

Minutes of the Full Council of Governors meeting
Thursday 29th November 2012, 6.00pm, Clinical Education Centre,
Russells Hall Hospital, Dudley

Present:

Name	Status	Representing
Mr Darren Adams	Public Elected Governor	Stourbridge
Mr John Balmforth	Public Elected Governor	Halesowen
Mrs Gill Cooper	Appointed Governor	Dudley NHS Acting Chair
Mr Bob Edwards	Public Elected Governor	Brierley Hill
Mr John Edwards	Chair of Meeting	DGH NHS FT
Mrs Anne Gregory	Staff Elected Governor	AHP & HCS
Mrs Joanne Hamilton	Staff Elected Governor	Nursing & Midwifery
Mr Bill Hazelton	Public Elected Governor	Central Dudley
Mrs Karen Jaunzems	Staff Elected Governor	Non Clinical Staff
Mr Rob Johnson	Public Elected Governor	Halesowen
Mrs Diane Jones	Public Elected Governor	South Staffs & Wyre Forest
Prof Martin Kendall	Appointed Governor	University of Birmingham Medical School
Mrs Alison Macefield	Staff Elected Governor	Nursing & Midwifery
Mr Roy Savin	Public Elected Governor	Stourbridge
Mrs Jackie Smith	Staff Elected Governor	AHP & HCS
Mr David Stenson	Public Elected Governor	Brierley Hill
Mrs Julie Walklate	Staff Elected Governor	Nursing & Midwifery
Councillor Steve Waltho	Appointed Governors	Dudley MBC

In Attendance:

Name	Status	Representing
Mr Paul Assinder	Director of Finance & Information	DGH NHS FT
Mr David Badger	Deputy Chair	DGH NHS FT
Mrs Helen Board	Membership & Governor officer	DGH NHS FT
Ms Paula Clark	Chief Executive	DGH NHS FT
Mr Derek Eaves	Quality Manager	DGH NHS FT
Mrs Denise McMahon	Nursing Director	DGH NHS FT
Mrs Tessa Norris	Director of Community Services & Integrated Care	DGH NHS FT
Mr Andrew Turton	Guest	Express and Star Newspaper

Apologies:

Name	Status	Representing
Mrs Brian Chappell	Public Elected Governor	North Dudley
Mr Bill Etheridge	Public Elected Governor	North Dudley
Mr Terry Venables	Staff Elected Governor	Partner Organisations
Mr Jason Whyley	Public Elected Governor	Tipton & Rowley Regis

1. Quality Priorities update and timeline (power point presentation)

Derek Eaves, Quality Manager, presented a set of slides giving information on;

- What are quality reports
- Our Quality Priorities 2012/13
- Progress update on each of the five Quality Priorities
- Timetable for 2012/13 including statutory functions required of Governors;
 - i. Select local priority for data testing
 - ii. Receive draft of quality report on which to prepare their and submit their comment

Derek asked those Governors who had not yet done so to complete a form ranking their own choice of indicator for local testing where 1 is high and 5 is low. Forms to be handed in at the end of the meeting.

John Edwards thanked Derek for his presentation and invited questions from those present.

Professor Kendall asked how nursing staff decide what is a pressure ulcer and what is a blemish.

Denise McMahon replied all clinical staff in both the community and acute setting has received training to differentiate four distinct levels plus audit and test activities between departments and wards ensure that there is a consistency in the identification and classification of pressure ulcers.

Derek Eaves added that consideration is also being given to the introduction of an option to photograph category three and four level ulcers which will assist clinical staff to maintain consistency.

John Edwards thanked Denise and Derek for their presentation and reminded Governors that the slides would be available on the Governor Portal.

6.20pm Denise McMahon and Derek Eaves left the meeting.

2. Welcome, introductions & apologies, declaration of Interests, announcements, quoracy and items for any other business

2.1 John Edwards, Chair, opened the meeting and welcomed members of the public and press. He reminded all to ensure they had signed in. Apologies received are noted in above list.

2.2 There was no Declaration of Interests received.

2.3 The meeting was declared quorate

2.4 Announcements. John Edwards gave notice that Nazir Ahmed, Public Elected Governor Central Dudley and Jackie Kelly, Appointed Governor Dudley Council for Voluntary Services (Dudley CVS) had stepped down since the last meeting and asked a note of thanks to be recorded for their work for the Council. Kacey Akpoteni, Public Elected Governor Rest of the West Midlands whose term of office was up and the end of February 2013 had decided to step down early owing to the imminent arrival of their third child and thanks are to be recorded for her valuable input during her time in office.

