

**Minutes of the Full Council of Governors meeting  
 Thursday 1st December 2016, 6.00pm, Clinical Education Centre,  
 Russells Hall Hospital, Dudley**

**Present:**

<b>Name</b>	<b>Status</b>	<b>Representing</b>
Mr Darren Adams	Public Elected Governor	Stourbridge
Mr Fred Allen	Public Elected Governor	Central Dudley
Mr Terry Brearley	Public Elected Governor	Brierley Hill
Mr Richard Brookes	Public Elected Governor	Brierley Hill
Mr Bill Dainty	Staff Elected Governor	Nursing and Midwifery
Dr Richard Gee	Appointed Governor	Dudley CCG
Miss Jenny Glyn	Staff Elected Governor	Nursing and Midwifery
Mr Rob Johnson	Public Elected Governor	Halesowen
Mrs Diane Jones	Public Elected Governor	South Staffordshire & Wyre Forest
Mrs Michelle Lawrence	Staff Elected Governor	Nursing and Midwifery
Mrs Joan Morgan	Public Elected Governor	Central Dudley
Mrs Jenni Ord	<b>Chair, Council of Governors</b>	DGH NHS FT
Mr James Pearson-Jenkins	Public Elected Governor	Tipton & Rowley Regis
Ms Yvonne Peers	Public Elected Governor	North Dudley
Mrs Karen Phillips	Staff Elected Governor	Non Clinical Staff
Ms Nicola Piggott	Public Elected Governor	Dudley North
Mrs Patricia Price	Public Elected Governor	Rest of the West Midlands
Mrs Jackie Snowdon	Staff Elected Governor	Nursing and Midwifery
Mr Alan Walker	Appointed Governor	Partner Organisations

**In Attendance:**

<b>Name</b>	<b>Status</b>	<b>Representing</b>
Mrs Liz Abbiss	Head of Communications and Patient Experience	DG NHS FT
Mrs Teekai Beach	Directorate Manager to Medical Director	DG NHS FT
Mrs Helen Board	Patient and Governor Engagement Lead	DG NHS FT
Dr Joanne Bowen	Palliative Medicine Consultant	DG NHS FT
Mr Andrew McMenemy	Director of Human Resources	DG NHS FT
Mr Glen Palethorpe	Director of Governance/Board Secretary	DG NHS FT
Mrs Pam Smith	Deputy Chief Nurse	DG NHS FT
Mr Paul Taylor	Director of Finance & Information	DG NHS FT

**Apologies:**

<b>Name</b>	<b>Status</b>	<b>Representing</b>
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 John Franklin	Appointed Governor	Dudley CVS
Mrs Viv Kerry	Public Elected Governor	Halesowen
Mrs Shirley Robinson	Staff Elected Governor	Nursing and Midwifery
Mrs Jackie Smith	Staff Elected Governor	AHP & HCS

6.08pm Mrs Ord welcomed those in attendance.

6.22pm **Presentation: Mortality update and End of Life care**

Mrs Ord explained that the presentation would differ from the item indicated on the agenda. The Trust mortality indicators were in line with the national picture and of no cause for concern and reflected the positive work completed to date. The Board were assured that the review of every single death contributed to making improvements where needed. The Transforming End of Life project represented one area using the feedback to drive improvement for end of life care for patients and their families. Mr Wulff, non-executive director, was the Trust End of Life lead. Mrs Ord invited Dr Bowen to provide an update.

Dr Bowen presented an update on the Transforming end of Life Care project and highlighted progress for the following key items;

- Overall ambitions of the project
- National framework for local action 2015 - 2020
- Summary of key work streams
- Key stakeholders – The Dudley Group, Dudley CCG, Mary Stevens Hospice and MacMillan
- Dudley MacMillan Care at Home project

Mrs Ord thanked Dr Bowen for the update and invited questions.

Mrs Piggott asked if the Care at Home service would receive more funding to provide the service 7 days a week.

Mr Pearson-Jenkins commented on a recent negative experience and the differences he had observed between hospital and community when having to collect drugs post discharge that had been required by nurses providing pain relief care at home.

