

**Minutes of the Full Council of Governors meeting
Thursday 5th September 2013, 6.00pm, Clinical Education Centre,
Russells Hall Hospital, Dudley**

Present:

Name	Status	Representing
Mr Darren Adams	Public Elected Governor	Stourbridge
Mr Fred Allen	Public Elected Governor	Central Dudley
Mr Ian Dukes	Staff Elected Governor	Medical and Dental
Mr Bob Edwards	Public Elected Governor	Brierley Hill
Mr John Edwards	Chair of Meeting	DGH NHS FT
Mr John Franklin	Appointed Governors	Dudley CVS
Mrs Joanne Hamilton	Staff Elected Governor	Nursing & Midwifery
Mr Bill Hazelton	Public Elected Governor	Central Dudley
Dr Subodh Jain	Public Elected Governor	North 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
Prof Martin Kendall	Appointed Governor	University of Birmingham Medical School
Mrs Alison Macefield	Staff Elected Governor	Nursing and Midwifery
Mr Peter Marsh	Staff Elected Governor	Partner Organisations'
Mrs Patricia Price	Public elected Governor	Rest of the West Midlands
Mr Roy Savin	Public Elected Governor	Stourbridge
Mr Tarsem Sidhu	Public Elected Governors	Halesowen
Mrs Jackie Smith	Staff Elected Governor	AHP & HCS
Mr David Stenson	Public Elected Governor	Brierley Hill
Mr Jason Whyley	Public Elected Governor	Tipton & Rowley Regis

In Attendance:

Name	Status	Representing
Mr Paul Assinder	Director of Finance & Information	DGH NHS FT
Mr David Badger	Deputy Chair	DGH NHS FT
Mrs Helen Board	Membership & Governor officer	DGH NHS FT
Ms Paula Clark	Chief Executive	DGH NHS FT
Dr Elizabeth Rees	Director of Infection, prevention and Control	DGH NHS FT
Mr Peter Timmins	Trust Member	DGH NHS FT

Apologies:

Name	Status	Representing
Mr Brian Chappell	Public Elected Governor	North Dudley
Mrs Anne Gregory	Staff Elected Governor	AHP & HCS
Dr David Hegarty	Appointed Governors	Dudley CCG
Mrs Julie Walklate	Staff Elected Governor	Nursing & Midwifery
Councillor Steve Waltho	Appointed Governors	Dudley MBC

1. Presentation: Appointment of Director of Infection Prevention and Control (power point presentation)

Dr Elizabeth Rees, Consultant Microbiologist explained she had recently been appointed as the Director of Infection Prevention and used a short slide presentation went on to provide an overview of the role and some of the current key challenges;

- What is infection control
 - Quarterly C.difficile incidences since April 2007, The Dudley Group
 - Profile of C.diff profile for the year ending 2013/14, Dudley Health Economy
 - Profile of E. Coli profile for the year ending 2013/14, Dudley Health Economy
 - Profile of MRSA profile for the year ending 2013/14, Dudley Health Economy
 - Profile of MSSA profile for the year ending 2013/14, Dudley Health Economy
- Nursing Care indicators and infection control questions
- CQC National inpatient survey April 2013 questions relating to cleanliness

John Edwards thanked her for an interesting and informative presentation and asked Governors for questions arising.

Professor Kendall commented that the Trusts facilities were well presented and clean. He then asked what emerging 'bugs' the Trust expects to see in the coming year.

Dr Rees replied MRSA and C.diff remain a priority against a backdrop of historical high incidence adding Public Health England have indicated E. Coli may be a focus in future years.

Tarsem Sidhu asked if we were becoming better at how we prescribe and deliver antibiotics and how do we keep an eye on over-prescribing.

Dr Rees replied the Trust fully supports prescribing methods that reflect national policy guidelines. Monitoring is audited and purchasing scrutinised. Future implementation of e-prescribing will make our local information easier to access.

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

2.1 John Edwards, Chair, opened the meeting and welcomed members of the public and press. 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. John Edwards formally welcomed recently elected and appointed Governors to the Council;

Dr Subodh Jain, Public Elected North Dudley

Mr Tarsem Sidhu, Public Elected Halesowen

Mr Peter Marsh, Staff Elected Partner Organisations

Mr John Franklin, Appointed Dudley Council for Voluntary Service

Dr David Hegarty, Appointed Dudley Clinical Commissioning Group

John asked those present if there were any items not covered by the agenda to be raised as any other business. There had been one item raised by a Trust Members who was present.

