

**Minutes of the Full Council of Governors meeting  
Thursday 7 September 2017, 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        |
| Cllr Adam Aston    | Appointed Governor      | Dudley MBC            |
| Mr Richard Brookes | Public Elected Governor | Brierley Hill         |
| Mr Bill Dainty     | Staff Elected Governor  | Nursing & Midwifery   |
| Mrs Lydia Ellis    | Public Elected Governor | Stourbridge           |
| Dr Richard Gee     | Appointed Governor      | Dudley CCG            |
| Mr Rob Johnson     | Public Elected Governor | Halesowen             |
| Mrs Viv Kerry      | Public Elected Governor | Halesowen             |
| Mrs Joan Morgan    | Public Elected Governor | Central Dudley        |
| Mrs Jenni Ord      | <b>Chair of Council</b> | DGH NHS FT            |
| 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 Mary Turner    | Appointed Governors     | Dudley CVS            |
| Mr Alan Walker     | Appointed Governor      | Partner Organisations |

**In Attendance:**

| <b>Name</b>         | <b>Status</b>                          | <b>Representing</b> |
|---------------------|--|---------------------|
| Mrs Liz Abbiss      | Head of Communications                 | DG NHS FT           |
| Mr Julian Atkins    | Non-executive Director                 | DG NHS FT           |
| Mrs Helen Board     | Patient & Governor Engagement Lead     | DG NHS FT           |
| Mr Paul Bytheway    | Chief Operating Officer                | DG NHS FT           |
| Mr Jonathan Fellows | Non-executive Director                 | DG NHS FT           |
| Ms Siobhan Jordan   | Interim Chief Nurse                    | 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 & Information      | DG NHS FT           |
| Ms Diane Wake       | Chief Executive Officer                | DG NHS FT           |

**Apologies:**

| <b>Name</b>              | <b>Status</b>               | <b>Representing</b>               |
|--------------------------|-----------------------------|-----------------------------------|
| Mr Terry Brearley        | Public Elected Governor     | Brierley Hill                     |
| Mr Sohail Butt           | Staff Elected Governor      | Medical and Dental                |
| Ms Jill Faulkner         | Head of Patient Experience  | DG NHS FT                         |
| Mrs Diane Jones          | Public Elected Governor     | South Staffordshire & Wyre Forest |
| Ms Michelle Lawrence     | Staff Elected Governor      | Nursing & Midwifery               |
| Mr Andrew McMenemy       | Director of Human Resources | DG NHS FT                         |
| Mr James Pearson-Jenkins | Public Elected Governor     | Tipton & Rowley Regis             |
| Mrs Patricia Price       | Public Elected Governor     | Rest of the West Midlands         |
| Mrs Jackie Snowdon       | Staff Elected Governor      | Nursing & Midwifery               |

**COG 17/18 Welcome and introductions (Public & Press)**

18:09

Mrs Ord opened the meeting and welcomed all to the meeting.

Mrs Ord noted her thanks to Mr Adams, Mrs Jones and Mr Johnson who had all served a maximum full three terms as Governors of the Trust and in December 2017 would reach their respective terms of office. She acknowledged their

dedication and support during their time in office and in particular the lead governor role undertaken by Mr Adams and Mr Johnson.

**COG 17/18.1 Introductions**

Mrs Ord introduced Mark Stanton, chief Information officer who had been invited to present an update on the Digital Trust Project.

**COG 17/18.2 Apologies**

18:11 Apologies had been received and recorded as above.

**COG 17/18.3 Declarations of Interest**

Declarations of Interest were received from Dr Gee who noted his recently expanded role at the Dudley CCG that would now include involvement with the MCP procurement team and consequently he would exclude himself from any related discussions.

**COG 17/18.4 Quoracy**

The meeting was declared quorate.

**COG 17/18.5 Announcements**

Mrs Ord advised that Paul Harrison was to step down from his post as medical director to focus on his clinical commitments and the MCP project. After eleven years as medical director and a time as acting Chief Executive Paul is stepping back into his role as consultant haematologist whilst continuing to be involved in some of the Trust's major developments. Mrs Ord noted her thanks for all of his hard work and professional leadership over the years and his continuing to support with key partnership work such as the MCP.

Ms Wake asked that a note be made to acknowledge the recent appointment of Mr Dainty as regional assessor for national life support.

