

**Minutes of the Extraordinary Full Council of Governors meeting  
Thursday 6 December 2018, 6.00pm,  
Clinical Education Centre,  
Russells Hall Hospital, Dudley**

**Present:**

Name	Status	Representing
Mr Fred Allen	Public Elected Governor	Central Dudley
Mr Arthur Brown	Public Elected Governor	Stourbridge
Ms Joanna Davies-Njie	Public Elected Governor	Stourbridge
Dr Richard Gee	Appointed Governor	Dudley CCG
Dr Anthea Gregory	Appointed Governor	University of Wolverhampton
Ms Sandra Harris	Public Elected Governor	Central Dudley
Mr Mike Heaton	Public Elected Governor	Brierley Hill
Mrs Viv Kerry	Public Elected Governor	Halesowen
Ms Michelle Lawrence	Staff Elected Governor	Nursing & Midwifery
Mrs Ann Marsh	Staff Elected Governor	Allied Health Professional & Healthcare Scientists
Mrs Margaret Parker	Staff Elected Governor	Nursing & Midwifery
Mrs Jenni Ord	<b>Chair of Council</b>	DG 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 Patricia Price	Public Elected Governor	Rest of the West Midlands
Mr Peter Siviter	Public Elected Governor	South Staffs & Wyre Forest
Mrs Edith Rollinson	Staff Elected Governor	Allied Health Professional & Healthcare Scientists
Mrs Mary Turner	Appointed Governor	Dudley CVS

**In Attendance:**

Name	Status	Representing
Mrs Helen Board	Governor Engagement Lead	DG NHS FT
Mr Gilbert George	Interim Director of Governance/Board Secretary	DG NHS FT
Ms Jill Faulkner	Head of Patient Experience	DG NHS FT
Mr Tom Jackson	Director of Finance	DG NHS FT
Mr Peter Lowe	Dudley Improvement Practice, Programme Manager	DG NHS FT
Ms Diane Wake	Chief Executive	DG NHS FT
Ms Jo Wakeman	Deputy Chief Nurse	DG NHS FT

**Apologies:**

Name	Status	Representing
Mr Bill Dainty	Staff Elected Governor	Nursing & Midwifery
Mrs Lydia Ellis	Public Elected Governor	Stourbridge
Dr Richard Gee	Appointed Governor	Dudley CCG
Mrs Karen Kelly	Chief Operating Officer	DG NHS FT
Mr Andrew McMenemy	Director of Human Resources	DG NHS FT
Mrs Natalie Neale	Public Elected Governor	Brierley Hill
Mr Rex Parmley	Public Elected Governor	Halesowen
Mr Mark Stanton	Chief Information Officer	DG NHS FT
Mr Alan Walker	Appointed Governor	Partner Organisations
Cllr Steve Waltho	Appointed Governor	Dudley MBC
Mrs Farzana Zaidi	Public Elected Governor	Tipton & Rowley Regis
Mrs Natalie Younes	Director of Strategy and Performance	DG NHS FT

**COG 18/46.0      Welcome (Public & Press)**

6.00pm

**COG 18/46.1      Introductions & Welcome**

Mrs Ord opened the meeting of the Full Council and welcomed all to the meeting.

Mrs Ord noted her thanks for the dedication and support to the Council of the following Governors who had recently reached their end of term of office;

Cllr Elcock, Appointed Governor, Dudley Metropolitan Borough Council  
Mrs Ellis, Public Elected Governor, Stourbridge

Mrs Ord welcomed the following governors to the Council who had been returned at the conclusion of recent elections and appointments:

Cllr Waltho, Dudley Metropolitan Borough Council  
Mr Heaton, Public Elected Brierley Hill  
Ms Davies-Njie, Public Elected, Stourbridge  
Mrs Price, Public Elected Rest of the West Midlands  
Mr Allen, Public Elected Central Dudley

**COG 18/46.2      Apologies**

Apologies had been received and recorded as above.

**COG 18/46.3      Declaration of interest**

Mrs Ord asked those present to indicate if there were any items to declare. There were none.

**COG 18/46.4      Quoracy**

The meeting was declared quorate.

