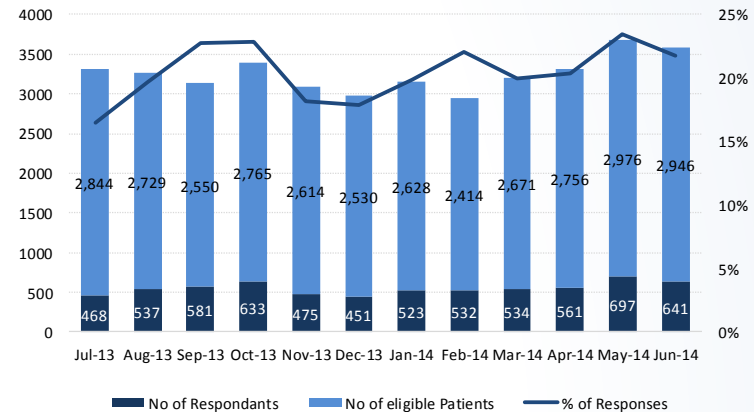
YTD response rate 21.8%, improved A&E response rate of 13.3%.

	No of Respondants			No of eligible Patients			% of Responses		
	A&E	IP	TOTAL	A&E	IP	TOTAL	A&E	IP	TOTAL
Jul-13	85	383	468	1,894	950	2,844	4.5%	40.3%	16.5%
Aug-13	81	456	537	1,828	901	2,729	4.4%	50.6%	19.7%
Sep-13	144	437	581	1,705	845	2,550	8.4%	51.7%	22.8%
Oct-13	166	467	633	1,815	950	2,765	9.1%	49.2%	22.9%
Nov-13	98	377	475	1,700	914	2,614	5.8%	41.2%	18.2%
Dec-13	121	330	451	1,657	873	2,530	7.3%	37.8%	17.8%
Jan-14	135	388	523	1,657	971	2,628	8.1%	40.0%	19.9%
Feb-14	149	383	532	1,612	802	2,414	9.2%	47.8%	22.0%
Mar-14	129	405	534	1,820	851	2,671	7.1%	47.6%	20.0%
Apr-14	126	435	561	1,846	910	2,756	6.8%	47.8%	20.4%
May-14	220	477	697	2,026	950	2,976	10.9%	50.2%	23.4%
Jun-14	274	367	641	2,059	887	2,946	13.3%	41.4%	21.8%
TOTAL	1,108	4,061	4,734	10,599	5,433	16,032	10.5%	74.7%	29.5%

Friends and Family Test Inpatient and ED Response to 'extremely likely' and 'likely' to recommend YDH



