

Enclosure 1

**Minutes of the Full Council of Governors meeting  
Thursday 2nd March 2017, 6.00pm, Clinical Education Centre,  
Russells Hall Hospital, Dudley**

**Present:**

<b>Name</b>	<b>Status</b>	<b>Representing</b>
Mr Fred Allen	Public Elected Governor	Central Dudley
Cllr Adam Aston	Appointed Governor	Dudley MBC
Mr Terry Brearley	Public Elected Governor	Brierley Hill
Mr Bill Dainty	Staff Elected Governor	AHP & HCS
Mrs Lydia Ellis	Public Elected Governor	Stourbridge
Dr Richard Gee	Appointed Governors	Dudley CCG
Miss Jenny Glynn	Staff Elected Governor	AHP & HCS
Mrs Diane Jones	Public Elected Governor	South Staffordshire & Wyre Forest
Mrs Joan Morgan	Public Elected Governor	Central Dudley
Mrs Jenni Ord	<b>Chair of Council</b>	DGH NHS FT
Ms Yvonne Peers	Public Elected Governor	North Dudley
Mrs Karen Phillips	Staff Elected Governor	Non Clinical Staff
Mrs Nicola Piggott	Public Elected Governor	Dudley North
Mrs Patricia Price	Public Elected Governor	Rest of the West Midlands
Ms Jacky Snowdon	Staff Elected Governor	Nursing and Midwifery
Mrs Mary Turner	Appointed Governor	Volunteers representative
Mr Alan Walker	Appointed Governor	Partner Organisations

**In Attendance:**

<b>Name</b>	<b>Status</b>	<b>Representing</b>
Mrs Liz Abbiss	Head of Communications and Patient Experience	DG NHS FT
Mrs Helen Board	Patient and Governor Engagement Lead	DG NHS FT
Mr Steve Gaskin	Change Specialist	DG NHS FT
Dr Paul Harrison	Acting Chief Executive	DG NHS FT
Mr Andrew McMenemy	Director of Human Resources	DG NHS FT
Mr Glen Paethorpe	Director of Governance/Board Secretary	DG NHS FT
Mrs Sharon Phillips	Deputy Director of Governance	DG NHS FT
Mr Paul Taylor	Director of Finance and Information	DG NHS FT
Mrs Dawn Wardell	Chief Nurse	DG NHS FT

**Apologies:**

<b>Name</b>	<b>Status</b>	<b>Representing</b>
Mr Darren Adams	Public Elected Governor	Stourbridge
Mr Ricky Bhogal	Appointed Governor	University of Birmingham
Mr Richard Brookes	Public Elected Governor	Brierley Hill
Mr Sohail Butt	Staff Elected Governor	Medical and Dental
Mr Paul Bytheway	Chief Operating Officer	DG NHS FT
Mr Rob Johnson	Public Elected Governor	Halesowen
Mrs Viv Kerry	Public Elected Governor	Halesowen
Mrs Michelle Lawrence	Staff: Nursing & Midwifery	DG NHS FT
Mr James Pearson-Jenkins	Public Elected Governor	Tipton & Rowley Regis

## 6.00pm **Presentation: Outpatient Optimisation Project**

Mr Gasking provided an update to the Council on the first stages of the Outpatient Optimisation Programme. He confirmed that feedback from patients had been reviewed and used to support identification of work streams to deliver improvements and reported on some of the achievements so far:

- Referral management. Tools and KPI's developed to support service redesign and improvements with baseline standards implemented. Areas of focus include outpatient management sessions and booking rules to better manage demand and capacity
- Clinic management. Improvements made to the outpatient area environment, communication, clinic templates to improve patient flow and the standardisation of how services are accessed
- Records management. Developed better understanding of scale of opportunity ahead of introduction of Electronic Patient Record (EPR)

Mr Gasking noted that positive patient feedback had increased in relation to the communication improvements made and confirmed that the work would be on going.

Mrs Ord thanked Mr Gasking for his presentation and noted the phased nature of the project that had focused on some key specialities and undertaken some in depth analysis and listened to what our patients and staff had said needed to be improved.

