

**Minutes of the Annual General Meeting of The Dudley Group of Hospitals  
NHS Foundation Trust on Monday 27<sup>th</sup> September 2010 in the Clinical  
Education Centre, Russells Hall Hospital.**

Item No	AGM 2009/10 minutes
1.	<p><u>Introduction and welcome – Alf Edwards</u></p> <p>Chairman Alf Edwards opened the 17<sup>th</sup> Annual General Meeting, the first full Council of Governors AGM, and ran through the agenda for the evening.</p> <p>Apologies were accepted from David Ore, Staff Elected Governor, non-clinical staff; Janet Robinson, Public Elected Governor, Rowley Regis; Jane Southall, Staff Elected Governor, Nursing and Midwifery; Peter Totney, Public Elected Governor, Brierley Hill; Steve Waltho, Public Elected Governor, Brierley Hill; Harvey Woolf, Public Elected Governor, North Dudley; Kacey Akpoteni, Public Elected Governor, Rest of the West Midlands; Rosemary Bennett, Public Elected Governor, North Dudley; Gill Cooper, Dudley NHS; Sarah Dugan, Dudley PCT; Ian Dukes, Staff Elected Governor, Medical and Dental; Dr PD Gupta, Public Elected Governor, Central Dudley, Simon Hairsnape, Worcestershire PCT; Atif Janjua, Public Elected Governor, Central Dudley.</p>
2.	<p><u>Presentation – Chief Executive’s overview of 2009/10</u></p> <p>In her overview of 2009/10, Chief Executive Paula Clark said it had been a “rollercoaster year” in which more patients than ever chose the Dudley Group of Hospitals. She explained that 700,000 patient episodes of care had been undertaken, which was a record for the Trust. Continuing to day the DGoH also enjoyed excellent performance on key targets and was on course for a ‘good’ CQC rating and will move off Monitor’s ‘watch list’ for A&amp;E performance. Paula listed some of the Trust’s service highlights including the facelift to the Emergency Assessment Unit, improvements in stroke and hip fracture care and further reductions in healthcare associated infections. Paula also spoke of the Trust’s response to the White Paper, linking with our GP consortia and transferring community adult services. In summary, Paula thanked the “fabulous” staff, army of dedicated volunteers and committed Governors, and paid a special tribute to outgoing Chair Alf Edwards.</p>
3.	<p><u>Presentation of Accounts 2009/10</u></p> <p>Paul Assinder, Director of Finance and Information, presented a summary of the Accounts for 2009/10 and said in a climate of financial pressure the</p>

	<p>Trust experienced continued activity growth, and significant over-performance against PCT contracts, as well as delivery of key targets, including 99.1% achievement in non-admitted patients seen within 18 weeks (against a target of 95%), and 98.1% achievement of the four-hour A&amp;E target (target 98%).</p> <p>Paul said 2009/10 was the last year of sustained growth in NHS budgets. Income to the Trust was £253.7m (3.6 per cent/£8.8m over plan) and expenditure was £228.9m (5 per cent/£11m over plan). The annual surplus of £1.9m was 3 per cent lower than planned. He explained that the Trust had invested £6.8m in capital facilities and equipment including the new staff car park, IT, medical equipment and other works schemes.</p> <p>He also said DGoH had received a very creditable financial rating of 4.3 out of 5 by Monitor, the independent regulator of foundation trusts. Paul also spoke of the high spend on premium rate working and agency costs and that a revaluation of the Trust's estate had revealed a decline in land values.</p> <p>In summary Paul said although the Trust made a more modest surplus than planned, due to the tightening of finances across the NHS, but the Trust has now been in financial balance for the sixteenth consecutive year.</p>
4.	<p><u>Presentation of Quality Report</u></p> <p>Denise McMahon, Director of Nursing, presented the Quality Accounts and explained how they sit alongside the Financial Accounts and are presented to the Secretary of State for approval. They were audited for the first time in 2009/10. Denise said the Quality Accounts describe what the Trust is doing well, what improvements are required, what the Trust's priorities are and how it has involved stakeholders, service users and staff.</p> <p>She explained what is meant by the term 'quality' and set out the five top priorities for the Trust which were care of the deteriorating patient, to further reduce Methicillin Resistant Staphylococcus Aureus (MRSA) and Clostridium difficile (C. difficile) rates, patient experience and improvements to hip fracture surgery.</p> <p>She also said the Trust routinely reviewed its services for quality with, for example, the implementation of leadership walkrounds by executives, non executives and the PCT; morbidity and mortality reviews and the establishment of the patient and public involvement steering group. Denise said DGOH was one of the first Trusts to register with the Care Quality Commission (CQC) and was granted a licence without any conditions on 19 May 2010.</p>
5.	<p><u>Auditors Report</u></p> <p>Mark Jones from PricewaterhouseCoopers presented the Auditor's Report and issued an unqualified audit opinion on the Trust's 2009/10 financial</p>