Dr Bowen confirmed this was the plan and that workforce resources would be assessed to establish additional requirements that would require funding to provide the service 7 days a week. She confirmed the preferred option would be for patients to be provided their medication to take home at the point of discharge and recognised that not all pharmacies had relevant drugs available. A review was in place to establish which pharmacies offered the required drugs and whether they were open late or not.

Mrs Ord noted that specialist palliative care teams worked closely with other specialist teams providing pain relief which was also a Trust Quality Priority. She asked Dr Bowen to note this feedback as part of the review work.

Mrs Price recounted a poor experience of documentation and communication that had caused a great deal of distress.

Dr Bowen thanked Mrs Price for sharing the experience and recognised that there was only one opportunity to give great care. She advised that the Voices Survey was offered to bereaved families and a familiar theme identified for improvement was communication.

Mrs Ord thanked Dr Bowen for an informative presentation.

**COG 16/27.1 Welcome and introductions (Public & Press)**

18:39 Mrs Ord opened the meeting and welcomed all to the meeting.

**COG 16/27.2 Apologies**

18:40 Apologies had been received and recorded as above.

**COG 16/27.3 Declarations of Interest**

18:43 There were no Declarations of Interest received.

**COG 16/27.4 Quoracy**

18:43 The meeting was declared quorate.

**COG 16/27.5 Announcements**

18:43 Mrs Ord welcomed new Governors returned in recent elections who would take up office from 1<sup>st</sup> December 2016:

Mr Terry Brearley, Public: Brierley Hill  
Mrs Michelle Lawrence, Staff: Nursing and Midwifery

She also congratulated Mrs Karen Phillips, Staff: non-clinical on her re-election to the Council.

Mrs Ord noted her thanks to Helen Stott Slater, Public: Brierley Hill who had reached her end of term of office Shirley Robinson, Staff: Nursing and Midwifery who had also reached her end of term of office.

**COG 16/28.0 Previous Meeting**

**COG 16/28.1 Minutes of the previous full Council of Governors (Enclosure 1)**

18:44

The minutes of the previous meeting held on 5<sup>th</sup> September 2016 were approved as an accurate record subject to two minor amendments and would be signed by the chairman.

The amendments relate to the correction to the titles of Jenny Glynn and Jacky Snowden who should be listed as 'Miss'.

**COG 16/28.2 Matters arising**

18:44

There were none.

**COG 16/28.3 Action points**

16/22.1 edits to Governor pages on Trust website – in progress.

16/23.3 CoG and Committee 2017 meeting calendar to be updated and circulated – action complete and would be removed.

16/25.0 AMM minutes to be uploaded to Trust website – action complete and would be removed

**COG 16/29.0 Update from Council Committee's chairs**  
18:45

**COG 16/29.1 Experience & Engagement Committee (Enclosure 2)**

18.35 Mrs Phillips presented her report given as enclosure two and highlighted the following items;

- Received report from the Governor representative for the Patient Experience Group
- Received report from the Governor representative for the Quality and Safety Group
- Governor facebook chat facility – a pilot facebook group had been set up.

Mrs Phillips noted that not everyone had a facebook account and proceeded to ask those present to give a show of hands to indicate those who had facebook accounts of which five indicated they had.

This led to further discussion about alternative solutions such as whether communicating via mobile phone or email might be more efficient. It was acknowledged that it was a challenge to unanimously work as group and get to know each other.

Mrs Jones commented on the challenge of contacting all governors when arranging the governor dinner event. The lack of response had meant that the last one did not go ahead.

Mrs Ord noted Mrs Phillips efforts and suggested that there may be those who would like to try facebook in a private safe environment offered by the private group facility set up as the pilot.

Mrs Phillips confirmed that it was a private facebook group and not visible to everybody.

Mr Johnson suggested using WhatsApp which would be dependent on all governors having a smart phone.

Mr Dainty confirmed he used WhatsApp in his professional work and had never used facebook.

Mr Pearson Jenkins mentioned that WhatsApp would need all participants to use their proper names. He suggested some alternative solutions including Slack.

Mrs Ord suggested Mrs Phillips liaise with some of the other governors with expertise in this area and work with Trust resolve.

