

Taunton & Somerset NHS Foundation Trust
COUNCIL OF GOVERNORS' MEETING
2 March 2016
AGENDA

Venue: SOMERSET COLLEGE
Time: 6.00 – 8.00 pm

- | | | | |
|----|--|----|--------------|
| 1. | Welcome and apologies for absence | CD | Verbal |
| 2. | Declarations of interest to items on the Agenda | CD | Verbal |
| 3. | Approval of minutes of meeting held on 2 December 2015 | CD | <u>Enc A</u> |
| 4. | Matters Arising | CD | Verbal |
| 5. | Chairman's Remarks | CD | Verbal |
| 6. | Chief Executive's Report | PL | Verbal |

Items for Discussion and Decision

- | | | | |
|----|---|----|--------------|
| 7. | Overview of Performance including finance | PL | Presentation |
| 8. | Questions from the Public | CD | Verbal |
| 9. | Questions From the Governors | CD | Verbal |

For Information

- | | | | |
|-----|---|----|--------------|
| 10. | Report on the Quarter 3 Monitor Return | ST | <u>Enc B</u> |
| 11. | Report of the Patient Care Group | JG | <u>Enc C</u> |
| 12. | Report of the Strategy Working Group | MB | <u>Enc D</u> |
| 13. | Report of the Communications and Engagement Group | JK | <u>Enc E</u> |
| 14. | Report of the Trust Board | CD | <u>Enc F</u> |
| 15. | Any Other Business | CD | Verbal |

Date and Time of Next Meeting: 19 July, Conference Room, Musgrove Park, Academy.

18.00 – 20.00 pm

TAUNTON AND SOMERSET NHS FOUNDATION TRUST

Minutes of the Council of Governors' Meeting Held on
2 December 2015

Present:	Colin Drummond	(CD)	Chairman
Public:	Mike Bickersteth	(MB)	Public Governor - West Somerset
	Alex Brown	(AB)	Public Governor - West Somerset
	Leonard Daniels	(LD)	Public Governor - Taunton Deane
	Anne Elder	(AE)	Public Governor - Taunton Deane
	Michael Free	(MF)	Public Governor - East Somerset
	Phil Hodgson	(PH)	Public Governor - Rest of England
	Jeanette Keech	(JK)	Public Governor - Taunton Deane
	John Paterson	(JP)	Public Governor - West Somerset
	Ron Powell	(RP)	Public Governor - Taunton Deane
	Ian Ramus	(IR)	Public Governor - Taunton Deane
	Judith Goodchild	(JG)	Public Governor - West Somerset
	Jonathon Secker-Walker	(JSW)	Public Governor - West Somerset
	Tony Wood	(TW)	Public Governor - East Somerset
Staff:	Graham Cartwright	(GC)	Staff Governor
	Andy Dodd	(AD)	Staff Governor
	Angus McCormick	(AM)	Staff Governor
	Lynn Pearson	(LP)	Staff Governor
	Tim Zilkha	(TZ)	Staff Governor
Partnership:	James Hunt	(JH)	Partnership Governor - Taunton Deane
	Chris Leahy	(CL)	Partnership Governor - Somerset CC
	Patricia Livsey	(PL)	Partnership Governor - Universities
	Carolyn Moore	(CM)	Partnership Governor - CCG
	Sue Steele	(SS)	Partnership Governor - Mendip and South Somerset District Council
Attendees:	Kerry Laugharne	(KL)	Assistant Trust Secretary
	Steve Thomson	(ST)	Head of Integrated Governance
Directors:	David Allwright	(DA)	Director of Corporate Planning and Performance
	Sam Barrell	(SB)	Chief Executive Officer
	Colin Close	(CC)	Medical Director
	Hayley Peters	(HP)	Director of Patient Care
	Peter Lewis	(PLi)	Deputy CEO
NEDs:	Gavin Gracie	(GG)	Non-Executive Director
	Stephen Harrison	(SH)	Non-Executive Director
	Gill McComas	(GMc)	Non-Executive Director
	Huw Williams	(HW)	Non-Executive Director
Apologies	Sue Balcombe	(SB)	Partnership Governor - Som Par
	Will Chandler	(WC)	Partnership Governor - GP

Mandy Chilcott	MC	Partnership Governor – West Somerset
Kate Fallon	KF	Non-Executive Director
Kate Forsyth	KFo	Public Governor – East Somerset
David Hobdey	DH	Finance Director
Stephen Otter	SO	Non-Executive Director
Elizabeth Parry	EP	Public Governor – East Somerset
Chris Perry	CP	Director of Change
Brian Perowne	(BP)	Non-Executive Director

01/12.15 Questions from the Public

There were no questions from the public.