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

3.1 The minutes from the meeting held on 2nd May 2013 were accepted as a true and correct record, subject to one amendment on the list of attendees to be amended to read that Paula Clark was present.

3.2 Matters arising

All action points from the last meeting are complete.

There were no matters arising.

4. Standing reports

4.1 Performance report Q1 (enclosure 2)

Paul Assinder, Director of Finance and Information asked the Council to receive the Q1 report and highlighted;

- The Trust has started the new financial year much as it ended 2012/13, with 3% higher emergency admissions than in Q1 2012-13 and a consequent delay in treating planned patients.
- The Trust has posted a surplus of £132,000 for Quarter 1, marginally ahead of plan.
- We continued to perform well against the long list of access and waiting target set by the NHS nationally and locally. However, in Q1, the Trust marginally failed the target for A&E 4 hours maximum waits at Russells Hall Hospital (the second successive quarter)
- Overall Dudley Group's performance remains amongst the best of local trusts.
- Monitor has confirmed a '**3**' (**good**) rating for finance and an '**Amber/Green**' rating for governance (including performance against targets & quality ratings etc)

John Edwards thanked Paul for the update and asked Governors if there were any queries or clarification required.

Bob Edwards asked if a column could be added to show financial performance against plan.

Professor Kendall queried if the figure in section 2, second paragraph, line 3 should read 35 or 3%.

Paul Assinder agreed to add in a column as requested by Bob Edwards and confirmed the figure should read 3%.

Bill Hazelton asked how the 3% increase in ED admissions compared to the footfall for the same period.

Paul Assinder confirmed the footfall figure had remained the same but the Trust had seen an increase in complexity of cases and the number brought in by ambulance.

Paula Clark added this activity was underlined by an increase in the number of investigations for patients attending ED.

Joanne Hamilton noted the Trust was using the in-house staff bank more and more and asked if we were proactively recruiting as some community staff are keen to sign on and don't seem to be able to.

Paula Clark commented she had not been made aware of any issues in this regard and would follow it up.

David Stenson asked how fragmented commissioning, Cost Improvement Programmes and other factors would impact the Trust in future years.

Paul Assinder replied the greatest challenges will be balancing reducing budgets and increasing demand adding that there is no easy solution in the long term.

4.2 Foundation Trust membership report Q1 (enclosure 3)

Helen Board asked those present to note the report.

4.3 Board Secretary Report (enclosure 4)

Paul Assinder presented the enclosure and highlighted the following key items;

- Council is asked to note the recent Governor elections and appointments
- Hard copy version of the updated Monitor guide for Governors will be available soon
- Proposed changes to the Trust Constitution (tabled paper) to be presented at the forthcoming Annual Members Meeting on Thursday 12th September as follows;

1. Annex 4, the composition of Council, page 18 currently states Dudley PCT as an appointed governor. **Proposal to amend this to read Dudley Clinical Commissioning Group**

2. Annex 4, Composition of Council, page 18 currently has incorrect title for Dudley Council for Voluntary Services. **Propose to remove 's' off the word 'Services'**

3. The date of review in annex 7, Standing Orders for the Council of Governors, page 46 , which is presently dated October 2012. **Propose to change this to April 2013**

4. The date of review in annex 8 Standing Orders for the Board, page 64, which is presently dated October 2011. **Propose to change this to April 2013**

5. Propose to insert a small table on the back page to record the change history and next review date

John Edwards asked if the Council were content to endorse the above changes being presented for approval at the Annual Members Meeting on Thursday 12th September 2013.

All present agreed without abstention.

5. Quality

5.1 Quality Account 2013/13 external assurance report prepared by Deloitte (enclosure 5)

Paula Clark confirmed that a copy of the report had been distributed to all Governors in May 2013. She explained the review is a statutory requirement and is primarily commissioned by the Council of Governors. On page 3 the review concludes that the content of the Quality Report, data consistency and data testing all meet the key national standards.