Mrs Phillips reported:

- FT membership. Some areas slightly underrepresented which included the age group 22-39 year olds. She noted that some Governors had attended the Halesowen College event earlier in the day. Mrs Phillips thanked Governors who had helped and reported that 50 new members had been signed up. Nursing staff also participated from the nurse development team. Mrs Phillips asked other governors to consider coming forward and help out at future events as they would get a lot out of their participation.

- Engagement – Mrs Phillips would compile a list to capture all of the events attended by Governors and encouraged all governors to go out and about using resources prepared to support governors, and to let her know which groups and events they had attended.

Miss Glynn noted that at the event earlier in the day, students had signed up and suggested the Trust consider development of social media and other interactive activities as method of engagement and commented that the display stand could be improved.

Mrs Phillips suggested this would be a focus of work for the Committee to consider various options to develop the stand.

Mrs Price commented that members events had historically been a popular way of engaging members of all age groups.

**Action point** Governor Chat facility – liaise with other Governors with expertise in this area and Trust to resolve **KP**

**COG 16/29.2 Governance Committee (Enclosure 3)**

**18:55** Mr Allen presented his report given as enclosure three and highlighted the following items:

- The last meeting had been quorate
- Raised concern of increasing agency costs
- PwC would attend the next meeting on 22<sup>nd</sup> December with information about the external audit plan.

Mrs Ord thanked Mr Allen for his report and invited questions. There were none.

**COG 16/29.3 Strategy Committee (Verbal update)**

**18:58** Mr Johnson reported that the last two meetings had been workshops which had received updates and feedback on the forward plan and Sustainable Transformation Plan (STP) and had proved a useful forum to involve and update all governors.

**COG 16/29.4 Governor Development Group (Enclosure 4)**

**19:00** Mr Johnson highlighted the key items discussed at the last meeting:

- NHS Improvement guidance. This information would be included in the Board Secretary's report to Council on 1<sup>st</sup> December, and would include a summary of the Single Oversight Framework introduced to replace the former Monitor rating.
- The need for support from all governors for the Engagement and Experience Committee in getting 'out and about'.
- Agency staff costs, rostering levels and delayed discharges and their impacts on the Trust.
- Agreed closure of the actions following the Council of Governors Effectiveness review 2016.

Mr Johnson reminded all governors that minutes from all governor meetings can be accessed on the Governor Portal.

**COG 16/30.0 Sustainability and Transformation Plan**  
19:05

**COG 16/30.1 Sustainability and Transformation Plan (STP) formal document (Enclosure 5)**

Mr Taylor presented the report given as enclosure five and summarised the workshop activity which had involved governors as part of the Trust's forward planning process which set out to address external challenges faced by the Trust and others nationally. The STP brought together NHS trusts, CCG's and local authorities to work together more efficiently and address the large deficit faced by the NHS.

He drew attention to the attached summary of the Black Country plan 'Better health and care in the Black Country' prepared as an outline plan to address a predicted £413m shortfall by working more effectively and efficiently. Primarily the plan promotes the move of some aspects of care that could more effectively be delivered in a non-hospital setting. He confirmed that the establishment of new models of care including MCPs (Multi specialty Care Providers) were part of that initiative. The plan also includes a review of the configuration of hospital services to utilise the estate as efficiently as possible. There was no plan to reduce the number of major hospital sites. The new site for Sandwell and City Hospital would be ready by late 2018. The plan would include 3- 5 year development of services, with the next steps to develop 2017/18 plans underpinning the STP and related budgets, and confirmed this would include governor involvement.

Mr Taylor concluded that the Trust was in a better position than many other trusts but acknowledged there would be challenges ahead.

Mrs Ord encouraged all governors to attend the public event, being held on 6<sup>th</sup> December, where more information about the proposals would be shared. She thanked Mr Taylor for his update and invited questions.

Mr Dainty referred to the current financial pressures within the Trust and with our partners and asked how can we effectively plan when we are struggling to balance the books presently.

Mr Taylor concurred the challenge is real and noted the increase in demand is clear and the capacity to cope had to change somewhere in the system. Patients and the wider public had a responsibility to look after themselves better whilst the Trust and local health economy partners were to work together to manage the health of patients more proactively and gave an example of better management in a home setting to prevent an emergency attendance at hospital.