02/12.15 Welcome and apologies for Absence

Apologies received are recorded above.

03/12.15 Declarations of interest to items on the agenda

None

04/12.15 Approval of minutes of the meeting held on 22 September 2015 and review of the action log

The minutes of the meeting held on 22 September 2015 were approved as a true record of the meeting subject to the following amendments:

To note that Ian Ramus was present and that Jonathan Secker-Walker gave his apologies.

05/12.15 Matters Arising

There were no matters arising.

06/12.15 Chairman's Remarks

The Chairman welcomed newly elected Governors to the meeting and on behalf of the COG expressed the Board's appreciation to outgoing Governors, Jim Mochnacz, Lesley Discombe and Tarun Solanki for the enthusiasm and commitment they had shown during their term of office as Governors.

DA reminded the COG that the Trust had submitted a full business case to the TDA in July, outlining the Trust's proposals for Weston Area Hospital; a radically different service configuration designed to support patients across North Somerset. The Business Case has been evaluated by the TDA and it is their opinion that the Trust's proposal did not offer an affordable solution for Weston Hospital and they have ended the acquisition process.

A Sustainability Board, of which SB is a member, has been set up to lead and develop a sustainable service solution for the Weston Hospital site.

CEO's Remarks

The CEO provided a brief summary of recent activities within the Trust, that have been included in the Chief Executive's report over the last three public Board meetings:

The Executive Team have been holding Musgrove Story events across the hospital, talking about the Trust's 20/20 vision for new ways of working; highlighting the many challenges faced by the Somerset health community, with an elderly population, requiring more complex care, the financial challenges and the challenges of an increasingly busy hospital. The 20/20 vision is about "joining the dots" in all that we do for patients across the care community, for each other as colleagues and in how the Trust performs and improves.

In response to a question from JSW on Monitor's requirement to appoint a Turnaround Director, SB responded that Monitor had given the Board complete autonomy to scope the remit of the role, to lead the selection process and to appoint a Turnaround Director. This is a short term, interim role, for a period of approximately up to six months, not full time.

The Trust has gone through a comprehensive appointment process and has appointed a candidate (subject to satisfactory employment checks) with a wealth and breadth of expertise in financial recovery, within the health and commercial world setting. It is hoped that the person selected will be in post in the second week of December.

In response to a question from JP, SB responded that the Trust is in breach of its licence with Monitor for its financial position and has given the following four undertakings:

- For T&SFT to appoint a Turnaround Director, to work with the Trust to help achieve the following:
- to submit a short term financial recovery plan by 31 October 2015 to the end of the financial year;
- to submit a medium term recovery plan for 2016/17 by the end of January 2016;
- by May, to deliver a five year strategy outlining details for long term financial sustainability, aligned to commissioner plans.

In response to a further question from JP, SB replied that Monitor will want to see an improvement in the Trust's deficit/cash position, CD added that Monitor would expect the Trust to achieve a breakeven (or as close to) position during the next financial year; every effort will be made to achieve this, patient safety and care remaining the utmost priority.

LD queried how the new Turnaround Director would meet the fundamental challenge of "squaring the circle" of ever increasing demand versus decreasing supply. SB acknowledged that there are concerns about how health systems can work together in a co-ordinated and joined up way to treat people in the right place (which may not be in an acute setting) and at the right time, a vision shared with the commissioners; change however takes time and considerable effort.

In response to a question from JSW, PL responded that one of the major

challenges and concerns for the Trust is that it is likely to run out of cash in 2016, SB added that Monitor could potentially invoke additional enforcement actions (special measures) if the Trust was unable to comply with the undertakings given above. Nationally 25% of foundation trusts are in "special measures" increasing all of the time and a number of trusts are reporting a worsening position than T&SFT. The Trust has raised the apparent inconsistencies in the application of enforcement action with Monitor.

CD reported that 95% of acute trusts are in a deficit position, indicating a national systemic problem. The situation in Somerset is exacerbated by specific issues relating to the proportion of elderly population, the rurality, the size of hospitals and the lower funding for A&E attendances; the Chairman continues to raise this with Monitor, other NHS bodies and local MPs. The Trust Board remains committed to do all it can to address the financial issues facing the Trust and SB emphasised that patient safety is a red line that the Board would not cross.

JP expressed the Governor's concerns over the Trusts current financial challenges, emphasising the COG's full support for the leadership of the Board through a very difficult period. SB welcomed the support of the Governors; CD acknowledged the strength of feeling on behalf of the Governors and is a great comfort to the Executive team.