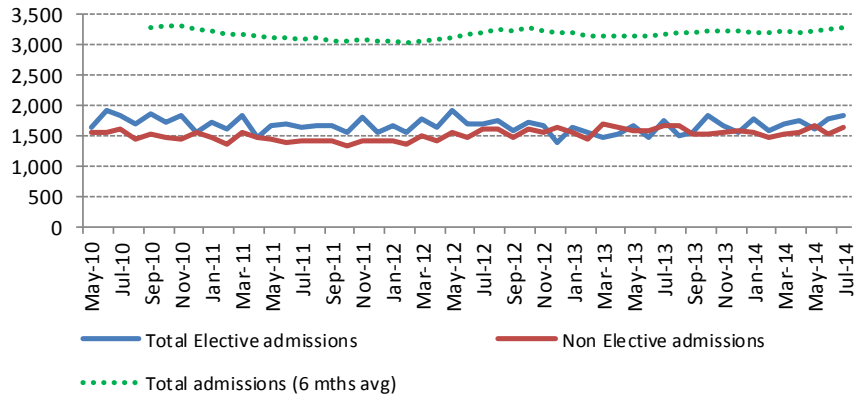
Friends and Family Test % of Responses



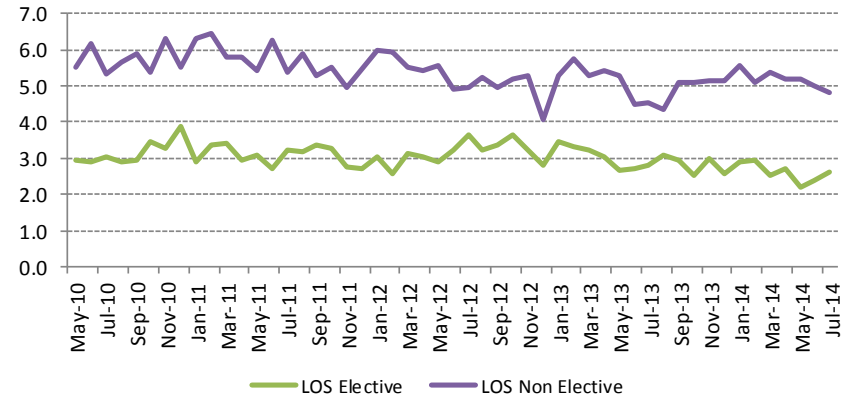
Total elective admissions in July 14 were 1,834 compared to non-elective 1,632. For the last 12 months the mix has remained at approximately a 50:50 equal split, the July 14 split was 53% Elective to 47% Non Elective admissions.

The average length of stay in July 14 was 2.6 days for Elective SBU and 4.8 days for UCLTC SBU.

Admissions



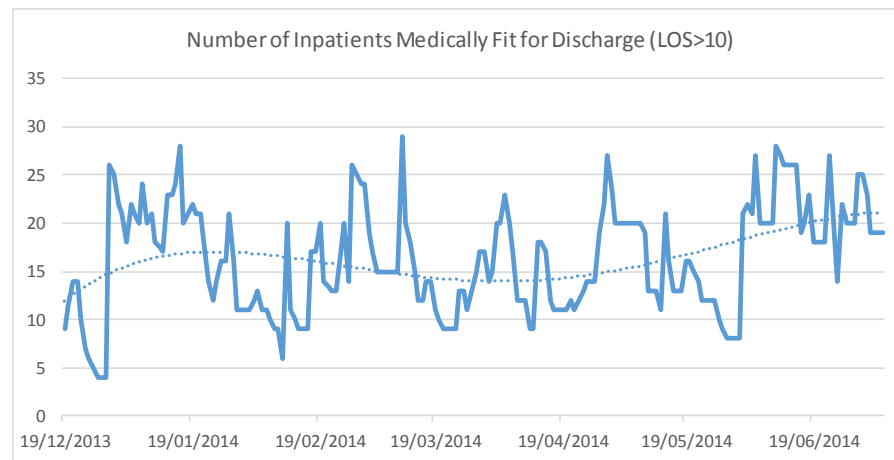
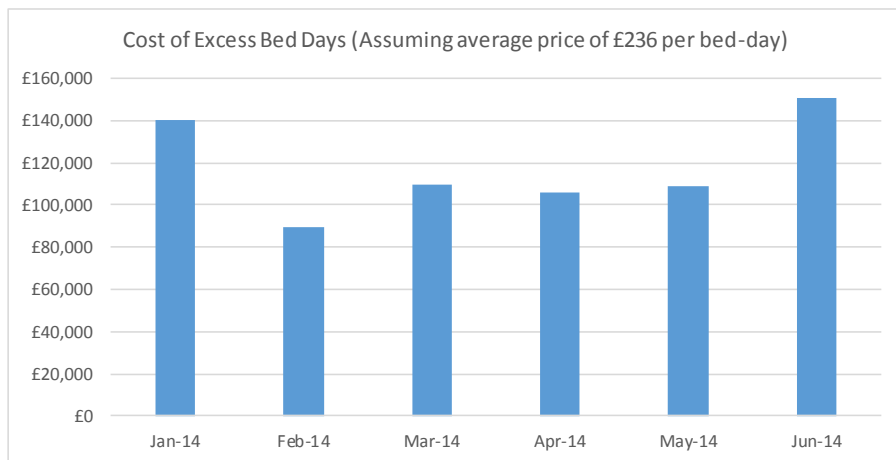
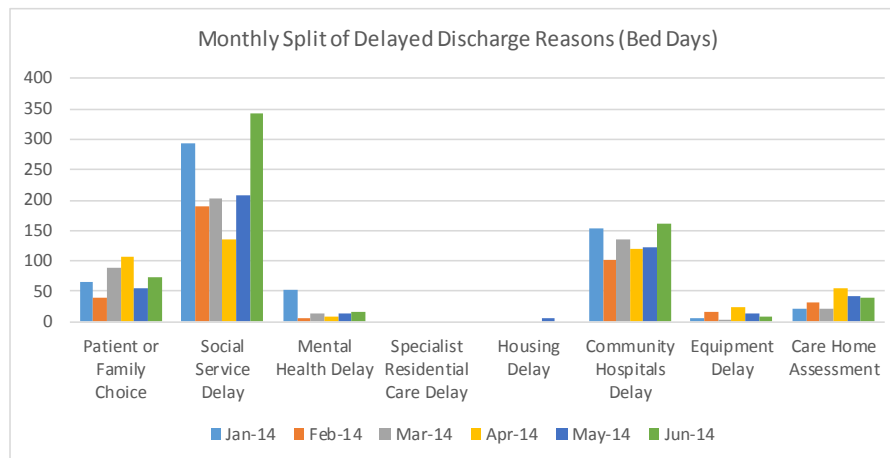
Average Length of Stay (days)