Mrs Ord supported the aim to do things differently in both the primary and secondary care settings and gave an example of a local initiative where care homes are provided with a helpline for advice instead of just calling for an ambulance.

Miss Snowdon commented that families and patients expectations are so high and, what they envisage what they are entitled to is potentially unsustainable and gave example of district nurses calling in on patients to administer eye drops when this could be managed by the patients and their family residing at the same address.

Mrs Price reported that she had attended an event earlier in the day which had been well attended. The event had been hosted by the Dudley CCG with a presentation of

the Black Country STP which had clearly set out the challenges and proposals and provided an opportunity for public comment.

Mrs Morgan noted that the Dudley MBC had recently withdrawn funding from various voluntary organisations which would have a negative impact on support groups with the potential to leave many older people lonely and isolated.

Mr Pearson-Jenkins suggested we needed to be more firm with patients to help themselves where and when can and recognised that everyone should receive good quality care and acknowledged that some had unreasonable demands.

Mrs Ord made reference to the patient story shown earlier in the day at the Board meeting where the patient had recognised that different patients have different needs. She welcomed the public conversation that would support getting the message out to a wider audience that change is needed and not everyone would receive everything they think they may need. Winter pressures would have the potential to negatively impact on some performance aspects of the Trust such as missing the A&E target.

Mr Dainty commented that A&E continued to see an increasing number of patients with very complex needs with a heavy demand on resources.

Mr Allen commented that the availability of the 111 service was not widely publicised and thought no one seems to know much about it.

Mrs Ord invited Dr Gee to contribute to the topic and asked if this had been advertised.

Dr Gee confirmed that the contract had recently been agreed by a group of CCG's as a West Midlands wide contract.

**COG 16/31.0 Standing reports**  
19:24

**COG 16/31.1 Finance and Performance report Q2, 2016/17 (Enclosure 6)**

Mr Taylor presented the reported given as enclosure six and highlighted the following items:

He confirmed that the report reflected Trust finance and performance information up to the end of October 2016.

- Digital Trust. The Trust had secured £10.5m STF funding and this would be retained subject to continual achievement of financial control totals equal to achieving a £9.5m surplus. The Trust Board had been able to approve investment in the roll out of Digital Trust.
- Agency costs. These had increased in recent months and action had been taken to impose greater control and extra recruitment activity

Mr Adams asked if national caps on agency rates had any appreciable impact.

Mr Taylor replied that there were still occasions when it had been necessary to hire staff off framework and the national caps had not yielded the expected level OF

savings nationally. Recruitment to vacant posts will have a bigger impact for this Trust.

Mrs Smith explained that the Trust had launched a staffing dashboard in November that provided a view of staffing levels in real time across all wards and allowed efficient allocation of staff with the right skill mix across the hospital.

- A&E performance against the four hour target continued as one of the best performing in the country, November had been the busiest on record for the Trust and the Trust would not expect to meet the 95% target for that month.
- Elective Referral To Treatment performance is 95%
- Diagnostics performance including CT, MRi and ultrasound is at 98.5%
- Cancer target achieved with performance of 85%
- Unfortunately there had been one Never Event for year to date

Mr Palethorpe clarified for the benefit of new governors that Never Events do not mean a catastrophic event and in this case no harm was done and the change in process was made swiftly after the incident was identified.

Mrs Ord recognised all efforts being made by staff to deliver excellent performance against the targets and noted the work of our partner organisations.

**COG 16/31.2 FT Membership report Q1, 2016/17 (Enclosure 7)**  
19:36

Mrs Board presented the above enclosure for information and noted the public membership at 30<sup>th</sup> September stood at 13,815 and confirmed the detailed report was provided to the Engagement and Experience Committee for review and action as required.

**COG 16/31.3 Board Secretary update including 2016 Governor election results, Chief Executive appointment, NHS Improvement information (Enclosure 8)**  
19:38

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

- The chief executive's successful appointment and the Governor role in recruitment process.
- NHS Improvement and the Single Oversight Framework had been in place from 1st April 2016 when Monitor became part of NHS Improvement. NHS Improvement brings together Monitor, NHS Trust Development Authority, Patient Safety, the National Reporting and Learning System, Advancing Change Team and the Intensive Support Teams.

