

**Minutes of the Full Council of Governors meeting  
Thursday 7<sup>th</sup> November 2013, 6.00pm, Clinical Education Centre,  
Russells Hall Hospital, Dudley**

**Present:**

<b>Name</b>	<b>Status</b>	<b>Representing</b>
Mr Darren Adams	Public Elected Governor	Stourbridge
Mr Fred Allen	Public Elected Governor	Central Dudley
Mr Brian Chappell	Public Elected Governor	North Dudley
Mr Ian Dukes	Staff Elected Governor	Medical and Dental
Mr Bob Edwards	Public Elected Governor	Brierley Hill
Mr John Edwards	<b>Chair of Meeting</b>	DGH NHS FT
Mr John Franklin	Appointed Governors	Dudley CVS
Mrs Anne Gregory	Staff Elected Governor	AHP & HCS
Mrs Joanne Hamilton	Staff Elected Governor	Nursing & Midwifery
Mr Bill Hazelton	Public Elected Governor	Central Dudley
Mrs Karen Jaunzems	Staff Elected Governor	Non Clinical Staff
Mr Rob Johnson	Public Elected Governor	Halesowen
Mrs Diane Jones	Public Elected Governor	South Staffs & Wyre Forest
Mrs Alison Macefield	Staff Elected Governor	Nursing and Midwifery
Mrs Patricia Price	Public elected Governor	Rest of the West Midlands
Mr Tarsem Sidhu	Public Elected Governors	Halesowen
Mr David Stenson	Public Elected Governor	Brierley Hill
Mrs Julie Walklate	Staff Elected Governor	Nursing & Midwifery
Councillor Steve Waltho	Appointed Governors	Dudley MBC
Mr Jason Whyley	Public Elected Governor	Tipton & Rowley Regis

**In Attendance:**

<b>Name</b>	<b>Status</b>	<b>Representing</b>
Mr Paul Assinder	Director of Finance & Information	DGH NHS FT
Mrs Teekai Beach	Directorate Manager	DGH NHS FT
Mrs Helen Board	Membership & Governor officer	DGH NHS FT
Ms Paula Clark	Chief Executive	DGH NHS FT
Mr Paul Harrison	Medical Director	DGH NHS FT
Mr Denise McMahon	Director of Nursing	DGH NHS FT

**Apologies:**

<b>Name</b>	<b>Status</b>	<b>Representing</b>
Mr David Badger	Deputy Chair	DGH NHS FT
Dr Subodh Jain	Public Elected Governor	North Dudley
Mr Peter Marsh	Staff Elected Governor	Partner Organisations'
Mr Roy Savin	Public Elected Governor	Stourbridge
Mrs Jackie Smith	Staff Elected Governor	AHP & HCS

## **1. Presentation: Mortality update** (power point presentation)

Dr Paul Harrison, Medical Director used a short slide presentation to provide an update on current mortality rates at the Trust. He explained the Trust was within the expected range on three measures used. He then went on to explain more about;

- Understanding mortality indices
  - Several different indicators used all derived from coding data used for payment.
  - Compares an expected rate of death in hospital with the actual number of deaths.
  - Takes into account a number of factors
- How are we monitored
  - Three key measures – Summary Hospital-level Mortality Indicator (SHMI), Hospital Standardised Mortality Ratios (HSMR) and CQC Intelligent Monitoring
- Our Trust performance
  - Within expected range for SHMI and HSMR.
  - CQC lists three risk areas relating to cardiological conditions, gastroenterological and hepatological conditions and procedures and our action and response
  - Depth of coding improving
- Mortality Tracking System
  - How we check every death
  - Unique tracking system
  - Every death is reviewed by frontline speciality clinicians

John Edwards thanked Paul Harrison for his informative presentation adding it was of vital importance that Governors fully understand and be updated on mortality indicators and how it is linked and interpreted by the prevailing monitoring and inspection regime.

There were no questions arising.

## **2. Welcome, introductions & apologies, declaration of Interests, announcements, quoracy and items for any other business**

2.1 John Edwards, Chair, opened the meeting noting there were no members of the public and press in attendance. He reminded all to ensure they had signed in. Apologies received are noted in above list.

2.2 There was no Declaration of Interests received.

2.3 The meeting was declared quorate.

2.4 Announcements.

Governing Body of the Year 2013. John Edwards formally reported the recent NHS Leadership Awards success for the Council of Governors who scooped the regional Governing Body of the Year Award 2013 and gave a huge thanks to all involved adding the Council were a credit to the Trust. He also congratulated Rachel Bailes, Linzie Priestnall and Jenny Bree who had been shortlisted in two other categories.