Dr Gee asked if the project had looked at the referral system to ensure it was as efficient as it could be and if paper referrals were still accepted.

Mr Gasking confirmed that this aspect had underpinned the project where they had identified areas for improvement which would be a continual process which included no longer using the paper referral method.

Mrs Ord added that it would take the improvement would take a further 18 months to roll across all specialities and noted the importance of providing a streamlined system to reduce duplication and yield further efficiencies.

## 6.15pm **Patient Story**

Mrs Abbiss presented the patient story video that had been shown at the Board of Directors meeting earlier that day. The patient had shared his experience following a recent stay as an inpatient in EAU and ward C1 and had given a balanced view of his experience and overall care. He had spoken positively about communication and noted the improved inpatient food compared to a previous stay as an inpatient and nurses providing a timely response to his call bell. He had commented on a fairly long wait in terms of transfer from EAU to the ward but had felt he and his family had been kept up to date.

Cllr Aston asked how patients were selected to participate and if they were more eager to do so for a negative or positive story.

Mrs Abbiss explained that staff conducting real time surveys keep a look out for any patients with an interesting story as well as staff putting names forward.

Mrs Ord thanked Mrs Abbiss and noted that patient stories would continue to be shown at future meetings of the Full Council.

**COG 17/01 Welcome (Public and Press)**

**COG 17/01.01 Introductions**

6.20pm Mrs Ord welcomed those in attendance and opened the meeting.

Mrs Ord welcomed Mrs Turner as the newly Appointed Governor for Dudley Council for Voluntary Service and Hospital Volunteers. Mrs Ord noted her thanks to Mr Franklin for his dedication and commitment to the governor role since his appointment in 2013 and for his continued support to the Trust as a Volunteer.

**COG 17/01.02 Apologies**

Apologies were made as above.

**COG 17/01.03 Declarations of interests**

None were declared

**COG 17/01.04 Quoracy**

The meeting was declared quorate.

**COG 17/01.05 Announcements**

6.30pm Mrs Ord congratulated Mrs Jones on her 90<sup>th</sup> birthday and invited Mrs Phillips to present a gift and bouquet from the Council. Mrs Jones thanked all for their kindness and noted with sadness that she would reach her end of term of office in December 2017 and, having served three consecutive terms, would not be able to stand again.

Mrs Ord advised that the appraisal of Non-executive Directors would shortly take place and would include gathering feedback from the Council of Governors. Mr McMenemy advised he would provide a short briefing on the process to governors after the meeting.

**COG 17/02 Previous Meeting**

**COG 17/02.01 Minutes of the previous full Council of Governors (Enclosure 1)**

6:35pm The minutes of the previous meeting held on 1st December 2016 were approved as an accurate record and signed by the Chairman subject to the following minor amendments.

Mrs Phillips asked that the minute on the first line of page six should be amended to read Mrs Phillips agreed to compile a 'form' not a 'list'.

Mis Glynn asked that her entry on the attendance table on page one be amended to read 'AHP & HCS'.

**COG 17/02.2 Matters arising**

6:40pmm

There were none.

### COG 17/02.3 Action points

16/22.1 Governor chat facility – Mrs Phillips advised that progress was being made.

16/29.1 Edits to governor pages on Trust website – this action was complete and would be removed from the action list.

### COG 17/03 Update from Council Committee's chairs

#### COG 17/03.01 Experience and Engagement Committee (Enclosure 2)

6.45pm Mrs Phillips presented the report given as enclosure two and highlighted the following items from the last meeting held:

- The membership report had been received and no items had been noted for action.
- Update provided following governor attendance at a recent college event where new members had been signed up. Mrs Phillips encouraged all governors to get involved in the next two events that are arranged in April and May. Governors uncertain about getting involved for the first time were assured that an experienced governor would always accompany them.
- The Drug and Therapeutic Group had recently invited governors to participate. Mr Palethorpe advised that six governors had expressed an interest and all governors were invited to vote for their preferred governor to sit on that group. He confirmed that the voting process had returned Mrs Price. Mrs Price **accepted** the decision and would attend the meeting and provide feedback via the Engagement and Experience Group.
- Mrs Price had raised an issue about the Choose and Book system where there had been an appointment upload issue. Mr Palethorpe confirmed that this had been raised with the national team who had revealed that the central system had not been operating correctly which had now been addressed. All users are now able to access the referral system correctly and able to maintain own diaries. Mrs Ord asked if there was assurance that it wouldn't happen again. Mrs Ellis asked if all clinics and consultants were registered on the system as she had recently encountered an issue with a Birmingham hospital. Mr Palethorpe advised that the situation was being monitored and any further issues would be escalated to the national team.

