

**Minutes of the Full Council of Governors meeting
Thursday 27th February 2014, 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 Brian Chappell	Public Elected Governor	North Dudley
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 Anne Gregory	Staff Elected Governor	AHP & HCS
Mrs Joanne Hamilton	Staff Elected Governor	Nursing & Midwifery
Mr Bill Hazelton	Public Elected Governor	Central Dudley
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
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
Mrs Jackie Smith	Staff Elected Governor	AHP & HCS
Mr David Stenson	Public Elected Governor	Brierley Hill
Mrs Julie Walklate	Staff Elected Governor	Nursing & Midwifery

In Attendance:

Name	Status	Representing
Mr Paul Assinder	Director of Finance & Information	DGH NHS FT
Mr David Badger	Deputy Chair	DGH NHS FT
Mr Richard Beeken	Director of Strategy, Transformation and Performance	DGH NHS FT
Mrs Helen Board	Membership & Governor Officer	DGH NHS FT
Ms Paula Clark	Chief Executive	DGH NHS FT
Mrs Julie Cotterill	Associate Director of Governance/Board Secretary	DGH NHS FT
Mrs Sharon Phillips	Risk and Standards Manager	DGH NHS FT

Apologies:

Name	Status	Representing
Mr Ian Dukes	Staff Elected Governor	Medical and Dental
Dr Subodh Jain	Public Elected Governor	North Dudley
Mr Tarsem Sidhu	Public Elected Governors	Halesowen
Councillor Steve Waltho	Appointed Governor	Dudley MBC
Mr Jason Whyley	Public Elected Governor	Tipton & Rowley Regis

COG 14/01.0 Welcome

Mr John Edwards opened the meeting and noted there were no members of public and press in attendance. He also reminded all to ensure they had signed in.

COG 14/01.1 Introductions and apologies

Mr John Edwards introduced Mrs Cotterill who had been appointed as Associate Director of Governance/Board Secretary with effect from 1st January 2014 and will be working closely with Governors. Mr Edwards also introduced Miss Newton who is a Business Administration Apprentice based in the Communications and Patient Experience Team.

Apologies had been received and are recorded above.

COG 14/01.2 Declarations of Interest

There was no Declaration of Interests received relating to any item on the agenda.

Mr John Edwards explained for clarification that a Register of Governors Interests is maintained by the Foundation Trust office and Governors should submit an updated declaration should their circumstances change relating to personal or pecuniary interests.

COG 14/01.3 Quoracy

The meeting was declared quorate.

COG 14/01.4 Announcements

NHS Leadership Awards

Mr John Edwards announced that six Governors from the Trust had attended the national finals held in London on Monday 24th February 2014. He congratulated The Dudley Group Governors who were one of nine finalists in the category of NHS Board/Governing Body of the Year and the only Council to make it to the finals. The award went to the NHS Board of Frimley Park NHS Foundation Trust.

COG 14/02.0 Previous meeting

COG 14/02.1 Minutes of the full Council of Governors meeting held on 7th November 2013 (Enclosure 1)

The minutes were approved as an accurate record.

COG 14/02.2 Matters arising

There were no matters arising.

COG 14/02.3 Action points

Action point 7/11a, selection of Quality Priorities for 2014/15 to be included as an agenda item at February 2014 meeting of the full Council. Complete and can be taken off the action list.

COG 14/03.0 Update from the Governor Development Group Chair for meetings held in December 2013 and January 2014 (Enclosure 2)

Mr Johnson provided the enclosure for information and highlighted the following key items;

Governor training and attendance. The Group received an update from the Membership and Governor Officer confirming that all Governors training was up to date. The group considered a number of Governors whose attendance at full Council meetings fell below the 75% required over a 12 month rolling period but after discussion had agreed that each individual had a reasonable justification for absence and no formal action would be taken and attendance would continue to be monitored.

