

**Minutes of the Full Council of Governors meeting
Thursday 10th March 2016, 6.00pm, Clinical Education Centre,
Russells Hall Hospital, Dudley**

Present:

| Name | Status | Representing |
|------------------------|-------------------------|-----------------------------------|
| Mr Fred Allen | Public Elected Governor | Central Dudley |
| Mr Richard Brookes | Public Elected Governor | Brierley Hill |
| Mr John Franklin | Appointed Governors | Dudley CVS |
| Dr Richard Gee | Appointed Governors | Dudley CCG |
| Mrs Jenny Glynn | Staff Elected Governor | AHP & HCS |
| Dr Subodh Jain | Public Elected Governor | North Dudley |
| Mr Rob Johnson | Public Elected Governor | Halesowen |
| Mrs Diane Jones | Public Elected Governor | South Staffordshire & Wyre Forest |
| Mrs Joan Morgan | Public Elected Governor | Central Dudley |
| Mrs Jenni Ord | Chair of Council | DGH NHS FT |
| Ms Yvonne Peers | Public Elected Governor | North Dudley |
| Mrs Karen Phillips | Staff Elected Governor | Non Clinical Staff |
| Mrs Patricia Price | Public Elected Governor | Rest of the West Midlands |
| Mrs Jackie Smith | Staff Elected Governor | AHP & HCS |
| Mrs Jackie Snowdon | Staff Elected Governor | Nursing and Midwifery |
| Mrs Helen Stott-Slater | Public Elected Governor | Brierley Hill |

In Attendance:

| Name | Status | Representing |
|----------------------|---|-----------------------|
| Mrs Helen Board | Patient and Governor Engagement Lead | DG NHS FT |
| Ms Paula Clark | Chief Executive | DG NHS FT |
| Mrs Alison Macefield | Former Staff Elected Governor | Nursing and Midwifery |
| Mrs Yvonne O'Connor | Deputy Chief Nurse | DG NHS FT |
| Mr Glen Palethorpe | Director of Governance/Board Secretary | DG NHS FT |
| Mr Philip Robinson | Patient Experience and PALS Administrator | DG NHS FT |
| Mr Paul Taylor | Director of Finance & Information | DG NHS FT |

Apologies:

| Name | Status | Representing |
|----------------------|---|--------------------------|
| Mrs Liz Abbiss | Head of Communications and Patient Experience | DG NHS FT |
| Mr Darren Adams | Public Elected Governor | Stourbridge |
| Cllr Adam Aston | Appointed Governor | Dudley MBC |
| Mr Ricky Bhogal | Appointed Governor | University of Birmingham |
| Mr Sohail Butt | Staff Elected Governor | Medical and Dental |
| Mrs Lydia Ellis | Public Elected Governor | Stourbridge |
| Mr Jonathan Fellows | Non-executive Director | DG NHS FT |
| Dr Paul Harrison | Medical Director | DG NHS FT |
| Mrs Shirley Robinson | Staff Elected Governor | Nursing and Midwifery |
| Mrs Dawn Wardell | Chief Nurse | DG NHS FT |
| Mr Alan Walker | Appointed Governor | Partner Organisations |

COG 16/1.0 Presentation: External Audit Plan

Mr Elmer, Price Waterhouse Coopers provided a slide presentation to update governors with the following information:

- Members of the core audit team
- Purpose of external audit
- Audit timescales
- National context
- Audit plan for The Dudley Group 2015/16

Mr Elmer explained that further engagement with Governors was welcomed and gave examples of activities the Council may wish to consider.

Mrs Ord thanked Mr Elmer for his presentation.

Mr Johnson noted that the Council's Governance Committee was keen to have more interaction with the Auditors and invited Mr Elmer to attend a future meeting.

COG 16/2.0 Welcome and introductions

Mrs Ord opened the meeting and welcomed members of the Board of Directors and Council of Governors.

She noted her thanks to the following governors who would shortly reach their term of office and would be up for re-election, or had chosen to stand down:

- Mr Fred Allen, Dr Subodh Jain and Mrs Pat Price who had reached their end of term
- Ms Katie Bennett, Mr Ira John and Mrs Alison Macefield who had recently chosen to have stood down

Mrs Ord welcomed the following new governors:

- Mr Ricky Bhogal who had recently been nominated by the University of Birmingham Medical School
- Mrs Lydia Ellis recently elected governor for Stourbridge, Mrs Jenny Glynn recently elected governor for Allied Health Professionals and Health Care Scientists

COG 16/2.1 Apologies

Apologies had been received and recorded as above.