Appointed Governor Dudley CCG. John Edwards explained that it was not a requirement to have a representative our CCG on the Council of Governors but the Trust in conjunction with the Council took a decision to do so as a way of building a strong relationship. David Hegarty had initially agreed to stand but owing to other commitments had stood down and was in the process of appointing a colleague. The Council would be updated in due course.

Professor Martin Kendall. John Edwards explained that Professor Kendall had stood down from the role as Appointed Governor for University of Birmingham Medical School and asked a note of thank be minuted in appreciation of Martin's commitment to the council and note his ongoing support of medical education at the Trust.

### **3. Minutes from previous Council of Governors meetings (enclosure 1)**

3.1 The minutes from the meeting held on 5<sup>th</sup> September 2013 were accepted as a true and correct record.

3.2 Matters arising and actions.

Action point - Complaints and PALS reports to be updated to show data as actual numbers and not just as percentage for the next Full Council meeting in February 2014.

Agenda running order - John Edwards explained the running order of the agenda had been modified to reflect recent discussions with Governors who expressed the preference for the Council Committee reports to be at the top of the meeting.

There were no matters arising.

### **4. Update from Governor Development Group (enclosure 2)**

4.1 CoG Annual review

Rob Johnson explained the process was nearing its conclusion as the following items had been completed;

- On-line survey completed by all Governors
- Committee members conversation with their respective Committee Chairs
- Committee Chairs discussions with Chair of Governors

The final report of the review is being finalised and will be circulated to all Governors.

4.2 Developing the Governor role at DGH

Rob Johnson explained the Trust is required to define and publish the Role of Governor at the Trust following the Health and Social Care Act 2012 and the reports of Sir Robert Francis and Sir Bruce Keogh. The report from the Governor Development Group (GDG) sets out the considerations and recommendations for discussion and/or approval by the Council of Governors and Board of Directors.

Rob Johnson thanked all Governors for their input in the process of reviewing the role of Governors at the Trust and helping to identify areas for improvement and development.

He went on to explain that Appendix A captured in a tabular form the statutory duties and responsibilities of the Council and how they go about discharging them. Appendix B highlights the key themes identified for development as follows;

1. Patient and wider public engagement
2. Patient Experience and Quality

3. Improve information to Governors (information not data)
4. Improve Governors' "feel" for the Organisation
5. Increase NED accountability to Governors

Rob Johnson added that work would be done over the next few weeks to develop actions to address these areas. This to include the development of the Governance Handbook for Governors and the possibility of re-instating Non Executive Director update sessions.

Rob Johnson explained the Council's brief to the GDG was to explore the role of governors rather than the structural architecture of COG and its Committees. However, GDG propose to recommend that COG formally requires the GDG to review structures early in 2014, following a full 24 months operation under the new structure of Committees.

Rob Johnson concluded his report by encouraging all Governors to participate in the Patient Safety Leadership Walkrounds conducted by Board Members. They offer a valuable experience for Governors to gain a real insight and context to the workings of the Trust.

Paul Assinder explained the Board of Directors had considered the document at their meeting earlier in the day and endorsed the document fully with only one minor amendment relating to NED attendance at Full Council meetings. Currently they were not required to attend and NED accountability to Governors would be delivered in other forums.

Karen Jaunzems thought that theme 4 'Improve Governors' "feel" for the Organisation' seemed a bit woolly.

Paul Assinder thought the spirit of the theme is to support Governors to get 'behind the reports' into the activity of the Trust – giving ward visits as an example as part of the Patient Safety Walk Round activity.

### **Recommendations to full Council for Approval.**

Council is recommended to approve the specific recommendations of GDG which will provide early progress under these agreed development themes:

- a) The Lead Governor and Chairman to agree CoG Agenda jointly, following consultation with GDG.
- b) Governors to be invited to participate in all Patient Safety Leadership Walkrounds.
- c) Each Governor Committee Chair to agree with their lead Executive Director, the content of information provided to Committees, to improve the timeliness and relevance of information to that Committee's terms of reference and work programme. Committee chairs to raise any issues with GDG as appropriate.
- d) Regular Governor Only meetings will be encouraged as appropriate.
- e) Individual governor relationships with external health and social care organisations (with the approval of the Lead Governor) are to be encouraged. However, this must preclude voting member status.
- f) The Trust will produce a Governance Handbook for all Governors to centralise Information on;

- g) The Governor role description
- h) How, why, when and what... Governors are required to do to discharge their duties
- i) Terms of Reference for each Committee of the Council
- j) Governor Code of Conduct
  
- k) The Board Secretary will arrange a regular series of NED update sessions, to answer
- l) Governors' questions on the work of the Board of Directors and its Committees and to give assurance in specific subject areas.