CLH emphasised the importance of working together in a more integrated and collaborative way across the Somerset Health system. SB responded that the Trust is fully supportive of Out Comes Based Commissioning, (renamed Somerset Together). CD advised that a Test and Learn pilot, a pre-cursor to Somerset together is progressing well and some real benefits are already being realised.

SB reported that the CQC will start their inspection on the 25 January 2015. 50 CQC inspectors, from a wide variety of backgrounds, will form the inspecting team. As a hospital we are very humble and some of our staff do amazing things but do not want to "shout" about it. Staff are being encouraged to celebrate those successes and to share examples of the many good things that as a hospital we do really well.

07/12.15 Questions from the Governors

In response to a question from JG on emergency tariffs, DA responded that the CCG re-invests the money into admission avoidance schemes.

RP reported a rumour that had been circulating at "grass roots" level that a last minute request for equipment in the new mobile theatre had been approved. He sought re-assurance that the Trust has tight controls in place to prioritise and justify unexpected or late requests for additional money, particularly in this very challenging financial environment.

DA confirmed that robust control mechanisms are in place for the procurement of items and that this had been an oversight in the procurement process and assured the COG that it was an essential standard piece of equipment that should have been requested at the start of the procurement process.

JH raised concern over the number of staff in the hospital who do not wear their

ID badges and asked if staff could be reminded of the need to display their badges at all times. A reminder will be circulated via the weekly staff bulletin.

08/12.15 Overview of Performance

PL gave a presentation on the overview of performance to the end of October 2015, highlighting the following key points:

- Hospital activity;
- Clinical quality;
- People;
- Performance – regulatory position;
- Finance.

Emergency Activity

- Compared to the same period last year emergency admissions have increased by 8%; 4.5% above the plan for last year. There is sustained pressure on hospital beds due to increases in emergency demand.

Planned Activity

- Outpatients attendances have increased by nearly 4% compared to last year with a rise of 2% in elective care year on year.

Clinical Quality

- Overall the Trust has performed well across a range of clinical quality indicators.
- There are concerns over the increase in the number of hospital attributed C difficile infection cases; two of the cases in 2015/16 have been attributed to lapses in care. Work is on-going to understand the cause of the increase.

People

- The Pulse Check is a simple tool that provides a "snapshot" of how engaged and valued staff feel; 25% of staff completed the survey in quarter 2. Improvements in the following indicators were noted:
 - 97% of staff said that they would recommend this hospital if they needed care or treatment;
 - 78% of staff would recommend this hospital as a good place to work;
 - The leadership capability indicator has increased to 69% (the relationship between staff and their manager).

It is encouraging to see that all three indicators listed above have increased over the last 18 months.

- There has been a higher than usual demand for nursing staff during the reporting period. The pressure on beds and the outbreak of Norovirus reducing the flexibility of nursing staff. Staff sickness levels in ITU and current vacancy levels are contributory factors; the shortage of nursing staff remains a national problem. Nursing vacancy levels in the Trust are reducing and this is an improving position. improving the position.

Performance Overview

A&E

- In Quarter Two the A&E target was narrowly missed, with performance to the end of September recorded at 94%. In October attendances increased by 8% compared to October 2014, indicating a change in pattern. There is a recording issue in Maxims a random re-validation of breached patient records has seen that number significantly reduced, giving a level of confidence that this is a recording issue in Maxims.

Cancer Performance

- The Trust achieved seven out of eight national cancer targets in October, narrowly missing the 62 day target. Performance is in line with a planned trajectory to achieve the target by March 2016. The Trust will fail the 62 day target in November, as patients who have passed their waiting time standard are seen.

The two week cancer wait target was just delivered in October and it is too early in the reporting cycle to know if this target will be delivered in November.

RTT – Admitted Performance:

The Trust used to be measured against three regulatory RTT targets; there is now only one, the 18 week referral to treatment target; the target was just delivered in October (92%). An increase in demand has led to a deterioration in performance. It is too early to know the final position, however it is expected that this target will be missed in November.

The Trust does not have the capacity or the money to invest in the additional capacity required to keep up with the demand and will need to try and control and manage that elective demand.

RTT – Waiting List Size

- 17,000 patients were waiting for treatment this time last year, that figure has risen in October 2015 to 19,000. The Trust cannot keep up with this level of increasing demand, despite treating more patients than planned to.