COG 16/2.2 Declarations of Interest

No Declarations of Interest were received relating to any item on the agenda.

Mrs Ord confirmed that all Governors would be required to confirm their Declaration of Interest as part of the Annual reporting requirements and would shortly be contacted to update their entry.

COG 16/2.3 Quoracy

The meeting was declared quorate.

COG 16/2.4 Announcements

Mrs Ord announced that Monitor had recently removed the Trust from being in breach of its Licence and recognised that the Trust had made significant improvement in its finances and had subsequently invited the Trust to participate in best practice forums and share its experiences with others.

Mrs Ord also reported that Ms Clark, Chief Executive was recently included in the list of top 50 of the chief executives prepared by the Health Service Journal.

Mrs Ord invited governors to participate in activities arranged as part of the Nutrition and Hydration week taking place from 14th March and circulated a poster detailing dates and times.

COG 16/3.0 Minutes of the previous full Council of Governors (enclosure 1)

The minutes of the previous meeting held on 3rd December 2015 were accepted as a true and accurate record and would be signed by the Chairman.

COG 16/3.1 Matters arising

There were none.

COG 16/3.2 Action points

There were none.

COG 16/4.0 Update from Council Committees

COG 16/4.1 Experience & Engagement Committee (enclosure 2)

Mrs Price presented her report given as enclosure two and explained that efforts were being made to increase governor engagement and reported on recent events attended by governors. Her report also included a summary of recent Quality and Safety Review activity and gave examples of feedback they had received from patients including comments about food choice and temperature. She noted that pre-ordering system was not yet available on all wards.

Ms Clark explained that the pre-order system was scheduled to be introduced across all ward areas building on the two wards where this system is presently operated.

Mr Johnson noted that the patient story shown at the last Public Board was very complimentary about the food choice and service.

Mrs Jones reported that she had recently attended a patient group in the Wyre Forest area and developed a contact with the Wyre Forest CCG who would provide

information about patient panels in the area and she confirmed she would follow up this up to facilitate governor engagement in that area.

Mrs Ord thanked Mrs Price for her report and confirmed that the focus on improving patient food would remain.

COG 16/4.2 Governance Committee (enclosure 3)

Dr Jain provided his report given as enclosure three and highlighted the following items covered at the meeting held on 25th February 2016

The Committee received reports from the Board of Directors Finance and Performance Committee Chair and the Board of Directors Audit Committee Chair in respect of their meetings, along with reports from the Trust's Finance Director and Director of Governance. These reports covered the Trust's Financial and Operational Performance, the Trust's performance against Monitor's Risk Assessment Framework, and the Trust's Corporate Risk and Assurance Registers.

The Committee actively sought assurance from the Non-executive Member of the Finance and Performance Committee over actions being taken in respect of areas of underperformance.

The Committee, in receiving the report from the Audit Committee Chair, were able to be assured that the work of the Trust's auditors (Clinical audit, internal audit and external audit) was progressing as intended.

The Committee considered the Trust's Assurance Register and from the responses provided to questions on its content provided by the Director of Governance were reassured of its robustness. The Committee noted that the Risk Register supported by the Assurance Register was a live document by considering a number of the risks that had moved since the last report. The Committee also noted the role the Audit Committee play in considering the detail of the assurances supporting the Executives' view of the Trust's risks and was assured through the feedback from the Chair of the Audit Committee's report that this was appropriate.

Dr Jain asked those present to receive the report.

Mrs Ord thanked Dr Jain for his report and invited questions.

There were none.

COG 16/4.3 Strategy Committee (enclosure 4)

Mrs Macefield reported on the meeting held on 18th Feb given as enclosure four and highlighted the following items:

Ms Beddows, Lead Nurse, involved with the Dudley Vanguard provided the Committee with an insight into progress made on the Vanguard project for both staff and patients in Dudley and the benefits of the "teams without walls" approach focusing on the patient's needs.