**COG 18/46.5      Announcements**

**COG 18/47.0      Presentations**

6.05pm

Mrs Ord introduced Mr Lowe, Head of Dudley Improvement Practice who shared a video report of a staff member who had recently attended the Value System Analysis (VSA) event that had been held as part of the Dudley Improvement Practice Programme launched during 2018. Mr Lowe then provided an update on the work streams planned for the first 12 months.

Mrs Ord thanked Mr Lowe for his presentation and commented that governors had participated in the VSA week adding that Mrs Zaidi had presented one of the wrap up sessions. She explained that the senior executive team would be keen to see the output of the improvement actions and were fully supportive of the process adding that each executive director had projects of their own and acknowledged it was in its formative stages.

Mrs Marsh asked what happens next with all of the information gathered during the VSA event.

Dr Gregory noted she had experience of projects petering out and asked if the output and improvement would be reported back to Board and what steps would be taken to ensure it was a sustained programme.

Mr Lowe replied that the programme and its processes would be used to develop the work plan over the next 12 months by working with the teams to identify the areas that will be actioned.

Ms Wake stressed it was not to be viewed as an initiative and would become embedded as 'business as usual' in the organisation with regular meetings with other Chief Executives of other Trusts to stay abreast of progress. Regular updates would be provided to Board and the Council.

Mrs Ord supported this view and noted that the Board had received an update with information about the quality of delivery and that it became ingrained with all teams supported effectively to deliver improvement over a committed period of time. Mrs Ord added that accounts from other trusts had indicated that it could take up to 7 years to become fully embedded. The staff story had highlighted that the benefits to be gained in improving the patient facing time for all staff would drive up quality.

Mrs Wake recounted the experiences of the Leeds trust that had been involved with the programme for several years where it had impacted positively in feedback in the staff survey and this was very noticeable when she had participated in a recent CQC inspection. She added that the Trust had been assigned an experienced national programme director to work with the Trust who had a recognised track record.

Mrs Ord advised that the Council would receive regular updates and assured those present that the Board would monitor the progress closely to ensure the Trust derived full benefit from the programme and the investment made in the allocation of training and resources.

Mr Siviter asked if the programme would focus on any specific operational areas such as those that were presently challenged with improvement targets.

Mr Lowe confirmed that the areas participating in the programme for the first 12 months would include the emergency department, part of outpatients, part of surgery and end of life care.

Dr Gee stated that he was encouraged by the implementation of the programme and noted that the present workforce performance indicators would indicate a workforce that was demoralised. He was hopeful that as the programme progressed, the data in the workforce report should support increased engagement/retention and reduced absence.

Mrs Price commented that she had attended the Healthcare Forum earlier that day and reported that another attendee had highlighted that they had no way of receiving information or giving information to the Trust adding that only one member of the public in attendance gave the Trust a positive report which had been in respect of their experience of PALS.

Mrs Ord confirmed that the Trust continued to receive a high volume of compliments and acknowledged that the Trust needed to ensure that patients, families and their carers were able to access a variety of methods to provide their feedback about their experience.

Dr Gee noted that in his experience approximately 1 in 100 patients gave negative reports.

Ms Wakeman advised that the Quality and Safety Review activity often received an overwhelming amount of positive feedback from patients.

*[Dr Hobbs arrived at this point. Mr Lowe left the meeting at this point]*

**COG 18/48.0**  
6.35pm

**Previous meeting**

**COG 18/48.1**

**Minutes of the previous full Council of Governors meeting held on 6 September 2018** (Enclosure 2)

The minutes were accepted as an accurate record and signed by the Chair subject to one minor amendment to correct the spelling mistake on page 9 where the name 'Siviter' was incorrect.

**COG 18/48.2**

**Matters arising there from**

There were none.

**COG 18/48.3**

**Action points**

All actions that were complete would be removed.

**Action 18/39.2 Trust support for patient with mental health issues** Mrs Ord confirmed that the Trust worked closely with the Dudley and Walsall Mental Health Trust (DWMHT) to support patients who presented at the Trusts emergency department.

Mrs Wake confirmed that there were no delays in receiving their reports and if there are delays it can often be medically linked i.e. recovering from substance abuse. She added that accessing the Child and Adolescent Mental Health Services (CAMHS) to support young patients could occasionally encounter a delay should there be a lack of appropriate inpatient provision.