	<p>statements and had no matters to report on arrangements to secure economy, efficiency and effectiveness. He said cash and investment balance at £36.9m put the Trust in a “healthy position” and he found no material weakness in the Trust’s internal financial control. Mark explained that the Quality Report would not be subject to an audit opinion until 2010/11. He also gave an unqualified audit opinion on the Charitable Funds financial statements.</p>
6.	<p><u>Presentation on DGoH Charitable Fund annual report</u></p> <p>Kathryn Williets, Non Executive Director, presented on the Charitable Funds giving a review on the charity function of the hospitals and said in January 2010 the Trust employed a full-time charity fundraiser who had already started new fund-raising initiatives and was working with wards and departments to see how monies can best be spent.</p> <p>Kathryn said the £364,000 of Charitable Funds was spent on new equipment, staff and patient education and welfare. She also said the Charity holds total assets of £2,023,000 which is an increase from £1,418,000 as at March 2009.</p>
7.	<p><u>Questions from the public relating to the Annual Report and Annual Accounts</u></p> <p>Question were taken from attendees on the Annual Report and Annual Accounts:</p> <ul style="list-style-type: none"> <li>➤ <b>Question: the Report summary is not the same as on the website – patient representatives have had input but there is no reference to this.</b></li> </ul> <p>Denise McMahon responded and said the summary was not on the website and said the LINK’s support could be added. Mark Jones said that the Quality Report did not receive an audit describing it as a dry run and reiterated that it would receive an audit in 2010/11.</p> <ul style="list-style-type: none"> <li>➤ <b>Question: the coalition Government is abolishing targets – what effect has this had? What effect will cuts have?</b></li> </ul> <p>Paul Assinder said the 18 week referral to treatment targets, as well as the four-hour A&amp;E target, would be “relaxed” by the Government but the Trust’s Board of Directors had decided to preserve the targets for the current financial year because they recognised how important targets were for patients.</p> <p>He also said the Dept of Health was currently in negotiation with the Treasury about next year’s NHS funding but he was expecting a squeeze on the budget over the next three years. The Trust would need to be more efficient by reducing its costs. However, NHS services will be protected in real terms.</p>

➤ **Question: re leadership walkrounds – is this something Governors will be involved with?**

Denise McMahon explained there were two types of walkrounds: leadership walkrounds and nursing team walkrounds in which senior nurses visit wards every day. The latter are the ones Governors have been invited to.

➤ **Question: re – clinical negligence cases – how do you learn from your mistakes and manage what they cost the Trust?**

Paul Harrison, Medical Director, said there were systems in place to flag up incidents. If there is a claim, the circumstances leading to the claim are investigated and an action plan is produced to make sure the incident doesn't happen again.

Paul Assinder explained DGoH, like all other trusts, subscribes to an insurance scheme and pays a yearly premium of approximately £4m. The premium, he said, is linked to performance and risk management and our claims history in Dudley was relatively good.

➤ **Question: the Chief executive said more patients chose DGoH. Is there choice in Dudley?**

Paula Clark, Chief Executive, said patients did have a choice because GPs are required to offer patients a choice including some private sector organisations.

➤ **Question: if a neighbouring hospital has a particular specialty, can you choose that?**

Paula said tertiary referrals can be made by the Trust's clinicians to a specialist centre.

➤ **Question: re issues concerning inpatient facilities for disabled people – can the Trust assure us they will work groups to improve services with the experts i.e. patients and carers living with the condition?**

Denise McMahon acknowledged that focusing on patients with unique disabilities is a piece of work the Trust needed to do and a group is about to start which will be working with service users. Denise said there will be a carer element of the group.

➤ **Question: who is on the group?**

Denise said all the usual stakeholders but the Trust was still in the process of putting the group together.

	<p>➤ <b>What is the official complaints process and how are unofficial complaints handled? There should be an easy path for non-aggressive complaints.</b></p> <p>Denise McMahon said there are two streams for people to make complaints. The Patient Advice and Liaison Service (PALS) deals very quickly with concerns rather than complaints. Official complaints are sent by letter to the Complaints Department and this is followed by a process of investigation.</p> <p>➤ <b>Question: PALS isn't doing what it should do. If something goes wrong in hospital, PALS doesn't work. I've been trying to contact them to deal with something for 16 months and they don't return my phone call.</b></p> <p>Denise McMahon said she was disappointed to hear the questioner felt the way he did and offered to take up his personal issues outside of the AGM.</p>
8.	<p><b><u>Close of Annual General Meeting</u></b></p> <p>The meeting was drawn to a close by Alf Edwards who thanked everyone for attending. He ended by saying that it was his last year as Chair and praised DGoH for being a fabulous organisation. "We occasionally get things wrong but we work hard to put them right," he said.</p>