Patient Safety Walk Rounds. The Group had considered the reporting requirements arising from this activity and agreed to discuss it further at their next meeting in April 2014.

Governor Development. Mr Johnson explained that the Group had reviewed and updated the Developing the Governor role action plan which had drawn on the key themes identified for development following the Keogh Review and in particular the proposal to reintroduce NED briefing sessions from May 2014.

CoG Effectiveness Review 2013. Mr Johnson confirmed the Group had led this process and advised that Mr John Edwards would provide a full report later in the meeting.

CQC Acute Hospital Inspections Wave 2. The Group had considered a letter received from Sir Mike Richards inviting feedback from Governors ahead of or at the time of the inspection. After discussing this at length the Group agreed to;

- Circulate the letter to all Governors and explain that the recommendation is to submit a structured response
- Add the CQC inspection visit as an agenda items at the next informal meeting of Governors and collect their views at that time

Governors will be fully briefed prior to the inspection activity and are strongly encouraged to attend a meeting on at 6pm on Thursday 20th March 2014.

Mr John Edwards thanked Mr Johnson for his update and advised that Mr Tim Cooper is leading the inspection team that will be chaired by Mr Peter Lees. He then asked Mrs Cotterill for an update on the latest timetable of events information the Trust had received.

Mrs Cotterill replied that the CQC have arranged two public listening events on the evening of 25th March 2014. One will be held in Stourbridge and one in Dudley. On the same evening the CQC have invited Governors to attend a meeting of their own at the Dudley Town Hall. Further information about the meeting to be emailed to all Governors.

Action: Mrs Board to circulate details of Governors CQC meeting

COG 14/04.0 Update from the Governance Committee Chairman for the meeting held in January 2014 (Enclosure 3)

Mr Johnson presented the Governance Committee update report from the meeting held on 16th January 2014 given as enclosure 3 and advised the Council of the key items discussed;

Mandatory Training – following concerns discussed at an earlier Governance Committee meeting and subsequently raised at full Council who had tasked the Committee to find out more about what actions the Trust was taking to improve take-up rates. The Trusts Senior Business Partner for Learning and Development attended and had provided information to the Committee about the increasing number of differing methods of training that staff can now access including drop-in sessions, on-line and video which had impacted positively on take-up rates.

Staff absence rates – following queries about the level of absence discussed at an earlier Governance Committee meeting and subsequently raised at full Council, the Committee was asked to find out more about what actions the Trust was taking to improve the situation. Mr Johnson reported that the Associate Director of HR had accepted an invitation to attend the meeting on 16th January 2014 and provided information on the current levels of staff absence and actions being taken by the Trust to improve rates. The Committee also learned more about the audit process of individual wards and areas with an example being illustrated in detail and took assurance that concerns about data capture are being addressed appropriately with additional training where needed. It was reported to the meeting that the Trust target has a target of 3.5% and is currently reporting an absence rate of 3.6%.

Grading of Complaints – Mr Johnson explained that the Council had previously requested the Governance Committee to review methodology used to grade complaints received by the Trust which had subsequently been reported back to Council. He added that the Committee will continue to focus on the overall improvement of the PALS and Complaints reporting to Governors which is currently received on a quarterly basis.

Pressure Ulcers – the Committee had previously identified potential duplication of data capture and are to receive an update on this at their next meeting.

Trust performance – Mr Johnson explained the Committee had noted with concern the deteriorating financial situation and had discussed the contributing factors of;

- Overspend on staff and clinical supplies
- Cost Improvement Plans not delivering as required
- Loss of income with non performance against key national targets

Board Committee Summary reports – Mr Johnson explained that the Committee receives copies of the summary reports that have previously been submitted to a Board of Directors meeting. Mr Johnson noted that the following items had been addressed in more detail;

- Never events
- Mortality rates
- Tendering arrangements
- Ward based non- medical prescribing

Mr Johnson advised all present that Governors can access the full minutes from this and previous meetings of the Governance Committee via the Governor Portal.