**COG 18/49.0**  
6.40pm

**Chief Executive update including update on MCP project** (Enclosure 3)

Mrs Kelly presented the report given as enclosure three and asked those present to note the activities and updates provided.

Mrs Ord thanked Ms Wake for the update and invited questions. There were none.

MCP update – Mr Jackson provided an update on progress that had been made since the tender had been awarded and noted that there was still a requirement to finalise the organisational model required which was being considered by the partners involved adding that the preferred model of a standalone NHS body is beset with a number of challenges.

Mrs Ord confirmed that work streams were still taking forward patient pathways.

### **Care Quality Commission (CQC)**

Mrs Ord advised that the update had been provided at the governor meeting held in private session held immediately prior to the present meeting. Mrs Ord invited questions to which all present indicated there were no further points to query or clarify.

**COG 18/50.0**

6.50pm

### **Patient Experience report Q2. 2018/19 including complaints and PALS (Enclosure 9)**

Ms Faulkner presented the report given as enclosure 9 and asked those present to note the activity during quarter two.

Mrs Ord thanked Ms Faulkner for the report and invited questions

Mr Heaton noted that he, and his wife prior to her passing away some years ago, had visited many departments and expressed his concern that the Trust needed to provide additional support for those attending the main site to help patients in wheelchairs. He recounted his experience of enquiring at the reception and advised that volunteers were not allowed to assist with helping wheelchair patients in and out of cars. Mr Heaton also suggested that the letters that invited patients to appointments in North Wing should advise that the corridor includes a ramp that could potentially be difficult to negotiate for those patients that are elderly or in wheelchairs. Mr Heaton also shared his experience of a 2017 attendance at the Trusts emergency department with suspected heart problems where he had waited for an extended period of time for results.

Dr Hobbs offered his apologies for the wait he had encountered. He emphasised that recent improvements had greatly reduced the waiting times for results.

Mrs Ord asked Dr Hobbs to meet with Mr Heaton directly after the meeting to discuss the improvements that had been made in more detail.

Mrs Marsh asked what had been put in place to address the complaints that are breaching the target response time.

Mrs Lawrence asked if all complaints were captured on the Datix system

Mrs Faulkner advised that actions had been taken with additional staff in place and the current position had improved slightly and confirmed that all complaints were captured to the Datix system.

Mrs Ord confirmed that the Board were focussed on improving the time it took to investigate and provide a response.

Ms Wake acknowledged that the Board recognised the need to address the ongoing issue of the time taken to respond and that additional resource was required. She added that the business case would need to be prepared and approved in time for the new financial year. Ms Wake confirmed that the Dudley Improvement Practice methodology would be used to review the complaints process to ensure it is efficient as possible, make the process more lean and improve the response time and more importantly to determine where the additional resource was required.

Mrs Piggott asked why complaints raised by MPs were listed separately.

Ms Faulkner explained that this was often the second stage of a complaint where the complainant remained dissatisfied.

*[Ms Faulkner left the meeting at this point]*

#### **COG 18/50.1**

7.10pm

#### **ED position statement / ED Quality Improvement Plan / ED summary at a glance (Enclosure 4)**

Mrs Wake asked those present to receive the enclosure for information and advised that a fortnightly Oversight meeting is held with the regulators. She was able to report that the last meeting had been positive and there was an indication that future meetings would be scheduled monthly. Ms Wake noted that there had been an sharp increase in the number of children presenting at ED and have had to make changes within the childrens ward and to the children's ED area to accommodate the increase.

Dr Hobbs provided an update on the performance against the Sepsis and was pleased to report that the visual oversight of those patients has improved and the Trust had also met targets for screening and treating more than 90% of patients. Dr Hobbs acknowledged that there were still actions to complete and that the focus would remain on sustained improvement.

Ms Wake confirmed that staffing levels had improved with additional staff recruited. Performance against an internal target where a minimum of 75% of staff on duty, on any shift, should be Trust staff was being met most of the time. She was able to confirm that there was 16 hour consultant cover most of the time and added that there was also specialist 'in reach' where a specialist could be summoned to attend ED within a short timeframe.

Mrs Ord drew governors attention to the data contained within the papers that supported the update provided by Ms Wake and confirmed that the regulators were content that the data was robust and reflective of the current performance.

Ms Wake confirmed that the CQC had offered to attend site just before Christmas for an informal visit to review the changes in ED first hand.