**COG 17/19 Presentations**

**COG 17/19.1 Digital Trust**

18.15 Mark Stanton, Chief Information Officer, presented an update on work currently underway to deliver the Digital Trust project with a go-live date for the new Electronic Patient Record (EPR) system on 23 April 2018. Within his presentation he highlighted the following key items:

- **Project Vision**
  - o **Record:** paper free at point of care to replace more than 2000 forms currently in use.
  - o **Share:** Clinical information available in real-time across the Trust and negate the requirement for paper based notes and attendant resources and logistics required to deliver notes to where they need to be
  - o **Support:** give staff all the information they need to make clinical decisions
- **What is the Digital Trust?**
  - o IT enablement to provide improved clinical outcomes embracing all processes e.g. diagnostics, pharmacy
  - o Create a local population wide patient record to collate all separate records together (subject to signed agreement from patient)
- **Full clinical engagement**

- Clinicians involved at all levels of project governance with eight trained clinicians within the IT team
- Staff Involved in over 150 workshops
- Clinicians involved in selection process
- **Timeline**
  - Project commenced two years previously and some changes already made within confines of current IT provision i.e. electronic discharge letters
  - Roll out number 1 scheduled for April 2018 in all areas excluding outpatients and maternity
  - Rollout number 2 scheduled for September 2018 for outpatients and maternity
  - Aim to be paperless at point of care by 2020

Mrs Ord thanked Mr Stanton for an informative presentation and invited questions.

Mr Allen asked what measures were in place to cope with a possible system crash.

Mr Stanton confirmed that the system would operate based across two sites in a virtualised format so one supports the other in the event of any issues.

Mrs Kerry queried how the project would handle those patients who in previous years had opted out to having their patient information shared.

Mr Stanton confirmed that this would show as a flag on the system to indicate that the information is not to be shared.

Mrs Ellis asked if we as a Trust were behind others on implementing a paperless system and if there were other trusts that we could learn from.

Mr Stanton confirmed that there were other trusts who had deployed some aspects of a paperless system and confirmed that the Trust was liaising with trusts in Salford and Wigan who are using a similar system to ourselves to track their progress and where it made sense had accessed and used some of their existing documents that could be modified easily for our own use. He confirmed that that there would be substantial numbers of 'floorwalkers' to support staff when the system went live.

Mrs Morgan asked how long paper based records would continue to be used.

Mr Stanton confirmed that there was no plan to scan in or digitise any existing paper records and consequently they would be retained in line with NHS retention guidelines.

Mr Walker queried the ability of the current Wi-Fi provision to support an increased number of tablet devices with one installed at every bedside.

Mr Stanton confirmed that the Russells Hall Hospital site had nearly 100% coverage and could easily accommodate the additional devices and that the device security would be managed using authentication via PIN log in.

Mrs Ord thanked all for their questions and noted the complexity and size of the project adding that its success would hinge on changes to behaviours and culture and invited Mr Stanton to provide a further update to the Council at a later date.

**Action** Digital Trust project update to be brought to the council at a later date to be agreed **MS**

*[Mr Stanton left the meeting at this point]*

**COG 17/19.2 Patient Story**

18:30

Mrs Abbiss presented a video that featured a patient who in 2008 whilst in her late thirties had been diagnosed with incontinence and had been treated by the Continence Team at the Trust since 2011. The patient had a lot of praise for the care provided, particularly by one member of the Continence Team. The meeting noted that the patient had an issue with the Continence Nurse arriving at her home in uniform.

Ms Jordan acknowledged that some patients may be embarrassed when nurses attended in their uniforms and confirmed that discussions with the teams involved had concluded that patients generally found it easier to identify with and engage with nursing staff in a uniform and had agreed that specialist nurses may choose to wear their own clothes when visiting patients if that suited that patient better. The majority of staff chose to wear uniforms as some situations would lead to clothing/uniforms requiring a boil wash to comply with infection control prevention and control measures.

Mrs Ellis asked if the uniform policy applied to community midwives where there may be patients who would not wish to be openly visited by a nurse in uniform.

Ms Jordan advised that it had not been raised as an issue with staff as part of the current uniform review activity.

Ms Wake noted that the wearing of a uniform can help to maintain a professional relationship and suggested that staff could wear a coat over the top of the uniform if they felt the patient did not want to have it seen they were being visited by a nurse.

Mrs Ord thanked Mrs Abbiss for the presentation and noted that the continence team had recently been shortlisted in the Nursing times awards along with the children's ward nursing team.

**COG 17/20 Previous Meeting**

**COG 17/20.1 Minutes of the previous full Council of Governors (Enclosure 1)**

18:44

The minutes of the previous meeting held on 5<sup>th</sup> May 2017 were approved as a correct record of that meeting and signed by the chairman as such.

**COG 17/20.2 Matters arising**

There were none that were not recorded in the action grid next on the agenda.

**COG 17/20.3 Action points**

All were complete or on the agenda.