Mr John Edwards thanks Mr Johnson for his update and invited questions.

Mr Stenson asked if a review of national funding Dudley received would occur at any stage.

Mr Assinder replied that the current funding arrangements were not necessarily truly reflective of the demographic and deprivation factors in the Borough and did not expect the situation to improve.

Mr Johnson explained that the Committee monitors Governor compliance with attendance requirements at full Council meetings and training.

COG 14/05.0 Update from the Strategy Committee Chairman for the meetings held in December 2013 and January 2014 (Enclosure 4)

Mr Stenson presented the Strategy Committee update report from the meetings held on 10th December 2013 and 20th February 2014 and advised the Council of the key items discussed;

Health and Wellbeing Board – in response to the query raised to them about the exclusion of a representative from The Dudley Group on their Board, a letter had been received from Councillor Turner, Cabinet Member for Health and Wellbeing, DMBC setting out his intention to remain a 'commissioning focussed Board' and would not include providers to sit on their Board at this time.

Strategy for the care of the elderly – Mr Stenson explained that senior members of the elderly care team had been welcomed to the December meeting and had provided an update on progress being made on aspects such as the improvement of discharge and improved bed availability following the establishment of the Frail Elderly Assessment Unit. The Committee had also received a report on the review that had been undertaken to determine best practice to support patients with dementia adding that the Trust may have between 50 – 70 inpatients at any one time with dementia.

Integrated Business Plan (IBP) – Mr Stenson explained that the Director of Strategy, Transformation and Performance had been in regular attendance at the Committee meetings and provided updates on the refresh of the five year IBP. He reported that the immediate focus of the Trust is to develop, finalise and submit a two year operational and financial plan to Monitor by early April 2014. Mr Stenson added that the Committee recognised the severity of the challenges faced by the Trust in achieving the requirements of the national and contracting guidance in preparing the plans. The key findings will be shared with the full Council of Governors at an Extraordinary meeting on 6th March 2014.

A new vision for urgent care in Dudley – Mr Stenson reported that the Committee has been kept up to date with a summary report of the 12 recommendations following the Dudley CCG consultation that had concluded in December 2013. These had been shared at a public meeting hosted by the CCG on 9th January 2014 and included the development of an integrated Urgent Care Centre (UCC) on the Russells Hall Hospital site.

Mr Stenson advised all present that Governors can access the full minutes from this and previous meetings of the Governance Committee via the Governor Portal.

COG 14/06.0 Update from the Appointments Committee Interim Chairman for the meetings held in December 2013 and January 2014 (Enclosure 5)

Mr Johnson presented the Appointments Committee update report from the meetings held on 4th December 2013 and 16th January 2014 and advised the Council of the key items discussed;

Mr Johnson reported that the Committee had also reviewed the appointments and reappointments process for Non Executive Directors (NEDs).

At the meeting of 16th January 2014 the Committee were provided with a report from the Trust Chairman who explained more about the recommendations and options available to the Trust for the appointment and/or /reappointment of NEDs. He made reference to recommendations contained in the two reports from Deloitte which had been received at the Trust Board in January 2014. He reported that the Nominations Committee of the Trust Board had considered the Deloitte recommendations on NED appointments at its meeting in December 2013.

At the meeting of 4th December 2013 the Committee were advised of and discussed key items from a report provided by the Trust Chairman which contained some of the key recommendations from the Deloitte review of Board. This included a recommendation that the Trust consider the recruitment of a NED with a clinical background. There was a full discussion of the potential benefits and implications of this recommendation. The Committee agreed to consider recommendations from the Trust Board that would be discussed at a further meeting of the Appointments Committee in January 2014.

The Appointments Committee were asked to consider two options:

- a. Retain the current Board with the possible addition of a non-voting Associate NED,
- b. In line with Deloitte recommendation and other acute trusts, seek to appoint a NED with clinical background.
- c.