Average LOS	Jul-11	Jul-12	Jul-13	Jul-14
Elective	3.2	3.6	2.8	2.6
Non Elective	5.4	5.0	4.5	4.8

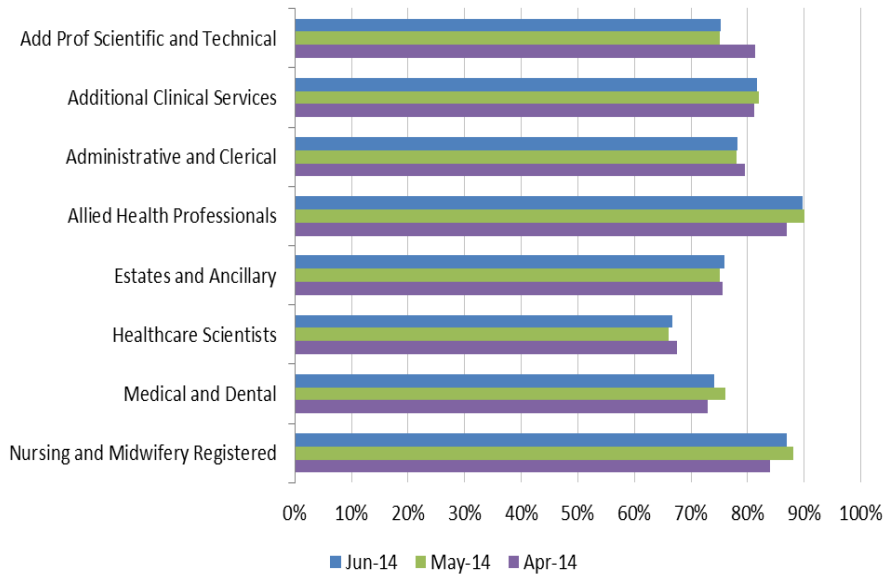
There is ongoing work to monitor the actual length of stay vs. the expected length of stay based on estimated discharge date.

The number of patients medically fit for discharge is on an increasing trend, the main reasons being due to social service delay and community hospital delays.

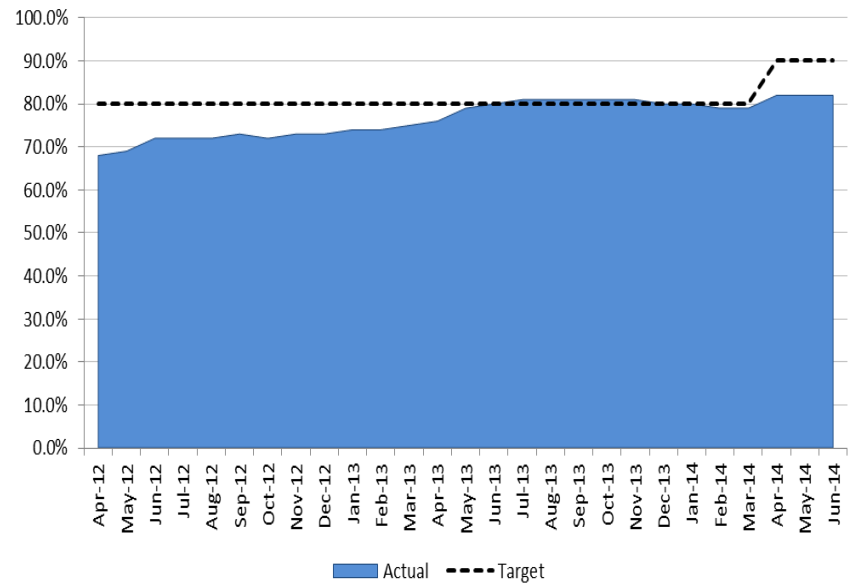


The percentage of staff remaining in date for all elements of their Mandatory Training has remained the same at 82% in June, against a revised target of 90%