Mrs Baines provided an update on the development of the Trust's strategy 2016/17 highlighting the key areas as follows:

- What were the national must dos's for the Trust
- Key Programmes of work at the Trust for the forthcoming year
- Capital / revenue cost improvement and transformation programmes being developed for 2016/17
- Finance and the outline Financial Plan for 2016/17

Mrs Baines had reported on the Sustainability and Transformation Plan (STP) in the context of the wider health and social care strategic plan due for completion at the end of June 2016 which would encompass the Black Country and West Birmingham area and focus on the triple aims of the Five Year Forward View.

Mrs Macefield concluded by reminding all governors that they were invited to attend Strategy Committee meetings.

Ms Clark suggested that a further STP update be brought to the next meeting of the full Council as the project represented major changes to health systems and emphasised the importance of Governors staying up-to-date. She explained that the current position involved reviewing the current status of organisations, the pressures and the gap in what expenditure will be needed to meet the demand.

Dr Gee asked for further clarification on what was meant by the gap.

Mr Taylor explained that the gap would be influenced by the growth in demand on services and the need to develop more effective ways of treating patients. All health partners are working together to review this. The triple aims of the five year plan to support sustainability and transformation plans will focus on:

- Sustainable finances
- Transformed quality of care delivery
- Improving the health and wellbeing of patients

Mrs Ord thanked Mrs Macefield for her report and noted the date of the next meeting of the Strategy Committee on 18th May 2016.

Action point Mrs Baines to prepare an STP update for presentation to the next meeting of the Full Council

COG 16/4.4 Governor Development Group (enclosure 5)

Mr Johnson presented his report given as enclosure five and highlighted the following:

- Members event to be scheduled to cover end of life care
- Committee membership would be reviewed and all governors had been given an opportunity to state their preferred choices. This would be reviewed and brought to the next meeting of the Council for approval. He noted that Committee meetings held in April may need to be held with an interim chair owing to governor election activity only returning successful candidates in early May.

Mrs Ord thanked Mr Johnson for his report and noted her thanks to those who had chaired the committees in the past year.

COG 16/5.0 Standing reports

COG 16/5.1 Finance and Performance report including projected year end position 2015/16 (enclosure 6)

Mr Taylor presented his report given as enclosure six and highlighted the following points

He noted that the Trust was on track to achieve the planned deficit figure of £3.1m by the end of the financial year. He commented that January had been a challenging month operationally with an unprecedented level of unplanned emergency admissions although this had provided additional income. Pressure remained to contain agency costs at a time where additional beds had been opened to support the extra demand. He confirmed that the Trust had implemented several different initiatives to retain existing nurses and recruit new members of staff.

Ms Clark noted that vacancies existed for other staff groups including SLT, medical staff and diagnostics. Recruitment would shortly commence in the Philippines for nurses. The Trust is required to keep its agency costs within nationally set capped percentages which is a challenge coupled with the nationally set framework agency rates Compliance with both of these frameworks are monitored by the Trust and reported nationally.

Mrs Ord confirmed the agency costs cap would be extended to doctors and medical locums and such caps put pressure on the Trust to secure temporary staff within these caps.

Mrs Stott Slater asked what scheme or plans were in the pipeline nationally with programmes aimed at very young pupils and asked if there would be any other avenues that governors could work with to support staff development.

Ms Clark noted that whilst there was no shortage of students applying for nurse training, the limit was the amount of funded places available and the introduction of fees for training. Many organisations worked together such as Health Education West Midlands to lobby for more funded places to be made available.

Mrs Glynn commented that there was difficulty in supporting placements in very small specialty departments and it was not always possible to retain the students.

Mrs Macefield confirmed that in her role there was engagement with many of the schools and colleges in the area to promote careers in healthcare including nursing and midwifery.

Mrs Morgan asked if the doctor's strike was having an impact on the Trust performance.

Ms Clark confirmed it was impacting on some areas of the Trust activity and in turn the income received by the Trust and noted there was the potential for further strike action.

Mr Taylor confirmed that the Trust made every effort to keep losses to a minimum.

Mrs Phillips asked for clarification about the different frameworks available for agency and asked why we are not able to boycott the expensive agencies.

Mr Taylor replied it is a supply and demand situation and in the event the non-availability from framework agencies then the Trust had to go to non-framework agencies as the Trust needed to maintain safe staffing levels.