The Appointments Committee discussed the options at length and **agreed** unanimously to **recommend** the adoption of option b) to the Council of Governors at their February meeting.

Recommendation to the full Council of Governors for Approval

Mr John Edwards asked those present to approve the proposal to adopt option b) In line with Deloitte recommendations and other acute trusts, seek to appoint a Non Executive Director with a clinical background.

All present unanimously **approved** the motion without abstention.

Mr John Edwards went on to explain that Board Development work is underway to ensure sufficient Board capacity and advised the Council that the two NEDs who have recently reached their end of contracted term have agreed to be retained on an interim basis until such time work is complete in determining the size and composition of the Board. Mr Edwards concluded by assuring those present that the Council of Governors will be kept up to date.

COG 14/07.0 Standing reports

COG 14/07.1 Performance report Q3 (Enclosure 6)

Mr Assinder presented the paper and informed the Council of the following key issues;

- The Trust has generally continued to perform well against a long list of access and waiting targets set by the NHS nationally and locally except; the performance against the four hour A&E target which is being missed in the current quarter
- A deterioration in the SHMI Mortality Index is predicted
- The Trust recorded a deficit of £0.9m for the month of December 2013 and the year to date position is a £1.4m deficit and predicted a year end overspend
- There is further slippage on Cost Improvement Schemes

Mr Assinder added that historically the trust had balanced its books and achieved all targets. He reported that the quarter three the position is deteriorating as with a number of other trusts and is primarily attributed to three key areas;

- Pay (all sources) increased in December 2013 by £1.2m, 8% increase compared to December 2012 and overspend on clinical supplies
- Cost Improvement Projects (CIP) will be underachieved by £2.2m, 18% in 2013/14
- Increases in individual costs of care for patients with an increasing mix of complex co-morbidities.

Mr Assinder advised the Council that the A&E target for quarter three is 93.3% against a 95% target and all effort is being made to improve this and achieve 95% by end of March 2014.

Mr Assinder explained that the Trust had three C. diff infections in December 2013. He added that the Director of Infection Prevention and Control had reported to the last Board meeting the breakdown of the recorded cases where 25 were categorised as avoidable and 12 as unavoidable.

Mr Assinder asked the Council to note the slight increase in the Standardised Hospital Mortality Indicator for the period July 2012 to June 2013 whereas the HSMR ratio rates remained within expected levels. Mr Assinder added that the CQC award a risk banding to every trust on a quarterly basis on a scale of 1 to 6 (where 6 is classed as low risk). The Trust had previously been banded 4, which is a good rating, and shortly expect to receive a new rating.

Mr John Edwards thanked Mr Assinder for the update and invited questions.

Mr Chappell asked if there had been a significant increase in our NHS debtors, and if so, what action is the Trust taking.

Mr Assinder confirmed this was the case and explained that the current situation is directly related to the changes made to how the Trust is commissioned for services. Historically the Trust received 86% of its budget from the Dudley PCT whereas the Trust is now contracted to 16 different Clinical Commissioning Groups (CCG's). He added that the system is still embedding and expects that the short term cash flow issues will cease to exist. In the meantime the Trust is adding interest to late debtor payments.

Mr Bob Edwards expressed his concern about the current financial situation and asked if there were other consequences or implications of a year end deficit position. He also asked how many 'bank days' the Trust had on hand and whether the Trust had any borrowings at this time.

Mr Assinder replied that the Trust had £27m in the bank which equates to 23 days of operation. He confirmed the Trust had not entered any borrowing agreements but stressed the importance of creating a surplus to fund further capital expenditure. Mr Assinder added that a poor financial position at year end could trigger the CQC to produce an adverse comment as they take assurance from Monitor.

Mr John Edwards commented that the Board of Directors are very concerned about the year end position and the potential threat of being put into special measures by Monitor.

Mr Stenson asked if the Dudley CCG Board are sympathetic to our situation and recognise that the changing profile of patients require a change to the way we are funded.

