

**Minutes of the Full Council of Governors meeting
Thursday 13th January 2011, 6.00pm, Clinical Education Centre,
Russells Hall Hospital, Dudley**

Present:

Name	Status	Representing
Mr Darren Adams	Public Elected Governor	Stourbridge
Mr John Balmforth	Public Elected Governor	Halesowen
Mrs Rosemary Bennett	Public Elected Governor	Central Dudley
Mr Richard Brookes	Public Elected Governor	Brierley Hill
Mrs Gill Cooper	Appointed Governor	Dudley NHS Acting Chair
Mrs Sarah Dugan	Appointed Governor	Dudley PCT
Mr John Edwards	Chair of Meeting	DGOH NHS FT
Mr Bill Etheridge	Public Elected Governor	North Dudley
Dr P D Gupta	Public Elected Governor	Central Dudley
Mr Simon Hairsnape	Appointed Governor	Worcester PCT
Cllr Anne Hingley	Appointed Governor	Wyre Forest DC
Mr Rob Johnson	Elected Governor	Halesowen
Mrs Diane Jones	Public Elected Governor	South Staffordshire
Prof. Linda Lang	Appointed Governor	Wolverhampton University School of Health & Wellbeing
Mr Roy Savin	Public Elected Governor	Stourbridge
Mrs Pat Siviter	Public Elected Governor	Wyre Forest
Mrs Jane Southall	Staff Elected Governor	Nursing and Midwifery
Mrs Mary Turner	Appointed Governor	Dudley Council for Voluntary Services
Mr Harvey Woolf	Public Elected Governor	North Dudley

In Attendance:

Name	Status	Representing
Mr Paul Assinder	Director of Finance & Information	DGOH NHS FT
Mr David Badger	Deputy Chair	DGOH NHS FT
Mrs Ann Becke	Non-executive Director	DGOH NHS FT
Mr David Bland	Non-executive Director	DGOH NHS FT
Mrs Helen Board	FT Project Officer	DGOH NHS FT
Ms Paula Clark	Chief Executive	DGOH NHS FT
Mr Jonathan Fellows	Non-executive Director	DGOH NHS FT
Mrs Mandy Green	Communications Manger	DGOH NHS FT
Mrs Denise McMahon	Nursing Director	DGOH NHS FT
Ms Annette Reeves	Head of HR	DGOH NHS FT
Kathryn Williets	Non-executive Director	DGOH NHS FT
Ms Heather Large	Reporter	Express & Star
Mr Mohammed Mir		Pfizer Ltd
Mr Terry Venables	Service Manager	Interserve

Apologies:

Name	Status	Representing
Mrs Kacey Akpoteni	Public Elected Governor	Rest of the West Midlands
Mrs Jane Beard	Public Elected Governor	Halesowen
Mr Richard Beeken	Director of Operations & Transformation	DGOH NHS FT
Ms Pamela Boucher	Appointed Governor	DGOH Volunteers
Mr Ian Dukes	Staff Elected Governor	Medical & Dental
Mrs Catherine Earle	Public Elected Governor	Stourbridge
Cllr Lesley Faulkner	Appointed Governor	Dudley MBC

Mr Neal Gisborne	Appointed Governor	Summit Healthcare (Dudley) Ltd
Mr Paul Harrison	Medical Director	DGOH NHS FT
Mr Phil Higgins	Appointed Governor	West Midlands Ambulance Service
Mr Atif Janjua	Public Elected Governor	Central Dudley
Prof Martin Kendall	Appointed Governor	University of Birmingham Medical School
Mr David Ore	Staff Elected Governor	Non-clinical staff
Mr David Orme	Chairman	Dudley LINK
Mr Richard Miner	Non-executive Director	DGOH NHS FT
Mrs Janet Robinson	Public Elected Governor	Rowley Regis
Mr Graham Russell	Staff Elected Governor	Nursing and Midwifery
Mr Peter Totney	Public Elected Governor	Brierley Hill
Cllr Steve Waltho	Public Elected Governor	Brierley Hill

1. Welcome, introductions & apologies

John Edwards, Chair, welcomed everyone to the meeting and reminded all to ensure they had signed in.

John Edwards asked a note of thanks to be recorded for the contribution to the Council by the following Governors –

Mrs Beverly Hill, Appointed Governor for Sandwell PCT, who had stepped down at the end of October 2010. Mr Simon Tovey, Staff Elected Governor, Partner Organisations, whose term of office had expired at the end of December 2010 and Mrs Jane Elvidge, Staff Elected Governor AHP & HCS, who has tendered her resignation earlier in January 2011.

Apologies had been received as per above list.

A Declaration of Interest was received from John Balmforth relating to the Car parking item under any Other Business. John Edwards confirmed he was happy for John Balmforth to remain in the room but not participate in any discussions.