Financial position to the end of October:

- The deficit for the month of October was £900k, consistent with the revised forecast presented to the Board in October. The deficit position for the year to date is a deficit £6m, contributing to the forecast deficit of £11.5m at the year end. This gives the Trust a risk rating of one with Monitor in terms of finances the original plan was for a risk rating of two for the whole of the year.

In response to a question from JG, PL reported that Monitor will expect the Trust to make efficiency savings of 4% a year.

09/12.15 Nomination Committee Recommendation

The appointment of Non-Executive Directors (NEDs) is a statutory duty of the Council of Governors with input from the Chairman and Board of Directors. At the Council of Governors' meeting on the 3 June 2015, the COG approved the Nomination Committee's recommendation to appoint two Non-Executive Directors and a Non-Executive Director designate, with a plan to make the designate role definitive within a year.

The Governors Nomination Committee met prior to the main COG meeting (this evening) to consider a proposal to make Huw Williams' position definitive. The Nomination Committee unanimously approved the recommendation and sought approval of the full Council to make the role definitive with effect from 1 January 2016 for a three year period.

The Council of Governors approved the recommendation of the Nominations Committee to make Huw Williams' position as NED definitive with effect from 1 January 2015 for a term of office of three years.

SB reported that an interview process for the Acting Director of Nursing position had taken place (today) and she was delighted to announce that Hayley Peters had been appointed to the newly titled role of Director of Patient Care.

For Information

10/12.15 Report on the Quarter 2 Monitor Return

The report was noted.

11/12.15 Report of the Patient Care Group

JG presented the above report highlighting the following key points:

- LP gave an update on the new Performance Assurance Framework;
- First impressions can affect patients and visitors perceptions of their hospital journey. The Good to Know log will include an additional column to capture comments made about first impressions of the hospital;
- The Chair of the PCG, re-visited the discharge lounge and commended HP and her team on a number of improvements made in this area;
- In addition the Chair commended the hospital on the recently opened OPAL unit, where elderly patients are assessed, treated and supported to lead an independent life at home;
- JG reported that she had recently attended a Complaints Peer Review meeting run by the CCG, looking at the way complaints are handled. It was acknowledged that complaints that are dealt with within a 48 hour window, significantly reduces the escalation of complaints.

JK advised that she had attended a similar workshop approximately two years ago and was disappointed to see the lack of progress in this area. SB responded that complaints handling was now part of HP's portfolio and that she had some innovative ideas to improve how complaints are managed in the Trust.

JG reported that she had taken part in a mock CQC inspection and was

encouraged that the concerns that she had highlighted to SB and CD were known about and actions were already being taken.

A number of Governors attended the SWGEN meeting in November, IR highlighted the following key points:

This was IR's first visit to SWGEN. He felt that the format for the day was unsuitable with only two key speakers. The agenda was too long and concentration levels difficult to sustain as a result. IR was disappointed that the presentation from Monitor had been cut short by the hosting Chair from Gloucestershire. NHS Providers Saffron Cordery, gave an informative presentation on the political and strategic challenges facing the NHS in the future.

IR re-iterated the Governors support for the Trust Board during this very challenging period.

12/12.15 Report of the Strategy Working Group

MB extended a formal invitation to all newly elected Governors to attend the next Strategy Working Group meeting and any NED's who would also like to attend.

The report was noted

13/12.15 Report of the Communication and Engagement Group

JK presented the above report highlighting the following key points:

- RP is a Governor representative on the Trust's signage and wayfinding committee;
- The CEG supported and welcomed the on-going work to build closer and stronger relationships with GP's; agreeing a long term vision for joined up services in Somerset with a plan to deliver them;
- The CEG raised concern over the quality, accuracy and timeliness of hospital correspondence. The Committee will continue to monitor and highlight the concerns raised.

RP reported that he had attended the signage and wayfinding committee meeting in October 2015 representing the Governors. The committee are currently reviewing hospital signage to ensure standardisation across the hospital site.

The committee is limited in the actions it can take as the allocated budget for the current financial year has been used; therefore any expenditure identified by the committee will require higher level authorisation.

Volunteers on the meet & greet desk are recording and highlighting the problems that patients and visitors experience when they visit the hospital and will feed these back to RP for discussion at the next signage & wayfinding committee in January 2016.

DA acknowledged the important issues raised by RP. He reported that a significant amount of money (£3m) had been taken out of the capital programmes budget for 2015/16 and the Trust is not able to do everything that it

would like to do.

DA met with Steve Power, (Estates and Facilities) and it was agreed that a small investment of £10k would be made to upgrade the signage primarily on the ground floor of the Duchess and Queens building.

The report was noted.

14/12.15 Report of the Trust Board

The report was noted

15/12.15 Any Other Business

There being no further business the meeting closed.