Mandatory Training by Staff Group - % of staff remaining in date

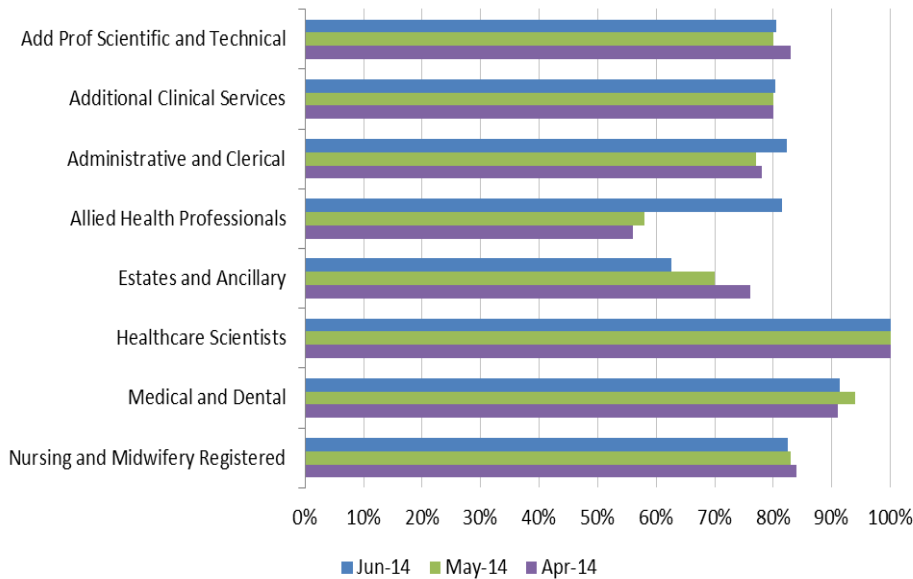


Mandatory Training Compliance vs Target

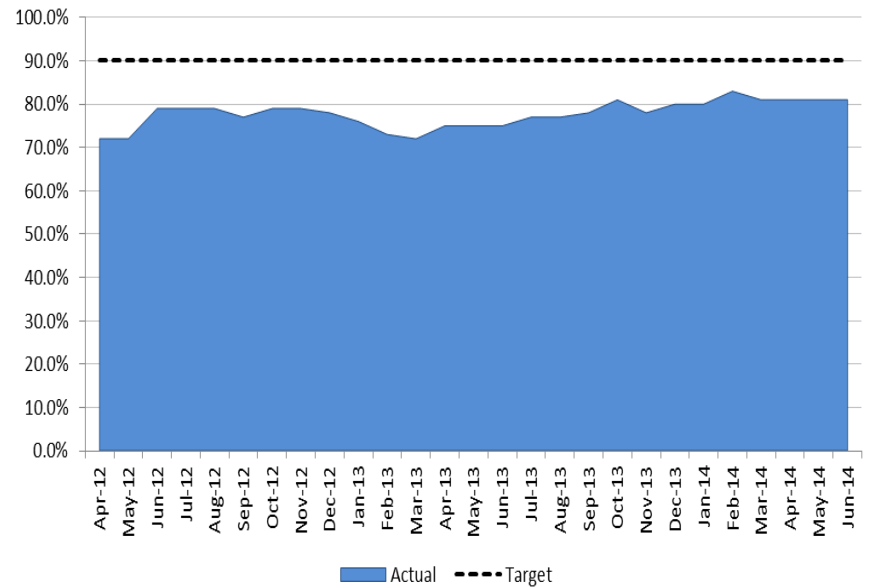


The percentage of staff remaining in date for their Annual Appraisal remained the same at 81%, against a target of 90%.