2. Minutes from previous Council of Governors meetings

Enclosure 1

The minutes from the meeting held in October 2010 were accepted as a true and correct record and these were signed by the Chair.

3. Matters arising

3.1 Performance report Q2 & Q3

Enclosure 2 to follow

Paul Assinder explained that the reporting cycle for finance and performance is slightly out of sync with the scheduling of the full Council meetings. The results for quarter 3 will be submitted to Monitor at the end of January and consequently not available for presentation at this meeting. He continued by saying that the submission for quarter 2, reporting on the first 6 months of the financial year, had been submitted to Monitor at the end of October 2010. Monitor had awarded a financial risk rating of 3 and all mandatory services had achieved a green rating, governance had been rated red. The latter rating as a result of significant breach of the former A&E four hour target.

Subsequently, the Trust had received a letter from Monitor dated 17th December 2010 (enclosure 4) relaying a de-escalated position revising our rating to amber/green. Monitor's standard policy will still apply and the Trust will remain on their 'watch' list for two further quarters. John Edwards added that this is their standard practice and the expectation is

that the Trust will be moved to a green rating with Paul Assinder adding that the Trust also expected to report a risk rating of 3. Paul reported that Trust finances remain under significant pressure with a deficit of £67,000 reported for the 8 months April to November 2010, which is a situation the Trust has not experienced before. Contributory to this pressure is the increased activity in the emergency department with levels 9.6% higher than expected and under the new payment arrangements we are reimbursed for only 30% of the full tariff for this additional activity. The Trust has opened an additional 63 beds staffed at premium cost with bank and agency staff which adds to the overall burden.

John Balmforth asked how this scenario had affected the number of cancelled elective operations. Paul Assinder replied that in December 2010, 180 elective procedures had been cancelled. Paula Clark added that in the first week in January, 100 elective procedures had been cancelled and the surgical day case unit had been opened as a ward area so the Trust has also lost day case activity and its income at 100% of tariff.

Dr Gupta asked how the Trust compared to other trusts in terms of the Dr Foster mortality data and if it had impacted on the delay in receiving the de-escalation letter from Monitor. Paul Assinder replied the Trust use a variety of indices including Dr Foster and CHKS and respond to all individual cases that fall outside of the expected range. John Edwards added he had recently spoken to our relationship manager from Monitor who had confirmed that the delay had not been directly attributed to the HSMR (Hospital Standardised Mortality Ratio) results published in October but had indeed been largely subject to the timing of the respective board meetings held by Monitor and the CQC. He continued by saying the Trust take this aspect very seriously. All notes of all deaths are subject to a review by senior clinicians.

Anne Hingley asked to what extent we worked with other foundation trust hospitals across our area when activity levels are so high and capacity pressure are significant. Paula Clark replied that all hospitals, FT or otherwise, will initially make every effort to address the activity within their own organisation and work with all stakeholders in the local area health economy to keep the patients flowing in the system. High level representatives of these organisations have been getting together twice a day in recent weeks to help each other out such as diverting of ambulances to hospitals with available capacity. There is an already established network to work with ICU and paediatric caseload to resolve capacity issues. Paula added elective work is not usually sent to other sites.

Gill Cooper asked how the 9.65% increase in activity compared to other trusts in our area. Paula Clark replied that our Trust seemed to be more severely affected. Paul Assinder noted that the national figure was 5%. Paula Clark added this is primarily attributable to the legacy of this being an old industrialised area and had seen a large rise in respiratory cases. The Trust had also queried if admissions were correctly aligned to the patients presenting at the front door and had completed an analysis which had determined that an increasing number admitted were an average age of 80 with a complex set of conditions. Subsequently, conversations are being held with the PCT to see if the Public Health Department can get involved. Gill Cooper added that winter planning is completed every year well in advance and asked what factors provide evidence that the plan falls short of the actual activity levels. Paula Clark replied the capacity in the community setting was still a challenge and more places had been opened and had not seen the expected drop off in activity levels as expected as per the plan. Paul Assinder added the Trust is receiving excellent support from the PCT. John Edwards noted the Trust Board are keeping a tight control on expenditure and were in talks with the PCT to secure a position where activity is rewarded as appropriate.

3.2 Annual Planning

Enclosure 3 (to follow)

Paula Clark presented the attached presentation providing an update on the headlines relating to key strategic objectives for 2011 to 2014 including the development of internal quality indicators using the submission from Governors relating to the clear definition of quality for the hospital of the future. The document will be distributed to all Governors for review and feedback is required on the strategic goals in time for the Board meeting to be held on the 17th February 2011. The vision of the Trust to continue to be the 'Hospital of Choice' may be revised to 'Healthcare provider of choice'.