TAUNTON AND SOMERSET NHS FOUNDATION TRUST

Council of Governors

Report on the Quarter 3 Monitor Return

Date of Meeting	02 March 2016
Author of Paper	Steve Thomson, Head of Integrated Governance
Sponsor of Paper	Colin Drummond, Chairman
Summary	The paper reports on the declaration to Monitor for Quarter 2
Confidentiality Status (if confidential this paper will not go on the website, and will be dealt with under Part 2 of the Agenda)	Please tick if any of the following apply <input type="checkbox"/> Data protection – staff or patient detail <input type="checkbox"/> Commercially sensitive <input type="checkbox"/> Stakeholder management <input type="checkbox"/> Early stage of discussion – potentially prejudicial to staff morale or partnership working
Previous Consideration	Previous Quarter Return – December 2015
Recommendation	The Council of Governors is asked to note the report
Action Required	For Assurance

Quarter Three 2015/16 Report to Monitor

1. INTRODUCTION

- 1.1 The Trust is required to report to Monitor in accordance with the Compliance Framework (thereby self-certifying compliance with its terms of authorisation) on a quarterly basis. The Trust last reported to Monitor at the end of January 2016 for the Q3 report for 2015/16 (covering the period October to December 2015).
- 1.2 The Trust made a declaration of compliance in respect of finance and governance as detailed below.

2. Q3 RETURN SUMMARY

- 2.1 The Trust's return per the Quarter 3 report are summarised below:
 - The Board confirmed that it could not state that it was satisfied that the Trust will continue to maintain a Continuity of Service risk rating of at least 3 over the next 12 months.
 - The Board confirmed that it was not satisfied that plans in place are sufficient to ensure on-going compliance with existing targets and a commitment to comply with all known targets going forwards.

3. BACKGROUND

3.1 Continuity of Service risk rating:

The Trust Board was unable to confirm that the Trust will sustain a continuity of service risk rating of at least level 3 for the following 12 months; the Trust's financial position has deteriorated during 15/16. This is the impact, in particular, of:

- a 54% (£2.3m) increase in the Trust's CNST contribution for 15/16;
- the cost of delivering increased activity to meet, in particular, the Trust's RTT recovery plan (which has also created an affordability challenge for Somerset CCG and created for the Trust a £2.15m funding gap between expected and actual income from the CCG);
- the cost of delivering higher than expected growth in non-elective activity during the first half of 2015/16, which has adversely impacted spend on agency nursing staff.
- Under achievement of the Trust's CIP programme

The Trust has an agreed financial recovery plan in place to ensure delivery of the revised deficit in 2015/16 and is actively working on a range of actions aimed at improving the Trust's position and which are expected to demonstrate long term sustainability.

3.2 Governance:

RTT

In November the Trust fell below the aggregated target for incomplete pathways (which is the on-going compliance requirement) for the first time since February 2015. The primary cause for this underachievement was increased waiting lists

stemming from referral growth in key RTT specialties (including ENT, General Surgery and Ophthalmology). Contributing factors were the continued high levels of medical emergency admission growth (10% for the year-to-date) which has impacted on elective capacity, plus below planned levels of elective activity moved to the independent sector (due partly to capacity constraints).

The Trust is working with commissioners to produce a trajectory for improvement which will return performance back above the national target of 92% whilst also ensuring sustainable waiting list sizes. The Trust and its main commissioner are regularly reviewing referral data and are implementing a number of actions to reduce demand, particularly for services where there has been significant growth in 2015/16.

Cancer waiting times

62 day performance

Taunton started to fail the monthly 62 day target in June 14 and, although the quarter 1 target was met in 2014/5, deteriorating performance led to failure of the target for each quarter since then. Quarter 3 performance for 2015/6 is yet to be formally reported, but is provisionally at 83.2% against the 85% target, which is the best performance since Q1 14/15. Recovery has been broadly in line with the improvement trajectory that was submitted to Monitor in August; this anticipates sustained achievement of the target from March 16.

Recovery has been slow as anticipated due to the following factors /challenges:

- Increased suspected cancer referral rates leading to pressure on first appointments and diagnostic capacity (imaging and endoscopy)
- Consequent later diagnosis, later treatment planning and less time to treat within target. This has a particular impact on patients that require complex radiotherapy or surgery as first treatment (e.g. chemo-radiotherapy for head & neck patients, breast reconstructive surgery, complex urological surgery)
- Similar pressure on tertiary sites that treat/advise on Taunton cancer patients (leading to shared breaches)
- Specific capacity issues in urology for results clinics and theatre lists
- High staff turnover rates in the cancer administrative team

The Cancer Improvement Plan is now in place, with detailed pathway mapping of all cancer pathways completed, and fortnightly reviews of each specialty's separate action plans in place.