**COG 17/21 Update from Council Committee's chairs**

18:55

**COG 17/21.1 Experience & Engagement Committee (Enclosure 3)**

Mrs Phillips presented her report given as enclosure three and highlighted the following from the Committee's last meeting held on 19 July 2017

- Patient Experience Group
  - o The Trust Voices Bereavement Survey was discussed and the group were assured to see the wide variety of questions asked and of the commitment

- of the Trust to this area where there were presently 100 (30 lead and 70 associate) End of Life champions.
- The Chief Nurse had spoken at length about the way the Trust interprets the various surveys undertaken and provided assurance that all findings are processed through regular meetings, including the Patient Experience Group; Clinical Quality, Safety and Patient Experience Committee and also at Trust Board.
- Quality and Safety Group. Mrs Price had attended a recent meeting and had raised concerns regarding some of the reported incidents, in particular that they had been on-going for some time. The chief nurse had provided assurance on these matters and confirmed that they were being addressed and would report on their progress at the next meeting.
- Trust Membership - It was reported that the Trust still continues to be well represented by constituency, ethnicity, age and gender.
- Governor attendance at AMM – A dedicated room had been provided to encourage a more informal setting for members who may be interested in becoming a Governor to get information.
- The Committee had been updated about:
  - The recently launched 'Big Push' Wheelchair fundraising campaign
  - Tommy Whitelaw, who discussed his experiences with Dementia, to visit the trust again and Governors to be given the opportunity to attend

Mrs Ord thanked Mrs Phillips for her report and invited comments or questions.

Ms Jordan advised that Governor involvement in Quality Assurance reviews would continue following the recent review of the process and offered her apologies for any misunderstanding arising from the recent request to governors to stand down. She reiterated that the unannounced reviews would continue to involve governors and other stakeholders to ensure they maintained a high level of effectiveness. The new process had been reviewed and had increased the number of visits made to wards and departments to eight each month. This would ensure that all wards and areas are covered in a shorter timeframe than that previously undertaken. Ms Jordan added that Executive and Non-executive directors also complete walk rounds on an unannounced basis accompanied by a lead nurse and the chief nurse or deputy chief nurse.

Mrs Ord thanked Ms Jordan for the clarification and encouraged Governors to continue to participate in the Quality Assurance Review activity and to accept the paper from the Experience and Engagement Committee.

#### **COG 17/21.2 Governance Committee (Enclosure 4)**

Mr Allen presented his report given as enclosure four following the meeting on 29 June which had been open to all governors to attend where the single agenda item to receive a presentation from the Trust auditors on the Annual Report and Accounts. He added that the style of meeting would be repeated ahead of the 2018 Annual Members Meeting to ensure governors are fully briefed.

Cllr Aston noted that he had found meeting very useful. He commented that it had exposed that there was not a level playing field regarding performance indicators and

referred to those used in A&E and handover of information. He had raised this with the auditors. Cllr Aston added that he worked with other trusts in the local areas and confirmed that we compared favourably on this measure but that this was not represented in the auditors report.

Mrs Ord acknowledged the point he had made and noted the disparity arising had been explained at length at the Governance Committee meeting.

Mr Taylor added that the situation described by the auditors was related to the time of handover and the absence of an exact measure of the timings locally to record ambulance arrival and handover.

Ms Wake added that external parties had been invited to review our process and were assured on processes the Trust applied and had found nothing to support or justify investing in additional data capture systems just to remove the audit comment. The matter had required national resolution as the guidance was not consistently interpreted across England.

**COG 17/21.3 Governor Development Group (Enclosure 5)**

Mr Johnson presented his report given as enclosure five and highlighted the following items discussed at the meeting held 15 August 2017.

Annual Members Meeting – format for 2018 would be reviewed at the next meeting of the Group and brought to the council for consideration in December 2017.

Committee chairs – succession planning in light of the forthcoming elections would require the appointment of new chairs.

Mrs Ord added that Committees would be without a Chair after December and this created an opportunity to consider what the role might be and establishing possible candidates for new chairs from January. She urged all Committee Chairs to ensure that this would be on each agenda in the meantime and agree the length of term of chair for each Committee.

**COG 17/21.4 Strategy Committee (Enclosure 6)**

Mr Johnson reported that the recent Strategy Workshop had been poorly attended by governors with only four present. He then proceeded to provide an overview of the information shared at the workshop as follows:

**MCP – progress update**

Following the procurement process for Dudley's Multispecialty Community Provider (MCP), launched in June, the Dudley CCG has announced that the bidder that will be proceeding to the next stage is a group of four local NHS Trusts and 39 local GPs working in partnership:

- The Dudley Group NHS Foundation Trust (DGFT)
- Birmingham Community Healthcare NHS Foundation Trust
- The Dudley and Walsall Mental Health Trust
- Black Country Partnership NHS Foundation Trust

The MCP will bring services together in an integrated way and will:

- hold a contract of up to 15 years' duration;
- manage a single, whole-population budget;

- transform the access to and delivery of community health and care services with Primary Care at the centre, and meet a defined set of outcome and performance measures.

