The Dudley Group
NHS Foundation Trust

Minutes of the Annual Members Meeting
The Dudley Group NHS Foundation Trust
Thursday 20th July 2017
Clinical Education Centre, Russells Hall Hospital

Present

Governors	Status	Representing
Mr Darren Adams	Public Elected Governor	Stourbridge
Mr Fred Allen	Public Elected Governor	Central Dudley
Mr Terry Brearley	Public Elected Governor	Brierley Hill
Mr Richard Brookes	Public Elected Governor	Brierley Hill
Mr Bill Dainty	Staff Elected Governor	Nursing & Midwifery
Ms Lydia Ellis	Public Elected Governor	Stourbridge
Mr Rob Johnson	Public Elected Governor	Halesowen
Ms Michelle Lawrence	Staff Elected Governor	Nursing & Midwifery
Mrs Joan Morgan	Public Elected Governor	Central Dudley
Ms Yvonne Peers	Public Elected Governor	North Dudley
Ms Karen Phillips	Staff Elected Governor	Non Clinical Staff
Ms Patricia Price	Public Elected Governor	Rest of the West Midlands
Mrs Mary Turner	Appointed Governor	Dudley Council for Voluntary Service
Mr Alan Walker	Staff Elected Governor	Partner Organisations' Staff

Board of Directors	Status	Representing
Mr Julian Atkins	Non-executive Director	DG NHS FT
Ms Ann Becke	Non-executive Director	DG NHS FT
Mr Paul Harrison	Medical Director	DG NHS FT
Ms Siobhan Jordan	Chief Nurse	DG NHS FT
Mr Andrew McMenemy	Director of HR	DG NHS FT
Mr Richard Miner	Non-executive Director	DG NHS FT
Mrs Jennnifer Ord	Chairman	DG NHS FT
Mr Glen Palethorpe	Director of Governance & Board Secretary	DG NHS FT
Mr Mark Stanton	Chief Information Officer	DG NHS FT
Mr Paul Taylor	Director of Finance	DG NHS FT
Ms Diane Wake	Chief Executive	DG NHS FT
Mr Doug Wulff	Non-executive Director	DG NHS FT

Apologies

Name	Status	Representing
Cllr Adam Aston	Appointed Governor	Dudley Metropolitan Borough Council
Mr Sohail Butt	Staff Elected Governor	Medical & Dental
Mr Paul Bytheway	Chief Operating Officer	DG NHS FT
Mr Jonathan Fellows	Non-executive Director	DG NHS FT
Dr Richard Gee	Appointed Governor	Dudley CCG
Dr Mark Hopkins	Associate Non-executive Director	DG NHS FT
Mrs Diane Jones	Public Elected Governor	South Staffordshire & Wyre Forrest
Ms Viv Kerry	Public Elected Governor	Halesowen
Mr James Pearson-Jenkins	Public Elected Governor	Tipton & Rowley Regis
Mrs Nicola Piggott	Public Elected Governor	North Dudley
Miss Jacky Snowdon	Staff Elected Governor	Nursing & Midwifery

