

Minutes of the Annual Members Meeting of The Dudley Group of Hospitals NHS Foundation Trust on Monday 26th September 2011 in the Clinical Education Centre, Russells Hall Hospital.

Apologies

	Constituency
Ms Jane Beard	Public Elected Governor
Mrs Rosemary Bennett	Public Elected Governor
Mrs Gill Cooper	Appointed Governor
Mr Bill Etheridge	Public Elected Governor
Cllr Lesley Faulkner	Appointed Governor
Mr Simon Hairsnape	Appointed Governor
Mrs Joanne Hamilton	Staff Elected Governor
Cllr Anne Hingley	Appointed Governor
Prof. Linda Lang	Appointed Governor
Mr David Ore	Staff Elected Governor
Mrs Janet Robinson	Public Elected Governor
Mr Graham Russell	Staff Elected Governor
Mrs Jane Southall	Staff Elected Governor
Mr Terry Venables	Staff Elected Governor
	Halesowen
	North Dudley
	Dudley NHS Acting Chair
	North Dudley
	Dudley MBC
	Worcestershire PCT
	Nursing & Midwifery
	Wyre Forest DC
	Wolverhampton University School of Health and Wellbeing
	Non-clinical staff
	Rowley Regis
	Nursing & Midwifery
	Nursing & Midwifery
	Partner Organisations' Staff

Item No	AGM 2010/11 minutes
1.	<p><u>Introduction and approval of 2010 AGM minutes – Darren Adams and John Edwards</u></p> <p>Apologies received as listed above. The minutes were accepted as a true and accurate record.</p> <p>Darren Adams – Lead Governor Lead governor, and public governor for Stourbridge constituency, Darren Adams formally welcomed everyone to the Annual Members Meeting and Interactive Health Fair. He introduced the agenda for the evening and went through some of the highlights for the Council of Governors including the appointment of a new Trust chair, Non Executive Directors and the fundamental review of the council's governance arrangements. Darren also invited members to stand for election when a number of governor vacancies become available in September 2011.</p> <p>John Edwards – Trust Chairman Trust chair John Edwards sought approval for the minutes from 2009/10 and highlighted some key changes to the Trust Board during 2010/11, including the appointments of Richard Beeken as Director of Operations and Transformation, and David Bland, Non Executive Director and Richard Miner as Associate Non Executive Director who, he said, helped to create a strong Board made up of people with experience and expertise.</p> <p>John said the NHS was entering uncertain times as it waited to see what the Government's health bill would deliver to The Dudley Group. He also stated that the transfer of Dudley's Adult Community Services (DACS) represented a huge improvement to healthcare in Dudley.</p> <p>He also explained the role of the governors – to be well engaged with the hospital and challenge the Board – and praised a superb workforce delivering excellent care to patients.</p>

2.	<p><u>Chief Executive's overview of 2010/11</u></p> <p>Harvey Woolf, public elected governor for North Dudley, introduced Chief Executive Paula Clark.</p> <p>In her overview of 2010/11, Paula explained how the Trust welcomed more than 500 staff from Dudley Adult Community Services in April 2011. The transfer of DACS enabled the Trust to reach out into the community by providing a new range of services including audiology, rehabilitation and end of life care.</p> <p>She said the Trust had renewed its commitment to achieving excellence in clinical care with two programmes involving all staff, Listening into Action (LiA) and Transformation, and a new strategy for improving the patient experience. Paula said approximately 600 staff had taken part in Transformation and more than 1,000 had engaged with Listening into Action. She also praised the workforce for its incredible contribution to providing excellent patient care and explained how both programmes allowed the Trust to take a fresh look at the way it provides care as demand for services increased year on year.</p> <p>During the year Paula said The Dudley Group had delivered almost 5,000 babies (which indicated the Trust was an increasingly popular place for women to have their babies delivered), cleaned more than 5,000 miles of corridor and treated 494,500 people in outpatients.</p> <p>Paula highlighted some key achievements and international recognition of some staff, including the work of the Think Glucose team to improve care for patients with diabetes, low infection rates and the dramatic drop in the number of patients developing pressure ulcers while in hospital.</p> <p>Looking forward she said as the Trust was entering some very challenging times it was determined to drive ahead with its quality strategy taking in safety and patient experience to help achieve its ambition to be healthcare provider of choice.</p>
3.	<p><u>Adult Community Services</u></p> <p>Rob Johnson, public elected governor for Halesowen, introduced Director of Community Services and Integrated Care, Tessa Norris.</p> <p>Tessa said she felt privileged to talk about Dudley Adults Community Services and explained how, in April 2011, the Trust had integrated with a robust community services that were financially secure and delivering high quality care.</p> <p>She highlighted the services her staff offered to people in their homes including community nursing services, community therapy services (occupational therapy, physiotherapy and speech and language) and specialist services including diabetes care, continence service, as well as contraception and sexual health. Tessa said community staff had embraced Transformation as a way of reviewing community nursing using the Productive Community Series and Transformation's Lean programme.</p> <p>Tessa said she was looking at integrating adult community services and clinical specialist support services; contraception and sexual health service with genitor-urinary medicine and tissue viability services. She is also exploring services where care pathways meet or overlap, looking at how integrating the services will improve the patient experience and make accessing the right service at the right time simpler.</p>