#### COG 17/03.02 Governance Committee (Enclosure 3)

6:55pm Mr Allen presented the above enclosure given as enclosure three. He highlighted the following key items that had been covered at the last two meetings:

Meeting held 22<sup>nd</sup> December 2016:

- Update received from Trusts' auditors setting out their plan of work for the forthcoming year
- Assurance received regarding actions being taken to address the Trusts' key financial risks and areas of under performance
- Audit Committee report received that provided assurance that the work of the Trusts internal auditor was progressing as planned and that the Trust management was taking action as needed
- Trust assurance register considered by the Committee and from responses received to questions raised, were assured of its robustness. It was noted that the Risk Register supported by the Assurance Register provided effective monitoring of risks. Mr Palethorpe confirmed that the Governance Committee

saw the whole register with an extract of that document provided to full Council as part of enclosure 3b of the meeting papers. He confirmed that higher residual risks were monitored closely by the Audit Committee and the Finance and Performance Committee of Board to ensure they were managed effectively

Meeting held 23<sup>rd</sup> February 2017:

- Committee had received a briefing on the impact of the high emergency demand on the Trusts' performance
- Workforce related items were discussed with the Director of HR who had provided an update on actions that had been taken and those planned to address poor performance in respect of mandatory training and recruitment. The Committee asked that a report be brought to a future meeting on the Trusts' use of apprentices and the apprenticeship levy
- Assurance received that the Trust was learning from incidents and complaints was covered in the Trusts Serious Incident Improvement Plan and the processes now embedded which included the internal Quality and Safety Reviews which had both Governor and CCG representation; and, development of the Root Cause Analysis activity
- Recouping of costs associated with overseas visitors who had no entitlement to receive free NHS care had been discussed and assurances received that the Trust had robust processes in place to recoup monies owed and closely monitored non-european visitors who had received treatment at The Dudley Group.

Mrs Morgan stated that in her view the EEC should be reimbursing the Trust and asked if we had considered charging non EU patients up front before treatment or directing them to a private hospital and suggested that the government should put a process in place to recoup the costs for the NHS.

Mr Taylor confirmed that reciprocal agreements were in place for the majority of European countries and some others beside. The challenge lay with those from non EU countries and in the majority of cases patients were admitted as an emergency which made it difficult to request payment in advance of receiving treatment. He confirmed that the Trust had issued invoices to the approximate value of £150k in the year and had successfully recovered around half of that. The Trust notified the Border Force who would flag individuals should they re-enter at a later date. He confirmed that the Trust had written off £200k over three years

Mr Harrison confirmed that not all patients were asked to prove their identity on arrival and acknowledged there were situations where it could be more costly to recoup the debt than the amount owed and the amount of non-payment was small compared to our overall budget.

Mrs Ord concurred with Mr Harrison remarks and asked Governors to take assurance from the work undertaken in this regard and confirmed that the Trust was efficient in recovering monies owed which had been supported by our regulators who were able to demonstrate that we compared favourably to other trusts.

- The Terms of Reference for the Committee had been reviewed and subject to minor amendment. The change being, rather than appoint a vice chair, a meeting chair would be appointed from those members present should the chair be absent for any meeting

Mrs Ord asked those present to approve the Terms of Reference subject to the minor amendment - rather than appoint a vice chair, a meeting chair would be appointed from those members present should the chair be absent for any meeting.

Those present **agreed** without abstention.

