

**COUNCIL OF GOVERNORS**

Minutes of the Council of Governors meeting held on 17 September 2015

At the **Academy, Level 4, Yeovil District Hospital**

<b>Present:</b>	Peter Wyman	Chairman	
	Sue Brown	Public Governor	
	Sue Bulley	Public Governor	
	Monica Denny	Public Governor [items 39/15–45/15]	
	Ian Fawcett	Public Governor	
	Hala Hall	Public Governor	
	John Hawkins	Public Governor	
	Philip Tyrrell	Public Governor	
	John Webster	Public Governor	
	Alison Whitman	Public Governor	
	Nicholas Craw	Staff Governor	
	Michael Fernando	Staff Governor	
	Judith Lindsay-Clark	Staff Governor [items 37/15–45/15]	
	Paul Porter	Staff Governor	
	Yvonne Thorne	Staff Governor	
David Recardo	Appointed Governor		
<b>In Attendance:</b>	Maurice Dunster	Non-Executive Director	
	Julian Grazebrook	Non-Executive Director	
	Samantha Hann	Assistant Company Secretary	
	Roger Hayward	Head of Patient Experience [items 39/15–45/15]	
	Jane Henderson	Non-Executive Director {items 39/15–45/15}	
	Paul von der Heyde	Non-Executive Director	
	Jonathan Higman	Director of Strategic Development [items 38/15–45/15]	
	Jason Maclellan	Chief Information Officer [items 38/15–39/15]	
	Paul Mears	Chief Executive	
	Allison Nation	Head of IM&T Commissioning, Somerset Clinical Commissioning Group [item 38/15]	
	Tim Newman	Chief Finance and Commercial Officer [items 32/15–37/15]	
	Jade Renville	Company Secretary	
	Tara Westcott	Senior Manager, KPMG [item 32/15–35/15]	
	<b>Apologies:</b>	Jane Gifford	Public Governor
		John Park	Public Governor
Martin Ormston		Public Governor	
John Tricker		Public Governor	
Rob Childs		Appointed Governor	
Lou Evans		Appointed Governor	
Jane Lock		Appointed Governor	

		<b>Action</b>
32/15	<b>WELCOME AND APOLOGIES</b> Peter Wyman welcomed two members of the public, the governors, Non-Executive Directors and those in attendance to the meeting. Apologies were noted as listed above.	

33/15	<p><b>DECLARATIONS OF INTEREST</b> The Chairman declared that he is the Treasurer and Vice-Chairman of the University of Bath.</p>	
34/15	<p><b>MINUTES OF THE PREVIOUS MEETING AND MATTERS ARISING</b> The minutes of the meeting held on 11 June 2015 were approved as a true and accurate record. There were no matters arising not on the agenda.</p>	
35/15	<p><b>ANNUAL REPORT, QUALITY REPORT AND ACCOUNTS 2014/15 AND THE EXTERNAL AUDIT OPINION</b> Jade Renville advised each year the annual report, quality report and accounts are prepared by the Trust which includes an indicator chosen by the governors (quality report). KPMG, as the Trust's external auditors, and the Audit Committee review the documentation before presentation to the Board of Directors, Council of Governors and finally the Annual General Meeting in September. Paul von der Heyde confirmed the Audit Committee scrutinises the annual report, quality report and accounts and he thanked the staff involved in their preparation. He acknowledged that 2014/15 had been a challenging year for YDH which was reflected in the documentation. He added that the Audit Committee is assured by the strategic plans which the Trust has in place to secure long-term financial sustainability through the implementation of new models of integrated care, which have the support of Monitor and NHS England.</p> <p>Tara Westcott summarised the work undertaken by KPMG in 2014/15, confirming the year-end audit had been completed in line with the agreed plan. She said KPMG had issued a clean unqualified opinion on the financial statements and had found the Trust to have adequate arrangements in place to secure economy, efficiency and effectiveness in its use of resources.</p> <p>In terms of the quality report, Tara Westcott advised that KPMG had issued YDH with a limited assurance opinion. She said that the content of the quality report was accurately reported in line with regulations, but that they could not issue an opinion over a mandatory indicator (percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period) due to unavailability of supporting information relating to historic patient data. This is a similar position to other trusts that use a 'live' system and this issue has been raised with Monitor. In future, Jade Renville confirmed that snap shots of the RTT data would be taken from the system throughout the year. Hala Hall asked how governors choose the local indicator, which is patient experience of discharge. Jade Renville confirmed the current indicator was chosen a couple of years ago and will be reviewed when the Council of Governors feel this is necessary.</p>	
36/15	<p><b>CHIEF EXECUTIVE REPORT</b> Paul Mears presented highlights from his written report, from which it was noted that:</p> <p><b>Monitor Investigation Update</b> YDH has recently received formal notice from Monitor that they have closed their investigation into the Trust's finances and they would not be taking any formal enforcement action. Paul Mears said it was positive that Monitor is assured YDH has a robust and realistic plan to improve the financial position and that they believe the Trust has the right leadership in place to ensure its delivery.</p>	