Action point Helen Board to distribute enclosure 3 to all Governors, their feedback required by 16th February 2011 (*post meeting note – distributed to all Governors 18/1/11*).

Dr Gupta asked why there had been no mention of Community Services, value for money or re-admission rates in the presentation. Paula Clark replied in order to make best use of the existing systems and will include working with GP's and the PCT to develop and improve the patient pathway. Dr Gupta then asked if there was an issue that Community Services would be over utilised in supporting acute services leaving no time for community capacity. Paula Clark replied all will be done to avoid this happening and the Board is working with GPs in shaping the services. Bill Etheridge commented that the presentation was very interesting but as a non healthcare colleague, the use of industry jargon made it difficult to follow and interpret into messages in 'lay terms' that he can relay to his constituents. He then asked given the financial constraints that the Trust is working to, is there anything in the plan that says what services may be lost. Paula Clark acknowledged the presentation was jargon heavy and offered to amend the presentation prior to distribution. She added the Trust is currently working with the PCT and GP Commissioners to look at where savings can be made including cutting unnecessary follow up appointments and the clinical value to patients. Some procedures of limited value such as varicose veins and cosmetic procedures are also under review.

Sarah Dugan asked if the work currently underway to set internal quality standards would include national benchmarking and thought it useful to see this when signed off and how we compare: are we aiming for good or brilliant. John Edwards added the Board are very keen to ensure we know where we stand and do not aspire to mediocre achievement.

Sarah Dugan noted that prevention means different things in the PCT and in her view smoking, obesity and alcohol consumption are priority areas to target and would like to work with the Trust and the Public Health department to get on top of this.

3.3 Monitor de-escalation

Enclosure 4

Covered under item 3.1

3.4 Patient Experience report

Enclosure 5

Governors to note contents of the report relating to PALS, Complaints, real time patient and online feedback.

3.5 TCS & update on name change

Enclosure 6

Paula Clark updated the group on the progress of the Transforming Community Services project. The due diligence had now been completed and reported to Board on 13th January 2011. The organisation name needs to reflect the integrated healthcare that will be provided under the new arrangements. The proposed change to the name of the organisation is presently out for consultation and nearly 600 responses have been received so far. All efforts will be made to keep costs down in terms of stationery with existing stock being run down before ordering new branded stock. The Dudley Community Services (DCS) staff joining our organisation have indicated they are looking forward to working with our teams and have highlighted the need for greater internal communications and a communications strategy is being developed to address this concern.

John Balmforth asked if the individual hospitals will retain their respective names. Paula Clark replied there are no plans to change any site names, the consultation on name change is for the umbrella organisation. Sarah Dugan added that the general feeling amongst Community staff is the integration is seen as a positive move.

John Balmforth then asked if and how the composition of the Council of Governors will change. David Badger explained that services provided by our organisation will be reflected in the composition of the Council and links into work underway by the Governor Development Group who operate as the vehicle to look at this on behalf of the Council. The Trust Constitution will also be amended to correctly reflect the integrated organisation. David Badger then asked the group if they were in agreement with the Governor Development Group addressing these areas of work for the Council. All present were in agreement.

4. Appointments Sub Committee update

Enclosure 7

Harvey Woolf, Chair.

Harvey presented the enclosed documents that reflect the review of the recent appointment of Non-executive Directors (NEDs) John Edwards and David Bland. He continued by saying that in order to meet statutory and Monitor requirements the Sub Committee has, in conjunction with Trust HR staff, developed an annual appraisal process of NED and Chair roles and the appointments process applicable to these posts. Harvey Woolf referred to the full set of papers within enclosure 7 and those present were asked to endorse the process. All present agreed to endorse the process and accepted the documentation. Ann Becke added this piece of work was important to all of the NEDs for which they were appreciative and mindful that this is an evolving process to which they are keen to contribute. Gill Cooper added that the process looked very similar to that used by the PCT and thought it had been very useful in their organisation.

5. Update from the Communications Sub Committee

Enclosure 8

Darren Adams presented to the Council notes of the meeting held at the end of 2010 and the most recent meeting held on Monday 10th January 2011. The main items discussed by the Sub Committee included activity for the group to develop more Governor Involvement in preparations for the next Annual General Meeting (AGM) scheduled to be held later in the year and to review the content of the quarterly Trust magazine particularly in relation to the

Governors page. The Sub Committee group is also working on a Governor toolkit including a set of standard presentation slides and compiling a FAQ sheet to complement the project underway to update the Governor portal. All Governors are asked to speak to Darren or Helen Board if there are any frequent questions they think should be included.