NHS Improvement aims to build on the best of what these organisations did, but with a change of emphasis. Its priority is to offer support to providers and local health systems to help them improve. This is underpinned by the introduction of the Single Oversight Framework which segments all provider trusts, both FT and none FT into one of four segment categories (segment 1: providers with maximum autonomy; segment 2: providers offered targeted support; segment 3: providers received mandated support; segment 4: special measures). The determination as to which segment each Trust is placed is made on a series of



judgements across five themes (quality of care using the CQCs domains of safe, effective, caring and responsive; finance and use of resources; operational performance, strategic change; leadership and improvement capability (well led)).

The Single Oversight Framework replaced Monitor's risk assessment framework and the TDA's accountability framework from the 1st October 2016. All Trusts were given a "shadow rating" as of 30 September as if the framework had been in place for the preceding quarter and the Trust allocated segment was 2 (offered targeted support). Segment 2 is a positive segment to be placed in.

## **COG 16/32.0 Quality**

### **COG 16/32.1 Q2 Learning report from Incidents and Complaints (Enclosure 9) 19:41**

Mr Palethorpe presented the above report given as enclosure nine and asked Governors to draw assurance from the emphasis placed on learning from incidents.

- Learning events. The Trust continued to host learning events which were open to all staff. The events had made a significant difference to driving change and gave the example of Information Governance where staff were reminded not to share information inappropriately citing past events to make the session real for the staff attending.
- Quality and Safety Reviews. These continued to highlight areas of good work and those where improvement was needed with actions monitored on plans for each area.
- Complaints received. The Committee's attention was specifically drawn to the level of complaints that were only 0.03% when judged against the Trust's patient activity and low compared to the number of compliments received. The Trust however takes every opportunity to involve patients and their families in the process, takes each complaint seriously as each offers the Trust an opportunity to learn from.

Mrs Ord thanked Mr Palethorpe for his report and invited questions. There were none.

### **COG 16/32.2 Patient Experience report Q2, 2016/17 (Enclosure 10) 19:45**

Mrs Abbiss presented the info graphic for Q2 given as enclosure 10 and for the benefit of new governors explained that the Patient Experience Quality Priority was based on the target to achieve a FFT (Friends and Family Test) recommended percentage score that was equal to or better than the national average. This had been achieved in all areas except outpatients, noting that this area since April had improved their score by more than 10% and now were only a fraction of a percentage off the national benchmark. She noted that the details of the FFT scores across all areas were contained in the Finance and Performance report (enclosure six). She confirmed that staff received all comments about their area in near real time and noted that more than 66% of all comments received were positive.

Mrs Abbiss advised that the FFT would shortly be offered by text message in some areas of the Trust to improve response rates and an implementation plan was in place to pilot the solution in the emergency department.

Mr James Pearson asked when the results would be available.

Mrs Abbiss confirmed this would be included as part of the Q4 data.

Mrs Abbiss concluded her report and noted the Trusts NHS choices 4 star rating remained better than all local peers.

Mrs Ord thanked Mrs Abbiss for her report and referred governors to the Trust website where further information was available.

**COG 16/33.3 Chief Nurse update inc. Quality account half year report (Enclosure 11)**

19:52

Mrs Smith presented the above report given as enclosure 11 and noted the following key items:

**Safer Staffing**

- The RAG rating system has been rolled out across the wards with one red shift during the period with no safety issues identified.

**Nursing Care Indicators**

- Improvement had have been seen overall although not all areas had achieved green status.

**Recruitment Update**

- Registered Nurse vacancies were currently 95 Whole Time Equivalents after new graduates commenced in September and October 2016.
- Existing Registered Nurse recruitment streams are continuing albeit with limited success.
- Nine international nurses had completed IELTS (English test) successfully. They are required to pass the CBT (Test of Clinical Expertise) then apply for visas before they can join the Trust.
- Band 2 recruitment had seen 46 support workers join the Trust (Aug to Oct 2016).

**Allied Health Professionals (AHP)**

- A Listening into Action event was held in October and which had been very well attended by a range of AHPs. Information would be collated from the feedback received to agree actions.