	<p><b>Symphony Project and Transformation</b>  Paul Mears confirmed progress is being made with plans to integrate care in South Somerset with the Symphony Programme (as a vanguard site) being successful in securing monies from the national Transformation Fund for the first year of programme costs to develop new models of integrated care. YDH is also working with the 9 other national Primary and Acute Care Services (PACs) vanguard sites to share learning.</p> <p><b>Outcomes Based Commissioning in Somerset</b>  Paul Mears advised of progress by the Somerset CCG to move to outcomes based commissioning. The plans are being developed jointly with NHS England and Somerset County Council and it will mean that the current contract held by YDH with the CCG will be put on notice as they move to commission a lead provider(s) to deliver a set of outcomes for the local population. Paul Mears advised that currently there is an expectation that there will be two outcomes based contracts, one for the east of the county based around South Somerset/Mendip and one for the west of the county based around Taunton/Bridgwater. Paul Mears confirmed YDH is in full support of the plans and the Trust is working closely with the CCG to understand the next steps in the process and also ensure that the approach from commissioners aligns to the work YDH is doing with local GP colleagues through the Symphony Project.</p> <p><b>TrakCare - Electronic Health Record (EHR)</b>  Paul Mears confirmed the preparation work to implement EHR continues with the data migration taking place which is a significant piece of work.</p> <p><b>Multi-Storey Car Park and Development of New Ward</b>  The multi-storey car park would be discussed later in the meeting [item 39/15 refers]. Paul Mears provided an update on the building of a new ward advising planning permission had been approved. The pre-fabricated ward would arrive on site in October/November 2015 with the intention of being operational by Christmas. The ward would provide YDH with an additional 24 beds, which will enable the Trust and its staff to manage the significant levels of operational demand expected in winter 2015/16 in a safe and efficient way.</p> <p>Nicholas Crow asked whether the Symphony Project had a set end date. Paul Mears responded that the Symphony Project is a redesign of the whole system which will evolve into the standard way YDH works in the future. He confirmed the Trust has a five year plan to return to financial sustainability and there are tangible milestones YDH can deliver within a clear timeframe. Paul Mears highlighted to the Council the significant cultural, historical and organisational challenges both nationally and locally and confirmed this is now about population health management. Nicholas Crow asked when outcomes based commissioning is intended to be in place and Peter Wyman advised the intention is from 2017/18.</p> <p>Paul Mears explained that the Dorset CCG is undertaking a clinical services review and YDH is working with them and the North Dorset GPs to engage in the proposals.</p>	
37/15	<p><b>UPDATE ON FINANCIAL PERFORMANCE AND THE GOVERNOR QUALITY AND OPERATIONAL PERFORMANCE DASHBOARD</b>  Tim Newman presented the Finance Report advising the Trust currently has a £6m deficit year-to-date with £18.4m deficit forecast for the end of the financial year. He confirmed there was a technical variance for the non-NHS clinical income due to the refurbishment of SCBU and the donated funds being received</p>	

at different dates but that this will balance by year end. Tim Newman spoke of the key risks to the budget – operational pressure and nursing expenditure, which YDH is seeking to mitigate through a dedicated recruitment campaign. Yvonne Thorne questioned the delay in newly recruited nurses receiving their registration and Paul Mears this was as a result of the volume of applications being received by the NMC. Yvonne Thorne asked if YDH reviews the reasons why nurses leave the Trust and Tim Newman confirmed this is monitored. If any trends are identified, the HR team will work through any concerns raised.

David Recardo asked whether the recruitment of overseas nurses has created any language issues for staff, patients and visitors. Tim Newman advised the overseas nurses must complete a language test and meet a certain level before being granted registration. Paul Mears confirmed the Trust provides a 4 week induction programme and this allows for any additional needs to be identified. Paul Mears advised that there had been recent immigration restrictions published and nurses had not been listed under the exceptions category. Nationally the NHS is calling for this to be amended as there is a national shortage of nurses. Tim Newman said restrictions are also being put in place to cap the use and spend on agency nurses within the NHS. He confirmed the Trust's is working to meet these targets, where it is safe to do so.