John Edwards asked all present to welcome Roy Savin, Public Elected Governor Stourbridge who is returning to the role replacing Pauline Harris.

John Edwards announced that Paula, Paul and he would need to leave the meeting at 7.30pm to attend an evening function with the PFI partners and David Badger, Deputy Chair would chair the meeting from that point forward.

The Chair asked those present if there were any items not covered by the agenda to be raised as any other business. There were no items raised.

3. Minutes from previous Council of Governors meetings (enclosure 1)

3.1 The minutes from the meeting held in September 2012 were accepted as a true and correct record, subject to one amendment on page six where Paul Assinder is incorrectly noted as Paula.

3.2 Matters arising

All action points from the last meeting are complete.

There were no matters arising.

4. Standing reports

4.1 Performance report Q2 (enclosure 2)

Paul Assinder asked the Council to receive the Q2 report and Paul asked the Governors to note;

- finance rating of 3
- governance rating maintains an overall green status
- actual activity exceeding planned activity

Paul added that in line with other Trusts in England where emergency admissions are up by 3.8%. Consequently this increase in our own activity is negatively impacting on Trust finances. Contributory to this situation is the additional costs associated with opening more beds and the loss of income with the reduction in planned admission activity. The Trust had not historically operated in a deficit situation.

Paul explained that since the publication of the Q2 report, he was able to report that recent discussions with the PCT had resulted in a £2.3m 'block back' of the amount that had been levied against readmission of patients within 30 days of discharge. Consequently the Trust now showed a marginal surplus at the end of October 2012.

Paul concluded by asking Governors to be aware that financial issues are emerging.

John Edwards thanked Paul for the update and invited questions from the Council.

John Balmforth asked how much the Trust was in surplus at the end of October 2012.

Paul Assinder replied just over £1m but with the winter months ahead of us, this is still a challenge to reach the end of the year with a minimal deficit.

Paula Clark added the quarter includes December which is a low trading month with less activity with all of our fixed costs still to meet.

Gill Cooper asked if the Trust was managing to keep within the 95% waiting time target in A&E with the increased activity.

Paula Clark replied although difficulties have been experienced in recent weeks plans are in place to ensure the Trust continues to meet or exceed this target during the third quarter and for the whole financial year. She then explained about the implementation of a 'front door' multi-disciplinary teams who will be assessing all emergency activity and will work with other agencies including the Dudley and Walsall Mental Health Trust to provide additional support on evenings and weekends.

Paula also explained that the Trust is working with an Intensive Support Team which is part of the Department of Health (DoH), free to access and provides specialists in emergency flow who after spending two days in the Trust will produce a set of recommendations.

Gill Cooper commented it is potentially a difficult situation to manage when all agencies involved cannot really explain the increase.

Paula replied that the last summer did not realise the anticipated reduction in emergency activity. A recent audit of 250 patients who came through the emergency department was undertaken to establish how many admissions could have been avoided. In the main the majority were unavoidable with levels of illness necessitating admission. Whilst this is a feature of the Black Country, it is not unique with a similar position nationally. Work is ongoing with the West Midlands Ambulance Service and other agencies to understand how and what can be done to improve the situation.

Professor Kendall asked if the rise in re-admission is a blip or will it continue to grow.

Tessa Norris replied a joint audit in conjunction with the local Clinical Commissioning Group (CCG) had been completed to review whether other ways of supporting recently discharged patients would be effective i.e. telephone support. There is no evidence to suggest that the Trust is discharging too early and work is continuing to develop community teams.

David Stenson asked if there was an impact on planned work and increased delay on our waiting lists; in particular cancer patients requiring urgent treatment.

Paula replied that although there had been delays in elective activity cancer patients are always prioritised. Referral to Treatment remains within the 18 week target period.

4.2 Board summary report (enclosure 3)

David Badger presented enclosure 3 and asked those present to note the various matters discussed by the Trust Board of Directors in the two meetings which had taken place since the last meeting of the full Council of Governors. He explained that there should be an emerging connection and correlation between the work of the Board and the work of the Council and its committees which supports the cycle of secondary governance. He reminded Council members they were invited to identify any areas which they would like like further information on as well as any areas of omission.

