

**Minutes of the Annual General Meeting of The Dudley Group of Hospitals  
NHS Foundation Trust on Monday 28<sup>th</sup> September 2009 at The Copthorne  
Hotel, Brierley Hill.**

Item No	
1.	<p><u>Introduction and Welcome</u></p> <p>Chairman Alf Edwards, opened the 16<sup>th</sup> Annual General Meeting with a brief introduction explaining that it was the first AGM as a foundation trust and went through the agenda for the evening. He said The Dudley Group of Hospitals was committed to improving health care and encouraged the group attending to have their say.</p>
2.	<p><u>Presentation – All things heart</u></p> <p>Consultant Cardiologist Dr Jane Flint presented on the Cardiology service calling it as comprehensive a district cardiology service as any in the country, and a key mover within the Black Country Cardiovascular Network. She highlighted some of the services offered by the Trust including the District Pacing Service and the efforts made in controlling risk factors to reduce Coronary Heart Disease.</p>
3.	<p><u>Questions from the public about our cardiology services</u></p> <p>Dr Flint addressed members of the audience and asked for any questions</p> <p>➤ <b>John Balmforth, publicly elected governor, Halesowen: How do your plans for the future help with obesity?</b> When some people stop smoking they put on weight. Some do not. Many are overweight for other reasons. We face an obesity epidemic. We have a weight management strategy to deal with that. We refer a few patients to the programme and Action Heart take a lot of obese patients. The first message is to give up smoking. The second is that we will deal with obesity.</p> <p>➤ <b>John Balmforth: I am aware of new heart valve replacement procedures taking place at the Queen Elizabeth Hospital. Are there any plans to do it at Russells Hall?</b> This will be performed at the Black Country Heart and Lung Centre (H&amp;LC), not Russells Hall. Fifteen procedures have been performed to date, and we hope the H&amp;LC will become a key West Midlands' provider (confirmed since the AGM)</p>

	<p>➤ <b>Professor Martin Kendall, appointed governor: have we stopped talking about door to needle times?</b></p> <p>We have still thrombolysed a few patients, declined for primary angioplasty. The key issue is now 'call' and 'door to balloon time' for primary angioplasty at the H&amp;LC, contributed to by our two Interventionalists. Patients are taken straight to the catheter lab at H&amp;LC by the ambulance service.</p> <p>➤ <b>A question was asked about Dr Flint's slide explaining the fall in coronary heart disease deaths in England and Wales from 1981 – 2000. In particular about the - 3% figure for hypertension therapies. Is that low figure appropriate or accurate?</b></p> <p>I suspect an underestimate. The figures do not represent the whole picture. Hypertension is often undiagnosed and under treated. The commonest piece of advice at the primary:secondary care interface is to tighten up blood pressure control.</p> <p>➤ <b>Risk areas – diabetes and renal. How successful are you in controlling the risk factors?</b></p> <p>We link formally with the Stroke Unit. There are targets with diabetes and renal services. Unfortunately they did not receive as much funding as Cardiology for NSF implementation.</p> <p>➤ <b>The finances in 2011 – how badly is that going to hit your plans for your unit? Will you offer the same level of treatment?</b></p> <p>It will be very difficult to make drastic cuts in areas such as Coronary Heart Disease but inevitably there will be some cost-effective rationalisation of all services, not just Cardiology. The population of the Black Country deserves more investment across all areas as well as critical mortality areas of Heart Disease and Cancer services. The Black Country should hold up its head and make sure it doesn't lose out in any area as we have insisted for Heart patients. Heart disease causes 17 million deaths each year. It's a major killer for women as well as for men.</p>
4.	<p><u>Presentation Anne Cartwright, Advanced Nurse Practitioner, Rapid Access chest Pain Clinic</u></p> <p>Dr Jane Flint introduced Anne Cartwright calling Anne her "secret weapon" because she is capable of doing anything for the department.</p> <p>Anne delivered the message "take your own pulse to prevent stroke" and discussed how vascular disease was a process rather than a one-off episode. She talked about the nurse-led Rapid Access Chest Pain Clinic and its services.</p>
5.	<p><u>Questions from the public about Anne's presentation on the Rapid Access Chest Pain Clinic</u></p> <p>Anne Cartwright addressed members of the audience and asked for any questions</p>

