

Annual Members Meeting

Thursday 11th September 2014
Clinical Education Centre, 1st Floor South Block,
Russells Hall Hospital, Dudley DY1 2HQ

4.30pm	Welcome and Council of Governors review 2013/14	Rob Johnson, Lead Governor
	Approval of minutes Annual Members Meeting 2013 (appendix 1)	John Edwards, Chairman
4.40pm	Chief Executive's overview 2013/14	Paula Clark, Chief Executive
4.55pm	Financial Accounts 2013/14	Paul Assinder, Director of Finance
5.10pm	Quality Account 2013/14	Denise McMahon, Director of Nursing
5.25pm	Auditor's Report	Gus Miah, Healthcare and Public Sector Partner, Deloitte LLP
5.35pm	Dudley Group NHS Charity Annual Report 2013/14	Richard Miner, Chair, Charitable Funds Committee
5.45pm	Questions relating to the Annual Report and Quality Account	John Edwards, Chairman
	Close of Annual Members Meeting	
5.55pm	Presentation – A&E Department and associated emergency services	Rajan Paw, Consultant Emergency Physician, Clinical Director for Acute Medicine
6.15pm	opportunity to view stands and talk to staff and support services about the A&E department and associated services at The Dudley Group Light refreshments	
7.30pm	Close of event	Please remember to hand in your event evaluation forms and Quality Priority questionnaire as you leave.

**Minutes of the Annual Members Meeting
The Dudley Group NHS Foundation Trust
Thursday 12th September 2013
Clinical Education Centre, Russells Hall Hospital**

Present

Governors

Mr Darren Adams
Mr Fred Allen
Mr Brian Chappell
Mr John Edwards
Mr John Franklin
Mrs Joanne Hamilton
Mr Bill Hazelton
Mrs Karen Jaunzems
Mr Rob Johnson
Mrs Diane Jones
Mrs Alison Macefield
Mrs Patricia Price
Mr Roy Savin
Mr Tarsem Sidhu
Mrs Jackie Smith
Mr David Stenson
Councillor Steve Waltho

Status

Public Elected Governor
Public Elected Governor
Public Elected Governor
Chair of Meeting
Appointed Governors
Staff Elected Governor
Public Elected Governor
Staff Elected Governor
Public Elected Governor
Public Elected Governor
Staff Elected Governor
Public elected Governor
Public Elected Governor
Public Elected Governors
Staff Elected Governor
Public Elected Governor
Appointed Governors

Representing

Stourbridge
Central Dudley
North Dudley
DGH NHS FT
Dudley CVS
Nursing & Midwifery
Central Dudley
Non Clinical Staff
Halesowen
South Staffs & Wyre Forest
Nursing and Midwifery
Rest of the West Midlands
Stourbridge
Halesowen
AHP & HCS
Brierley Hill
Dudley MBC

Board of Directors

Mr Paul Assinder
Mr David Badger

Mrs Ann Becke
Mr Richard Cattell
Ms Paula Clark
Mr David Bland
Mr John Edwards

Mr Paul Harrison
Mr Richard Miner

Status

Director of Finance & Information
Non Executive Director, Deputy
Trust Chair
Non Executive Director
Director of Operations
Chief Executive
Non Executive Director
Trust Chair and Chair of Governors

Medical Director
Non Executive Director

Representing

DGH NHS FT
DGH NHS FT

DGH NHS FT
DGH NHS FT
DGH NHS FT
DGH NHS FT
DGH NHS FT

DGH NHS FT
DGH NHS FT

Apologies

Name

Mr Ian Dukes
Mr Bob Edwards
Mrs Anne Gregory
Mr Jonathan Fellows
Dr Subodh Jain
Prof Martin Kendall

Mr Peter Marsh
Mrs Julie Walklate
Mr Jason Whyley

Status

Staff Elected Governor
Public Elected Governor
Staff Elected Governor
Non Executive Director
Public Elected Governor
Appointed Governor