Item No	AMM 2017 minutes
1.	<u>Introduction and approval of 2016 AMM minutes – Mr Johnson and Mrs Ord</u> Apologies received as listed above. **Mr Johnson – Lead Governor, Public Elected Governor Halesowen** Mr Johnson formally welcomed everyone to the 2017 Annual Members Meeting (AMM). He gave an overview of the role and responsibilities of governors and explained that one of their primary functions was to hold the executive directors to account for the performance of the Trust. He said the Council of Governors represented the interests of members of the Trust and the public. Mr Johnson explained that a number of elections for vacancies arising on the Council of Governors was to take place in September 2017 and those elected would take up their posts in December 2017. He listed the constituencies involved in the elections. Mr Johnson reflected on the role of the governor which he described as very interesting though saying that it was a steep learning curve initially. He strongly encouraged members who were interested to contact the Trust for more information and to stand for election in September.
2.	<u>Chairman's comments and opening remarks</u> **Mrs Ord, Chairman,** summarised the agenda for the evening. Mrs Ord, who chairs the Council of Governors meeting, paid tribute to Mr Johnson for his role as a governor and in particular as a lead governor since 2009. She described Mr Johnson as an absolute stalwart ensuring the functions of the governing body were carried out. She asked those present to join her in thanking Mr Johnson on his delivery and diligence during his term of office and wished him luck for the future. She went through the agenda for the evening explaining that the purpose of the Annual Members Meeting was to look back over the Trust's performance for 2016/17 and look forward to the Trust's future plans. She pointed out the Trust's summary report which was available to people attending, and was on the Trust's website. This usefully paraphrases the formal Annual Report. Mrs Ord summarised 2016/17 as a year of change and challenge which saw increased pressures and demand for the Trust services. This was felt keenly during the winter period. She went on to report that the Trust had dipped a little on its delivery against the Emergency Department four-hour target, which the Trust had been proud of achieving for much of last year. She spoke of the Trust's somewhat disappointing performance in respect of some of the quality priorities having only fully achieved one quality priority. However, actions the meeting would hear of later were in train to improve Trust performance in respect of these quality priorities. Mrs Ord updated the AMM of staff changes at the Trust's executive level during 2016/17: • Chief Executive Ms Paula Clark and chief nurse Mrs Dawn Wardell left the Trust for new opportunities

	• Ms Diane Wake joined the Trust as Chief Executive • Ms Siobhan Jordan joined the Trust as Chief Nurse • Mr Andrew McMenemy joined the Trust as Director of Human Resources She looked back on the Trust's performance in 2016/17. Highlights included: • Received excellent feedback from patients in the Friends and Family Test. However, she said the Trust would like to see more respondents providing feedback. • Achieved a number of other key NHS targets including the 18-week Referral to Treatment (RTT), and cancer targets – both helped keep the Trust focused on the delivery of a timely service for patients. • Recorded a small surplus in funds once a special payment was made that rewarded hospitals that had managed to meet their financial plan. Mrs Ord said she was proud of the achievement which meant the Trust could now meet its commitment to invest in new equipment and digital systems. • Held annual Committed to Excellence Awards designed to give recognition to teams and individuals who go above and beyond and who exemplify the Trust's values that were so important to the way the Trust delivers its services. She explained that the Trust continues to be recognised nationally for its work. Mrs Ord gave a huge thank you to the 450 plus volunteers who gave their time freely and dedicated themselves to supporting the professional teams in their care for patients. The Chairman asked all those present if they were content to approve the minutes from the 2016 AMM as a true and accurate record. All present agreed to approve the minutes without abstention
3.	<u>Chief Executive's forward look</u> **Ms Wake, Chief Executive Officer, took a look at the Trust's future plans** The chief executive said she was delighted to be attending her first Annual Members Meeting having started at the Trust in April 2017. She reflected on her background as a nurse of 30 years' experience and how much she was enjoying working in Dudley. Looking forward, Ms Wake set out the organisations priorities for 2017/18 which were: **Working with GPs.** On the subject of the Multispecialty Community Provider (MCP) contract, Ms Wake explained that Dudley Clinical Commissioning Group was going through a procurement process and that the 15 year contract should be awarded in December 2017 to begin after April 2018. She explained the Trust was engaging in this project to further progress the Trust delivering care in different places closer to people's homes. **Digital Trust project**. Trust was working with Allscripts and engaging with staff to implement a fully electronic patient record by April 2018. She said staff had been taking part in sessions to design the new system which would help provide patients safer, more effective care. **Purpose-built emergency treatment centre.** This would be built by November 2017 so that patients who come to hospital would have a single point of access to determine the most appropriate service to treat them. She hoped this would improve waiting times.