4.	<p><u>Presentation of Accounts 2010/11</u></p> <p>Roy Savin, public elected governor for Stourbridge, introduced Director of Finance and Information Paul Assinder.</p> <p>Paul Assinder, Director of Finance and Information, presented a summary of the Accounts for 2010/11 and said the Trust's financial performance was operating against the backdrop of two chancellors' austerity budgets and cost pressure issues locally e.g. 65 more beds open during the winter pressures of 2010 which involved additional spending on agency and bank staff.</p> <p>Despite this, 2010/11 was a year of financial consolidation and achievement. Turnover increased by 2.6% (less than seen in previous years) but keeping pace with inflation. Paul said the surplus of £275,000 was 85% down on the previous year. However, he said the Trust invested £9.6m in capital schemes which he described as a pleasing outcome overall. He also said the Trust exceeded all Monitor's financial targets and standards.</p> <p>Paul said the merger with Dudley Adult Community Services represented a transaction of £21m income and expenditure and was also signalling a change of name and constitution.</p> <p>He also spoke about the growth in inpatients spells from 2003/04 and said 2010/11 saw a flattening out of activity which he explained was due to several factors including the PCT's decision to commission activity in different ways.</p> <p>Paul also explained the Department of Health's decision to only reimburse Trusts by 30% for extra emergency activity and arguing that they should not be rewarded for increases in emergency treatment, which was difficult for the hospital to manage. He said the Trust's income growth since 2006/07 had flattened out and the resulting surplus of £275,000 he called extremely modest.</p> <p>He drew everyone's attention to capital spending, including £5.4m on the multi-storey car park, £2.7m updating medical equipment, £1.3m on a new MRI scanner and £1.1m upgrading North Block.</p> <p>Looking forward, he said the Trust needed to deliver increased efficiency over the next four years. Saving target for 2011/12 had gone up from 3% to 4% but cost reduction needed to happen through improvement in quality.</p>
5.	<p><u>Presentation of Quality Report</u></p> <p>Diane Jones, public elected governor for South Staffordshire, introduced Director of Nursing Denise McMahon.</p> <p>Denise presented the Quality Accounts and explained how they sit alongside the Financial Accounts and are subject to external audit. She said they aim to describe what the Trust is doing well and what it could improve.</p> <p>Denise said the four priorities were chosen after a Listening into Action (LiA) event in which staff and patients discussed what was important to them. She explained what the four priorities were: priority 1: to increase the number of patients who rate their overall care highly and to increase the number of patients who rate their overall satisfaction of community services; priority 2: to reduce avoidable stage three and four hospital acquired pressure ulcers; priority 3: to reduce MRSA and C. diff rates</p>