John Edwards asked all present to approve these recommendations for the adoption of a framework to evidence development and progress against identified action. All present approved the motion without abstention.

John Edwards thanked all Governors for their input and in particular the members of the GDG who had worked closely with David Badger.

#### **5. Update from Governance Committee (enclosure 3)**

Rob Johnson presented the enclosure for information and highlighted the following items for Governors to note;

- Governance and Risk training. Important for all Governors to attend either of the two sessions. Of particular importance for Governor members of the Governance Committee
- Mandatory training for DGH staff is receiving scrutiny and a full report is being brought to the next meeting
- Pressure Ulcers. The Director of Nursing had accepted an invitation to attend and responded to questions raised about an observed increase in a particular ward area. The ensuing investigation had shown there were instances of duplicate counting and particular issues with the type of patient in that area.
- Grading of complaints. The Director of Nursing informed the Committee that in depth discussions are underway to see how the Trust can learn more effectively from the feedback it receives
- Transformation. The committee continued to question and raise concern on the pace of transformational change in the Trust

John Edwards thanked Rob for his update and ask if there were any arising. There were none.

#### **6. Update from Strategy Committee (enclosure 4)**

David Stenson asked the Council to receive and note the contents of the report prepared following a meeting of the Committee in July 2013 where the key items addressed were;

Richard Beeken gave a comprehensive presentation and had been questioned about the involvement of front line staff in the service line review activity that is being carried out in preparation of the refresh of the five year business plan.

Urgent Care in Dudley was discussed and the vision set out by Dudley CCG with the objective of improving health care and utilising all available resources more effectively. All Governors encouraged to provide feedback on the consultation document by end November 2013 to enable it to be collated and submitted by the 24<sup>th</sup> December.

Elderly Care. A verbal report was provided on behalf of Professor Kendall relating to the work which he had been undertaking with the Project Team responsible for developing elderly care services at the Trust. A draft of the report had been provided to the Elderly Care Team and will be circulated to all members of the committee for review and input as required.

Health and Wellbeing Board. The membership of the Board was noted and principally comprised commissioning organisations. No plans exist to invite The Dudley Group to become a member. It was agreed to communicate with the Board Chair the value of developing an overarching Strategy for Elderly People.

Work Programme – In order to meet the requirement that the Council of Governors have the opportunity to express its views on the strategic direction of the Trust, it was recommended that a report should be on the agenda of the Council’s meeting in February 2014 (in addition to a meeting of the Committee in December 2013). It was also agreed to recommend that a Board/Council Workshop should be held in mid March 2014 to enable a discussion about the progress made by the Trust in implementing the objectives set out in the “Strategic Plan Document 2013-14”, together with a report on the progress made in agreeing/implementing the service reviews.

The committee had prepared a document outlining the key strategic themes of the trust has been prepared and submitted to the Membership Engagement Committee. This will be used to support Governors as part of the ‘Out there’ project.

In conclusion, David asked for the support of the Council for the actions and work being undertaken. Those present agreed to support the work of the Committee.

Joanne Hamilton asked if Governors had attended any of the Urgent Care Review Consultation events being run by the Dudley CCG and how any conflict between individual Governors feedback and the collated Trust response will be handled.

David Stenson replied he had attended to listen to the views being expressed by others.

John Edwards asked Governors to ensure that if they expressed opinions at events they did not speak on behalf of the Trust. He supported all Governors in making their views known as part of the consultation using the channels provided.

John Edwards thanked David for his report and commented the committee Workplan may be impacted by the tightening schedule from Monitor.

## **7. Update from Membership Engagement Committee (enclosure 5)**

Bill Hazelton presented the enclosure for information and asked Governors to note the following key points;

- Governor feedback, complaints and PALS. Denise McMahon had attended the meeting and explained Governors will receive more training in January 2014 to increase their knowledge and understanding of how the process operates and learn more about the review work being undertaken
- Governors ‘out there’ toolkit is to be refreshed to take into account the needs of public and staff governors. This will include reviewing the engagement and recruitment objectives and identifying topics for engagement before submitting to the full Council for approval

- All Governors asked to identify suitable target groups and events and advise the Foundation Trust office

John Edwards thanked Bill for his report. There were no questions arising.