Staff Elected Governor
Staff Elected Governor
Public Elected Governor

Representing

Medical and Dental
Brierley Hill
AHP & HCS
DGH NHS FT
North Dudley
University of Birmingham Medical
School
Partner Organisations'
Nursing & Midwifery
Tipton & Rowley Regis

Item No	AGM 2012/13 minutes
1.	<p data-bbox="244 300 1334 331"><u>Introduction and approval of 2012 AGM minutes – Rob Johnson and John Edwards</u></p> <p data-bbox="244 367 708 398">Apologies received as listed above.</p> <p data-bbox="244 434 1198 465">Rob Johnson – Lead Governor, Public Elected Governor Halesowen</p> <p data-bbox="244 470 1426 564">Rob Johnson, Lead Governor, and public governor for Halesowen constituency, formally welcomed everyone to the 2013 Annual Members Meeting. He commented that with every seat full, this meant that more than 110 people were in attendance.</p> <p data-bbox="244 600 1449 801">He began proceedings by introducing the Trust’s video representation of its nursing strategy called ‘The Way We Care’. He said how moving he found it before going on to explain the role of the Governors including how they hold non executive directors to account for the performance of the Board of Directors and represent the interests of the Trust members. Rob gave examples of what Governors do and reflected on the new committee structure that had been in place for 18 months. He then ran through the agenda for the evening.</p> <p data-bbox="244 801 699 833">John Edwards – Trust Chairman</p> <p data-bbox="244 837 1453 972">John Edwards referenced ‘The Way We Care’ video before seeking, and receiving, approval of the minutes from the 2012 Annual Members’ Meeting. He talked through some amendments to the Trust Constitution and asked the members present to approve the following;</p> <ol data-bbox="244 1008 1342 1075" style="list-style-type: none"> 1. Annex 4, The composition of Council, page 18 currently states Dudley PCT as an appointed governor. <p data-bbox="244 1075 1225 1106">Proposal to amend this to read Dudley Clinical Commissioning Group</p> <ol data-bbox="244 1142 1436 1209" style="list-style-type: none"> 2. Annex 4, Composition of Council, page 18 currently has incorrect title for Dudley Council for Voluntary Services <p data-bbox="244 1245 874 1276">Propose to remove ‘s’ off the word ‘Services’</p> <ol data-bbox="244 1312 1414 1379" style="list-style-type: none"> 3. The date of review in annex 7, Standing Orders for the Council of Governors, page 46 , which is presently dated October 2012 <p data-bbox="244 1415 759 1447">Propose to change this to April 2013</p> <ol data-bbox="244 1482 1442 1550" style="list-style-type: none"> 4. The date of review in annex 8 Standing Orders for the Board, page 64, which is presently dated October 2011 <p data-bbox="244 1585 759 1617">Propose to change this to April 2013</p> <ol data-bbox="244 1653 1426 1720" style="list-style-type: none"> 5. Propose to insert a small table on the back page to record the change history and next review date <p data-bbox="244 1756 1257 1787">The changes were approved by all Members present without abstention.</p> <p data-bbox="244 1823 1426 1917">John welcomed the Smoking Cessation team and members of the Organ Donation Committee to the Annual Members Meeting before handing over to Paula Clark to present the Chief Executive’s Overview.</p>

2.

Chief Executive's overview of 2012/13

Chief Executive Paula Clark referenced 'The Way We Care' video and said how moving she finds it. She praised the staff and said the Trust would not be able to do all the good things it does without committed staff who are working in very challenging times, and said it was tougher each year to provide care for patients.

She explained how in January this year, 2013, the Trust made the national nursing strategy its own by launching a local strategy called 'The Way We Care'. The local strategy was formed by holding a series of big conversations where more than 600 nurses and midwives were asked what being a nurse means to them and what the best patient care looks like.