Annual Appraisal by Staff Group - % of staff remaining in date

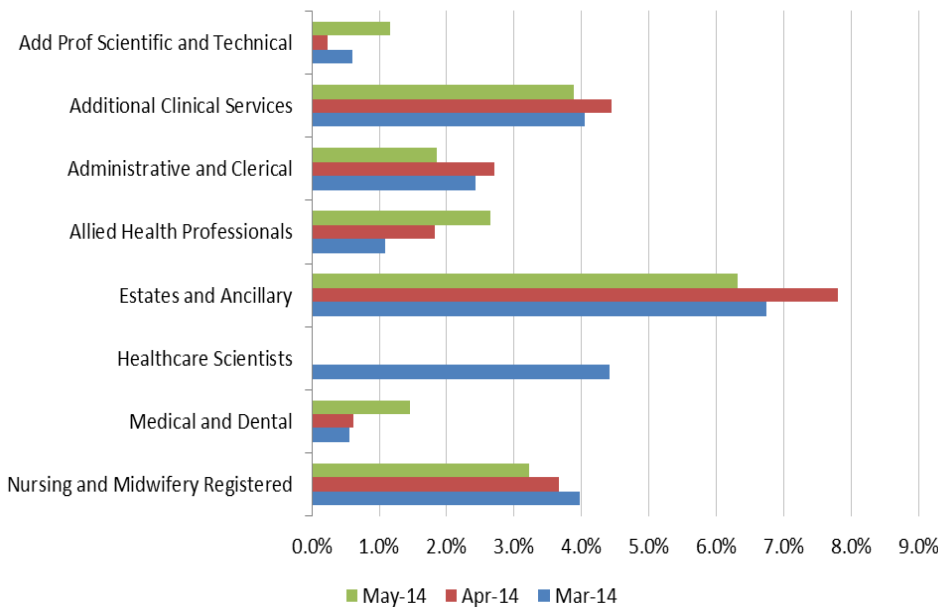


Appraisal Compliance vs Target

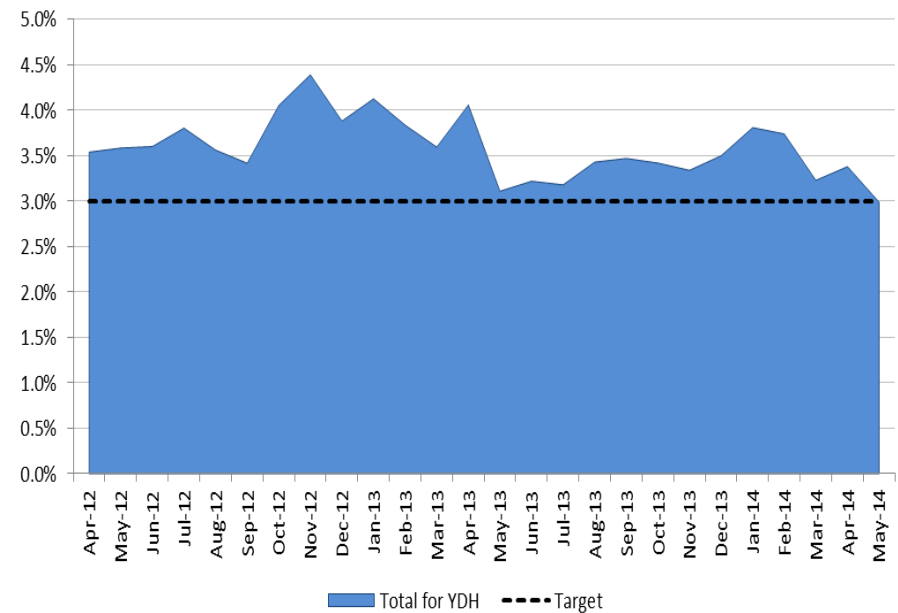


The Sickness Absence Rate for Month 2 was 2.9%, (0.4% lower than the Month 1 performance) representing a favourable variance against target. All areas with high levels of sickness absence have action plans in place to improve attendance.