**Quality Priorities**

- **Patient Experience** –
  - FFT - In quarter 2 all areas are achieving the target and are equal to or above the national average with the exception of outpatients for three months, inpatients for one month and maternity birth for one month.
  - Pain score is recorded four hourly – 95% Green.
- **Pressure Ulcers**
  - The standardisation of continence products within the Trust has saved £18,000.
  - The Tissue Viability team had successfully taken over the verification of pressure ulcers.
  - Skin bundle training continued to be provided for residential homes and care agencies.
- **Infection Control**
  - There have been no cases of MRSA bacteraemia reported since September 2015. One case identified in August in Dudley from outside the Trust.
  - There have been 21 cases of Clostridium difficile – four cases identified as having lapses in care and four cases identified as no lapses in care. There are 13 cases under review.
- **Nutrition and hydration**
  - There is a very slight improvement in the (Malnutrition Universal Screening Tool) MUST assessment for the hospital. On-going education sessions using the electronic MUST calculator continue.
  - Wards are purchasing scales and training staff in their use to improve the availability of accurate weighing scales.

- **Medication**

- There had been a slight improvement (1%) in medications that had been administered being signed and dated taking compliance into Green.
- There has been a slight improvement (1%) in omission codes being evident for all medications including Enoxaparin not administered as prescribed, however, these remain below target and amber rated.

Mrs Smith explained that each year governors are asked to provide their views on the selection of future **Quality Priority** topics. She noted that guests attending the Annual Members Meeting had been also been asked to provide feedback.

Mrs Ord confirmed that in December 2015 governors had previously approved the quality priorities effective for a two year period. This had subsequently been discussed at a recent meeting of the Strategy Committee where they had supported it as a logical way forward to coincide with the current planning timelines. She confirmed that Governors would continue to receive quarterly updates.

**COG 16/34.0 Workforce Report (Enclosure 12)**  
**19:59**

Mr McMenemy presented the report given as enclosure 12. He highlighted the following:

Absence figures – slightly up this quarter and remained low compared to other trusts.

Health and Wellbeing Group – regularly met and had developed several ideas based on feedback received via national staff survey activity.

Mandatory training and appraisal rates – continued to cause concern with little improvement. Recent initiatives had included a review of the appraisal system, a review of bank shift/department process e.g. the charge for the provision of security badge is to be waived to make it more attractive for staff joining the bank and additional mandatory training topics included in the induction session to make it easier for staff to start working productively for the Trust.

Recruitment – there continues to be a focus on substantive recruitment to reduce the dependency on agency staff.

Mrs Ord thanked Mr McMenemy for his informative report and hoped the Governors had found it useful.

Mr Johnson confirmed that the Council's Governance Committee include monitoring of workforce KPIs on its agenda.

**COG 16/35.0 Any other business**  
**20:05**

**Main Visitor car park** – Mrs Morgan enquired about the repairs required to the barriers which had caused problem for visitors.

Mr Walker confirmed the barrier would be repaired the following Monday and apologised for the delay in fixing it whilst awaiting parts.

**Governors leaving gift for Ms Clark** – Mr Johnson read out the email recently received from Ms Clark thanking governors for their leaving gift and thanked them for their hard work and support shown to her during her time at The Dudley Group.

**COG 16/36.0 Close of meeting and forward dates**

**20:07**

2017 – 2<sup>nd</sup> March, 4<sup>th</sup> May, 7<sup>th</sup> September, 7<sup>th</sup> December

The meeting closed at 8.10pm. The next meeting of the Full Council of Governors would be held on Thursday 2<sup>nd</sup> March 2017.

Mrs Jenni Ord, Chair of meeting

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

<b>Outstanding</b>	Item to be addressed
<b>To be updated</b>	Item to be updated
<b>Complete</b>	Item complete

**Action Sheet**  
**Council of Governors meeting held December 2016**

<b><i>Item No</i></b>	<b><i>Subject</i></b>	<b><i>Action</i></b>	<b><i>Responsible</i></b>	<b><i>Due Date</i></b>	<b><i>Comments</i></b>
16/22.1	Edits to Governor pages on Trust website	Karen Phillips to provide further information to Comms/FT office	HB/AF	Feb 17	In progress
16/29.1	Governor Chat facility	Liaise with other Governors with expertise in this area and Trust to resolve	KP	Mar 17	In progress