	State-of the-art imaging suite at Guest Outpatient Centre. A £3.5 million project for a new CT and MRI scanner would allow patients to be scanned more quickly and speed up clinical pathways. **Sustainability and Transformation Partnerships (STP).** The Trust continued to participate in the Black Country partnership. **Black Country Alliance.** The Trust continued to do good work with other Black County acute providers and that this work would be incorporated into the STP. Ms Wake explained how working with partners across the Black Country would make services more sustainable. **Improving patient experience**. Ms Wake expressed disappointment by recent patient survey results and said she was committed to improving how patients feel about their care and treatment. She personally thanked members and staff who she described as the Trust's most important asset.
4.	<u>Quality Report and Account 2016/17</u> **Ms Jordan, Chief Nurse,** presented the Quality Account. She introduced herself as the interim chief nurse before stating that the Trust did not achieve all of its quality priorities for 2016/17 and was, therefore, rolling them on to 2017/18 with an even greater focus on achieving them. She reported that patient experience would continue to be the Trust's key priority. Ms Jordan summarised the quality priorities and achievement against each ambition: 1. **Patient experience**: the ambition was to ensure all patients had a positive experience. She reported this was achieved in two areas but not in all services. She explained that what was important was not just what patients say but the number of people the Trust engages with. In April 2017 the response rate improved to 32.8% adding that the more the Trust engaged with patients, the more information it receives to help improve experience overall. 2. **Patient experience – pain:** Ms Jordan explained that being in pain made for a difficult patient experience and the objective with this quality priority was to ensure that in 95% or more cases patients' pain scores were recorded every four hours and the efficacy of their pain relief was monitored and recorded. She said she was incredibly disappointed that the Trust set a target of 95% but only achieved 90% and would, therefore, be rolling this quality priority forward supported by a plan to improve the Trust's performance to meet, if not exceed, this target. 3. **Avoidable pressure ulcers:** the chief nurse said the ambition was to reduce the number of stage 3 avoidable pressure ulcers from the total in 2015/16 and have zero stage 4 avoidable pressure ulcers. She was pleased that pressure ulcers acquired in hospital had reduced from 36 in 2015/16 to 29 in 2016/17. She reported that, unfortunately, the Trust had one stage 4 pressure ulcer. In the community, there were two stage 4 avoidable pressure ulcers. Pressure care remained a priority for the Trust. 4. **Infection control:** Ms Jordan said she was very proud to work at a Trust that had no MRSA bacteraemia in 2016/17. She said it was very good news and a positive outcome. She reported that the total of Clostridium difficile in 2015/16 was 43 with 20 apportioned to the Trust i.e. related to lapses in patient care within the Trust. This reduced to 33 in 2016/17 with only 13 apportioned to the Trust.