On page 4, whilst data testing meets the standard in relation to 62 day cancer, there are opportunities for improvement. This was due to the auditors finding two errors in treatment dates in the data extract compared to what was recorded in the clinical records. These errors did not result in any missed breaches of the targets (page 10). The auditors have made recommendations regarding improving systems both with this issue and regarding the collection of patient experience data ensuring that appropriate patients are not excluded from the patient surveys being undertaken (page 19).

Both recommendations/actions have been agreed (page 22) and a review of these actions will be presented in October 2013 to the Clinical Quality, Safety and Patient Experience Committee.

5.2 Quality Priority update Q1 (enclosure 6).

Paula Clark presented the report for information. Governors were asked to note the contents.

Bill Hazelton commented that the small number of responses received to-date in relation to those 'receiving enough assistance to eat the meals' is not a robust dataset to gain anything from.

Paula Clark concurred with this and explained that we are starting from a zero base and over time, the number of responses should increase and become more statistically reliable.

Professor Kendall asked for clarification of the acronym HPV.

Paula Clark confirmed in this instance it stood for Hydrogen Peroxide Vapour used by the Trust's fogging machines as part of the infection control initiative.

5.3 Patient Experience update Q1 including Complaints and PALS (enclosure 7)

Paula Clark presented the report for information and highlighted the following

- 3144 pieces of feedback received in quarter 1
- Our Friends and Family Test score higher than national average for quarter one, but A&E data collection remains challenging with low response rates
- Friends and Family Test CQUIN clarification (following national publication of results) means that the Trust now has an opportunity to reach half of the CQUIN payment which we thought had been lost
- Complaints and PALS report for quarter 1 ending 30th June 2013. The total number of complaints for the quarter is comparable with previous quarters.
- Coding of complaints reviewed following the Keogh Review.
- 100% of complaints received were acknowledged within required timeframes.

Paula Clark explained the report also contained detailed information about the comments left on the NHS Choices and Patient Opinion websites. Our Trust had a much higher 'posting' rates compared to other local trusts. We actively encourage our patients to leave their comments on their – good or bad. A response is sent to all comments posted and all comments are shared with staff in the areas to which they refer. So far the amount of positive comments we have received outstrip the number of negative comments received. She concluded by saying the Keogh Review had the unintended consequence of increasing the number of positive postings and compliments we had received from patients.

John Edwards thanked Paula for her update and asked if Governors had any clarifications or questions.

Bob Edwards asked for clarification about the amount of CQUIN funding in terms of money lost to the Trust.

Paul Assinder confirmed this was in the region of £300k.

Dr Jain observed that the subject of individual outpatient appointment cancellations had been the focus of recent media reports and at a recent Community Forum meeting and asked what the Trust was doing to tackle some of the issues raised.

Paula Clark replied the Trust was aware of appointments being cancelled a number of times and had this as a priority item on the Transformation Programme. An action plan is in place to develop more capacity and resourcing for clinics that are problematic. She continued by saying the Patient Experience listening event held in July 2013 established it can be a sum of small things would make a huge difference; where possible small things had been auctioned straight away.

Joanne Hamilton asked if there is a defined length of time as criteria for responding to an inpatient call bell.

Paula Clark replied a length of time had not been assigned. After long discussions and consideration by all staff involved, it had been agreed to set it as a 'reasonable amount of time' which could differ from patient to patient.

John Edwards endorsed that length of time will mean different things to different people and data from surveys will be reviewed and the criteria possibly amended over time. He thanked Governors for the challenge on issues with Outpatients appointments and concluded by saying that progress reports on Transformation work would continue to be brought to the Council.

Professor Kendall observed that the numbers of complaints and cancelled appointments were expressed in percentage terms which could potentially be misleading and asked if this data could rather be presented as actual numbers.

Paula Clark agreed to change the format for the next report.

Action Point – Complaints and PALS data to be presented as actual numbers and not as percentage
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5.4 Keogh Review action plan update (enclosure 8)

Paula Clark explained that progress against the action plan was being monitored by a number of agencies including our commissioners, national and regional regulators such as Monitor, NHS Regional Midlands and East. Paula added the CQC are to track the development of their new inspection regime for Trusts to the Keogh findings. At a recent national meeting attended by Mike Richards, Paul Harrison and Denise McMahon, Paula had been able to share our experiences of the Keogh Review process.