#### **COG 17/03.03 Strategy Committee (Enclosure 4)**

7:05pm Miss Glynn presented the above report given as enclosure four. The Committee had met on 15<sup>th</sup> February 2017. The main issues discussed at the meeting were:

- Changes related to the MCP (the Multi-specialty Community Provider ) and STP (Sustainability Transformation Plan) with agreement made to include these as topics for the next Governor workshop session to be held on 17th May 2017. Other topics considered for inclusion at this workshop or at a separate session:
  - o Trusts Clinical Strategy and Quality Improvement Strategy aligned to the Trust's Quality Priorities
  - o Trust Improvement processes and learning
  - o Workforce
  - o IT Strategy/Digital Trust developments

Dr Gee noted that the MCP procurement process had recently begun and The Dudley Group are closely involved. Dr Harrison confirmed that the Pre Qualification Questionnaire part of the process had commenced whereby GPs had selected those that they would be in regular communication with. The CCG's would be supported by the local Commissioning Support Unit who provided the support to the tendering process.

- Forthcoming CQC visit and governor involvement. Mrs Karen Phillips asked if Governors would meet the CQC teams. Mrs Sharon Phillips confirmed that the consultation on the process of inspection had only recently closed and was unable to confirm the exact arrangements.
- The Committees' Terms of Reference had been reviewed with no changes required. Agreement made to submit to the Full Council for Approval.

Mrs Ord thanked Miss Glynn for her report and asked those present to approve the Terms of Reference where no changes had been made.

Those present **agreed** without abstention.

#### **COG 17/03.03 Governor Development Group (Enclosure 5)**

7:10pm Mrs Phillips presented the above report and highlighted the following items from the meeting held on 15<sup>th</sup> February 2017:

- The Groups' Terms of Reference were reviewed and two changes suggested
  - o Membership item 2.2 to read 'The Chair of the Governor Development Group will be the Lead Governor'
  - o Duties of the Group item 6.2 to include a further bullet reading: 'ensure that each Committee of the Council of Governors will have an effective annual work programme'.

- The Group reviewed the agenda for the Full Council meeting to be held in March 2017
- A draft paper for the process of appointing the lead governor was reviewed with a recommendation to submit for approval at the next meeting of the Full Council
- Governors non-attendance at Council of Governor meetings was reviewed and follow up action agreed.

Mrs Ord thanked Mrs Phillips for the report and asked those present to approve the Terms of Reference for the Governor Development Group subject to the following changes.

- o Membership item 2.2 to read 'The Chair of the Governor Development Group will be the Lead Governor'
- o Duties of the Group item 6.2 to include a further bullet reading: 'ensure that each Committee of the Council of Governors will have an effective annual work programme'.

Those present **agreed** without abstention.

#### **COG 17/04 Standing reports**

##### **COG 17/04.01 Finance and Performance report Q3, 2016/17 including projected year end position (Enclosure 6)**

7:15pm Mr Taylor presented the report given as enclosure six and noted the following key financial items:

- The reported surplus at the end of January 2017 was £0.775m which represented a negative variance from the Trust plan of £0.011m. The cumulative income position for the Trust is £1.977m ahead of plan. Capacity pressures had continued in January with over performance in long stay emergency activity and A&E attendances
- January had experienced the highest pay bill and had exceeded budget by £0.639m and was attributed to high agency and bank spend and an increase in the number of employed staff
- The Trust expected to meet the forecasted amount of £10,27k CIP savings representing an overall shortfall of £1,780k against the 2016/17 plan.
- The Trust expected to receive full payment of the financial element of the STF (Sustainability Transformation Fund) for the first ten months of the year. Mr Brearley asked how confident we are of achieving the desired outcome. Mr Taylor replied the Trust was 75% confident.

Mr Taylor highlighted the following key performance items;

- The A&E target had not been achieved in January with a performance of 87.7%. He noted that the Trust continued to perform amongst the top 15% in the country and confirmed that the Trust continued to experience substantial pressures on services throughout the hospital
- Performance against cancer targets had been achieved at Q3 and the potential remained to not achieve it in February
- There had been 26 mixed sex accommodation breaches reported in January. They had occurred on the Medical High Dependency Unit and attributed to high capacity issues. Mrs Wardell confirmed that in order to record a breach a patient would need to have spent longer than four hours within the high dependency area within a mixed group. Mrs Ord added that if there should be one person of the opposite sex in a bay of four patients it counted as four breaches

Mr Taylor concluded by noting the Trusts strong performance in a challenging situation and expected the negative impact of finances to improve when activity returned to normal.