Ms Clark confirmed that the Dudley CCG are working closely with the Trust to resolve by potentially using a balancing factor in the Payment By Results (PBR) tariff and noted that the after-effects of Keogh had driven overspend on frontline agency staffing. Ms Clark added that the recent events at the Mid Staffs NHS Foundation Trust are a stark reminder that the Trust needs to be both clinically and financially sound.

Mr Stenson asked where the money from fines paid by the Trust pays goes to.

Mr Assinder replied that they are returned to the CCG.

Ms Clark added that the CCG's don't want to necessarily penalise us and make an effort to re-invest the fund back into the Trust and Community Services.

Mr Badger asked the Council to note the work currently underway by the Director of Nursing and her team to review the nursing and staffing establishment and currently predict an expenditure of £2.7m to bring the establishment up to the required levels set out in all current guidance. This action will substantially reduce agency spend significantly.

Ms Clark added that nursing numbers will be increased by developing our own staff and recruiting from overseas. Ms Clark also explained that the Trust is working with its Commissioners to review the appropriateness of the acute setting for providing care to patients who have no acute clinical need who could potentially be looked after in a community setting.

Ms Clark replied that it would reduce agency spend and the Trust will continue to recruit graduate nurses from the University of Wolverhampton and overseas.

Mr Johnson asked what was meant on page 4 of his report by 'experienced Turnaround director'.

Mr Allen asked if the new intake of nurses will have a significant effect on reducing agency spend.

Mrs Clark replied that it referred to the short term intervention of a team from Price Waterhouse Coopers (PwC) who have set up a Performance Management Office

(PMO) to thoroughly review the Trust CIP plans and identify missed opportunities and hold directorates to account who have not achieved as well as planned.

COG 14/07.2 Foundation Trust Membership report Q3 (Enclosure 7)

Mrs Board presented the report and asked Governors to note the following key items; The Trust continues to maintain a public membership of 13,000 to comply with its terms of authorisation and is mostly representative by constituency, age, gender and ethnicity.

As at the 31st December 2013, the Trust had participated in 24 community and engagement activities across the Dudley Borough and neighbouring areas that had been facilitated and/or attended by Governors.

COG 14/08.0 Quality

COG 14/08.1 Quality accounts (Enclosure 8)

Quality Priorities update Q3 – Ms Clark presented the report and highlighted the following key items;

- Patient Experience is on track including the time taken in responding to a call bell. One hospital target is not on track and actions are being taken to improve the score to help those who need help with their food to receive assistance as required
- Pressure Ulcers continue to be well managed and show a reducing incidence in both community and hospital settings. Ms Clark advised that the Trust is in discussion with the CCG to clearly define the grading criteria

Quality Account 2014/15 – selection of local indicator for external audit

Ms Clark explained that each year Governors are asked to select one of the Quality Priorities for audit by Deloitte who set out to test the data used to determine whether it has met the six standards of accuracy, validity, reliability, timeliness, relevance and completeness.

Governors were then asked to support the suggestion that testing is undertaken on one of the two Nutrition indicators and choose one of the following indicators for test:

a) Increase the number of patients who have a weekly risk re-assessment regarding their nutritional status. Through the year on average at least 90% of patients will have the weekly risk assessment completed and this will rise to at least 93% by the end of the year (March 2014).

b) Increase the number of patients having a food recording chart and a fluid balance chart in place if the MUST score is 1 or above. Through the year on average at least 90% of patients will have the weekly risk assessment completed and this will rise to at least 93% by the end of the year (March 2014).

Those present **agreed** to select option a).

Priorities for 2014/15

Ms Clark explained that it is proposed to retain the same priorities for 2014/15 to allow further progress to be made on these and consider the addition of a further priority.

Considerations have been given to the selection of a priority related to diabetes, or in response to the recent review by Sir Bruce Keogh, a mortality indicator priority.