Professor Kendall said he was impressed The Dudley Group took quality of Care very seriously.

John Edwards concurred adding the output from the Keogh Review had been positive in as much that nowhere had it said we weren't trying to deliver the best possible care for our patients. Each item for action is allocated to a named Director who has lead responsibility.

Bob Edwards commented that the report had suggested Governors are more pro-active and less re-active adding that the role of Governor nationally was still maturing.

David Stenson added the debate about what the Role of Governor means to us locally is happening now to establish a way forward by developing a framework to support Governors to support the Trust in areas such as Patient Experience and Quality.

Rob Johnson commented that discussions on this very subject had been underway prior to the Keogh Review activities. At the end of July 2013 Governors had been brought together by the Governor Development Group to explore and identify key areas of the Governor role needed to be developed. Since that meeting members of the Governor Development Group had shared some of the output from the July session with the Board and plan to report back to the Full Council of Governors at the November meeting.

5.5 Francis Report action plan update (enclosure 9)

Paula Clark presented the enclosure explaining there was some cross-over between the Keogh and Francis action plans and at the last Board meeting had discussed to rationalise actions where they were complete and transfer any open items from the Francis plan. Paula confirmed that an update on actions will be brought to full Council meetings.

John Edwards thanked Paula for the update adding the Board were in agreement that continual improvement is vital and that some actions may never close.

Bill Hazelton commented on the importance of retaining meaningful milestones for ongoing actions to enable ongoing measurement of progress.

Paula Clark added the decision to rationalise the list makes it easier to put timelines against actions and enable easier monitoring.

John Edwards asked Governors to note the progress report and confirmed further updates will be brought to future meetings.

5.6 Infection control report (enclosure 10)

Dr Elizabeth Rees presented the enclosure for information and drew Governors' attention to;

- A glossary of key infections is contained in the first pages of the report
- Tabulated information containing a summary of specialties and wards

The summary of performance to date;

Clostridium Difficile (Post 48 hrs) - The target for 2013/2014 is 38 cases; at the time of writing the report 15 cases have been recorded against a target of 18 for the end of September 2013.

MRSA (Post 48 hrs) - There have been no bloodstream infections with MRSA in the last month and no cases so far this financial year.

Norovirus – There has been no confirmed cases of Norovirus in the Trust this financial year.

Neonatal Unit – Recent government advice regarding the surveillance of *Pseudomonas aeruginosa* in water supplies in augmented care units has been adopted locally and there is an active programme to alert the Infection Control Team to any clinical cases with this infection.

TB – Following incidents involving open cases of tuberculosis in the hospital, an ongoing programme of education and awareness has been undertaken.

John Edwards thanks Dr Rees for her report and invited questions from Governors.

Professor Kendall asked if there was any single thing that had a major impact on infection levels.

Dr Rees replied that it cannot be ascribed to a single action; environment containment is effective and the widespread use of microfibre cleaning materials. We also use fogging technology and work hard to reduce overprescribing of antibiotics. She added that as a Trust we are fortunate to have 4 side rooms in every 12 bedded area which allows for effective isolation of patients when necessary.

David Stenson asked if the predictions for performance up until the end of March 2014 took into account the seasonal rise in infections such as norovirus.

Dr Rees replied that it did.

Paula Clark commented that C.diff is carried in the gut of a large number of adults

Dr Rees concurred and adding the Trust does all it can to identify groups of patients and try to reduce the risk wherever possible. It is difficult to eradicate completely especially as the very young and very old have a higher propensity to carrying the infection.

John Edwards said the Board constantly ask what is known that can help the situation to continually improve and believe in approaching it from a number of angles.

Dr Rees left the meeting.

6. Update from Governor Development Group (enclosure 11)

Rob Johnson asked the Council to receive and note the contents of the report prepared following a meeting of the Group in July 2013 where the key items addressed were;

Role of Appointed Governor. A document had been prepared and is **submitted for approval** at the Full Council meeting 5th September 2013

Patient Safety Walk Rounds. A pilot ran through July and August 2013 and will be reviewed at the September meeting of the Governor Development Group prior to extending the invitation to the full Council encouraging all Governors to participate

Governor training. A report received regarding the benchmarking exercise to assess our own in-house offering against the recently launched FTN GovernWell proposition. Trust agreed to retain own in-house provision with Governors encouraged to attend FTGA development days where possible.