2-week wait performance

Taunton underachieved against the 2-week cancer target in quarter three with performance of 91.7% against the 93% target. This was primarily related to changes in triaging and administration processes brought in with the new Patient Administration System (PAS) that occurred at the same time as high staff turnover rates in the cancer administrative team. This meant that referrals were not processed as quickly as they need to be in order to meet the target. More staff have now been recruited to carry out these processes, so it is anticipated that performance will improve through Q4 as they are trained and get up to the required speed.

A&E

The Trust underachieved against the 95% 4 hour A&E waiting times target in quarter three with overall performance at 92.2% (year to date performance is just below target at 94.8%). Whilst the target had been met since December 2014 until July 2015 a sustained increase in attendances since August 2015 has contributed to the Trust falling behind target. Attendance growth from August to December was 5.4% with quarter three seeing 7.1% growth. In addition, emergency admission growth in the same period was 10% and delayed discharges have remained at a high level in quarter three, leading to pressure on bed capacity which has a knock-on effect on A&E performance. The action plan that the Trust was already working to has been revised and a number of actions have been taken both by the Trust and by partners to ensure flow through the hospital and community is improved. A trajectory for improvement has been produced showing the Trust moving back above target from January 2016.

4 RECOMMENDATION

- 4.1 The Council of Governors' is asked to note the current Monitor ratings for the Trust.

TAUNTON AND SOMERSET NHS FOUNDATION TRUST

Council of Governors

Report from the Patient Care Group

Date of Meeting	2 March 2016
Author of Paper	Kerry Laugharne, Assistant Trust Secretary
Sponsor of Paper	Judith Goodchild, Chair of the PCG
Summary	Council of Governors to receive the report of the PCG
Confidentiality Please tick if the following apply (if confidential this paper will not to on the website, and will be dealt with under Part 2 of the Agenda)	<input type="checkbox"/> Data protection – staff or patient detail <input type="checkbox"/> Commercially sensitive <input type="checkbox"/> Stakeholder management <input type="checkbox"/> Early stage of discussion – potentially prejudicial to staff morale or partnership working
Previous Consideration	Working Groups report to each Council of Governors' Meeting
Recommendation	The Council of Governors is asked to note the report and gain assurance on patient care.
Action Required	None

Report of the Patient Care Group to The Council of Governors

1. INTRODUCTION

- 1.1 The PCG met on the 9 February 2016. The following key topics were discussed.

2. TREATMENT ESCALATION PLANS – END OF LIFE

- 2.1 Tom Macconnell reported that around 5,000 people will die in Somerset each year. The demographics of the county suggest that this number will increase significantly over the next 15 years. TM outlined the challenges faced in end of life care. There is a growing body of evidence which suggests that if patients are recognised earlier in their End of Life Journey, their quality of life is improved, their symptoms are better palliated and they spend less time in hospital.
- 2.2 The hospital, as part of the CCG End of Life Programme Board, is contributing to a single Planning Ahead (Advance Care Plan) for Somerset. A Treatment Escalation Plan (TEP) has replaced Do Not Attempt Resuscitation (DNAR) forms. A local End of Life Plan has been introduced to replace the Liverpool Care Pathway (LCP).

3. QUALITY ACCOUNTS 2016/17 – THE PROCESS

- 3.1 The process of producing a Quality Account is an opportunity for organisations to collect, review and analyse information relating to quality so that they can decide where improvement is needed in such a way that it becomes part of the core business of the organisation. It can also help with benchmarking against other organisations. At Musgrove these processes are fundamental to quarterly clinical quality review meetings with the commissioners and the development of Commissioning Quality for Innovation targets (CQUINS) each year.
- 3.2 A key requirement of the Quality Accounts process is for the Patient Care Group to identify an indicator relating to one of the quality priorities for the Trust's external auditors to review as part of their overall audit of the Trust's Quality Account. For the 2014/15 Quality indicator for the Auditors to review the PCG decided to focus on discharge and, in particular, on the indicator relating to length of stay.

The Chair of the PCG reported on her findings following a recent visit to patient flow, highlighting some of the reasons for increases in length of stay.

For 2015/16 the PCG have selected End of Life Care as their quality indicator for the external Auditors to review.

4. QUALITY ACCOUNT MEASURES

- 4.1 ST provided a summary of the Integrated Performance Report, highlighting that this is the first time that the Board have received the integrated performance report in the new format.