Mrs O'Connor explained that the process in place to fill shift gaps involved using our own staff bank initially then only calling in agencies once we have exhausted the local options. This process is also in place for medics.

Ms Clark confirmed that all requests to use a private agency require director approval.

Mrs Glynn asked if the Black Country Alliance would support working together collaboratively to share staffing resources and recruitment.

Mr Taylor noted that the Vanguard project is a driver to manage patients closer to home and reduce the demand on emergency admissions which can negatively impact on the Trusts ability to undertake planned activity. He confirmed that the Trust is working closely with the CCG and other local health partners.

Ms Clark noted that the support from the community based teams and the positive impact on patient care as part of the multi-disciplinary team approach.

Mr Allen asked how confident the Trust would be of achieving its end of year forecast.

Mr Taylor expressed his confidence that the targets would be met as planned based on February 2016 performance. He noted that the A&E performance had dipped in February as a result of significant increase in activity.

Mr Johnson noted the £1m drop in the capital programme spends and asked what this referred to.

Mr Taylor explained that some of the planned projects had seen slippage in the schedule.

Ms Clark remarked that the A&E activity had increased from an average of 95 ambulances per day to 135 per day with a higher percentage of patients being admitted.

Mr Taylor reported that the Referral to Treatment performance remained good whilst diagnostic and cancer rates presented some concern over the last couple of months. He explained that a part of the cancer pathway involved the Wolverhampton Trust which had experienced a backlog of patients. This situation is now improved but did mean that the Trust did not expect to meet the target in Q4. He confirmed that there were a small number of patients affected, but that the Trust works with Royal Wolverhampton to ensure these are progressed as quickly as possible.

Mrs Jones asked why the waiting time on C4 day case could sometimes be up to four hours.

Dr Jain commented there were not enough chairs in C4 day case in the waiting area and the wait for treatments to come from the pharmacy add to the delays even for those who had their blood tests completed the previous day and added that the unit needs to be larger.

Ms Clark replied that some delays were due to blood tests being taken on the day and the wait for results to come back before deciding on the required treatment and some overbooking of clinics was also evident. It was acknowledged that there were more patients coming through and whilst the waiting area had been expanded there were still busy sessions when seating was in short supply. Ms Clark explained that options were under review to deliver more chemo treatments in the community setting.

Mr Franklin asked why there had been an increase in the number of ambulance attendance given it had been a mild winter.

Ms Clark confirmed that the largest rise had been the elderly with complex needs. This seemed to occur after the New Year and confirmed it had been a similar pattern across the country.

Mrs Ord summarised that the key points highlighted by Mr Taylor and asked governors to take assurance that the Trust was working hard to address the issues arising.

COG 16/5.2 FT Membership report Q3, 2015/16 (enclosure 7)

Mrs Board asked those present to receive the membership report and confirmed that the detailed report would be included in the Annual Report.

Mrs Board added that work to update the Governor portal would commence soon and thanked those governors who had recently completed a review of the facility. Initial update work would be to upload committee minutes and papers.

Mrs Ord thanked Mrs Board for her report.

COG 16/5.3 Board Secretary update including Governor Elections (enclosure 8)

Mr Palethorpe presented his report given as enclosure eight and highlighted the following items

- The pursuit of recruiting Associate Non-executive Directors
- That the Fit and proper person requirement had been met by all the Board members
- Council of Governor Elections and Appointments made in December 2015
- Lead Governor Election result which returned Mr Johnson
- That a CoG Effectiveness Review for 2015/16 would commence shortly

Mr Palethorpe asked those present to note the contents of the report, especially the compliance with the Fit and Proper Person Requirements.

Mr Palethorpe recommend to those present to approve the appointment of Mr Johnson and Lead Governor up until the end of his term of office.

Mrs Ord thanked Mr Palethorpe for his report and invited those present to support the recommendation to approve the appointment of Mr Rob Johnson as Lead Governor up until the end of his term of office.

Those present **agreed** without abstention.