Tim Newman provided an update on CIP, the transformation budget, the Trust's cash and revenue position and capital expenditure as set out in the enclosed presentation, confirming that YDH is now drawing down cash support from the Department of Health. John Hawkins asked the cost of the new modular ward to which Tim Newman confirmed the ward would cost £3m. The question was raised whether the main entrance would be closed when the ward was brought to site. Yvonne Thorne confirmed there would be some closures but this is currently being discussed so the minimal amount of disruption is caused. Paul Mears confirmed external pressures (social care issues and delayed transfers) will still create challenges for the Trust despite having the additional bed capacity within the new ward. He confirmed YDH will ensure it improves its own internal processes for patient flow and escalation and improving ward rounds.

Paul Mears presented the governor information dashboard explaining the Board of Directors receives additional supporting information on a monthly basis for a more detailed review. Paul Mears highlighted key areas of operational pressure from which it was noted that:

RTT remains a challenge for the Trust to recover the position after the significant winter operational pressures last year which had necessitated YDH postponing a high proportion of non-urgent elective procedures to accommodate patients requiring urgent care together with experiencing recent increases in referrals for particular specialities. A recovery plan is in place with the intention of clearing the backlog by the end of the year but the 2015/16 winter pressure period is a significant risk. Nicholas Crow questioned whether all postponed procedures would be undertaken by YDH or if the patient had a choice to be seen elsewhere. Paul Mears confirmed patients have been given the choice and some have chosen to have their procedure undertaken at Shepton Mallet NHS Treatment Centre or Circle Bath.

Paul Mears advised that YDH is meeting cancer service performance targets with the exception of the two week screening wait as a result of patient choice. There was discussion about the importance of referring GPs communicating with the patient about the urgency of the appointment, even in cases where they have not

	<p>advised the patient of the reason their attendance is required. Work is ongoing with the Trust's Contact Centre to inform patients of the urgency when booking the appointment.</p>	
<p>38/15</p>	<p><b>CARE.DATA PRESENTATION</b></p> <p>Peter Wyman welcomed Allison Nation, Head of IM&amp;T Commissioning at Somerset CCG to the meeting to give a presentation on Care.data. Allison Nation explained Care.data is a national programme of work which will bring together health and social care information from a variety of settings such as general practices, hospitals and care homes. She advised the first phase is to collect data about care provided by general practices across England and connect this with data already collected from hospitals. Allison Nation confirmed Somerset had been chosen as a pathfinder and to date 56 out of 75 practices in Somerset had signed up. She advised once Care.data is approved to 'go live', 4 out of every 5 patients in Somerset can expect to receive a letter and information pack. John Hawkins questioned whether patients residing in care homes would be included within this phase and whether there would be public access to the data. Allison Nation confirmed care homes would not be included in this phase only patients of GP practices and the data received would be anonymised and only be used for the benefit of health care purposes. Peter Wyman questioned the understanding of the public of this initiative and Allison Nation said she had given a number of presentations to raise awareness. Paul Porter asked how much data would be collated. Allison Nation confirmed a very small set of anonymised demographic data would be collected.</p> <p>David Recardo asked if there is the potential for a patient's medical information to be made available to hospitals abroad. Allison Nation advised Care.data would not be able to achieve this.</p> <p>Ian Fawcett advised a proportion of YDH patients live in Dorset, but would not be included within this cohort as only Somerset has been chosen as a pathfinder. Allison Nation confirmed once the national team had rolled out this phase with the pathfinders, Care.data would be rolled out nationally and Dorset patients would then be included.</p> <p>Allison Nation was thanked for her presentation by the Council.</p>	
<p>39/15</p>	<p><b>STRATEGIC DEVELOPMENTS</b></p> <p>Jonathan Higman presented the Trust's strategic objectives, values and key priorities, saying that work had been ongoing over the past few months to simplify and capture them on one page which allowed for the document to be communicated across a range of channels for staff and externally to the public. He said the Trust's vision is to be the UK leader in delivering new models of care, an aim which is underpinned by four objectives: developing our people, caring for our population, pioneering the future and putting technology at the heart. He added that there are a number of priorities which underpin these objectives; those which are business as usual, operational priorities, and those relating to shaping the future of care. He advised focus groups had been held with 100 members of staff and the document would be taken to the Board of Directors on 30 September for ratification. Peter Wyman confirmed the vision and objectives would not change but the priorities would evolve over time. Paul Mears advised there are timescales against each priority which allows the Board of Directors to track progress, monitor capacity and resources and identify any areas of risk.</p>	