John Edwards thanked David and also asked the Council to raise any items they felt were omitted so that the Board might consider these.

Bob Edwards asked with reference to item 7 of the enclosure, Establishment of Dudley Clinical Services Ltd, what contribution it will make to the Trust.

Paul Assinder explained it is a positive for the Trust and will be there to distribute and dispense pharmaceuticals to outpatient and domiciliary settings. Other Trusts have

contracted to external organisations i.e. Boots. We have chosen to do this in-house and benefit financially from reclaiming the VAT element.

Bill Hazelton asked if there will be any negative impact on our hospital dispensing.

Paul replied there would be none as this would all be external.

Ian Dukes asked if there was anything to update on the work being done with the Goodness Think Tank.

Paula Clark replied that kindredness across the trust is perceived to have diminished and there is a commitment by the Board to continue to develop some aspects identified by the think tank and link it to how we care for people.

Ian Duke referring to item 6e, Worcestershire Service Review asked how this will affect us if North Worcestershire services were carved up.

Paula confirmed that the Board has looked at this and have talked to the Strategic Health Authority to offer assistance where needed e.g. Stroke Services review to look at patient flow.

4.3 Foundation Trust membership report Q2 (enclosure 4)

John Edwards asked those present to receive this report for information.

4.4 Board Secretary Report (enclosure 5)

Paul Assinder presented enclosure 5 and asked those present to note the following;

- NHS mandate. He highlighted the key items and encouraged all Governors to review this document recently published by the DoH providing Commissioners the 'direction of travel' for the NHS in the coming years.

Bob Edwards commented that reading between the lines the emphasis of the document is on prevention and explained that he had recently attended a community group where the majority of those present were not aware of the different scans they were entitled to.

Paula Clark replied that Primary Care services were responsible for this aspect of notification and have sophisticated systems in place to recall patients i.e. men over 65 being called in for AAA screening for abnormal aortic aneurysms.

John Edwards asked Governors to be aware of the potential impact it may have on the Trust and suggested referring the document to a relevant committee of the Council. Those present agreed it should go to the next meeting of the Governor Development Group.

- Council of Governor Elections 2013. These will commence in early 2013 for the following posts;
 - i. Staff: Medical and Dental
 - ii. Public: Rest of the West Midlands
 - iii. Public: Dudley Central

John Edwards asked Governors to note the process and timeline and confirmed we are also seeking appointments from Dudley CVS and Dudley CCG

<p>New action point: NHS Mandate document to be submitted to the next meeting of the Governor Development Group</p>
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7.15pm Andrew Turton left the meeting

5. Patient Experience report (enclosure 6)

Paula Clark presented the report for information.

Friends and Family. She highlighted the increase in responses to the Friends and Family surveys with an overall score of 76 against a regional rating of 69. The majority of negative comments we had received relate to food. We are also continuing to promote the 'You said, we did' to allow people to see we are making changes in response to their feedback.

Listening and learning. Paula explained that Governors will be invited to taste food from the new menus and be able to give feedback.

Complaints and PALS. There had been a marginal increase in both PALS concerns to 238 and 244 compliments received for the quarter. December will see the merger of the PALS and Complaints database.

15 Steps Challenge. The Trust is looking into the feasibility of running this initiative as part of the Productive Series. Templates provide a facility to capture the first impressions of a ward or area. Governors may be invited to participate

John Edwards thanked Paula and asked Governors to note the many ways used to capture the feedback and be assured that the Board will continue to strive to improve the overall experience for patients.

6. Appointments Committee (enclosure 7)

Professor Martin Kendall presented the enclosed for information and explained one of the main items discussed and agreed at the last meeting is the recommendation for the re-appointment of Non-executive Directors David Badger and Ann Becke for a further term.

The recommendation of the Appointments Committee to the Full Council is as follows;

- Endorse the re-appointment of David Badger for a further three year term commencing 1st December 2012
- Endorse the re-appointment of Ann Becke for a further two year term commencing 1st November 2012

John Balmforth proposed the recommendation. This was seconded by Rob Johnson.

7. Update from Governor Development Group (enclosure 8)

Professor Martin Kendall explained the group had met to discuss the proposed process for the election of Lead Governor and Chairs of the three core Council committees. He then invited Tessa to present the paper that she had prepared.