Bill Etheridge supported this work and said that the question he is most commonly asked by his constituents is "why should I become a Member of the Trust, what difference can I make?" He asked if the answer to this can be in the toolkit. He continued by saying that if we are to target the hard to reach BME communities, we need to ensure this is not done in a patronising way. Rob Johnson asked who dictates how many Members we must have and if any emphasis placed on the quality of Members as opposed to the quantity. Paul Assinder replied the Trust needs to sustain a growing Membership to comply with Monitor guidance. He added that the AGM is the forum in which the Council of Governors can demonstrate to their Members how they have fulfilled their statutory duties particularly in relation to how they have contributed to the organisation and held the Board of Directors to account. Dr Gupta contributed to the discussion by suggesting that application forms should be distributed to GPs surgeries and community Centres and build relationships with Community leaders who in turn can influence Mosques and other gathering places. John Edwards added that with the current trend to drive localism the challenge is for Governors to sustain adequate levels of engagement with their Membership and continue to drive recruitment. Harvey Woolf commented that with the changing role of Monitor, further discussion will be needed so Governors have a clear view of this issue.

6. Update from the Patient and Public Experience Steering group

Enclosure 9

Mandy Green, Deputy Chair, presented the enclosure for information and highlighted the following to the Council;

- Draft Patient & Public Experience Strategy document presented to group for their review and included proposals to implement a more systematic way of capturing and using patient experience feedback
- the group received a recently completed internal Patient Experience audit report
- the group had completed a review of the Terms of Reference to focus on key objectives

The group also received presentations on the Trust discharge process and the meal time audits recently completed by Interserve.

7. Update from Service Strategy Development Working Group

Enclosure 10

John Balmforth, Chair, presented the enclosure. He reported to the group that Governors are invited to visit the Trust theatres and see for themselves the results of the Productive wards and theatres programme. Any Governors wishing to do so should contact the Foundation Trust office.

John Balmforth continued by saying that Denise McMahon had attended the last meeting and presented to the group an update on the progress of developing Quality Accounts and the introduce recommendations for the Priorities for 2011/12 as detailed in enclosure 10 and circulated in advance of the full Council meeting. Governors were asked to endorse this recommendation. John Edwards then asked Governors present at the full Council

meeting if they were in agreement to endorse the recommendations. All present were in agreement.

The next meeting of the group is to be held on the 19th January 2011 and all Governors are invited to attend. Further meeting details are available from the Foundation Trust office.

8. Update from Governor Development Group

Enclosure 11 & 11a

Rob Johnson, Chair presented the enclosure to the Council meeting. Action required from those present to endorse the Terms of Reference revised by the Governor Development Group.

On the basis of one slight amendment to the Terms of Reference for the Service Strategy Sub committee, bullet point 2 should read 'Sub Committee' and not group, all present endorsed the documents.

David Badger reported to the Council that a review shortly to be carried out by Deloitte will assess the relationship, structure and processes for Board of Directors and Full Council which may have an impact on these documents. He added he is to meet with John Edwards and Paula Clark to prepare a timescale for the review and thereafter construct a joint Board of Directors and full Council event. John Edwards added that with the changing backdrop of policy development, structural changes facing the NHS and the impact of the transfer of Community Services to our organisation, it is important that the Trust and Council have an appropriate evidence base to inform any decisions and recommendations on the future shape and scope of the Council of Governors. .

9. Foundation Trust Membership update

Enclosure 10

Mandy Green presented the enclosure for information.

10. Any other Business

- Staff car parking.

John Edwards explained to the Council he had requested Paula Clark to prepare a short briefing for Governors to give both background and context giving rise to the current issues surrounding car parking at the Russells Hall site and attempts by the Trust to balance capacity at the site against the numbers of staff wishing to park on site. Paula then presented the document that had been circulated to the full Council prior to the meeting.

John Edwards asked for a note of thanks to be recorded for the assistance received from colleagues at the Dudley MBC over the Christmas period to temporarily extend the lease at the Dreadnought Road offsite parking facility, whilst the Trust analysed the impact of the new parking arrangements .

John Edwards emphasised that the Trust will currently operate an open access policy for all staff wishing to park on site whilst the impact assessment work is completed.

Any Governors wishing to comment on the staff car parking issue to do via Darren Adams, Lead Governor. Darren confirmed he was happy to take comments and added our Trust shared similar problems with his place of work at a hospital in Weston Super Mare and the

Council need to acknowledge it is a difficult and complex process for any NHS organisation in the UK.

11. Date of next meeting

John Edwards thanked all for attending and closed the meeting at 7.45pm.

The next meeting will be held on Thursday 5th May 2011 at 6pm in the Clinical Education Centre, Block C, Russells Hall.

John Edwards, Chair of meeting

Signed.....

Dated.....