COG 16/6.0 Quality

COG 16/6.1 Lessons Learnt From Incidents, Complaints and Claims. Report Q3, 2015/16 (Enclosure 9)

Mr Palethorpe asked the governors to receive the report given as enclosure nine and note that the report is comprehensive and provided an open and transparent way of providing reassurance to the Council that the Trust is committed to learning. The report illustrated the Trusts willingness to learn and make improvements where possible. He confirmed that all incidents are shared with commissioners who are keen to be assured of learning and changes made.

Dr Gee emphasised the importance of the report and referred to page 6, point 3.8, 4th paragraph that noted the 'role of welfare nurse in conjunction with frequent attenders'. He indicated that he would be keen to work collaboratively with the welfare nurse adding that where frequent attenders are referred back to the GP's MDT teams, it had proved to have positive outcomes for the patient.

Mrs Ord asked governors to note the key items detailed in the report and the willingness of the Trust to learn from incidents and acknowledge the further actions to be taken by other reporting groups and committees.

COG 16/6.2 Patient Experience report Q3, 2015/16 (enclosure 10)

Ms Clark presented the info graphic given as enclosure 10 adding that since the report had been prepared the December national figures for Friends and Family Test (FFT) survey results were now available and updated the governors as follows on the percentages of those who would recommend the service/area to a friend or family member as follows;

- Inpatients 99%
- A&E 87%
- Maternity 90%
- Community 95%
- Outpatient 92%

Ms Clark confirmed that the full quarterly report was submitted to the Patient Experience Group attended by Governors.

Ms Clark summarised the work currently underway to scope the improvement plans for the outpatients department including clinic scheduling, actions to reduce DNA rates and improve the patient experience.

Ms Clark noted that the results of the national staff survey programme revealed that the Trust remained amongst the top trusts nationally as a place staff would recommend to a friend or family member to work and be treated. She announced the launch of a new customer care video to take place during April. This had been funded by HEWM (Health Education West Midlands) and aims to support staff to understand walking in another person's shoes.

Mrs Ord thanked Ms Clark for the update.

COG 16/6.3 Quality Priorities update, update on 2014/15 (enclosure 11)

Mrs O'Connor presented the report given as enclosure 11 on behalf of Mrs Wardell.

Section 1 – update on quality priorities performance

Patient Experience – The results showed that the inpatient area had achieved the target. For community, the Trust FFT score had been equal to or above the national average for six of the eight months for which data was available. The Trust outpatient scores had been consistently below the national average although these had improved as the year progressed. Actions are in place to improve the situation.

Pressure Ulcers – Due to the time lag of the assessment and investigation process into whether pressure ulcers are avoidable or not, it was difficult to come to a firm conclusion on whether the targets are being met but at present it looked to be the case but it was premature to be definitive about this. There had been no avoidable stage 4 ulcers in either the hospital or community. For avoidable stage 3 hospital ulcers with three quarters of the year completed there were about half of the ulcers compared to last year. The picture of the avoidable stage 3 ulcers in the community is better compared to last year.

Infection Control – Clostridium Difficile: the target was to have no more than 29 cases caused by a lapse in care. Of the 43 cases in the year 34 have undergone the apportionment and from these the number of lapses in care cases agreed is 12 so the Trust is on track to achieve the target. MRSA bacteraemia: there had been two cases in year which meant that the target had not been met.

Nutrition/Hydration - The overall Trust score was 97% for the quarter (the same for Q1 and Q2) which meant the target up to the end of Q3 was met. Looking ahead to Q4 when all individual wards have to be 93% or above, there are some areas that aren't consistent with the target and the Q4 target will not be met.

Mortality Case Reviews– At this time only results for Q3 are available which show a Trust average of 95.9%, which shows a significant improvement since the introduction of the target in April 2014. A more conservative estimate of the final position would indicate that the Trust will meet the target of 90%.

Section 2 – quality account priorities for 2016/17

Mrs O'Connor summarised the proposed quality priorities to be adopted for the coming year as discussed at the full Council in December and subsequently drafted by the CQSPE (Clinical Quality, Safety and Patient Experience) Committee as follows:

Priority 1: PATIENT EXPERIENCE. This priority is to be retained. Although the detailed targets of this have not been decided one definite element will cover the issue of ensuring effective patient Pain Control.

Priority 2: PRESSURE ULCERS. This topic is to be retained. Discussions are occurring with the commissioners to agree the exact targets; this is likely to involve a requirement to reduce further the incidence of Stage 3 avoidable pressure ulcers in the hospital and a zero tolerance to Stage 4 avoidable ulcers in both hospital and community.