	<p>in line with local and national priorities; priority 4: to increase the number of hip fracture patients who undergo surgery within 36 hours of admission.</p> <p>Denise said a big piece of work was being undertaken to meet priority one including the formation of new patients panels. She was pleased to report 94% of community patients rated their care highly.</p> <p>She said the number of hospital acquired pressure ulcers was a commentary on the quality of care given to patients, in particular nursing care, and she was delighted to report a drop by 45% which she called a phenomenal achievement.</p> <p>On priority 3 she said the Trust had continued to reduce post 48 hours C. diff cases below the agreed target with the PCT of no more than 113 cases – the Trust had recorded 82 by the end of the year. However, she said she was disappointed to miss the MRSA target by one case.</p> <p>Denise was pleased by the achievement against priority 4. In March 2011 95.3% of hip fracture patients being operated on within 36 hours. She also told the meeting that the Trust is in the top five of the 193 hospitals listed in the National Hip Fracture Database.</p> <p>She said attendees of the LiA event decided the reduction in the number of cardiac arrest calls was so successful it did not need to be included as a priority.</p> <p>Denise said it had been a pleasing year a far as quality is concerned but that there was always room to do more.</p>
6.	<p><u>Auditors Report</u></p> <p>Kacey Akpoteni, public elected governor, Rest of the West Midlands, introduced Deloitte, the Trust's external auditors.</p> <p>Mohammed Ramzen from Deloitte presented the Auditor's Report and explained the scope of their work before going through their key findings: he confirmed the surplus of £275,000, the cost improvement programme achievement of £6.0m, financial risk rating at year end of 3. He also said the balance at year end was £33.4m.</p> <p>Accounting performance – Mohammed said regular meetings had enabled early discussion of potential issues; the Finance Department had been proactive in highlighting areas for early consideration and responding to queries raised. He said the working papers produced to support draft accounts were of a high standard and supported an effective audit.</p> <p>Statement of Internal Control: the review of the Trust's Statement on Internal Control identified no significant issues although a number of improvements were recommended.</p> <p>Annual Report: the Trust provided a largely complete draft of the annual report during the audit process, and management was keen to reflect recommendations made.</p> <p>Quality Report: the auditor's work did not highlight anything that caused them to believe that the content of the Quality Report was not in accordance with the 2010/11 NHS Foundation Trust Annual Reporting Manual.</p>

	<p>Accounting policies and financial reporting: as part of their audit, they consider the quality and acceptability of the Trust's accounting policies and financial reporting. They provided comments to the Trust on presentational matters which have been reflected in the financial statements.</p> <p>Control findings: Deloitte did not identify any significant deficiencies in the financial reporting systems. They identified a couple of areas where controls could be further improved and Trust management has identified actions plans and timeframes for completion.</p> <p>It is the first year the auditors have provided an opinion on the Quality Accounts and the opinion was standard. They issued all opinions in unmodified forms with no qualifications or exceptions.</p>
7.	<p><u>Presentation on DGoH Charitable Fund annual report</u></p> <p>John Balmforth, public elected governor for Halesowen, introduced Kathryn Williets, Non Executive Director, for her presentation on the Charitable Funds report.</p> <p>Kathryn gave a review on the charity function of the hospitals and explained how the charitable donations can benefit a general fund or funds for a particular ward or area. She said the day-to-day management of the charity was undertaken by the Finance Department and that the role of the Trust's full-time charity fund raiser was to raise the charity's profile, raise awareness among staff as well as raise funds.</p> <p>She said £436,000 of charitable funds was spent on, for example, new equipment (£143,000), staff education and welfare (£94,000) and patient education and welfare (£61,000).</p> <p>As at March 31st 2011, the charity held assets of £2,256,000 which represented a slight increase on the previous year. She also reported a slight increase in general donations plus an additional £70,000 in legacies.</p>
8.	<p><u>Questions from the public relating to the Annual Report and Annual Accounts</u></p> <p>Questions were taken from attendees.</p> <ul style="list-style-type: none"> ➤ Question 1: re a patient who has cost the Trust £100,000 to keep in hospital. Could the Trust have used a local agency? Could the Trust have sent a security man to accompany the patient to Pakistan? <p>Paula Clark said the Trust had humanitarian obligations – if people need care, they are given care. To repatriate a person to their country of origin, the Trust had to work within the rules and work with the Border Agency.</p> <ul style="list-style-type: none"> ➤ Question 2: re sale of doctors' houses in Wordsley. They were not sold in a buoyant market – could they not have been sold in a buoyant market? <p>Paul Assinder gave the background to the disposal of houses in the Stourbridge vicinity. Re timing, the Trust took the advice of professional estate agents and the sale was also made with the backdrop of escalating costs of security and maintenance and with the vacant properties being vandalised and becoming more dilapidated. Paul said it made good business sense and helped relations with the local residents to dispose of them when they did.</p>

➤ **Question 3: What remedial action is the Trust taking over lost needles and patient records being left in the street?**

Paula Clark said the notes found in the street were not patient records but doctors' handover notes that contained basic patient details. However, she stressed that it was very important for staff to be careful with patient identifiable information.