The next phase of the process will begin in early September 2017. Governors were given an indication of the process and work involved so far and that there is much left to do. The CCG timetable has a dialogue phase starting in September 2017, final tendering in December 2017, and a contract and service commencement date no sooner than April 2018.

The areas from the Scope of Services which may affect The Dudley Group were indicated to be:

- community based physical health services for adults and children
- some existing out-patient services for adults and children including ophthalmology, urology, respiratory medicine, gynaecology, diabetic medicine, dermatology, rheumatology, general geriatric medicine amongst others
- Urgent Care Centre and primary care out of hours service
- emergency admissions due to falls, ambulatory care, sensitive conditions or from care homes
- end of life care

The organisational form of the MCP is still to be decided.

### **Sustainability Transformation Programme (STP) – Black Country wide Pathology Initiative.**

Governors received a verbal presentation on this initiative, in which pathology services will be restructured across the Black Country STP area. An outline business case was put to the Trust Board at its meeting on 3 August. Board papers state: "Whilst all members understand and acknowledge the concern caused by large scale change, there has been a consistent and firm view that the creation of a unified service offers a real opportunity to address some of the critical challenges that are being faced by pathology services across the NHS." Similar changes have taken place in other areas of the country.

Trusts involved are:

- Sandwell and West Birmingham,
- Dudley Group,
- Walsall Healthcare and
- The Royal Wolverhampton NHS Trust.

The format of the service proposed is to be a new hub (at Wolverhampton) with a satellite services at the other trusts. Each trust may also need to retain the right level of service to maintain any specialty services they provide (e.g. vascular at The Dudley Group). The changes could be up and running by the end of 2018 but would involve significant work.

Clearly, this would be a large scale change with major impact on staff and the Trust has and will continue to engage with staff as the project progresses.

Mrs Ord thanked Mr Johnson for the update and noted that there was still much work to do. She confirmed that the Board were focussed on completing a full evaluation of the pathology business case and what it would achieve. She added that Mr Fellows chaired the Pathology Steering Group and took assurance from retaining a good influential voice in the process to develop the service.

## COG 17/21.5 **Appointments & Remuneration Committee (Enclosure 7)**

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

The Committee had received a paper from the Trust Chair outlining the outcomes of the performance appraisals for Non-Executive Directors (NEDs) Mr Atkins, Mr Wulff and Mr Miner. The feedback from the various sources, peer NEDs, Executives and Governors had all shown that each of them had undertaken their duties effectively and diligently and each continued to commit a significant time to their role. The committee agreed to recommend to Council the continuation of these NEDs terms of office and that Doug Wulff be appointed for a second term of 3 years.

The Committee received a report on the performance appraisal of the Trust Chair carried out by the Senior Independent Director. The report confirmed the diligence, effectiveness and skill the Chair has shown in undertaking the role over the past year. Much of the multisource feedback scored Mrs Ord as a role model. The Committee agreed to recommend her continuation in office for a further year.

The Committee discussed carefully a rise in remuneration for NEDs considering the outcome of their performance appraisals, the performance of the Trust and their role in performance and developments as members of the Trust Board. The committee agreed to recommend to Council a rise in remuneration of 1% effective from the 1 September 2017.

Mrs Ord thanked Mr Johnson for the update and asked for support from those present for the recommendations as follows:

1. To approve the continuation of the terms of office of Mr Miner and Mr Atkins,
2. To approve the appointment of Mr Wulff for a second 3-year term of office,
3. To approve the continuation of Mrs Ord as Trust Chair for a further year, and;
4. To approve a 1% rise in the remuneration of NEDs effective from 1 September 2017

All present **agreed** with each recommendation without abstention.

## COG 17/22 **Standing Reports**

### COG 17/22.1 **Chief Executive update (Enclosure 8)**

19:20 Mrs Wake presented her report given as enclosure eight and highlighted the following:

**CQC inspection planning** Ms Catherine Denholm from the CQC had recently visited the Trust to meet leads from each of the Trusts core services and had presented an overview of the CQC review process and guidance on what we needed to do in preparation for the forthcoming inspection expected sometime during quarter three.

**Capital projects update** this included the development of the Urgent Care Centre at Russells Hall Hospital and new MRI and CT suite at the Guest Outpatient Centre.

**Performance challenges** The emergency access standard had, in spite of an improving trajectory in Q2, seen a deterioration in both July and August and work was underway to bring this back on track. The 62 day Cancer standard had failed in Q1 and Q2 and had an improved trajectory and currently was expected to achieve from September.