They put their comments on to a graffiti board and Paula read out some of the commitments made by staff that form part of the strategy. They were:

- They will do their best in each and every way to give the care we would expect for ourselves and our families
- They will treat every patient with compassion – and show compassion to colleagues through difficult times
- They will lead by example, eradicate poor performance and provide evidence of competence
- They will ensure they always take time to listen to patients and involve patients' relatives in care with good communication
- They will be committed to standing up for the values of their profession and the wellbeing of patients
- They will be courageous and do the right thing for the people we care for

Paula said one of the ways staff helped care for patients was by protecting them from developing pressure ulcers. In 2012/13 ward teams were set an Olympic style competition called the '50 Day Dash' which challenged them to go 50 days without a patient developing an avoidable grade two, three and four pressure ulcer while being a patient in their care for 50 consecutive days. To date, she said, several wards had gone almost a year without any patient developing a pressure ulcer which she called a fabulous achievement.

Paula also explained how the Trust knew how well it was doing by measuring patient feedback collected in a variety of ways. Last year 10,000 pieces of patient feedback were received via real time patient surveys, comment cards, letters to the chief executive and comments posted on the NHS Choices and Patient Opinion websites.

She gave a few highlights of the past 12 months including Long Service Awards, Novice Programme, vascular hub which involved collaborating with experts from Wolverhampton and Walsall to provide world class vascular services in Dudley for patients across the Black Country.

Paula then said how the end of the financial year was a low point for staff when the Trust was named as one of the 14 Trusts to be investigated by Sir Bruce Keogh for having higher than expected mortality indicators for two consecutive years. She explained that mortality indicators are not a way of identifying 'avoidable' or 'preventable deaths as has been reported in the media. She also said Sir Bruce Keogh himself said "However tempting it may be, it is clinically meaningless and academically reckless to use such statistical measures to quantify actual numbers of deaths." Paula said mortality indicators are a smoke alarm or flag that something might need further investigation.

Paula expressed her regret that the news had been distressing for people in the Dudley

	<p>area to think The Dudley Group had had excess deaths that might have been preventable. Looking ahead, she said the Trust would deliver an action plan based on the findings of the review and would report back at the next Annual Members' Meeting. She was pleased to say some managers from the Trust had been chosen to take part in the Mike Richards' review of hospitals which would be an opportunity for them to bring back learning from other organisations.</p>
<p>3.</p>	<p><u>Presentation of Financial Accounts 2012/13</u></p> <p>Paul Assinder presented a summary of the Accounts for 2012/13.</p> <p>He said the accounts were contained in the Annual Report and Accounts document available on the Trust website and had been summarised in the Your Trust magazine which had been distributed to all guests as they arrived and registered</p> <p>Paul said it was the third or fourth year the Trust had been operating under national austerity budgets and that the NHS was privileged to have had some protection which means the Government had just about funded inflation and therefore it feels like a cut in budget and it was starting to impact on services.</p> <p>He explained how the Primary Care Trusts ceased on 31st March 2012 and were replaced by the Clinical Commissioning Groups (CCGs) He said the Trust was operating under a legally enforceable contract with Dudley CCG.</p> <p>Paul said 2012/13 had been a busy year with 1.1 million patient contacts, a third of which were in a community setting. Emergency (unplanned) activity increased by 2.6 per cent on the previous year and above the budget agreed by the PCT.</p> <p>He showed the number of bodies to whom the Trust is accountable including the main three bodies – NHS Dudley, Monitor and the Care Quality Commission.</p> <p>Paul said the Trust had met or exceeded all its national and local targets except for two:</p> <ul style="list-style-type: none"> • A&E 4 hours maximum waiting at Russells Hall Hospital in Quarter 4: 92.9% <i>(Monitor target 95%)</i> • Cancer 62 days maximum wait following urgent GP referral in February: 81.2% <i>(Department of Health Target 85%)</i> <p>He then went through the financial performance in 2012/13 describing 2012/13 as a “reasonable year”. Paul said the Trust invested in more clinical staff but that staff did not receive a pay award in 2012/13. He said the balance sheet was “relatively strong” and that it had a liquidity of 38 days. Capital spending was £9.1 million – most of that went on an IT data centre on the Pensnett Estate which runs the Trust's information systems that services local GPs as well as the hospital.</p> <p>In summary Paul described it as a creditable performance – the Trust delivered a balanced financial position despite the challenges and invested heavily in frontline staff.</p>
<p>4.</p>	<p><u>Presentation of Quality Report 2012/13</u></p> <p>Chief Executive Paula Clark presented the Quality Report and explained they were an opportunity to monitor how the Trust is doing in terms of quality of care for patients.</p> <p>She went through the quality priorities for 2012/13 which were:</p>