Ms Clark advised that the Trust has been consulting with the public and various interested bodies on this proposal and all responses received had been positive towards the proposals with the recommendation to Council to support the proposal to retain the Quality Priorities from 2013/14 and add mortality to the list for 2014/15.

Governors were then asked to support maintaining the current list of Quality Priorities from 2013/14 and add mortality to the list for 2014/15.

Those present **agreed**, without abstention, to the proposed recommendation.

Quality Account 2013/13 – initial production timetable

Ms Clark explained that Governors will once again be invited to prepare a comment on the Quality Account. The initial timetable indicates that the first draft of the Quality Accounts will be available early April 2014, although all year end figures will not be available by then. The comment from Governors is required by no later than 21st April.

Governors are asked to agree a method for how they will undertake this review and provide the statement by the required date.

This led to discussion amongst those Governors present at the meeting who **agreed** the following approach;

- All Governors to receive a draft copy of the Quality Account document when available
- All Governors to be invited to provide feedback
- Governance Committee to lead on the capturing of Governor feedback and preparation of the comment

COG 14/08.2 Patient Experience update Q3 (Enclosure 9)

Ms Clark presented the Q3 Patient Experience report and noted the following key items;

- There had been an increase in the quantity of patient feedback received
- Data from the NHS Choices and Patient Opinion websites showed an overall four star rating from a higher number of respondents than other local trusts
- Huddle boards are now installed on each inpatient ward displaying patient safety information and Friends and Family Test (FFT) results
- National Maternity Survey 2013/14 results published where no questions showed a significantly lower score

Mr Bob Edwards made reference to the Governor participation in the Patient Safety Walk Round activity and asked if the feedback collected by Governors as part of their ward visits will be included in future patient experience reports.

Mr Badger replied that the way the report is structured and shared with the Board of Directors and Council of Governors is currently being reviewed.

Mrs Hamilton asked what methodology is used to select people to complete the Friends and Family Test and if the test is being rolled out to community patients.

Mrs Walklate confirmed that the Friends and Family Test cards are handed to all patients.

Ms Clark confirmed that the test is still to be rolled out to our patients in the community. She continued by explaining that a 'mystery patient' initiative is being set up in the Trust and will focus on areas that are not currently included in the Friends and Family Test initiative.

Patient Experience Strategy

Ms Clark explained that the Patient Experience Strategy 2014/17 has been developed in conjunction with key stakeholders, including the Council of Governors, to support one of the Trusts key strategic objectives – *to provide the best possible patient experience in an organisation where people matter.*

Ms Clark confirmed that the Patient Experience Strategy 2014/17 had been circulated to the full Council of Governors to provide an opportunity for review and comment prior to its subsequent approval by the Board of Directors at their meeting on 6th February 2014.

COG 14/08.3 Quarterly Complaints and PALS report Q3 (Enclosure 10)

Ms Clark presented the Q3 Complaints and PALS report and noted the following key items;

- The total number of complaints received in the quarter is comparable with previous quarters
- 46% of complaints are answered in 30 working days
- A total of 15 complainants expressed dissatisfaction with their response and in the majority of cases, a meeting has been proposed to try to resolve the issues raised

Mr Hazelton referenced a recent newspaper article about increasing payments against claims and asked what assurances the Trust could give that this is an improving rather than deteriorating picture at The Dudley Group.

Mr Franklin asked if the information on whether claims had been successful or not was available in the public domain.

Ms Clark replied that the Trusts NHSLA claims history would indicate that claims are rising and have seen an increase in the premium paid.

Mr Assinder added that some larger claims can take many years to resolve and subsequent impact on premium increases may not necessarily be linked to current activity. The Trust's claims history with the NHSLA is a matter of public record.

Mr Hazelton noted that the Patient Experience Report provided a snapshot with little framework of reference and asked that trend information be included in future reports along with categorisation of the complaints received by the Trust.