	<p>➤ <b>I am concerned that if you have problems between 8 am and 8 pm you will be assessed. What if you have problems between 8 pm and 8 am? Will you be assessed between these times?</b></p> <p>There is a cardiology team on call and a specialist nursing team so yes they are assessed. It would be nice to have 24 hour care but we have a consultant cardiologist on call. We have highly qualified nurses who can read ECGs and can refer to the Coronary Care Unit.</p> <p>➤ <b>Smoking and your 600 plus patients. Can you say how many are confirmed smokers?</b></p> <p>No. There's no point in re-inventing the wheel. We know smoking is the most important risk factor for cardiovascular disease. We do ask patients if they smoke, advise them to stop, assist, act and audit effectiveness of this vital strategy.</p> <p>➤ <b>We are commenting on healthy eating. I would like to see the Dudley Group of Hospitals start advertising back to the working man.</b></p>
6.	<p><u>Chief Executive's View of 2008/09</u></p> <p>Paul Farenden, Chief Executive gave an overview of 2008/09, and discussed achievements and progress the Trust had made over the year since it attained foundation trust status. He said the Trust was in a good position to invest to improve quality and it had another good year of progress – all key performance indicators were achieved with the exception of access to emergency department. He stressed that our commitment to delivering quality was particularly important.</p>
7.	<p><u>Presentation of Trust Accounts 2008/09</u></p> <p>Paul Assinder, Finance Director, gave a summary of the accounts for 2008/09 announcing it was the 15<sup>th</sup> consecutive year of financial balance/surplus and set out the financial challenges the Trust faces in the coming months. He explained that since The Dudley Group of Hospitals gained FT status, he had to prepare two sets of accounts. Paul highlighted activity growth and fall in waiting times. The statistic that struck home the most for Paul was that 91% of patients said they would recommend our hospital to a friend or relative.</p>
8.	<p><u>Presentation of Quality Report</u></p> <p>Denise McMahon, Director of Nursing, presented the Quality Accounts for the very first time and explained that the Trust is very serious about quality of care for our patients. She explained what she meant by "quality" in terms of safety, effectiveness and experience. Denise set out the four priorities for the Trust which included a zero tolerance to infections. She also said the Trust was now screening all elective patients and was due to start screening emergency patients from next year.</p>

9.	<p><u>Auditors report</u></p> <p>Mark Jones from PricewaterhouseCoopers presented the Auditors' Report. He gave an "unqualified audit opinion" on the financial statements and charitable funds and said it indicated a sound financial position for the Trust going forwards.</p>
10.	<p><u>Presentation on DGOG Charitable Fund annual report</u></p> <p>Kathryn Williets, Non Executive Director, presented on the charitable fund giving a review on the charity function of the hospitals. She said the Trust received £380'000 in charitable donations in the year 2008/09 which was a decrease of £150'000 on the previous year. The Trust Board of Directors has approved the appointment of a full-time charity fundraiser.</p>
11.	<p><u>Questions from the public relating to the Annual Report and Annual Accounts</u></p> <p>Alf Edwards addressed the audience for any questions they may have in relation to what was presented or on any issues or concerns they may have in regard to The Dudley Group of Hospitals.</p> <p>➤ <b>There is economic pressure to reduce funding. Is it part of your strategy to extend your reach?</b>  Paul Assinder: Yes, part of the declared strategy is to expand our catchment population. Our clinicians tell us that 500,000 is the optimum for providing a full range of services. The planning work we are doing suggests the level of outpatient services will fall as GPs seek to establish services close to patients' homes. However, we are experiencing increased emergency referrals however and it's hard to know why.</p> <p>➤ <b>How much does the car park at Dreadnought Road cost?</b>  Paul Assinder: We are incurring additional running costs of about £120,000 per annum. We will incur the costs until the new car parking comes on stream at Russells Hall.</p> <p>➤ <b>When will the car park be completed?</b>  Paul Assinder: Ten to twelve months is the expected time of delivery, so October 2010.</p> <p>➤ <b>Why wasn't it planned in the first place?</b>  Paul Assinder: It was part of the original plan Hospital Plan approved by the Secretary of State in 2001.  Paul Farenden: A limit on car park capacity was placed on us by the borough council pursuing green travel policies. You can see the degree of success that is achieving.</p> <p>➤ <b>David Orme, Chair of Dudley LINK: The two six monthly sets of accounts, in the six months to March 2009 the figure is £69000. The auditor's figures aren't shown for the first half of the year.</b>  Paul Assinder: £69000 is half the fee for the year. It was an exceptional</p>

	<p>year because of the additional work we had to undertake to produce two sets of accounts, one as an NHS Trust for April to September and a second as a Foundation Trust for the period October to March. The details of NHS Accounts are prescribed nationally and do not normally include audit fees. However this can be disclosed next year if it is considered useful information.</p> <p>➤ <b>David Orme: Patient feedback and questionnaires – there is a lady with the PCT looking for volunteers to interview patients outside the hospitals.</b></p> <p>Denise: It's important when we look for patient feedback we look across the whole health economy. For early feedback, we need to do more around discharge and patient information.</p> <p>➤ <b>David Orme: This is a question for PricewaterhouseCoopers – has the local office had any input in the seminar tomorrow about the quality of managers in the NHS?</b></p> <p>Mark Jones, PricewaterhouseCoopers: Not to my knowledge.</p> <p>➤ <b>In the Annual Report page 80 under PFI, there is a table of individual payments. What's the figure of £36 million?</b></p> <p>Paul Assinder: That's the annual payment we make to our private sector partners in rent for Russells Hall and Corbett. It's also repayment of capital fees and the cost of services provided by Interserve and Siemens.</p>
12.	<p><u>Close of Annual General Meeting</u></p> <p>The meeting was drawn to a close by Alf Edwards thanking everyone for attending and reiterating how important their input was. He said The Dudley Group had to bear in mind quality issues as well as balance the books.</p>