## 8. Standing reports

### 8.1 Performance Report Q2 (enclosure 6)

Paul Assinder presented the enclosure for information up to the end of September 2013 and asked Governors to note the key items;

- Activity at the Trust is above plan. Emergency admissions to Russells Hall Hospital are 4% above last year. As a consequence planned cases are 7.6% under plan for the period resulting in lost income
- The Trust recorded a small deficit for the quarter of £351,000, 0.5% of turnover but the 'run rate' of spending, particularly on employees, is outstripping income which remains unacceptable to the Board and Council. All discretionary spending will be tightened and subjected to increased scrutiny. In the first six months of the year the Trust has spent £100,000 more on qualified agency nurses than in the whole of 2012-13.
- A&E 4 hour wait for quarter was 96.6% (target 95%) The target was missed for October and the early part of November was also proving challenging
- The Trust has no outstanding CQC issues
- The Trust reported no 'never' events for the quarter
- The Board has confirmed a '**3** (good) rating for finance and an '**amber/green**' rating for governance including performance against targets and quality rating for Q2
- Diagnostic rates remain an ongoing challenge to meet contractual commitments with CCG

Rob Johnson asked if the additional funding from the Dudley CCG would equate to more A&E staff.

Tarsem Sidhu asked if this was a local problem and would it be viable to recruit from overseas.

Pat Price asked how we ensured that overseas recruits were fluent in English.

Bill Hazelton commented the figures and information presented suggested a very risky situation for the Trust and what plans the Trust had in place to avert major losses.

Paula Assinder replied it remained a challenge to recruit to the department and plans are underway to recruit from overseas. English competency is high on the list of basic requirements and is fully assessed. All candidate need to complete an English test and we undertake to meet all recruits face-to-face. The Trust also intends to use some of the CCG funds to commission places in the community. The Trust is better prepared for winter pressures than in previous years.

Paula Clark added that every bed we have is open and many initiatives are in place to keep people out of hospital and able to access care in the most appropriate setting. Capacity remains an issue and schemes have been introduced at the front door to address this. This includes the AEC (ambulatory emergency care) project designed to diagnose to admit and not admit to diagnose. In the first week of the 23 patients seen the majority had been turned around after appropriate treatment and not admitted.

Bill Hazelton queried the 17% reduction in the cash balance and the reflected liquidity loss of 0.8 of a day.

David Stenson queried whether the projected financial situation had negatively impacted on the business case to source inpatient food from another supplier.

Paul Assinder replied the reduction in cash balance is linked to liquidity but not causally. Operational and contractual aspect had led to not implementing an alternative food supplier. All PFI contracts are subject to service review and the Board fully endorse an open approach to researching the market for improved alternative.

John Edwards supported this and the Board are focussed on making sure the existing contractual arrangements are the best they can be.

Joanne Hamilton asked if our own community staff are able to register on the Trust Staff bank and if it was promoted to the community staff.

Paula Clark replied that they were welcome to register and would be competency assessed as appropriate.

## 8.2 Foundation Trust Membership (enclosure 7)

Helen Board presented the enclosure and asked Governor to note its contents.

## 8.3 Board Secretary Reports (enclosure 8)

Paul Assinder asked Governors to note the contents of the report and drew their attention to;

- Council of Governors elections for 2014
- Commissioning of independent reports on Board Governance and Quality Governance

## 9. Quality

### 9.1 Quality Account update.

Denise McMahon gave a verbal update and highlighted the following items;

- Timeline for the production of Quality Accounts and Annual Report being brought forward and a final timetable will be published shortly
- In the process of agreeing targets for 2014/15
- Agreement to continue with existing topics discussed at Board in public session. Future topics may be set for us by Mike Richards at the CQC
- Suggested topics for future inclusion also being sought in consultation with Governors and wider public
- Any future topic must be measurable to ensure progress can be tracked using available metrics that can be audited.
- Consideration to include Diabetes screening on admission for all patients
- Governors asked to provide feedback on any ideas they may have

<p><b>Action point</b> – forward item for February meeting of the full Council to agree and approve selection of Quality Priorities</p>
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### 9.2 Quality Priority update 2013/14 (enclosure 9)

Denise presented the enclosure and asked Governor to note the progress against targets for the period ending 30<sup>th</sup> September 2013.

### 9.3 Patient Experience update Q2 including PALS and Complaints and PALS (Enclosure 10 a & b)

Paula Clarke presented the enclosure and asked Governors to note the contents and highlighted the following items;

- 3288 pieces of feedback received in Q2
- Friends and Family Test expanded into maternity in line with CQUIN requirements
- Trust Friends and Family Test results higher than national average for Q2
- NHS Choices feedback increasing and generally higher than other trusts
- National Cancer survey results increasing but still work to do on this on progress against our local action plan.

The report also includes examples of You said, We did which is important for patients to see we are acting on their feedback

The Complaints and PALS report noted a reduction in complaints about clinical treatment but an increase in those received about attitude of staff. Complaints against activity were slightly down.