	<p><b>Digital Strategy</b></p> <p>Jason Maclellan provided a presentation on the digital strategy. He provided an overview of the changes in the use of the internet, mobile phones and technology stating that healthcare had been remarkably untouched by this digital revolution which must be harnessed to support the NHS meet the scale of operational demand and expectations.</p> <p>Jason Maclellan confirmed the implementation of TrakCare (electronic health record) is a key part of the Trust's digital strategy. He advised YDH currently has over 100 clinical systems but TrakCare will provide one single record for all patient information. Jason Maclellan spoke of the benefits of TrakCare but advised TrakCare alone will not fully revolutionise the Trust. He provided an overview of the additional digital priorities for YDH in addition to TrakCare including email interactions, video consultations, online bookings and appointment management and home monitoring for patients. Jason Maclellan advised the Council of how the Trust intends to achieve the priorities predicated on the foundation of think big, start small, act fast. Generally, the Council embraced the concepts presented by Jason Maclellan and the adoption of the digital strategy. However, they raised the concerns for those patients who do not use technology or are socially disadvantaged. Jason Maclellan confirmed the patient will always have a choice and able to state their preference. Monica Denny questioned whether this will link with the whole of the NHS or just within YDH. Paul Mears confirmed TrakCare will be an internal YDH system initially but the next stage will be how it can interface with GP systems, social care and community providers.</p> <p><b>Multi-Storey Car Park</b></p> <p>Roger Hayward confirmed planning permission had been granted for the multi-storey car park. Roger Hayward advised building works will commence in January 2016 for 12 months. The Council discussed the layout of the multi-storey car park, the payment system, the materials used in the build, the new road layout outside the hospital and onto the dual carriageway and the number of spaces that would be available to which Roger Hayward confirmed the ratio of staff:patient/visitor spaces had yet to be decided for the new car park. Transitional parking arrangements for staff is an issue currently being worked through and Interserve Prime (the Trust's strategic estates partner) is currently reviewing local car parks which could provide additional support during the year of construction. Roger Hayward spoke of the opportunity to revisit different forms of transport and to encourage staff to use the cycle to work scheme and car share. Additional cycle spaces would be made available as well as electronic car park spaces. Following questions from governors Roger Hayward confirmed there were 2 car park steering groups in place – 1 in relation to the project build and 1 a staff side group regarding the practicalities for staff, patients and visitors.</p>	
40/15	<p><b>REPORTS FROM ASSURANCE COMMITTEES</b></p> <p>The Council had received by email copies of the draft minutes for Governance Assurance Committee and the Audit Committee which were held on 17 July 2015. From these Sue Bulley advised that the Governance Assurance Committee felt reassured of the governance arrangements within the Trust which Ian Fawcett agreed. Paul von der Heyde advised that the Audit Committee was assured the programme was on track for both internal and external audits.</p>	
41/15	<p><b>REPORTS FROM GOVERNOR WORKING GROUPS</b></p> <p>It was noted that the Council had received by email copies of the draft minutes for the governor working groups, verbal updates on which were provided as follows:</p>	

	<p><b>Membership and Communications – 13 August 2015</b>  Hala Hall confirmed the Trust membership form had been reviewed and printed copies would be available at the AGM. She asked the Council to try to recruit new members using the forms when available. Hala Hall also reminded the Council to identify local events, forums and groups within their constituencies and email these to Samantha Hann who would collate the information for discussion at the next group meeting as to possible engagement opportunities.</p> <p><b>Strategy and Performance – 4 September 2015</b>  Alison Whitman advised the group had received an in-depth presentation from Jonathan Higman in relation to the revised and much more accessible Trust strategic objectives and priorities.</p>	<p><b>ALL</b></p> <p><b>ALL</b></p>
42/15	<p><b>PATIENT EXPERIENCE COMMITTEE UPDATE</b>  Yvonne Thorne confirmed she had attended the Patient Experience Committee. She advised the group covers different aspects of the patient experience, for instance TrakCare, car parking and lessons learnt from complaints and PALS she said the committee is still evolving and discussions are ongoing regarding the Committee’s membership. Judith Lindsay-Clark confirmed the Committee focuses on specific areas of concern, e.g. lost property, as well as reviewing the broader aspects of patient experience.</p>	
43/15	<p><b>ANY OTHER BUSINESS</b>  There was no further business to discuss.</p>	
44/15	<p><b>EXCLUSION OF THE PUBLIC</b>  The Council resolved to exclude the public and others for the remainder of the meeting.</p>	
45/15	<p><b>DATE OF NEXT MEETING</b>  The next meeting will be held on Thursday 10 December 2015. The governors were reminded the AGM will take place on Wednesday 30 September 2015.</p>	