Council of Governors Annual review. The process, documentation and schedule was agreed to support a review of the Council effectiveness. The review process will conclude during October and a report will be prepared for Board and Council meetings in November 2013. All Governors present endorsed the process being used for the Council of Governors Annual Review.

Rob Johnson explained the present composition of the Governor Development Group is made up of Chair of each of the Council Committees and the Trust Chairman, Senior Independent Non Executive Director and a member of the Executive team. Currently this is;

Darren Adams (Chair of Remuneration Committee)

Bill Hazelton (Chair of Membership Engagement Committee)
Rob Johnson (chair of Governance Committee)
Martin Kendall (Chair of Appointments Committee)
David Stenson (Chair of Strategy Committee)

John Edwards (Trust Chairman/Chair of Governors)
David Badger (Deputy Chair and Senior Independent NED)
Paul Assinder (Director of Finance and Information)

John Edwards thanked Rob for his report and before moving on to seek approval of recommendations asked for questions arising – there were none.

There were no questions arising.

Recommendations from the Governor Development Group

Role of appointed Governors – document for approval by the Full Council

John Edwards asked if the Council were content to adopt the enclosed document with immediate effect.

All present agreed without abstention.

7. Update from Governance Committee (enclosure 12)

Rob Johnson presented the enclosure and asked Governors to note its contents adding that the minutes are posted to the Governor Portal. He then highlighted the following;

- Board Committee summary reports received and scrutinised as evidence from
 - i. Finance & Performance Committee
 - ii. Audit Committee
 - iii. Risk and Assurance Committee
 - iv. Clinical Quality, Safety and Patient Experience Committee

Matters which will receive further reports on at the next meeting in October 2013 include;

- Grading of complaints
- Audit and risk assurance framework
- Risk management register
- Mandatory training update
- Update on Pressure ulcers

John Edwards thanked Rob Johnson for his update and asked if there were questions arising.

Bob Edwards queried the increase in staff and agency costs of £2.8m on the previous year.

Paul Assinder replied that whilst the amount had seen an increase on the previous year, the Trust had held down costs in this area against a backdrop of increased demand.

8. Update from the Strategy Committee (enclosure 13)

David Stenson presented the enclosure and asked Governors to note its contents adding that the minutes are posted to the Governor Portal. He then highlighted the following items;

- Health and Wellbeing Board. The Trust has not been invited to become a member and will be attending future meetings of their Board in an observer role and influence where possible.

- Strategic plan document 2013/14. Governors sought more information relating to staffing levels and the transformation project evolved. It was agreed that a report would be provided by Richard Beeken received in March 2014.
- Committee workplan. This to be synchronised with the Trust's Corporate Workplan and other significant strategic issues as they arose.

John Edwards thanked David Stenson for his update and asked if there were questions arising.

There were none.

9. Update from Membership Engagement Committee (enclosure 14)

Bill Hazelton presented the enclosure and asked Governors to note its contents adding that the minutes are posted to the Governor Portal. He then highlighted the following items;

- Membership engagement strategy to be tied in with the development of Trust wide engagement strategies linked to Patient Experience
- Community forums. The groups had debated at great length and had concluded That the setting of these did not lend itself to informing, collecting comment and providing response. The Committee did not consider it appropriate at this time to focus on engagement with the Community Forums. Governors who so wished could attend as members of the public and could bring back any 'hot topics'.
- Concerns were raised about issues that were referred to the Trust following meetings with members of the public:
 - i. Lack of clarity about the channels through which these matters were referred
 - ii. 'Closure of loop' to the Governor when the issue had been addressed

Training implications for Governors and the possibility of establishing a Governors' channel for compliments and complaints were referred to the Trust for consideration.

- In support of Governors 'Out there' it was suggested that Public Governors consider identifying two community organisations with which they could meet once or twice a year to build an effective relationship for gathering of views and sharing of Trusts key strategic plans.
- The group discussed the need for a script that promoted developments at the Trust more widely. Suggestions included vascular surgery, developments in Emergency Care, Integrated Care Initiatives etc. It was suggested that this be referred to Richard Beeken/Strategy Committee.