Tessa Norris presented enclosure 8 which in summary included;

- At the Council of Governors meeting in February 2012 it was agreed that the Lead Governor would be asked to continue for a period of up to one year whilst new members embedded.
- The Council asked the Governor Development Group to agree the process for election of the Lead Governors in line with our constitution.

- The Council of Governors also agreed the continuation of the Chairs for the new committee structure to bring some continuity and likewise agreed that Chairs would be appointed within a year of the February 2012 Council of Governors meeting.
- The Governor Development Group reviewed options for the recruitment of Lead Governor and Committee Chairs at their meeting on 16th November 2012.

The paper recommends the process for the election of the lead Governor and Committee chairs including a timeline that enables the February 2013 full Council of Governors meeting to ratify the recommendations made by the Governor Development Group.

John Edwards asked if there were any questions arising.

Rob Johnson agreed that the process seemed clear.

Bill Hazelton queried item 3 and asked what criteria would be used on which the Chair would base a decision to not approve a nomination. Bill expressed a concern that the attitude of a future chair might run the risk of it being based on personal feelings. Bill also added that he doubted very much that a committee would vote in somebody unsuitable and unsuited to the job. He concluded the way it is currently worded implies criticism and a position that could be abused.

John Edwards replied he is accountable and responsible for the effective running of the Council. He would base his criteria on that as laid out in the Governors Code of Conduct that all Governors have signed up to which includes completion of appropriate training, satisfactory attendance at meetings as well as general conduct expected of any Governor.

David Badger added his view as the Senior Independent Non-executive Director (SID) he thinks this is a valid item should an individual with behavioural issues or an inappropriately disruptive manner should wish to nominate themselves. He could not foresee any chair operating on a whim. Should such an event occur it would be a matter for the SID and/or Lead Governor.

Rob Johnson acknowledged it is understandable there are concerns on both sides and added that whilst the Council is currently made up of professional capable people this composition could change with elections returning new council members.

Tessa added she had reflected on this issue and thought there was a point to have a step in the process to support and protect the Council i.e. in a situation where only one person comes forward and no Council member would have the opportunity to have their vote.

Professor Kendall commented it was unlikely to foresee problems at this time and he would personally be reassured that in the event of a nominee being rejected there would be an opportunity for the nominee to have an initial discussion with the SID and Lead Governor. If further concerns remained, the item could then be raised to the Chair or Full Council.

19.30pm Paula Clark and Paul Assinder left the meeting.

John Balmforth explained he had an issue with item 3 of the process and asked what recourse would an individual Governor have if their nomination was vetoed.

David Badger emphasised his earlier comment that an individual would be able to seek recourse routed via the SID and Lead Governor(s), a process that already exists to cover issues and tensions which may arise in this way.

Joanne Hamilton thought there would have to be an acceptable reason that the Chair would need to disclose to the Council and had no concerns in the process.

David Stenson thought that the Lead Governor job description should include the option for the Council of Governors to convene a meeting twice yearly (suggested) to meet on an informal basis.

John Edwards replied that there was already an option for Governors to convene a meeting as set out in the Trust Constitution. He would reserve the right to attend not as a cipher for the Board but independently to help the Council hold the Board to account with probity. He suggested the Governor Development Group discuss this further at a future meeting.

Bob Edwards asked for clarification on the disclosure procedure if a nomination is vetoed.

David Badger replied the process is there already and would probably need to vary slightly depending on the issue arising. In all events the report would go to the relevant committee and be reported to full Council at its next full meeting.

Rob Johnson commented that the Governor Development Group had met, had considered all the options and discussed this item at length and was not sure that further rounds of discussion were appropriate.

John Edwards summarised the mechanism is in place to ensure the role of Lead Governor and Committee Chairs are held by fit and proper people. The process mirrors the Board process i.e. if NEDs are unhappy with the Chair, then can go to the SID. In the instance of the Council, the recourse is to the SID and Lead Governor. If an individual is deemed unsuitable, they would in all likelihood meet with that person and report back to the Governor Development Group and full Council on an outcome.

Bill Hazelton confirmed that he was happy with the process as described.

John Edwards asked the Council of Governors to approve the following;

- Agree the process for electing the Lead Governor
- Approve the GDG recommendation on a process to elect committee chairs
- Approve the timeline for the elections as outlined in the report

Steve Waltho proposed the endorsement of the above items. This was seconded by David Stenson.