Mrs Ord added that there would be robust analysis of the performance over the winter period and that the ED staff and management would use the findings to plan for the coming winter.

Dr Harrison noted it was clear that the health care community could not continue to sustain the high level of demand from an aging population with multiple co-morbidities. The work currently underway to develop the MCP model sets out to treat patients in the community and reduce the demand on hospital admissions.

Cllr Aston asked whether those breaching the four hour A&E target were patients who had been seen or who were waiting in the waiting room to be seen.

Mr Taylor confirmed it mainly applied to admitted patients but could be spiked by a glut of ambulances arriving at the same time and overwhelm the capacity and resources within the department.

Mrs Phillips commented that most patients would opt to be treated on a mixed ward rather than not be treated.

Mrs Ord emphasised the importance of maintaining dignity for all patients and all effort was made to be mindful of this need.

Cllr Aston asked for a note to be placed on the minutes to record the Council of Governors appreciation of the hard work undertaken by all staff across the Trust to support the emergency teams.

#### **COG 17/04.02 FT Membership report Q3, 2016/17 (Enclosure 7)**

7.30pm Mrs Board asked those present to receive the above report given as enclosure seven.

Mrs Price reported that she had attended an event in January at the Queens Cross Centre in Dudley and had been invited back again to have a look around.

#### **COG 17/04.03 Board Secretary update (Enclosure 8)**

7.35pm Mr Palethorpe presented his report given as enclosure eight and highlighted the following key items:

- The Chief Executive appointment had been approved on behalf of the Council by the Remuneration and Appointment Committee and confirmed that Diane Wake would join the Trust in April 2017
- Lead Governor appointment 2017. The job description and process for election had been reviewed by the Governor Development Group with the recommendation to submit to the next meeting of the Full Council for approval for the following:
  - o elections to conclude by the end of August 2017 to enable the successful candidate to shadow the existing lead governor through the cycle of two council meetings
  - o endorsement of the Lead Governor role, responsibilities and attributes

- Non-voting associate Non-executive Director, Mark Hopkin had been appointed on an interim basis with the recommendation to be submitted to the next meeting of the Full Council to note the long term role for Governors in the long term recruitment of the associate Non-executive Director

Mrs Ord thanked Mr Palethorpe for his report and asked those present to agree the following:

The job description and process for Lead Governor election 2017:

- o elections to conclude by the end of August 2017 to enable the successful candidate to shadow the existing lead governor through the cycle of two council meetings
- o endorsement of the Lead Governor role, responsibilities and attributes

Those present **agreed** without abstention.

## COG 17/05 **Quality**

7.45

### COG 17/05.1 **Lessons learnt from Incidents, Complaints, PALS, and Corporate learning and Complaints and Claims Report Q3, 2016/17 (Enclosure 9)**

Mr Palethorpe presented two papers that comprised enclosure nine:

Aggregated Incident Report of Learning from Incidents, Complaints, PALS and Corporate Learning

- Assurance and learning. He confirmed that the Trust took assurance from a robust process of investigating incidents and applying the learning from them and gave an example of learning events held regularly with staff that provided an opportunity to explain how they had addressed the learning and shared across the organisation.
- Quality and Safety Review activity. Mr Palethorpe advised that the findings were reported in detail and the review process included external organisations - Dudley CCG and would soon to include Healthwatch Dudley.
- Back to the floor. The project had been refreshed with Trust Directors visiting different areas of the Trust and working alongside frontline staff.
- Improving Patient Experience. He gave examples of patient experience initiatives that included therapy dogs now visiting the Childrens ward and the Stroke ward; Behind the Bed boards had been updated to provide clear more comprehensive information; twiddle muffs and blankets had been knitted by volunteers and provided to patients living with Dementia.

Complaints and Claims Report for Q3

- Complaints numbers Q3. There had been 66 complaints for the quarter compared to 64 in Q2 and had shown a reduction overall on the year to December 2016. All complaints received within the quarter had been acknowledged within 3 working days. The complaints team now offered more meetings with families before replying in written format and supporting them through the process. The initiative had impacted positively and contributed to improved clarity and transparency of the process. He concluded by asking those present to note the 1915 compliments received in quarter three.