Mr John Edwards supported this observation adding that the reports should include benchmarking where applicable.

Ms Clark confirmed that she personally sees all complaint letters and confirmed that the review of the Trust's PALS and Complaints team is nearing its conclusion.

Mr Stenson noted that he had been pleased to see the number of meetings held with complainants increase in the last year.

COG 14/08.4 Keogh Review action plan (verbal)

Ms Clark reported that the updated plan document is provided to each monthly meeting of the Board of Directors and confirmed that Monitor are content that the bulk of the items have been appropriately addressed and there is no requirements to continue to report monthly. Ms Clark added that two items remain outstanding including actions around capacity issues and nursing levels.

COG 14/08.5 Infection Control report year to date (Enclosure 11)

Ms Clark presented the report given as enclosure 11 and highlighted the following items to note;

- The target for 2013/14 is 38 cases: at the time of writing the report 41 cases had been recorded
- There had been no post 48 hour cases of MRSA in this financial year
- There have been no confirmed cases of Norovirus in the Trust

COG 14/09.0 Annual Review of Council Effectiveness (Enclosure 12)

Mr John Edwards presented the report given as enclosure 12 and explained that the review process which had been led by him and undertaken by the Governor Development Group working closely with the Foundation Trust office. The process developed to support the review included;

- Development of questionnaire with Trust HR support
- Survey of all Trust Governors using an on-line survey tool
- Committee Chair conversations with their respective Committee Members
- Committee Chair conversations with Chair of Governors
- Report to the full Council

Mr John Edwards then provided a summary of the key items that had been identified showing where the Council and its Committees are working well and areas for continuing development:

Full Council of Governor Meetings – Governors had commented favourably on the depth and breadth of information presented at full Council. There were suggestions that more complex issues e.g. Patient experience and Staff Survey reports, should be discussed first at the relevant Council Committee with summaries presented to full Council for debate and decision.

Council Committees – These could be better used focusing, in more detail, on key reports, see above, with summaries then presented to the full Council.

NED accountability/visibility – The review had concluded that whilst NEDs are now more visible, accountable and helping Council members to gain assurance about Board performance, there had been the suggestion to increase NED accountability/visibility by re-introducing NED update sessions on a topical or emerging issue.

Mr John Edwards confirmed that the first NED led meeting will take place on Thursday 8th May 2014.

Governor Development Group – This is seen as a valuable forum by Governors although consideration should be given as to whether the membership should be extended without losing the benefits of a small group focused on improving overall CoG performance.

Are we treating Governor Groupings differently – An agreement that all groups bring real value to the work of the CoG and should continue to be fully engaged in the work of the Council and its committees.

Executive Directors – The review had concurred that the level of Executive Director engagement with the Council and its committees, has increased and is seen as beneficial.

Mr John Edwards explained that in the two years since the decision was taken for Board members not to attend Council meetings unless invited to do so, more time had been spent by Directors working more closely with the Council Committees; and this would be further enhanced by the introduction of NED briefings.

Informal meetings of Governors – These have proved valuable for Governors and are supported by the Trust Board.

Mr John Edwards concluded that he is keen to see the themes arising from this review summarised for action and incorporated into the “Developing the Governor Role Action Plan” and mapped to the themes already identified and approved by the Council of Governors which includes-

1. Patient and wider public engagement
2. Patient Experience and quality
3. Improve information to Governors
4. Improve Governors ‘feel’ for the organisation
5. Increase NED accountability/visibility

Mr John Edwards asked the Council to consider and approve the recommendations contained in the table (appended to the minutes) to be included in the Governor Role Action plan.

Mr John Edwards asked those present to consider and approve;

- **the recommendations arising from the review**
- **request the Governor Development Group to include the key themes arising from this review and relevant items summarised for action in the Developing the Governor Role Action Plan document**

All present unanimously **agreed** without abstention.

Mr John Edwards thanked all for their involvement in the process.