Priority 3: INFECTION CONTROL. This topic to be retained and the Trust will be set targets by the Department of Health. For MRSA bacteraemia a zero tolerance is likely to continue.

Priority 4: NUTRITION AND HYDRATION. This topic to be retained and the targets set will depend on the outturn figures for 2015/16.

Priority 5: PAIN. New topic for 2016/17 to monitor efficiency of pain control with the specific target yet to be decided.

Priority 6: MEDICATION. New topic for 2016/17 with the specific targets yet to be decided.

Mrs O'Connor asked those present to support the recommendations of the CQSPE and adopt the quality priorities listed.

Mrs Ord thanked Mrs O'Connor for her reports and asked those present if they were content to agree to the suggested recommendation as above.

Those present **agreed** without abstention.

Section 3 – Quality Account report 2015/16 and agreement on local indicator for local audit

Mrs O'Connor noted that each year the Governors have the opportunity to comment on the contents of the quality account and on the overall quality of care at the Trust. The first draft would be available at the end of March. Governors were asked to consider and agree the process for preparation of the comment they wish to make which will be printed within the report.

In addition, each year, the Governors are asked to choose a local indicator for audit (in addition to the two mandated national indicators – a) 4 hour ED wait and b) referral to treatment within 18 weeks for patients on an incomplete pathway). Following discussions at the Trust Board the proposed local indicator to be audited is C. Difficile. This was proposed as there is a new system for the apportionment of cases which impacts on the Trust's reporting of this data with the involvement of the CCG in deciding lapses in care.

Mrs Ord thanked Mrs O'Connor for her report and invited questions.

Mrs Morgan asked what was meant by lapses in care.

Mrs O'Connor explained that when the case is examined in detail it may reveal some aspect of care that may not have adhered to Trust guidance and gave examples such as environmental conditions and hand washing and in these instances they would be determined as a lapse in care.

Those present discussed the process by which governors would prepare a comment to include in the Quality Account report 2015/16. Agreement was reached that this would be led by the lead governor who would draft a narrative and circulate to the Council for review and comment. Mrs Ord asked those present for their thoughts on the process. After some discussion, it was **agreed** to follow this process.

Mrs Ord invited Governors to consider the suggestion that the local indicator selected for audit to be C. difficile

Those present **agreed** without abstention to suggestion of the local indicator for audit to be C. diff

COG 16/6.4 Chief Nursing update (enclosure 12)

Mrs O'Connor presented the report on behalf of Mrs Wardell given as enclosure 12 and summarised the following:

- There had been no post 48 hour cases of MRSA bacteraemia since 27th September 2015
- At the end of month 10 the Trust had recorded 43 cases of post 48 hour C.diff (lapses in care) against a target of 29 for the year , but only 12 had been apportioned to the Trust
- Nursing & Midwifery Strategy events have now concluded and would contribute to the first draft which would be ready in March
- Nursing Care Indicator audits are showing albeit slow, improvement since changes to process and audit questions were implemented which included significant changes to the parameters used. The team conducting the audits was now made up of more senior staff. Any poorly performing areas were managed by an escalation system and action monitoring to support wards to make improvements.

Mrs Ord thanked Mrs O'Connor for the update and invited questions and comments. There were none.

COG 16/7.0 Any other business

There had been none notified.

COG 16/8.0 Close of meeting and 2016 forward dates

The meeting closed at 8.00pm. The next meeting of the Full Council of Governors would be held on Thursday 5th May 2016.

Mrs Jenni Ord, Chair of meeting

Signed..... Dated

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| Outstanding | Item to be addressed |
| To be updated | Item to be updated |
| Complete | Item complete |

Action Sheet
Council of Governors meeting held 10th February 2016

| <i>Item No</i> | <i>Subject</i> | <i>Action</i> | <i>Responsible</i> | <i>Due Date</i> | <i>Comments</i> |
|-----------------------|---|--|---------------------------|------------------------|------------------------|
| 16.4.3 | Strategy Committee – Sustainability and Transformation Plan | STP update to be brought to next meeting of the full Council | Mrs Baines | 5/5/16 | |