- 4.2 Performance remains positive against the majority of patient-focused indicators, with particularly good performance on clean and welcome environment and listening to patients. Numbers of pressure ulcers have also decreased to the lowest numbers this financial year, although there is still improvement to be made. Measures relating to information for patients, and in particular discharge planning, require focus.

Other specific areas for focus for improvement include complaints performance, timeliness of incident management, end of life care planning, out of hours transfers, falls and *Clostridium difficile* infection.

5. PATIENT EXPERIENCE QUARTER 3 REPORT

- 5.1 The following key points from the Q3 Monitor report (October to December 2015) are highlighted as follows:

- The number of formal complaints did not increase during the period. There were 855 PALs enquires in December 2015 and a total of 345 in the quarter;
- clinical treatment, attitude of staff and communication remain the top three broad complaint categories;
- complaint response performance is monitored, that is the number of complaints where a response (either by letter or a face to face meeting) is provided in the timeframe agreed with the complainant. Action is being taken to improve performance and a proposal to take complaints forward was approved at the Executive Board in November.
- There are two cases being investigated by the Ombudsman;
- the combined Friends and Family Test result for maternity services in December was 99%, based on 281 responses. Individually 98% of patients would recommend three of the four maternity services;

6. GOOD TO KNOW FEEDBACK FROM GOVERNORS

- 6.1 First impressions can affect patients' perceptions of their whole care journey and a number of issues have been raised. The Governors' good to know log now includes additional information to help assess and monitor "first impressions".
- 6.2 The COG is asked to continue to highlight concerns commendations received from members of the public to Kerry Laugharne and Judith Goodchild, Chair of the PCG, for the "Good to Know" log.
- 6.3 RP provided a report from the Wayfinding and Signage Committee; this item has been reported in the minutes of the COG meeting dated 2 December 2016.

7. RECOMMENDATIONS

- 7.1 The Council of Governors is asked to note the report.

TAUNTON AND SOMERSET NHS FOUNDATION TRUST

Council of Governors

Report from the Strategy Working Group

Date of Meeting	2 March 2016
Author of Paper	Kerry Laugharne, Assistant Trust Secretary
Sponsor of Paper	Mike Bickersteth, Chair of the SWG
Summary	Council of Governors to receive the report of the SWG
Confidentiality Please tick if the following apply (if confidential this paper will not to on the website, and will be dealt with under Part 2 of the Agenda)	<input type="checkbox"/> Data protection – staff or patient detail <input type="checkbox"/> Commercially sensitive <input type="checkbox"/> Stakeholder management <input type="checkbox"/> Early stage of discussion – potentially prejudicial to staff morale or partnership working
Previous Consideration	Working Groups report to each Council of Governors Meeting
Recommendation	None
Action Required	The Council of Governors is asked to note the report

Report of the Strategy Working Group to The Council of Governors

1. INTRODUCTION

- 1.1 The SWG met on the 4 February 2016 and discussed the following main items.

2. NATIONAL PLANNING GUIDANCE

- 2.1 David Allwright (DA) summarised the NHS national planning guidance (2016/17 – 2020/21) on delivering the forward view, outlining the requirement to produce two separate but connected plans:

A five year Sustainability and Transformation Plan (STP), place-based and driving the Five Year Forward View and a one year Operational Plan for 2016/17, organisation-based but consistent with the emerging STP.

3. KEY CORPORATE OBJECTIVES 2016/17

- 3.1 DA summarised the current thinking with regard to the revised vision and objective for MPH. The vision focussed on working together with other partners to create a healthy Somerset.

The aims are to:

- to achieve excellent performance across all patient services;
- to be a great place to work with a culture of continuous improvement;
- to embed a person centred approach across a joined up health economy;
- and to create financially sustainable services both in this hospital and across the health economy.

4. SUSTAINABILITY AND TRANSFORMATION PLAN (STP)

- 4.1 The STP is a local blueprint for accelerating the implementation of the Forward View and create a compelling vision for the local area.

STPs will cover the period between October 2016 and March 2021, and will be subject to formal assessment in July 2016 following submission in June 2016.

- 4.2 The STP must cover better integration with local authority services, including, but not limited to, prevention and social care, reflecting local agreed health and wellbeing strategies. STPs will be the single application process for transformational funding initiatives from 2017/18. They will be judged on quality, reach, strength of partnerships and confidence in deliverable actions.

5. RECOMMENDATIONS

- 5.1 The Council of Governors is asked to note the report.