Mrs Ord confirmed that this was a positive sign from the CQC and that the Trust was currently preparing for a further inspection that was anticipated to include other areas including surgery and other departments as well as a revisit to ED

#### **COG 18/51.0**

#### **Effective**

#### **COG 18/51.1**

#### **Workforce Report (Enclosure 5)**

Mr Gilbert presented the report given as enclosure 5 and asked governors to note the contents. He highlighted that the workforce was the most important asset to the Trust and confirmed that data contained within the report was used to support improvement actions as required. He drew attention to the following key indicators:

**Appraisals** where there had been good performance with an appraisal rate of over 96%.

**Mandatory training** with rates presently achieving 88.69% against a target of 90%. This compared favourably to other trusts.

Mr Gilbert confirmed that the focus for improvement required remained in the following areas:

**Staff turnover** rate was presently 9.45% against a target of 8.5%. the Trust had taken measures including the recent appointment of a staff engagement lead who would focus on exit interview data to identify themes and support actions to reduce the turnover rate.

**Sickness absence** rates had increased to 4.96% compared to 4.84% in October and had implemented a strategy for managing staff with additional training offered to managers.

Ms Wake confirmed that whilst mandatory training was doing well, there were some specific areas where improvement was needed and gave the example of basic life saving where there was a staffing challenge.

Mrs Price asked what support was provided to staff in the event of experiencing a heavy shift or distressing situations.

Ms Wakeman advised it was handled in different ways depending on the area involved adding that ward areas would normally deal with this via matron and lead nurse support.

Ms Wake confirmed that staff are supported with the appropriate pastoral support and the line management team around them.

**COG 18/52.0**  
7.26pm

**Strategy** (Enclosure 6)

**COG 18/52.1**

**Strategy Committee workshop and meeting 20 Nov 2018** (Enclosure 6)

Mr Allen presented the report given as enclosure 6 on behalf of Mrs Ellis who had recently reached her end of term of office and asked those present to note the contents of the report. Mr Allen stressed the importance of governor attendance at the workshop sessions and encouraged all governors to make every effort to attend.

Mrs Ord thanked Mr Allen and invited questions from those present.

Dr Gee provided an update about the repatriation of clinical work where they had received information that there had been a reduction in referrals to Ramsey Healthcare. He had subsequently canvassed GPs to ascertain why this might be the case and established that GPs were referring less patients based on the quality of care and improved waiting time offered by The Dudley Group.

Dr Hobbs commented that the T&O team had received an outstanding Getting It Right First Time (GIRFT) report and agreed to provide Dr Gee with a copy.

**Action** GIRFT report to be shared with Dr Gee **Dr Hobbs**

**COG 18/53.0**

**Safe, caring and responsive**

**COG 18/53.1**

7.36pm

**Experience and Engagement Committee 17 Oct 2018** (Enclosure 7)

Mr Allen presented the report given as enclosure 7 and asked those present to note the contents and highlighted the following:

Mr Wulff, chair of the Clinical Quality, Safety and Patient Experience Committee (CQSPE) was able to provide assurance that all matters were robustly reported and actions taken to improve the ED performance were having a positive effect. He had noted that the Trust continued to receive a low number of complaints compared to the high number of compliments received. Mr Wulff was able to confirm that action taken to address issues with blood cross matching at time of blood transfusions had a very limited safety impact on the patient, but nonetheless would be brought as an update to the next meeting.

Mrs Ord thanked Mr Allen for his report and invited questions.

Mrs Price asked that the report be clarified to note that there had not been any incidents reported associated with blood matching and the likelihood of any patients suffering harm was minimal.

**COG 18/53.2**

7.40pm

**Chief Nurse report including Quality Priorities update and Quality Care indicator process information** (Enclosure 8)

Ms Wakeman provided the report given as enclosure 8 and highlighted that the overall report was positive and asked those present to note its contents.

Mrs Ord thanked Ms Wakeman and invited questions.

Mrs Piggott asked if the Trust actively recruited nursing staff from within the Trust when vacancies arose.

Ms Wakeman confirmed that the Trust would always offer those working in the Trust the first chance.

Mrs Price asked what proportion of graduates stayed with the Trust once qualified.

Ms Wakeman confirmed that this varied from cohort to cohort and many graduates applied for several jobs at several trusts.