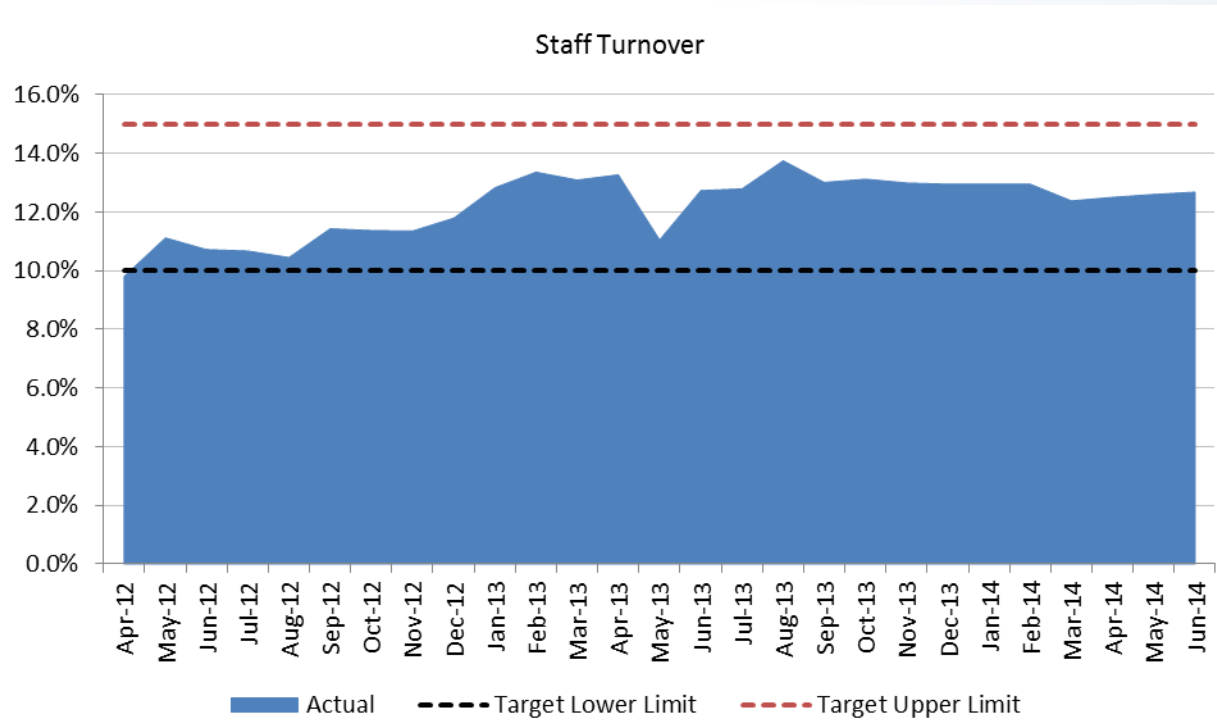
Sickness Absence by Staff Group



Sickness Absence vs Target



Staff Turnover increased slightly to 12.8% (against a target upper limit of 15%). The rolling twelve-month average is 12.8%.



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)
1 st to follow up	Ratio – number of follow up appointments to 1 st appointment
Ambulance handover	Time it takes from when ambulance arrives to when we accept the patient into A&E
DNA	Did not attend

Report to: Council of Governors
Report from: Paul Mears, Chief Executive
Subject: Quarterly Update
Date: 9 September 2014

Symphony Project

Governors will be aware that the work to develop integrated care across hospital, community services, primary care and social care has been a key priority for the organisation over the past two years. The Symphony Project has been instrumental in developing the concept on how to integrate care, particularly for older people and those with complex needs.

We have continued to work closely with the Somerset CCG on the Symphony Project and this has led to two key developments:

1. Development of a new model of integrated care

Building on Symphony there is recognition across all the partner organisations that we need to create a new care model for patients with the most complex needs. These patients require coordination of their care needs across professional boundaries and the current system often leads to confusion and fragmentation of care for the patient and their family. The Somerset CCG has agreed that a new integrated care model should be developed and rolled out across South Somerset and will be seeking expressions of interest from existing providers to lead the implementation of this model of care.

2. Development of a new contract model for integrated care

The Somerset CCG and the Local Authority have been developing their thinking on how an integrated care model could be commissioned in the future. As part of the Symphony Project, commissioners explored the concept of an 'Alliance Contract' where the providers involved in care delivery would be contracted as an alliance of providers to deliver a set of defined outcomes for a set patient population. This is a very different model from the existing commissioning model which is built around a 'fee for service' model where providers are paid for delivering activity on a price per case basis.

The Symphony Project Board have reviewed the progress to date on alliance contracts as a potential vehicle for delivering an integrated care model and have decided that the model is too complex for the requirements of Symphony. In particular there is a concern that the alliance contract would not go far enough in getting the support and buy-in from GP practices which it is felt to be critical to the success of any new care model we develop. Consequently the CCG are now considering alternative commissioning models which could enable them to contract more simply for a new integrated care model. This is being considered at the moment and we anticipate a further update from the CCG in the coming weeks.

Monitor Five Year Plan

The Five Year Plan setting out our strategy was submitted to Monitor over the summer. This plan sets out the key areas of focus for the trust moving forward as well as providing an assessment of our financial position over the next five years.