**Healthcare heroes** had been launched to recognise staff who strive for excellence and exceed expectation. Healthcare Heroes will reward a team and an individual each month and the winners will be chosen by the Chief Executive and Chairman. Staff can nominate colleagues via the Trust intranet. Patients, carers and visitors can vote for their Healthcare Hero by visiting the Trust website: [www.dudleygroup.nhs.uk](http://www.dudleygroup.nhs.uk). The first presentation had been made to diabetic podiatry, then to an individual on ward B5 in recognition of her work to arrange wedding for a dying patient.

Mr Allen noted the executive team changes included plans to recruit a Director of Finance and queried what current arrangements are for Mr Taylor.

Ms Wake confirmed that Mr Taylor was only able to commit to the Trust on part-time basis and was unable to go full time and the decision had been made to go out and test the market for a new financial director. The current timetable would be to shortlist in the following week with interviews planned for October.

Mr Allen noted that on a recent visit to A&E, the temporary waiting area did not offer any refreshment or vending facilities and asked if there were plans to provide any facilities.

Mr Bytheway confirmed that vending facilities were available in the corridor nearby and a review was underway to establish if further facilities were needed.

Ms Wake acknowledged that the temporary waiting area was not ideal and confirmed that all efforts were being made to ensure the facilities were acceptable until such time as the new centre opened. This included the provision of hot and cold drinks by volunteers.

Mrs Morgan queried if the delay to construction had been as a result of a capped mineshaft and commented that they should be on national records and asked if the foundations would be affected.

Mr Bytheway confirmed that no mineshaft had been identified following the initial concern but that as with any building this had to be confirmed and this caused a delay.

Mrs Ord concurred and agreed that careful checks had been made hence the delay.

Mrs Ord thanked Ms Wake for the update and asked all present to note the contents of the report that offered Governors a good insight to key items affecting the Trust.

COG 17/22.2  
19.37

### **Finance and Performance report Q12017/18 (Enclosure 9)**

Mr Taylor presented the report given as enclosure nine and highlighted the following items as discussed at the last meeting of the Finance & Performance Committee of the Board held on 31 August 2017. The Committee had considered in some detail the performance of the Trust against its financial, access, waiting and other clinical and operational targets and standards for the period and had considered forecast year end performance:

- A **cumulative surplus** to July was in evidence of £2.118m. This increased further to £2.175m when consolidating Dudley Clinical Services Ltd into the position. The figures assume full receipt of Sustainability Transformation Fund (STF) funds. The Q1 performance entitled the Trust to the first tranche of STF

equating to £1.286m (both financial and performance targets achieved). For Q2, the July position was below plan by £0.079m but confidence was expressed that the Trust would achieve the financial component by the end of the quarter. Concern had been raised regarding the A&E 4 hour target where an underperformance could result in the loss of £0.257m STF funds.

- **Pay spend** exceeded budget by £1.093m to July. Agency spend had reduced from 16/17 but continues to be higher than budget and cap, thus creating a significant financial pressure.
- The Trust was forecasting an unmitigated shortfall of £4.561m against its **control total**. In addition, clarification regarding an element of CQUIN requires the Trust to improve upon the control total by a further £1.2m. The estimated gap is £5.761m. A separate paper considered options to bridge the £5.761m gap described above and set out a plan to meet the control total target. It had been noted that there was a high level of risk to the delivery of this plan, particularly regarding CCG affordability. It was agreed that an extraordinary Board review would be undertaken at the 6 month point, including a detailed examination of the spend, forecast and mitigation options.
- The **cash and balance sheet** position of the Trust continues to be healthy with a cash balance of £20.2m at the end of July (£2.8m better than plan)
- The **capital spend** to July is under target but forecast to exceed plan by the year end.
- The **A & E 4 hour wait target** (although falling short of 95%) exceeded the required performance in Q1 for combined Type 1 and Type 3 activity, thus ensuring receipt of the performance element of STF. However, the July performance fell short at 89.1%. This had continued into August and thus posed a significant risk that the performance element of the STF will be lost for Q2.
- Performances against the **main cancer target** for July fell short at 83.6% and predictions for August are 83%. However, assurances were given that the target would be achieved in September.
- The overall **Referral to Treatments** measure figure for incomplete waits were achieved in July 94.4% (target 92%). However, some individual specialties are breaching (Ophthalmology and Urology). The Trust has outsourced a level of outpatient Ophthalmology work and good progress is being made.
- The **6 week diagnostic** performance was below target in July but ahead of the recovery trajectory. It was anticipated that the 99% target will be achieved in September.
- There were 4 **C. Diff** cases in July bringing the year to date total to 9. At present 4 cases have been deemed as due to “lapses in care” and the remaining 5 are under review. These mainly related to non completion of mandatory training.
- There were no **MRSA** cases, mixed sex breaches or never events reported in July.
- The **VTE assessment indicator** performance was still provisional for July but showed a slight underperformance of 94.3% (target 95%). This may give rise to a contract penalty of £0.017m.
- **Sickness absence** increased from 3.9% in June to 4% in July.
- The substantive **mandatory training** performance has risen to 85.1% in July from 84.6%.
- Performance against **Appraisals** increased to 83.9% in July from 82.9% in June. However, concern was expressed regarding the performance of the newly created Clinical Support division at 65% and significant improvement was expected.
- The Trust delivered £2.653 **CIP saving** to July and is forecasting to achieve £12.7m against a plan of £12.5m. However, there is an element of risk as a

greater proportion of savings are planned to be achieved in the latter half of the year.