Dr Gregory noted that 100% of student nurses were recruited from within a 25 mile radius and that 86% chose to stay within the region and the aim was to provide the Trust with the totality of its nursing requirement adding that the majority of graduates stayed within the region.

Ms Wake confirmed that the PFI provider and the Trust constantly monitored the quality of the services provided which included cleaning. She recounted a recent incident that had been reported to her where a cleaner who had been videoed by a patient was seen to clean the toilet area in an unacceptable



manner. The Trust had used the video footage to highlight to the PFI provider a need to ensure that all cleaning staff operated to the highest standards.

Mrs Price asked that Nurse Plant, falls nurse, be recognised for her efforts and the contribution made to the reduction in falls.

**COG 18/53.3**

7.55pm

### **Aggregated Learning Report (Enclosure 10)**

Mr George asked all present to receive the above report given as enclosure 10 and provided assurance that the Trust is open and transparent and demonstrated the focus on learning from any incident and taking action in a timely manner.

Mr George referred to page 2 headed learning from incidents and asked those present to note the actions taken. The Trust also implemented actions by learning from deaths and drew attention to page 16 and noted the work of Dr Hobbs and his team to deliver changes using learning from deaths and made improvements when things had gone wrong.

Dr Hobbs explained that any cases reported to the coroner for investigation were actively supported by the Trust. He added that the Trust took care of deteriorating patient very seriously had recently reviewed neuro surgical pathways where the chief of medicine had established a clinical group to review patients who are on this pathway and had involved some work with a regional neuro surgeon. The Trust had recently opened a cardiac assessment unit as part of the ED pathway to ensure that patients are reviewed by a cardio specialist in a timely manner and confirmed that this is keeping patients safe by providing swift intervention if required.

Mr George explained that a recent review had considered the quality of the Trust's Root Cause Analysis (RCA) activity and were presently working with the Dudley CCG to improve the process and ensure that the Trust learns as much as possible.

Mrs Price referred to the note about a paediatric incident and asked the hypothetical question as to what the outcome may have been if the child had been subject to a care order. Mrs Price asked whether the use of an electronic tag for children would provide the Trust with additional security.

Mr Gilbert advised the Trust had recently introduced a colour coded system to ensure that children can be tracked to a location at any point in time.

Dr Gee welcomed the report in this format and was assured that the Trust were taking the RCA process effectively and ensure that incidents do not re-occur.

Mrs Ord acknowledged that the Trust had invested in training and ensuring that there was more learning from incidents to provide an improved experience for patients and reduce the Trusts' risks profile.

Ms Wake confirmed that the Trust now published a Patient Experience and Safety Bulletin that was widely circulated to all staff and agreed to share this with Governors and any back copies issued since its launch.

**Action** share back copies and future editions of the Patient Experience and Safety bulletins with governors **Ms Wake**

**COG 18/54.0**

**Effective**

**COG 18/54.1**

8.05pm

**Finance report Q2, 2018/19 and update on 2018/19 to date** (Enclosure 11)

Mr Jackson advised that the report included October data in a summary format to provide an executive overview and highlighted the following by exception:

Mr Jackson advised that the Trust had spent £10m on safer staffing to increase establishment and to support the continuation of the Digital Trust project as part of the improvement agenda.

Mr Jackson confirmed that the forecast for the last two quarters of the year was to deliver a deficit position at the year end. The focus depends on delivering quarter three which would ensure the Trust receive further central bonus. Should this not be achieved, it may then invoke the protocol to report to the centre that the financial target would not be met. Consequently the emphasis would remain on managing non-essential spend.

Mr Jackson noted that the Trust's cash position was seriously diminished and remained a concern for the next financial year. Financial planning was now underway and consideration was being given to the need to approach the Treasury in the next business year loan.

Mrs Phillips queried the commentary about strict financial controls to save money and then having to spend and invest in capital spend.

Mr Jackson confirmed that funds set aside for capital project were effectively ring fenced and were essential to delivering future efficiencies.

**COG 18/54.2**

8.15pm

**Performance report Q2** (Enclosure 12)

Mrs Ord reminded governors that many of the items contained within the report had been robustly debated during the meeting held in private session immediately prior to the present meeting.