- Patient experience – to increase the number of patients who have a positive experience using a number of measures.
- Pressure ulcers – to improve systems of reporting and reduce avoidable pressure ulcers.
- Infection control – to reduce MRSA and Clostridium difficile rates.
- Nutrition – to increase the number of patients who have a risk assessment regarding their nutritional status within 24 hours of admission.
- Hydration – to increase the numbers of patients who have fluid balance charts completed.

Paula said because of the importance of these priorities, they had been retained for the following year (2013/14). She said the full Quality Report and the summary contained within the Your Trust magazine states these targets were all achieved except for one – the community patient experience target. This latter target related to patients in the community actively using their care record to monitor the care being given. This target has been retained for this year and the record is being redesigned to make it more user friendly.

Pressure ulcers – Paula showed a graph which demonstrated how the Trust was reducing the number of grade three and four pressure ulcers in the hospital and in the community and it had seen a 50 per cent reduction on the previous year. She said the zero tolerance policy on pressure ulcers was very much embedded with staff and she was pleased to say no patients in the first quarter of this financial year had developed a pressure ulcer in the community.

Infection Control – last year’s target was no more than 2 MRSA and no more than 77 C.diff cases. This year, she said, was more challenging – the target is no MRSA cases and 37 C.diff. To help achieve the targets this year the Trust had invested in more pharmacists to help with antimicrobial prescribing and enhanced the service offered by the Hydrogen Peroxide Vapour (fogging) machine which decontaminates wards and areas from infection.

Nutrition and hydration – the Trust had a listening event called Listening into Action at which guests including staff, patients and Governors were asked what they thought the Trust’s quality priorities should be. Nutrition and hydration was chosen and the decision was made to retain that quality priority.

5.

Auditors Report

Mohammed Ramzan from Deloitte LLP presented the Auditors Report and explained the scope of their work before going through their key findings.

He said he was very pleased to say that all opinions provided were unmodified (unqualified).

Deloitte considered the Trust’s Governance Rating and were satisfied there were no significant issues from an external audit perspective and that appropriate disclosures were made in the Annual Report.

He talked through the audit findings and complimented the team for producing a high standard of working papers. Minor comments were provided on financial policies and