Karen Phillips asked for clarification about the graphical analysis to support the figures reported in appendix 1.

Mr Taylor explained that the charts illustrated both the cash balances and the monthly surplus or deficit and that the two figures were separate and indicated the differences between the expected plan versus the actual plan.

Mrs Ord thanked Mr Taylor for the detailed report and asked governors to note the current position and the associated risks as described.

**COG 17/22.3 Workforce report (Enclosure 10)**

19.42

Mr Bytheway presented the report on behalf of Mr McMenemy and asked governors to note the following key items:

- **Sickness rates** although higher than planned, it was noted that short term sickness had been managed well and showed an improving picture. The results were now reported by division and highlighted those areas where more work was needed and gave an example of care support staff where challenge remained.
- **Mandatory training and appraisal** had seen some improvement since March 2017 and noted the continued focus of the Board to ensure that staff are released to train and appraisals are conducted.

Mrs Ord thanked Mr Bytheway for the update and asked governors to note the contents of the report adding that the Trust remained committed to recruiting additional staff and implementing measures to retain staff to ensure that the Trust continued to deliver quality services to our patients.

Mr Dainty noted the emphasis the Board had placed on their support for staff to have the time to maintain their training and continue to provide safe and effective care.

Mr Atkins, Chair of the Workforce Committee asked governors to draw assurance from the work undertaken thus far and the improving picture presented in the report.

**COG 17/22.4 Board Secretary update (Enclosure 11)**

19.55

Mr Palethorpe presented his report given as enclosure 11 and asked Governors to note the following key items:

**Governor elections** would be run in accordance with the Trusts' Constitution and commence during September 2017 with a call for nominations and elections conducted as required to return successful candidates who would take up their posts in December 2017.

**Council effectiveness survey** had received feedback from 19 governors. All responses had been collated and would be circulated ahead of a meeting of all governors planned for later in the month to review and develop improvement actions as required. The improvement plan would be presented and monitored at future meetings of the Council.

**Terms of Reference** the Strategy Committee had yet to meet to review and make a recommendation to the Council. As reported by the Chair of the Strategy Committee it has been decided that following each Strategy Workshop a Strategy

Committee meeting would be held in the week after to consider the matters discussed at the workshop and any other items which the Council may need to consider when considering the development and delivery of the Trust Strategy.

**Calendar of meetings** had been circulated to all Governors and now included all dates for the monthly meetings of the Board of Directors.

**COG 17/22.5 FT Membership report Q1 2017/18 (Enclosure 12)**

Mrs Board presented the above enclosure for information and confirmed that he detailed breakdown is provided to the Experience and Engagement Committee for review and action as required.

**COG 17/23 Quality**

20.00

**COG 17/23.1 Chief Nurse update including Quarterly Quality Priorities update (Enclosure 13)**

Ms Jordan presented her report given as enclosure 13 and highlighted the following for the quarter:

- Friends and Family Test (FFT) target to achieve monthly scores for all areas (Inpatients, Outpatients, Maternity, Emergency Department and Community) that are equal to or better than the national average remained varied with 17 of the 24 scores achieving the target. Whilst four areas have each missed the target in a single month the Accident and Emergency department had missed it for the whole of Q2. An action in plan is in place to improve the patient experience in the Emergency Department. This plan is being monitored by the **Patient Experience Improvement Group** which is chaired by the Chief nurse and meets every two weeks.
- Of the four targets that are based on the **NCIs** (Pain Score, Malnutrition Universal Screening Tool (MUST) assessments in the hospital and community and the signing and dating of Medications), two are being achieved. There remained a challenge with two (MUST in the hospital and Medication) and these would need to improve in the future for the Trust to achieve all four of these quality targets.
- The results of the **Nutrition Audits** show that target is being achieved.
- **Pressure Ulcers:** Although the hospital targets are being achieved at the end of Q1 the situation is different in in the community and so further resources and support are being directed to this area.
- **Infection Control:** No post 48 hr MRSA bacteraemia cases have occurred since September 2015. C Difficile – The Trust had 5 cases at the end of Q1. Four of these were deemed as lapses in care so for Q1 we were within the expected trajectory.