Dr Gee observed that the report is encouraging and asked for clarification of a comment reported in relation to a SEIS incident in February 2016 and reassurance that the levels of inter uterine death were lower than other trusts. He commented that it was standard practice in some other countries to complete a monthly ultrasound to spot those infants that not growing satisfactorily.

Mr Palethorpe advised that the comment 'no significant harm caused' indicated that it had not contributed to the death of the child. He confirmed that each incident was subject to a thorough investigation with learning identified, action taken and comparisons made to similar cases. He confirmed that the Trusts rate for incidents of this kind was lower than for other trusts and added that the STP plan included an objective to reduce infant mortality.

Dr Gee asked for clarification on what was meant by a peg fracture.

Dr Harrison confirmed that an Odontoid process fracture was commonly known as a peg or dens fracture and occurred when there is a fracture through the odontoid process of C2.

Dr Gee referred to point 4.9 and noted a big increase in peritoneal tears in October and observed they would normally be a rare occurrence.

Mrs Phillips asked for a definition of a third degree tear.

Mrs Price asked Mrs Wardell if it was still current practice to support the babies head and asked if this had any influence on tears.

Mr Palethorpe confirmed that there had been an increase in peritoneal tears in October and that the equipment and process used is under review with a business case prepared for use of alternative equipment that is believed to have an effect of reducing the occurrence and provide a cost benefit.

Mrs Wardell confirmed that our practice is updated regularly based on national guidance and the degree of tear refers to the depth and not the length.

Dr Gee noted that the incidence of falls had increased in October.

Mrs Wardell confirmed that our current data indicated a higher rate than the national average for the reporting of falls with fracture. She advised that staff had recently participated in a shared learning event and were currently reviewing working practices with associated teams Trust wide.

Mrs Ord asked Governors to note the report and take assurance from the depth of detail provided and supported openness, duty of candour and transparency.

## **COG 17/05.2 Patient Experience report Q3, 2016/17 (Enclosure 10)**

8:00pm Mrs Abbiss presented the above report given as enclosure 10 and highlighted the following:

- The Trust had received in excess of 30,000 pieces of feedback each year and offered patients, their families and carers a wide variety of ways to provide feedback

- January 2017 saw the launch of a Friends and Family Test SMS messaging system in ED with good early results and advised that the Council would receive an update on this in the following quarterly report.
- Patient Experience Quality Priority for Q3 had not been quite on target where our score had been 95% compared to the national average of 96%
- There had been a range of actions taken as a result of patient feedback and gave examples: reminded ED staff to ensure that children are guided to the paediatric area whilst waiting to be seen, worked with Bounty to create a maternity App that enabled mothers to be access to a wealth of information and advice and implemented the 'Red to Green' initiative ensuring we identify patients who need an action to provide a positive daily intervention to progress their care and keep patients up-to-date on the next steps.
- NHS choices rating had achieved four stars which was higher than our neighbouring trusts.

Mrs Abbiss advised that the detailed quarterly patient experience report was available on the Governor Portal. *[Mrs Abbiss left the meeting at this point]*

### **COG 17/05.3 Chief Nurse update (Enclosure 11)**

8.05pm Mrs Wardell presented her report given as enclosure 11 and highlighted the following items:

- Infection prevention and control. She confirmed there had been a norovirus outbreak in January and noted the efforts of all staff who had contained it on one ward.
- Nurse care indicators. Nutrition Audits had provided a focus on MUST assessments where actions were underway to improve compliance.
- Safer staffing. Shortfall shifts total for the March had reduced from the previous month and had seen more use of agency and bank staff. She clarified that the RAG rating applied reflected the assessment of the nurse in charge and not wholly based on headcount. There had been no safety concerns raised.
- Quality Account. Mrs Wardell confirmed that an update had been provided to a recent meeting of the Dudley MBC Overview and Scrutiny Committee who had noted the progress made in achieving or partially achieving the targets for 2016/17. Suggested topics for inclusion in 2017/18 would include those quality priorities that had not been fully achieved the target to ensure there would be continued focus. Mrs Wardell suggested the removal of pain management, that measured efficacy of analgesia, which we expected to achieve and asked Governors to approve the selection of a new indicator: Ensure that the results for the question asked in the local real time survey 'Were you involved as much as you wanted to be in decisions about your care' are equal to or better than the score achieved in 2015/16
- Indicator for internal audit. Mrs Wardell advised that last year C.Difficile (Infection Control) was audited and in the year before NCI targets (Nutrition) had been audited. The Trust Board had considered one of the patient experience measures for audit and asked Governors to approve the recommendation to audit the Friends and Family Test (FFT) for the emergency department be selected following the recent introduction of SMS messaging as a means of patients responding to the FFT survey

Miss Glynn requested that information relating to staffing levels for AHPs could be included in future Chief Nurse Reports.

Mr McMenemy confirmed that monthly reports were currently available for this staff group and would be included. He noted the high vacancy rate and confirmed that a retention strategy would launch in March to target hard to fill posts which included performance targets for recruitment teams.

Mrs Wardell advised that a joint nursing and allied healthcare professional recruitment open day would take place in March and was aimed at those considering a career in healthcare.

Mrs Piggott noted that the two medication targets had not been met and asked if they would be retained. Mrs Wardell confirmed that the target would be retained as it remained a priority to ensure that patients received the right drug at the right time and recorded it accurately. Mr Palethorpe noted the importance of keeping accurate records and the role they played during incident investigation work.

Mrs Ord thanked Mrs Wardell for her report and asked those present to approve the following:

1. New Quality Priority 2017/18. Selection of the new indicator: Ensure that the results for the question asked in the local real time survey 'Were you involved as much as you wanted to be in decisions about your care' are equal to or better than the score achieved in 2015/16

Those present **agreed** without abstention.

2. Quality Account 2016/17. Selection of indicator for internal audit: Friends and Family Test (FFT) for the emergency department.

Those present **agreed** without abstention.

COG 17/06  
8:15pm

## **Workforce Report (Enclosure 12)**

Mr McMenemy presented his report given as enclosure 12 and highlighted the following:

- Appraisals and mandatory training had significantly suffered during December and January with levels falling well below the target and expected an upward trend in February. The Chief Executive had written to all senior managers and would offer supportive meetings with those areas that are consistently underperforming
- Sickness rates had increased and had highlighted a resource shortfall in the HR team to provide additional management of sickness absence in line with Trust policy to support staff back to work as soon as possible
- The Workforce Strategy had been developed and submitted to private board earlier in the day and would be brought to the next meeting of the Full Council

Dr Gee enquired about the number of staff who had the flu jab during the winter.

Mr McMenemy confirmed the figure had doubled this year with a take up rate in the region of 50% and projected to achieve 75% next year. He noted the success of using peer vaccinators that had contributed to this improvement.

Cllr Aston asked if staff were incentivised. Mr McMenemy confirmed that some incentives had been offered.

Ms Snowden commented that achieving full compliance in mandatory training was a challenge for front line staff and gave an example of the recent unavailability of the e-learning platform during her allocated time set aside for training.

Mr McMememy advised that face-to-face mandatory training sessions would be arranged and be held in the Clinical Education Centre.

**COG 17/07 Any other business (to be notified to the chair)**

8.20pm

There was none.

**COG 17/08 Close of meeting and forward dates**

2017

4th May, 20<sup>th</sup> July (Annual Members Meeting), 7th September, 7th December

The meeting closed at 8.20pm. The next meeting of the Full Council of Governors would be held on 4th May 2017.

Jenni Ord, Chair of meeting

Signed..... Dated .....

Outstanding	Item to be addressed
To be updated	Item to be updated
Complete	Item complete

**Action Sheet**  
**Council of Governors meeting held March 2017**

<i>Item No</i>	<i>Subject</i>	<i>Action</i>	<i>Responsible</i>	<i>Due Date</i>	<i>Comments</i>
16/22.1	Governor Chat facility	Explore solutions to support effective governor chat/communication	KP		2/3/17 progress being made