Medical Director Paul Harrison apologised if any patient identifiable information made its way into the public domain. However, he confirmed the information were handover notes used by junior doctors and not patient records. He assured those present that whenever the Trust has identified individuals concerned, they have been disciplined. Additional training has also been provided to highlight that such carelessness is unacceptable and will not be tolerated.

➤ **Question 4: Would the Trust consider visiting Beneden Hospital Trust and West Midlands Hospital who have no cases of MRSA or C. diff in order to learn lessons?**

Denise McMahon said different hospitals have different types of patients and it was important to compare like with like. She gave the example of the Royal Orthopaedic Hospital in Birmingham that only accepts planned admissions and was therefore able to test patients before admission, unlike an acute Trust such as The Dudley Group that takes emergency admissions who cannot be tested before they arrive at hospital.

Paula Clark said our Trust takes acute admissions does not have an issue with planned admissions.

John Edwards said the Trust was always willing to learn from others who do a good job.

➤ **Question 5: The Trust is putting on an optimistic view that it can cope with the economic climate through cost improvement measures. The Trust is borrowing £154m – does it accept that it is inefficient at the moment because he is not persuaded by what he has heard at the AMM.**

John Edwards said the Trust was not optimistic but realistic about how it positions the hospitals in the next five years.

Paula Clark said the next few years were going to be very tough. She confirmed there were places where it is inefficient and was identifying where it can improve, for example, by removing potential waste of resources and removing steps in the patient journey that do not add value. She said the Trust can always improve and do better.

Paul Assinder said the Trust did undershoot its 2010-11 target (to have a surplus of £0.5m) but confirmed that for the current year there were plans to meet the 4% efficiency savings. He said the amount of borrowing referred to on the Balance Sheet was the result in an international change in the manner of accounting for PFI schemes and reflected the value of the Trust buildings and the £168m PFI investment in our three hospitals. As such the Trust has previously and will continue, to include provision for payment of these costs in its annual revenue budgets. The auditors looked into the Trust's affordability of making the payments each year and are satisfied that the Trust continues to be a 'going concern'. He also said the Secretary of State stood behind the debt through a deed of safeguard.

	<p>Paula Clark added that the cost improvement programme was run past the Director of Nursing and Medical Director to ensure services ran more efficiently without compromising quality or patient safety.</p> <ul style="list-style-type: none"> ➤ Question 6: Who is going to take responsibility for the smokers at the entrance to the hospital? <p>Paula Clark said the Trust does try to encourage people to move away from the entrance to the hospital and it is looking at other possibilities to provide an alternative place for patients to smoke. She said it was a difficult subject.</p> <ul style="list-style-type: none"> ➤ Question 7: Maternity cases are close to 5,000 – he is concerned given national stories of a shortage of midwives – are we going to employ more midwives if we continue to expand? <p>Denise McMahon said they the Trust had been really successful at recruiting very good quality midwives. As births go up, there will probably be a need to employ more midwives and obstetricians and that would be monitored accordingly.</p> <ul style="list-style-type: none"> ➤ Question 8: re PFI – are we confident we have got the best deal from the procurement process? <p>Paul Assinder said that the financing of the PFI project was something the Trust keeps under constant review. The Trust benchmarks the scheme against the 400 plus other PFI schemes nationally and said the rates the Trust is paying under PFI for original project financing were extremely competitive. It was a keen deal struck at a favourable period of relatively cheap finance and would not benefit from a re-financing arrangement at the moment due to the lack of available cheap credit in the markets</p>
9.	<p><u>Close of Annual Members Meeting</u></p> <p>The meeting was drawn to a close by John Edwards who thanked everyone for attending. He encouraged everyone to take a look around the health fair and take up the opportunity to speak to individual members of staff.</p>