The financial forecasts for the Trust are a significant challenge and will require us to develop a very different model of care for the hospital to ensure a financially sustainable future. Key to this will be how we develop a new relationship with primary care, our work with local GPs as well as wider integration with community services and social care as developed through Symphony.

We have recently engaged Oliver Wyman consultancy to support the development of our Five Year Plan and, in particular, to understand how the new models of care we are developing can deliver the financial viability and sustainability for the organisation.

The early modelling work on the economics of these new care models indicates that there is a solution which will provide a long term sustainable future. However this will require a transformation in the way we deliver services not just in the hospital but across the whole health system. We are working closely with local GPs to develop these plans and will be spending much time in September discussing and explaining our thinking in this area with our own staff and other key stakeholders.

Monitor Visit

We were visited recently by Monitor as part of their work to review our Five Year Plan. The visit was an opportunity to talk through the plan and our wider work to integrate care across hospital, community services and primary care.

We also talked Monitor through our challenging financial position and the work being done to model the economic case for integration which clearly demonstrates that this is the only way in which we will be able to secure a strong sustainable future for the organisation.

The visit finished with a visit around key areas of the hospital talking Monitor through how our capital monies are being used to support key strategic service developments.

Strategic Estates Partner

Governors will be aware that we have developed an exciting vision or masterplan for the hospital site which sets out how we can transform our estate to meet the future healthcare needs of our community. We have also undertaken a procurement process to find a Strategic Estates Partner who will come and work alongside us to deliver the site masterplan and bring estates technical expertise, development skills and support to seek capital funding for new build opportunities.

The process for selecting a Strategic Estates Partner is near a conclusion and we expect to decide our preferred partner by the end of September. This is an important milestone in the improvement of our site and we look forward to working closely with our new partner to realise some key capital projects over the coming years.

External Regulatory Assessments

We recently received positive assessments from external regulators on key services within the hospital.

Our Endoscopy Unit has been given full accreditation by the Joint Advisory Group (JAG) on GI Endoscopy. This is a rigorous process which all endoscopy units are required to undertake and is a key measure of the quality of the service provided to our endoscopy patients. The unit at Yeovil District Hospital has been fully accredited with no concerns- this is a significant achievement and a testament to the hard work and commitment of all the staff within the unit.

The Pharmacy Department has been assessed by the Medicines and Healthcare Products Regulatory Agency (MHRA). This assessment was very positive with only two minor concerns which have already been rectified. The Pharmacy Team worked very hard to prepare for the inspection and the positive feedback from the MHRA demonstrates the quality of the service being provided.

Finally, the Histopathology Service and Mortuary have been assessed by the Human Tissue Authority (HTA). The service received a very positive report from the HTA and our thanks need to be extended to the team for all their preparation and planning for this important visit.

These three inspections provide positive assurance that these teams are providing a high quality service for our patients, as assessed by external regulators. These inspections and assessments always require significant amounts of preparation by staff and all three departments have worked hard to achieve such positive feedback.

Interim Director of Elective Care

The Director of Elective Care post has been vacant since the beginning of July and the recruitment process to find a permanent appointment was unfortunately unsuccessful. As an interim measure, Leah Allen has joined us to fill this post. Leah is an experienced manager with a background in both acute and community healthcare settings working in Devon and is already establishing herself effectively in the role. The position regarding the permanent appointment will be reviewed in the autumn.

New Foundation Year Doctors

We have welcomed the new intake of foundation tier doctors in August and we have put in place for them a thorough programme of induction and support. It was very pleasing to see that the feedback from our recent junior doctors in the GMC survey had considerably improved from the previous year and we have been congratulated by the Severn Deanery (the body which oversees post-graduate medical training) on the significant improvement in satisfaction of these doctors' experience of their placement at Yeovil District Hospital.

Commercial Director

As part of our plans to develop our commercial activities as an organisation we have agreed with the Board to appoint a Commercial Director to lead opportunities for new business and to develop our existing commercial ventures such as the Kingston Wing.

I am pleased that Simon Lilley is joining us on 8 September to undertake this role. Simon was until recently the Director of Marketing for Flybe the low-cost airline based in Exeter. Prior to working at Flybe Simon worked for British Airways for a number of years. Simon will bring considerable experience to this role as well as an understanding of the importance of focus on the 'customer' which will be invaluable as we develop our commercial ventures.

Paul Mears
Chief Executive