COG 14/10.0 **Any Other Business**

CQC briefings. Mr Johnson asked all Governors to make every effort to attend the CQC briefing sessions hosted by Ms Clark. A list of the dates, times and venues had been circulated as part of the Governors February 2014 newsletter.

Mr John Edwards added that the Dudley CCG had undertaken an announced visit on 5th February where 16 members of CCG staff and the Central Midlands Commissioning Support Unit (CSU) were involved. The areas visited were A&E, the frail elderly units on wards A2 and A£ and the Clinical Governance team. They noted evidence of a compassionate approach to our patients and no major concerns were identified.

Council of Governors agenda and papers. Mr Bob Edwards commented that his papers had only arrived in the post that morning and asked for an earlier delivery of papers for future meetings.

Mr John Edwards replied that the aim is to have papers available the week before and every effort is made to adhere to this.

Future meeting dates. Mrs Board reminded all Governors to make every effort to attend the Extraordinary Council meeting being held at 6pm on Thursday 6th March 2014.

COG 14/11.0 **Close of meeting and 2014 forward dates**

Mr 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 quarterly meeting of the Full Council of Governors will be at 6.00pm on Thursday 15th May 2014, in the Clinical Education Centre, South Block (formerly Block C), Russells Hall Hospital.

The meeting closed at 20:15hr.

Mr John Edwards, Chair of meeting

Signed..... Dated

Action Sheet
Council of Governors meeting held 27th February 2014

<i>Item No</i>	<i>Subject</i>	<i>Action</i>	<i>Responsible</i>	<i>Due Date</i>	<i>Comments</i>
COG 14/03.0	Governors meeting with CQC	Circulate details of the meeting to be held at 6.40pm at Dudley Town Hall on Tuesday 25 th March 2014	HB	ASAP	Complete

Appendix 1

Description of action required with timescale where appropriate

- Seek clarity in:
 - the role of the Committee;
 - the relationship between the role and the Trust Strategy, and;
 - the role of the individual governor in engagement
- More control of tangential discussion
- Reflect on extent to which information can be transferred in both directions between constituency and Trust and on the contribution to meetings
- Seeking out engagement opportunities
- Using knowledge and experience to enrich debate
- Spend more time looking at data
- Recognition that commitment may increase as the Governor role develops
- More frequent use of the Governor Portal

- Trust to support individual Governors to maintain knowledge with briefings and updates on emerging topics
- Develop familiarity with a range of activities and knowledge
- Gain more Trust specific knowledge and reporting systems with similar sessions to the Governor Finance Training workshop.
- Desire to understand more about the operational aspects of the Trust including the potential of shadowing Trust staff
- Governance and Risk Workshop

- Full Council of Governor Meetings – The depth and breadth of information presented at CoG meetings and is this best forum for discussion of complex issues. There were suggestions for example; Patient experience and Staff Survey reports, where they could be discussed first at the relevant CoG Committee with summaries presented to CoG for debate and decision.

- Council Committees – These Committees could be better used focusing, in more detail, on key reports, see above, with summaries then presented to the full CoG.

- NED accountability – There was agreement that NEDs are now more visible and accountable helping COG members to assure themselves about Board performance. However this will be a constant challenge we need to keep under review.

- Governor Development Group – This is seen as a valuable forum by Governor. However we need to consider whether we should extend the membership of the GDG without losing the benefits of a small group focused on improving overall CoG performance.

- Are we treating Governor Groupings differently – An agreement that all groups bring real value to the work of the CoG and should be fully engaged in the work of the CoG and its Committees.

Theme mapping

- Improve information to Governors

- Improve information to Governors
- Patient and Wider Public Engagement
- Improve information to Governors
- Improve information to Governors
- Improve the ‘feel and understanding’ of the organisation
- Improve information to Governors
- Improve information to Governors
- Increasing NED visibility to Governors
- Improve information to Governors
- Improve information to Governors