TAUNTON AND SOMERSET NHS FOUNDATION TRUST

Council of Governors'

Report from the Communications and Engagement Working Group

Date of Meeting	2 March 2016
Author of Paper	Kerry Laugharne, Assistant Trust Secretary
Sponsor of Paper	Jeanette Keech, Chair of the CEG
Summary	Council of Governors' to receive the report from the CEG
Confidentiality Please tick if the following apply (if confidential this paper will not to on the website, and will be dealt with under Part 2 of the Agenda)	<input type="checkbox"/> Data protection – staff or patient detail <input type="checkbox"/> Commercially sensitive <input type="checkbox"/> Stakeholder management <input type="checkbox"/> Early stage of discussion – potentially prejudicial to staff morale or partnership working
Previous Consideration	Working Groups report to each Council of Governors' Meeting
Recommendation	None
Action Required	The Council of Governors' is asked to note the report.

INTRODUCTION

- 1.1 The Communications and Engagement Working Group met on the 9 February 2016 and discussed the following main items.

2. TRUST WEBSITE

- 2.1 Governors reviewed their designated sections of the web site. A number of helpful suggestions were passed to CG for review and amendment as necessary.
- 2.2 The team have an apprentice who is updating the Trust website.
- 2.3 The CEG has asked for brief report on Website changes made at each future meeting.

3. STAFF SURVEY AND ENGAGEMENT

- 3.1 Between October – December 2015 25% of Trust staff were selected at random, to complete a national staff survey;
- 3.2 Early results of the 2015 staff survey show improvement in all areas as follows:
- the number of staff taking part in the survey;
 - improvement in staff engagement;
 - improvement in staff feeling confident to speak up.
- 3.3 A media breakfast is being held on the 23 February 2016, and the results of the staff survey could be shared with this group.

4. MUSGROVE MATTERS – PROGRESS ON SPONSORSHIP

- 4.1 In this challenging financial climate the Communications Team have been exploring a range of options to produce Musgrove Matters in a cost neutral way; unfortunately it has not been possible to do this. The magazine will continue to be circulated electronically to all members with e-mail addresses with hard copies distributed to key areas including GP practices.
- 4.2 The CEG discussed member engagement, particularly in light of the changes to the way the magazine is circulated. Concern was expressed on how to reach and engage with Trust Members who do not have an email address. The Committee were asked to feedback ideas to the Chairman of the CEG for further discussion.

5 SIGNAGE

5.1 In Ron Powell's absence, this item was deferred to the Patient Care Group meeting.

6. RECOMMENDATION

6.1 The Council of Governors is asked to note the report of the CEG.

TAUNTON AND SOMERSET NHS FOUNDATION TRUST

Council of Governors

Report of the Trust Board

Date of Meeting	2 March 2016
Author of Paper	Kerry Laugharne, Assistant Trust Secretary
Sponsor of Paper	Colin Drummond, Chairman
Summary	To report to the Council of Governors' of the work of the Board of Directors since the last meeting
Confidentiality Status (if confidential this paper will not go on the website, and will be dealt with under Part 2 of the Agenda)	Please tick if any of the following apply <input type="checkbox"/> Data protection – staff or patient detail <input type="checkbox"/> Commercially sensitive <input type="checkbox"/> Stakeholder management <input type="checkbox"/> Early stage of discussion – potentially prejudicial to staff morale or partnership working
Previous Consideration	None
Recommendation	None
Action Required	The Council of Governors is asked to note the report.

Report of the Trust Board

1. INTRODUCTION

1.1 The Trust Board held its Part A section of the Board meeting in public on the 27 January 2016 and 24 February 2016, a number of Foundation Trust Governors attended.

1.2 The papers for the Part A section of the Board are published in advance of the meeting, along with a Part B agenda for confidential items, on the Trust's internet site at the following address:

<http://www.tsft.nhs.uk/AboutUs/TheTrustBoard/TrustBoardPapers/tabid/565/Default.aspx>

The Minutes of the Part A meeting are also published on the Trust's website once they have been approved.

1.3 The Following change has been made to the Trust Board since the last meeting of the Council of Governors on 2 December 2016:

David Hobdey stepped down from his role as Director of Finance in January; Peter Lewis has added this role to his portfolio in the interim.

2. BOARD SUB-COMMITTEES

2.1 Sub-Committees of the Trust Board met/will meet on the following dates:

- Governance Committee – 13 January, 3 February and 2 March 2016;
- Charitable Funds – 13 January 2016;
- Audit Committee – 13 January 2016 and 2 March 2016.

3. RECOMMENDATIONS

3.1 The Council of Governors is asked to note the report.