Ms Wake concurred and asked governors to receive the report for information and noted that the Trust is on track for all targets except for the ED performance target.

Ms Wake confirmed that a business case was being reviewed to remodel the emergency treatment centre to create additional capacity to ensure that patient flow is maximised and ensure patients would be treated in the most appropriate place. Ms Wake added that the Trust would run the perfect fortnight again in January across the medicine and surgery divisions and ensure that all aspect of diagnostics and specialist intervention is provided. The initiative will be supported by all local health partners including the provision of additional community beds to enable rapid discharge and assessment facilities.

Mrs Kerry asked how the winter plan was going.

Ms Wake confirmed that several initiatives would be invoked as planned including suspending elective work and enabling surgical beds to be freed up to manage urgent conditions.

**COG 18/55**

**Well-Led**

**COG 18/55.1**

8.25pm

**Board Secretary update** (Enclosure 13)

Mr George asked those present to note the contents of the report given as enclosure 13 that provided an update on:

**Council of Governor elections 2018** where successful candidates had been returned in four of the five constituencies.

**Council of Governors effectiveness Review** would commence during January 219 with all governors asked to complete a survey. The responses would then be analysed to establish where improvement actions were needed to support the ongoing development and effectiveness of the council. A written report would be submitted to the June 2019 meeting of Council.

**Council Committee review of membership and Terms of Reference** would be undertaken during quarter four for submission for approval to the March 2019 meeting of the full Council.

**Council of Governors Register of Interests** all governors were reminded to ensure that any changes to the declaration is notified to the Foundation Trust office.

**COG 18/55.2**

8.35pm

**FT Membership Summary Q2, 2018/19** (Enclosure 14)

Mrs Board asked governors to note the contents of the report given as enclosure 14 and confirmed that the Experience and Engagement Committee of Council continued to review the membership data and support Governor 'out there' activity.

**COG 18/56.0**

8.40pm

**Any other business**

**Stroke report** Ms Wake confirmed that the recently published report had ranked the Trust highly and further to a request from Dr Gee, agreed to share the report with him

**Action** Provide copy of recently published Stroke report to Dr Gee **Ms Wake**

**Patient brought to A&E on 14 November** Ms Piggott reported that her family members had been advised that their mother was safe and were sent home. When phoning in the next day, the family were advised that the system was down and it took 3.5 hours to locate the ward where their mother was being cared for. Ms Wake offered apologies and acknowledged that there had been an IT issue that had occurred external to the organisation.

**Georgina day case encountering computer issues** Ms Piggott reported that on 3 and 4 December 2018, computer issues had resulted in patients waiting for up to 7 hours for treatment who were then subsequently rescheduled for the following day. She felt that this had been distressing for

both staff and patients. Ms Wake confirmed that she had been aware of capacity issues and advised that there was a review of the patients who could be managed differently and gave an example of patient receiving oral chemo in their own home and that additional staff were needed to support this treatment.

Dr Hobbs confirmed that the existing PAS system (patient administration system) was a separate system that logged the details of patients and the new project (EPR) was designed to maintain the medical records. Future plans would ensure that the systems are efficiently linked in.

Ms Wake agreed to investigate the circumstances surrounding the IT issues raised by Ms Piggott and provide a direct response.

**Action** investigate the circumstances surrounding the IT issues raised by Ms Piggott and provide a direct response **Ms Wake**

**COG 18/57.0**

8.57pm

**Close of meeting and forward dates: 2019**

Mrs Ord advised that additional extraordinary meetings of the full Council had been arranged for Thursday 10 January, Thursday 14 February and Thursday 7 March.

The next quarterly meeting of the full Council would take place on Thursday 7 March 2019.

Mrs Ord thanked all for attending and closed the meeting at 9pm.

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 Extraordinary meeting held 6 September 2018**

Item No	Subject	Action	Responsible	Due Date	Comments
CoG18/52.1	Getting it Right First Time (GiRFT) - report	GIRFT report to be shared with Dr Gee	Dr Hobbs	January 2019	
COG18/53.3	Patient Experience and Safety bulletins	Back copies and future editions of the Patient Experience and Safety bulletins to be shared with governors	Ms Wake	January 2019	
COG18/56.0	Stroke report	Provide copy of recently published Stroke report with Dr Gee	Ms Wake	January 2019	