John Edwards thanked Bill Hazelton for his update and asked if there were questions arising.

David Stenson explained he had discussed at length with Bill the topic of Governors attending Community Forum meetings as a Governor and stated he had a different view. He thought they were of value and had attended 3 of 9 meetings and had met more than 120 people so far. He felt very strongly that this activity was in line with the Health and Social Care Act's intention to work with the wider public and not just Trust Members. He had the opportunity to speak about his role as a Governor, Trust Membership and had distributed copies of the Your Trust. Dr Jain had accompanied him and they had received several comments asked by members of the public in attendance. These had been contained within a written report following the event and submitted to the foundation Trust office for response. These responses had then taken back to a future meeting. He concluded that this activity contributed positively to the Governors 'Out there' programme.

Dr Jain concurred with this but acknowledged there was a plus and a minus side as the meetings could potentially be used for political ends otherwise it is a way of getting useful feedback and promoting Trust membership.

John Edwards commented there is a differentiation between engaging with our Members and the wider public and sharing information. He could see clear benefits of the view the committee had taken. Both Keogh and Francis had raised the topic of effective engagement for Governors to find a variety of ways of seeking views.

Rob Johnson commented that as individuals, Governors could go where they like and give their opinion.

John Edwards commented that any statement being made by an individual will potentially be received as a view of the Trust and their personal opinion will not be accounted for.

Bill Hazleton thought it was acceptable for Governors to focus on using and presenting existing Trust information such as the Your Trust magazine to share with any groups or individuals they may interact with and resist expressing their personal views.

John Edward summarised the discussions and asked those present if they were content to accept the recommendation of the Membership Engagement Committee who did not consider it appropriate at this time to focus on engagement with the Community Forums. Governors who so wished could attend as members of the public and could bring back any 'hot topics'.

The majority of those present agreed with this recommendation.

10. Appointments Committee (enclosure 15)

Professor Kendall presented the enclosure and highlighted four items requiring approval by the full Council. He invited David Badger to temporarily chair the meeting.

Professor Kendal then outlined the items requiring approval.

Recommendation to be made to the full Council of Governor to accept the amendments to the Appointments Committee Terms of Reference – appendix 1

David Badger asked those present to endorse the recommendation to accept the amendments to the Appointments Committee Terms of Reference.

All present agreed without abstention

Recommendation to be made to full Council of Governors for the extension of contracts for Mr Richard Miner and Mr David Bland until 31st March 2014.

David Badger asked those present to endorse the recommendation for the extension of contracts for Mr Richard Miner and Mr David Bland until 31st March 2014.

All present agreed without abstention.

Recommendation to be made to full Council of Governors for the re-appointment of John Edwards for a new 3 year term commencing on 1st November 2013.

David Badger asked those present to endorse the recommendation for the re-appointment of John Edwards for a new 3 year term commencing on 1st November 2013.

All present agreed without abstention.

Recommendation to be made to full Council of Governors for the appointment of David Stenson as a member of the committee following elections held in August 2013.

David Badger asked those present to endorse the recommendation for the appointment of David Stenson as a member of the committee following elections held in August 2013.

All present agreed without abstention.

David Badger thanks Professor Kendall for his report and invited John Edwards to resume as Chair.

11. Any other Business

Adverse Press Coverage

John Edwards explained Mr Peter Timmins, Trust Member was in attendance at the meeting and wished to note his concern about the level of adverse coverage in the local media. John Edwards invited Peter to speak.

Peter Timmins shared his thoughts with the Council of Governors that recent coverage in the Birmingham Mercury was wholly inaccurate and did not reflect the modern clinical environment provided by the Trust. He concluded he intended to also raise this again at the forthcoming Annual Members Meeting to be held on 12th September 2013.

John Edwards thanked Peter for his feedback.

12. 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 27th February 2014, in the Clinical Education Centre, 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 2nd May 2013

<i>Item No</i>	<i>Subject</i>	<i>Action</i>	<i>Responsible</i>	<i>Due Date</i>	<i>Comments</i>
5/9 a	Complaints and PALS data	Data to be presented as actual numbers and not as percentage	HB	Feb 14	