**Nursing Care Indicators (NCIs)** used to audit care. New quality dashboards had been developed for all in-patient areas and dashboard development was in progress for all clinical areas. The NCIs would be reviewed to support ongoing monitoring and oversight of key quality metrics. There is a general improvement in both the hospital and community scores.

Ms Jordan added that the report has followed the outline of previous reports and that the content and the format were under review to ensure that future reports provide details of assurance and actions required to support the delivery of high quality patient care.

Mrs Ord thanked Ms Jordan for the update and asked Governors to note the report and invited questions.

Mrs Ellis asked for clarification on what a pressure ulcer was and how the Trust came to be held responsible for patients who had developed ulcers when in their own home and not under our care at that point in time.

Mrs Phillips asked what length of time it took for an ulcer to develop from a grade 2 to a grade 3 or worse.

Ms Jordan explained that patients who are unwell and stay in the same sitting or lying position for extended periods of time are potentially more likely to develop a pressure sore which are also known as ulcers. Each ulcer is graded to indicate the severity. These are graded 1 – 4 where 1 would indicate a red spot and 4 would indicate a serious open sore that had gone right through the skin and in some serious cases, bone can be exposed and are extremely painful. Ms Jordan encouraged governors to find out more online about ulcers. Ms Jordan emphasised the need to avoid ulcers in the first place. Unavoidable ulcers are where patients could have taken action to relieve pressure on specific points of their body and they may not choose to use pressure relieving equipment when offered. Avoidable is where we are responsible and this can involve turning the patient more often and using the right equipment. Prompt intervention is key and gave an example of an ulcer developing from a grade 3 to a grade 4 over a weekend.

**COG 17/23.2 Patient Experience report Q1 2017/18 (Enclosure 14)**

20:05

Ms Jordan presented the report given as enclosure 14 and asked governors to note the following key items:

**Complaints and PALS** – During Quarter 1 (Q1), the Patient Experience Team received the following contacts: this is shown below as percentage increase or decrease compared to Quarter 4 (Q4), 2016/17:

- 73 Complaints – 1.39% increase
- 596 Concerns/PALS – 11% increase
- 1377 Compliments – 20% decrease

**National surveys** – 2016 Adult Inpatient Survey National Report published 20 July 2017 by the CQC listed The Dudley Group as one of five trusts classed as 'worse than expected'. The Trust ranked 139 out of 149 trusts nationally. Over the past 6 years the Trust has been rated at the lower end of the range for overall patient experience based on the score of this survey. This was concerning and actions were underway to ensure improvement.

**2016 Children and Young Peoples Survey** – The Trust had received the results from Picker who ran the survey for 71 trusts nationally. The national results will be published later this year. A total of 35 questions were used in both the 2014 and 2016 survey. Compared to the 2014 survey our Trust is significantly better on two questions and significantly worse on 17 questions. The scores showed no significant difference on 16 questions

**Patient feedback** – more than 13,000 pieces of feedback were received during Q1, 2017/18. Analysis of the feedback reveals 75% were positive and just over 20% were negative. By looking closely at the feedback, the main items that remained a focus area for improvement actions are communication, care and treatment, appointments and discharge. These areas for improvement are fed into local and trust wide action planning.

**Friends and Family Test** – Actions to support improved response rates have included the Chief Nurse challenge to all areas with inpatient and maternity areas

achieving response rates equal to or better than the national average. Future actions are planned to support improved response rates in community and outpatient areas.

Mrs Ord noted that the PALS service would become more visible in future by moving into more public areas to enable patients and families to access the service more easily.

Ms Piggott asked if there were plans to provide the PALS service outside of normal office hours and suggested that if there was PALS presence on the main reception it would support sorting out any concerns arising after visiting times. She also suggested that a poster be displayed by the car parking payment machines that contained contact information on who to contact after hours if there was a problem.

Ms Jordan supported the suggestions made and reiterated the invitation for governors to participate in Quality Reviews.

### **COG 17/23.3 Aggregated Learning Report (Enclosure 15)**

20.11

Mr Palethorpe presented his report given as enclosure 15 and asked governors to note the contents of the report and highlighted the following items:

**Medication Incidents** A level 3 (amber warning) temperature rise occurred Saturday 17 June 2017 due to a national heat wave, lasting for 6 days till the 24 June 2017. This had led to an increase in the number of incidents reported in relation to medication storage. The Pharmacy team have produced a list of medicines at risk of denaturing from ambient temperature extremes. This would be reviewed ahead of the summer months and be made available to pharmacy staff to enable them to proactively manage clinical and technical advice to ward teams. Compliance with the management of medicines at risk of denaturing from ambient temperature extremes guidance will be monitored through incident reporting.