	5. **Nutrition and hydration:** Ms Jordan stated that the expectation was that the Trust would meet patients' nutrition and hydration needs and the ambition with this quality priority was for 95% of patients to be assessed using the Malnutrition Universal Screening Tool (MUST). In reality, she said, it could be difficult to do this within hospital for a variety of reasons and needed to remain a focus so that patients did not come to hospital and lose their appetite or become dehydrated. She reported that the performance against the use of the MUST tool in hospital had been disappointing for 2016/17 – the tool was used in only 85% of cases. In the community 96% of patients were assessed using the tool. 6. **Medication**: the objective was to ensure better scores than in 2015/16 for the following indicators: all medications administered are signed and dated and, omission codes are evident for all medications not administered as prescribed. Ms Jordan explained that systems needed to be in place to keep patients safe at all times. She was disappointed that medication signed and dated reduced from 98% in 2015/16 to 92% in 2016/17. Because this was not achieved, the priority was to remain for 2017/18. In respect of medication omission codes being evident – the chief nurse explained that it was important to document when medication was not given as there are many reasons why medication may not be given but it is important that such occasions are tracked. This objective was achieved in 2015/16 but in 2016/17 this recording was only achieved for 88% of patients. All AMM attendees were asked to complete a questionnaire and help the Trust choose the quality priorities for the future.
5.	<u>Trust Performance and Financial Accounts 2016/17</u> **Mr Taylor, Director of Finance and Information,** gave a high level summary of the Trust's annual accounts and pointed to the Trust's website for a more detailed report of the financial position. Offering context, Mr Taylor said the Trust had been in a difficult financial position in 2014/15 and was in that year in breach of its licence with its regulator NHS Improvement. In 2016/17 there was continual improvement and the Trust was now in a period of financial recovery showing only a small deficit of £361,000. Mr Taylor reported an increase in activity in 2016/17 compared to 2015/16 which had put a great pressure on the hospital and its staff. He stated that the actual surplus for 2016/17 was £11.584 million once the Sustainability and Transformation Fund payment of £11.945 million was taken into account. He explained that the Government allocated £1.8 billion to NHS trusts to alleviate financial pressure within the sector, and that by putting extra cash in, the sector was able to post an overall surplus. It was good news for Dudley as it provided an extra £11 million of finding which it planned to spend on capital schemes. However, the bottom line position was the Trust posted a small deficit and the underlying financial position remained difficult. Cost Improvement Programme savings amounted to £9.3 million and the savings programme for 2017/18 is £12.5 million in order for the Trust to meet its financial plan. Mr Taylor summarised the position of charitable funds stating that donations to spend on patients amounted to £418,000 in 2016/17. In 2016/17 the Trust spent £625,000 and was looking at new ways of spending the money coupled with new appeals to raise more funds in the current year. He advised a new campaign called The Big Push had begun which aims to raise £30,000 for 50 new wheelchairs.

6.	Auditors' Report **Mr Matthew Elmer, Price Waterhouse Cooper (PwC)** explained that the purpose of external audit was to make sure financial statements were true and fair and to ensure the Trust is delivering value for money and effective use of resources. PwC's conclusions on the performance indicators were: RTT: • PwC issued a 'disclaimed' limited assurance report on the basis of the information available. • The Trust had already highlighted a data issue that occurred between April and July 2016 in relation to extra clinics outside of routine planned clinics. A&E: • PwC issued an unqualified limited assurance report, except for in relation to the information available on Ambulance arrival times. Key findings – financial statements: PwC issued an unqualified audit report on all aspects of the financial statements. They were happy with the approach the Trust took with regards the production of the Annual Report and with the accounts. Key findings – use of resources: PwC issued an unqualified use of resources conclusion. Key findings – Quality Report: PwC issued an unqualified 'limited assurance' report on the content and the consistency of the Quality Report. In conclusion, Mr Elmer said it was a rreally good result for the Trust, particularly with the challenges it faced.
7.	Questions from the public relating to the Annual Report and Quality Accounts **Mrs Ord, Chairman** invited questions from those present. **Mr Downing** asked for the cost of health tourism in 2016/17. **Mr Taylor, Director of Finance and Information,** replied that it was a relatively small amount i.e. £201,000 and explained the Trust didn't treat many people outside the European Union. An audit confirmed the Trust's systems were good in respect of collecting monies due. He outlined a scheme between the NHS and Border Control where notifications were made for people who fail to pay for treatment costs. Mr Taylor said the Trust experienced one or two cases a year where patients who receive care may be discharged before the Trust receives the money for the care. **Mr Downing** was disappointed in the support and availability of auxiliary service staff – on three or four occasions people were not available and could not attend to peoples' needs. **Ms Jordan, Chief Nurse,** replied that she had worked with the senior nurses and reviewed staffing levels and agreed with Mr Downing that the Trust would benefit from having more nurses and health support workers on the wards. She also said patients coming into hospital could be cared for in the community with the right level of support. She was pleased that her review had received support from executive and non-executive directors to invest in a larger