Ophthalmology accounts for the majority of complaints about waiting times.

David Stenson asked what was meant by 'dissatisfied complaints' as noted on page 66.

Paula Clark explained that following the Keogh review, the Trust had changed its wording on final response letters to complainants to leave the door open and if challenged again further investigation and steps taken to resolve the situation would be taken.

Julie Walklate added that more face-to-face meetings were now taking place and this was contributing more positive outcomes and closure for many patients, their carers or relatives.

Brian Chappell asked if the poor attitude of staff were occurring in a particular area.

Alison Macefield asked if a spike in complaints about staff attitude was linked to the Keogh Review and heightened media coverage generally.

Paula Clarke replied the coding of complaints and concerns was being reviewed to provide more in-depth information and align more closely with incidence reporting.

John Franklin asked if complaints against volunteers could be included adding they receive a fair amount of abuse from patients, relatives and carers e.g. if wheelchairs are not available. He also asked how it was that service users in the T&O department had no or few issues compared with those who suffered long waiting times in Ophthalmology and whether the departments could learn from each other.

Karen Jaunzems confirmed volunteers are free to lodge complaints but did not recall more than one instance in the last couple of years.

Paul Assinder explained that outpatient clinics operated differently depending on type of patients and the treatment required hence there was no one-size-fits-all. The Trust is using an external organisation to help with improving the flow in outpatient clinics.

Paula Clark added the Trust is working to improve its performance for both Ophthalmology and Dermatology outpatients. The feedback from complainants (sometimes face-to-face) is being used to allow our staff to understand what it felt like for them and experiencing the complaints process.

#### 9.4 Keogh Review action plan (enclosure 11)

Paula Clark asked Governors to note the progress on the action plan and explained that the format now reflected that required by Monitor to provide consistent reporting across all trusts.

Paula added that the Trust is on-track with several actions already taken including;

- Progress being made on development of Patient Experience Strategy in conjunction with Dudley CCG and Healthwatch
- Nurse staffing levels are now displayed on the wards and ratios updated each shift. Waiting for the AUHUK rostering package to go live and the Trust is continuing to invest in front-line staff

Rob Johnson asked if it is possible to put a letter to indicate the colour of the progress block to enable those with black and white copies to understand the meaning.

Paula Clark also suggested that CoG papers to be put on the overhead projector.

John Edwards asked all present if they were content to receive the report. All agreed without abstention.

#### 9.5 Francis Report action plan (enclosure 12)

Paula Clark presented the report for information and explained that all outstanding actions had been moved to the Keogh/Monitor report. The Board is continuing to monitor on a quarterly basis. A full response to the Francis Report will be submitted by the Trust to Government by the end of 2013.

#### 9.6 Infection Control report YTD (enclosure 13)

Denise McMahon presented the enclosure and asked Governors to note the summary of performance;

##### Clostridium Difficile (Post 48 hrs)

The target for 2013/2014 is 38 cases; as of the 25th October 2013, 24 cases have been recorded against a target of 22 for the end of October 2013. There is a Trust-wide action plan in place to bring the numbers of cases back within trajectory by the end of financial year.

##### MRSA – Annual Target 2 (Post 48 hrs)

There have been no cases in the last month and no cases so far this financial year.

##### Norovirus

There have been no confirmed cases of Norovirus in the Trust.

## 10. Any other Business

### Reminders

Governor training sessions as follows;

21<sup>st</sup> November 2011- Governance and Risk, 5.30pm

21<sup>st</sup> January 2014 – Patient Experience and Communications 5.30pm (repeated 3/2/14)

27<sup>th</sup> February 2014 – Infection Control (mandatory) 5.00pm

#### **11. Close of meeting**

John Edwards thanked all for attending and reminded all Governors to ensure that they regularly access the Governor Portal where important information is available to help and support Governors in their role.

The next meeting will be the Full Council of Governors meeting at 6.00pm on Thursday 27<sup>th</sup> February 2014, in the Clinical Education Centre, South Block (formerly Block C), Russells Hall Hospital.

The meeting closed at 20:10hr.

John Edwards, Chair of meeting

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

**Action Sheet**  
**Minutes of the Council of Governors**  
**Meeting held 7<sup>th</sup> November 2013**

<i>Item No</i>	<i>Subject</i>	<i>Action</i>	<i>Responsible</i>	<i>Due Date</i>	<i>Comments</i>
7/11 a	Quality Priorities	Item for February meeting of the full Council to agree and approve the selection of Quality Priorities	Helen Board	Feb 2014	