**Maternity** An incident relating to a woman presenting to Maternity Triage with signs of sepsis identified a need for changes to be made when women initially present into Maternity Triage. The changes made are that, women have vital signs recorded and a verbal history is taken as soon as they present into triage prior to going to the waiting area. This alerts the midwife if there is a need to complete the sepsis screening tool. Assurance will be gained through the Trust sepsis audit undertaken by the Trust sepsis lead and local audit will be undertaken to ensure the implementation of these changes.

**Falls** The Trust had seen June 2017 record the lowest number of falls incidents reported since August 2015. Under-reporting had been considered as a cause for this reduction, but given the results of the recent under-reporting audit, this is unlikely. This may be due to the current high level of focus on patient falls within the Trust during June. This culminated in the Falls Prevention Awareness Week from 26 June 2017. The reduction also coincided with an improvement in the new monthly falls audit that commenced in May 2017 as a trial and launched June 2017 as a reportable audit.

It has been highlighted by staff that they were not provided feedback when they report a fall on Datix. In response to this a falls information board has been implemented on wards to enable staff to understand their ward and any identified issues in relation to falls. Trends and numbers of falls has been shared with all wards during the falls week to enable staff to review the fall issues for their work area and discuss actions required to reduce falls.

**Communication** Feedback from complaints had emphasised issues related to communication between the wards and the Clinical Site Co-ordinators. This highlighted the need to review the communication tool (proforma) utilised by ward staff to communicate the current status of the ward to the site co-ordinator. The proforma has been amended to include patients suitable for transfer to Evergreen, the proforma allows more space for discharges to be recorded, a section has been added for patients waiting to be admitted to specialities and a section added to enable a listing of patients that needed to be repatriated to the correct ward. The implementation of the form and accurate completion will be monitored by the Clinical Site Co-ordinators on receipt of the proformas and any deviation reported to the appropriate manager.

**Theatres** A near miss incident occurred in Day Case Theatres that involved the incorrect checking of a patient's medication and not identifying the patient's allergy status. This stressed the need to review the theatre pathway in relation to recording the patient's allergy status. As a result, the patient's allergy status is now recorded on the theatre white boards so it is visible to all staff members. A Band 6 Nursing Role has been introduced to provide additional leadership and support to embed the process and to monitor compliance.

**Lost property** A complaint raised concerns around missing property on the elderly care ward and in response to this the staff have made magnets (glasses, dentures and hearing aids) to place above the patients bed when transferred to the ward so that the staff are aware of patients property. A transfer checklist has been devised to include a prompt for signing of the disclaimer upon transfer to the elderly care ward. A new relatives notice board is displayed on the ward to highlight the importance of labelling patients property and signing the disclaimer. These changes have been received positively amongst staff on the ward and improvements made will be monitored through a reduction in incident reporting and a reduction in the number of complaints relating to lost property.

**Radiology** Following a clinical emergency in MRI scanning where a patient had an anaphylactic reaction to contrast medium an incident was reported stating that adrenaline 1:1000 was not readily available and a delay in treatment may have occurred. Immediate investigation of the areas showed that adrenaline was present in the concentration required. Second line drugs were asked for that would not routinely be kept in MRI and would not fit immediate treatment plan for anaphylaxis (adrenaline IM 1:1000, 500mcg). All cupboards containing Adrenaline 1:1000 are now clearly labelled and confirmation has been received of where in the Trust this dose of adrenaline is placed. Teaching on anaphylaxis has been revisited to ensure that primary treatment and secondary treatment is a key indicator in all lesson plans when delivering medical sessions.

Mrs Ord thanked Mr Palethorpe for his report and asked governors to take assurance from the learning and changes in practice taken as a result of incidents.

#### **COG 17/24 Any other business**

Mrs Ord reminded governors to liaise with Mrs Phillips for further detail about the Governor Christmas meal arranged for Tuesday 5 December.

Mrs Morgan suggested that the next Full Council of Governors meeting start at 5.45pm.

Mrs Ord and Mr Palethorpe noted their support for this and confirmed that the December 2017 meeting would start at the earlier time of 5.45pm

**Action** Full Council of Governors to commence at 5.45pm from December 2017 **All**

**COG 16/25**  
20:15

**Close of meeting and forward dates**

The meeting closed at 8.15pm. The next meeting of the Full Council of Governors would be held on Thursday 7<sup>th</sup> December 2017.

Mrs Jenni Ord, Chair of meeting

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



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

**Council of Governors meeting held September 2017**

| <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> |
|-----------------------|-----------------------------------|--|---------------------------|------------------------|------------------------|
| 17/19.1               | Digital Trust Project             | Digital Trust project update to be brought to the council at a later date to be agreed | Mark Stanton              | June 18                |                        |
| 17/24                 | Full Council of Governors meeting | Full Council of Governors to commence at 5.45pm from December 2017                     | All                       | December 2017          |                        |