	substantive workforce. She stated the Trust needed to invest in more nurses but that there is a national shortage of skilled staff. She accepted Mr Downing's challenge and apologised for the impact on him. However, she reiterated there was an issue nationally around recruitment and she was working on how to attract more nurses and support staff to work for this Trust. **Mr Downing** suggested the Trust should move heaven and earth to hire its own support workers. **Ms Jordan, Chief Nurse,** replied that the Trust was doing its best but said nurses were leaving the profession because it was very difficult. She said new nurses had to pay £120 to the Nursing and Midwifery Council to register but that the Trust was paying this amount for them as an incentive to join the Trust. She said no other Trust in the Black Country was doing this. **Mr Durrell,** a patient panel member from Halesowen Medical Practice, asked about how charitable donations were spent. He gave an example of another Trust where people who donate specify the name of the ward where the money should go and that it is not bundled up into a bigger pot. **Mr Taylor, Director of Finance and Information,** replied that the same process happens in every NHS trust i.e. that most people give to a specific ward and the terms were always honoured. The Dudley Group spends funds in accordance with people's wishes and that it is governed by charitable law. **Mrs Price**, a Trust Governor, confirmed that she had seen this in action and the Trust had spent donors' money in line with their wishes. **Mr Durrell** noted that Radcliffe Infirmary visited universities to recruit people they would like and offer incentives so long as candidates give an agreement that they will stay with them for a period of time – and it was working. **Mr McMenemy, Director of Human Resources**, replied to say the Trust's recruiters were at Birmingham University for speech and language therapists and that they offer those they meet to sign an agreement to join the Trust at that time. There were a number of incentives that can be used but other trusts were doing the same. Mr McMenemy has written to every school head in the area and will be meeting with careers advisors to engage with the future workforce about local opportunities the Trust offers. **Mr Harrison, Medical Director, replied** to say the Trust had been running a successful work experience programme for future medics for a number of years to make sure the Trust attracts potential medics very early on in their careers. **Mr McClymont, Dudley CIL**, updated the AMM on his dignity project that was announced at the 2016 AMM. He said he brought the Dignity Tree to Russells Hall Hospital and it was a great success. Mr McClymont said he was looking forward to launching his Dignity Charter in November 2017. **Mr McClymont, Dudley CIL,** said the Accessible Information Standard was now a legal requirement and said The Dudley Group had not managed to fully implement it. He asked when he could expect to receive an appointment not on a piece of paper. He also asked what the impact had been for the Trust for not meeting the target i.e. was there a financial penalty? **Mr Stanton, Chief Information Officer,** replied that the Trust sends out one million patient

	appointments letters on paper and was in the process of understanding where all the letters come from and bringing them to a central point. He stated that by December 2017, patients would be given a choice of method to receive appointment letters e.g. by email or in braille. The format of communicating test results, for example, would be looked at in 2018 and 2019 as the systems producing that information are more disparate. Mr Stanton reiterated the Trust's investment in an Electronic Patient record (EPR) and it would be the intention to provide a secure portal for patients as part of that project in future years. He stated that the Trust had not been served with any financial penalty for not being fully compliant with the standard but again restated the Trust does have a plan to offer appointment information in alternate formats by the end of the year. **Mr Franklin, a Trust volunteer and former governor,** said from personal experience he knew the Trust has a problem in Ophthalmology with delivering a timely service. He said he had received four or five cancelled appointments. **Ms Wake, Chief Executive,** replied to confirm the Trust had suffered problems for more than 12 months with waiting times for new patients and follow up appointments, and that the Board of Directors was focused on addressing the issues. For example, the Trust had commissioned another provider to work with the Trust to see a backlog of patients. The Trust prioritised patients waiting for follow ups whose appointments were deemed urgent. The remaining patients waiting for follow up appointments would be seen by the end of October 2017. She said the situation was being carefully monitored and explained there was a national problem recruiting staff into Ophthalmology. The Trust was in the process of advertising for more ophthalmic consultants. **Mr Harrison, Medical Director,** added that more clinic rooms were being made available and the Trust was reviewing what services could be provided in the community. **Mr Franklin** said he was referred internally in March 2017 and currently his appointment was on 30th August 2017 after four or five changes to his appointment. **Mr Peterson, a Trust volunteer,** said he observed that the food was of good quality but he felt the portion sizes were too big and the Trust was throwing away up to 50% of meals. **Ms Wake, Chief Executive,** thanked him for his feedback explained that there would be a variable appetite among patients and so the Trust needed to focus on the average appetite. **Ms Jordan, Chief Nurse,** thanked Mr Peterson for his suggestion and said the Trust might offer light bites for patient with smaller appetites and she would discuss the possibility with Interserve. **Mr Durrell** said he asked staff at Walsall Manor about the communication and cross fertilisation with The Dudley Group and was informed they little contact with Dudley. He noted that would all change with the advent of the Multi-speciality Community Provider (MCP) partnership and observed some people thought Walsall was in a different country. **Mrs Ord, Chairman,** replied that people took great pride in their local communities in the Black Country and sometimes this could be mistaken for an inward focus but the Trust was engaging with partners in the Black Country. **Ms Wake, Chief Executive,** replied there was real evidence that Dudley was working in partnership with organisations in the Black Country which had improved a lot of clinical pathways. She also said Dudley clinicians travelled to Walsall to support them and that the future of healthcare was about working in partnership to deliver services locally.