	<p>financial reporting and no significant issues were found with the Annual Governance Statement. Minor comments were provided on the Annual Report and no significant deficiencies were identified on the control findings.</p> <p>In summary he said Deloitte was able to give a true and fair opinion that the accounts were accurate. The Trust was very well controlled and management was open and honest with the external auditors.</p>
6.	<p><u>Dudley Group NHS Charity Annual Report 2012/13</u></p> <p>Richard Miner, Chair of the Charitable Funds Committee, presented the Dudley Group NHS Charity Annual Report. He said the Charity had made a lot of progress in the last year and he explained the charity objectives and said the Charity is an umbrella for 99 individual funds relating to the individual wards and departments.</p> <p>Richard explained the role of the Foundation Trust Board which acts as a Corporate Trustee for the Charity. He said income came from a number of sources including legacies, donations, investment income and fundraising and that the total for 2012/13 was £792,000.</p> <p>He then explained how the money was spent in 2012/13 including £235,000 on new equipment; £111,000 on staff education and welfare and £80,000 on patient education and welfare.</p> <p>He gave examples of expenditure including refurbishment to the Emergency Department's relatives' room and 30 new wheelchairs for Russells Hall Hospital in response to patient feedback.</p> <p>He said as of March 31st 2013, the Charity held assets of £2,789,000 which is an increase from £2,474,000 the previous year.</p>
7.	<p><u>Questions from the public relating to the Annual Report and Quality Accounts</u></p> <p>Chairman John Edwards took questions from attendees.</p> <p>➤ Question 1: was it not a legal requirement for the Quality Accounts to be signed off by Dudley LINK?</p> <p>Paula Clark said the Trust asked Health Watch as the successor to Dudley LINK, which disbanded, to sign off the Quality Accounts.</p> <p>➤ Question 2: were comments made on the Quality Accounts by members of Health Watch?</p> <p>Derek Eaves, who created the Quality Accounts document, confirmed that comments were made by members of Health Watch.</p> <p>➤ Question 3: the Keogh Review caused a lot of anxiety. The report found some concerns about the quality of care. How will the Review enhance and improve quality of care?</p> <p>Paula Clark confirmed the Keogh Review did cause angst among staff and that it was a concern for the Trust's reputation. She said it shined a light on areas the Trust could do better and gave the example of dividing ward A2 to create two smaller wards now called A2 and A3. The Keogh Review felt the ward was too big was split immediately into two smaller wards and now operates with two distinct teams leading the management of the wards.</p>

Paula said the feedback from Keogh would be used positively and that it had been a two way process: staff at the Trust put their own ideas forward to the review team. She said a number of areas highlighted in the review had already been picked up on by the Trust and action was being taken. However, the review had given the Trust a prod to make those improvements more quickly.

John Edwards agreed and said none of the issues picked up by the review team were a surprise and that as a result of the Keogh Review the Trust accelerated the process of making improvements. He gave the example of the Board deciding to invest more in frontline staff but that recruiting nurses was not easy. He said it was a tribute to Paula Clark and her team that The Dudley Group was the Trust chosen to meet Mike Richards and his team to help develop their approach to the new hospital review process.

➤ **Question 4: how does the Trust get the community involved in charitable work?**

Richard Miner said people could talk to charity fundraiser Karen Phillips or they could contact him directly.

➤ **Question 5: we saw that moving video of hard working nurses and you said there was no pay rise for staff. How does this impact on them?**

Paula Clark said there had been a one per cent cost of living pay rise via the Agenda for Change terms and conditions but staff on the top of their pay scale did not receive it. To show how staff are appreciated, the Trust recognises their hard work in non financial ways including the Long Service Awards, Roll of Honour where staff who are commended have their name on the Intranet and through Committed to Excellence annual staff recognition awards where staff are nominated by patients and colleagues for doing something exceptional.

➤ **Question 6: is there thinking around whether nurse training may change and be brought out of the universities for example by creating a school of nursing?**

Paula Clark said nursing was a graduate profession and talked about the novice programme and how the first novice clinical support worker started their nurse training to enter a degree programme. She said the Trust also has accredited courses for nurse training but at this stage there were no plans to take graduate training out. She said the Trust was looking at values based recruitment to ensure it translates into the way staff care for patients.

John Edwards added that the Trust had a good working relationship with the University of Wolverhampton and that encouraging more nurses to come through the system was a challenge they collectively face.

8. **Close of Annual Members Meeting**

The Annual Members Meeting was drawn to a close by John Edwards who thanked everyone for attending. He then introduced a presentation on the Trust's vascular services by Mr Atiq-ur Rehman, Dudley vascular surgeon, and Mr Zahid Khan and Mr Andy Garnham both vascular surgeons from New Cross Hospital in Wolverhampton and Walsall Manor Hospital who work for the Black Country Vascular Centre based at Russells Hall Hospital.