19.40pm John Edwards left the meeting.

New action point: Governor Development Group to discuss Lead Governor led meetings of the Council of Governors

8. Update from Governance Committee (enclosure 9)

Rob Johnson presented the enclosure for information and reminded all present that the full minutes are available to all Governors on the Governor Portal. He highlighted the following item;

- Both items raised under AoB at the last meeting were received for initial consideration and will be on the next agenda for a fuller debate at the next meeting

in January 2013. These were items relating to the grading of complaints and English competency of medical staff.

Rob added the committee feels the information and reports received by them are suitable in terms of depth and detail to enable the committee to do its job effectively.

David Badger thanked Rob for his report and asked if there were any questions arising.

Bill Hazelton commented there were three references to the PFI seemingly to drag their feet on the cost reduction programme.

David Badger responded that the Trust had met in October with the PFI partners and had noted a much more responsive approach after a number of unproductive meetings. There had also been changes to the management structure which all parties thought would be helpful. Ideas for PFI CIP (Cost Improvement Plan) had now started to emerge, were being developed and might start to realise savings before the end of the current financial year. Major savings were not likely to be achieved, however, until 2013-14 and beyond.

9. Update from the Strategy Committee (enclosure 10)

John Balmforth presented the enclosure for information and reminded all governors to attend the Board to Council workshop on Thursday 6th December 2012.

David Badger thanked John for his report and asked if there were any questions arising.

Roy Savin commented he was in full agreement with the work being done to improve the discharge times for patients.

David Badger added this issue continues to be looked at very closely and a regular progress updates will come to Governors at the appropriate time.

10. Update from Membership Engagement Committee (enclosure 11)

Darren Adams presented the enclosure for information adding that the next meeting is on 17th January 2013. He highlighted the following three items;

- Local Area meetings. The Dudley Council are launching a new format of this meeting in February in nine local areas. They will run a cyclical basis and Governors are asked to consider how they can get involved.
- The Trust's Membership Recruitment and Engagement Strategy is currently being reviewed and Governors will be asked for their input at the next workshop
- Annual Members Meeting 2013. The group is considering how next years event is staged and will be an agenda item at the next meeting of the committee.

David Badger thanked Darren for his report and asked if there were any questions arising.

David Stenson commented that governors should particularly focus on this activity in poorer areas. He also asked about the proposal for Governors to undertake real-time surveys as volunteers and not as governors.

Bill Hazelton said this had been discussed at the time of the training session and it was felt that survey work is not the remit of the governor role and interviewees may respond differently, perhaps even negatively, if governors are perceived as part of the management of the hospital.

David Stenson disagreed with this.

David Badger thought it important that everyone conducting surveys needed to be seen in the same capacity by patients in order for there to be consistency and suggested this subject be revisited by the Governor Development Group at a later date.

New action point: Governor Development Group to discuss Governor versus volunteer role when completing real-time survey work

11. Trust Constitution (enclosure 12)

David Badger presented the enclosure that sets out the changes we are required to make by Monitor to reflect the Health and Social Care Act 2012.

Those present were asked to endorse the changes to the Trust Constitution required to ensure we meet the requirements of the Health and Social Care Act 2012, use correct nomenclature and submit the revised document for approval by Monitor. All present agreed.

12. Any other Business

There were no items of any other business.

13. Close of meeting

David Badger thanked all for attending and reminded all Governors to ensure that they regularly access the Governor Portal where important information is available to help and support Governors in their role.

The next meeting will be;

Full Council of Governors meeting at 6.00pm on Thursday 7th February 2012, in the Clinical Education Centre, Block C, Russells Hall Hospital.

The meeting closed at 8.00pm.

John Edwards, Chair of meeting

Signed..... Dated

Action Sheet
Minutes of the Council of Governors

<i>Item No</i>	<i>Subject</i>	<i>Action</i>	<i>Responsible</i>	<i>Due Date</i>	<i>Comments</i>
CoG 29/11a	NHS Mandate document	To be submitted to the next meeting of the Governor Development Group (GDG) for discussion	HB	3/1/13	
CoG 29/11b	Lead Governor led informal meetings of the CoG	To be discussed at next GDG	HB	3/1/13	
CoG 29/11 c	Governor versus volunteer role	Discuss role when undertaking real-time surveys at the next meeting of the GDG	HB	3/1/13	