	Mr Stenson asked how the MCP procurement process being run by Dudley Clinical Commissioning Group (CCG) would affect services at the Trust in the future. **Mr Harrison, Medical Director,** replied that Dudley CCG was in the middle of a procurement process and that The Dudley Group had chosen to partner with Birmingham Community Healthcare NHS Foundation Trust and a group of GPs to jointly bid for MCP services. He said the MCP would revolutionise services across Dudley by working together whilst putting patients at the centre of the service. He said it was a much better approach and the Trust had already implemented a lot of improvement in this area with Multidisciplinary Team (MDT) working operating with GP and Trust community staff and was excited by the potential of integrated services. **Ms Wake, Chief Executive,** replied that a lot of work had been undertaken to understand the impact of the MCP. She said some services provided by the Trust would be provided in a different setting but the Trust would understand the detail of the changes, and how the Trust would advance clinical pathways for patients, after the procurement process. **Mr Taylor, Director of Finance and Information,** said a lot depended on whether the Trust was a fundamental partner within the MCP and said there would be a danger of the Trust's expensive facilities being underutilised if it failed to play any part in the MCP. **Mr Rob** commented that dementia was going to be the straw that broke the NHS camel's back and that it needed planning for now. He asked if Russells Hall Hospital was the best place to provide dementia care. **Ms Jordan, Interim Chief Nurse,** replied that no, Russells Hall Hospital was not the best place to provide dementia care. She said a hospital setting for patients with dementia made things worse for them. She explained that the Trust had a dementia strategy and was working with partners to keep patients in their own homes as much as possible. Acute hospitals, she said, whilst not the right place for patients with dementia, when they were very ill they did need to come to hospital and the Trust needed to work smarter to get them home again where their dementia needs can be met more effectively. **Mrs Norton**, said she received copies of consultant letters from all departments but not the Rheumatology Department and asked why this was the case. **Mr Harrison, Medical Director,** replied that he would look into this issue straightaway. **Mr Taylor** asked if the Digital Trust programme was being dictated to by central government and how it was implemented and asked what would happen if it went wrong. **Mr Stanton, Chief Information Officer,** replied that the Trust was in control of what the Digital Trust programme looked like. NHS Digital provided the basic framework. **Mr Taylor** said when organisations change to digital, something invariably does go wrong. He gave the example of Group 4. He asked what would happen if patient records went astray. **Mr Stanton, Chief Information Officer,** replied the purpose of EPR was to manage patient records. He said an electronic record, in theory, could not go astray although there could be a threat of it being hacked. However, that was where robust security was paramount. He reflected on the recent cyber-attack and said the Trust had not been affected because of the level of security in place within the Trust and its investment in managing these risks. Keeping patient records safe was a matter of IT security and a Trust priority.

8.	**Close of Annual Members Meeting** Mrs Ord thanked all for their attendance and drew the Annual Members Meeting to a close.