

**Minutes of the Full Council of Governors meeting
Thursday 12th January 2012, 6.00pm, Clinical Education Centre,
Russells Hall Hospital, Dudley**

Present:

Name	Status	Representing
Mr Darren Adams	Public Elected Governor	Stourbridge
Mr Nazir Ahmed	Public Elected Governor	Central Dudley
Mrs Kacey Akpoteni	Public Elected Governor	Rest of the West Midlands
Mr John Balmforth	Public Elected Governor	Halesowen
Mrs Brian Chappell	Public Elected Governor	North Dudley
Mrs Gill Cooper	Appointed Governor	Dudley NHS Acting Chair
Mr John Edwards	Chair of Meeting	DGH NHS FT
Mr Bob Edwards	Public Elected Governor	Brierley Hill
Cllr Lesley Faulkner	Appointed Governor	Dudley MBC
Mrs Joanne Hamilton	Staff Elected Governor	Nursing & Midwifery
Mr Bill Hazelton	Public Elected Governor	Central Dudley
Mr David Heath	Staff Elected Governor	AHP & HCS
Mrs Karen Jaunzems	Staff Elected Governor	Non Clinical Staff
Mr Rob Johnson	Public Elected Governor	Halesowen
Mrs Diane Jones	Public Elected Governor	South Staffordshire & Wyre Forest
Prof Martin Kendall	Appointed Governor	University of Birmingham Medical School
Mrs Alison Macefield	Staff Elected Governor	Nursing & Midwifery
Mrs Stephanie Pritchard	Public Elected Governor	Tipton & Rowley Regis
Mr Major Robins	Public Elected Governor	Stourbridge
Mr David Stenson	Public Elected Governor	Brierley Hill
Mr Terry Venables	Staff Elected Governor	Partner Organisations' staff
Mrs Julie Walklate	Staff Elected Governor	Nursing & Midwifery

In Attendance:

Name	Status	Representing
Mr Paul Assinder	Director of Finance & Information	DGH NHS FT
Mr David Badger	Deputy Chair	DGH NHS FT
Mr David Bland	Non-executive Director	DGH NHS FT
Mrs Helen Board	Membership & Governor officer	DGH NHS FT
Mr David Bourne	Public FT Member	DGH NHS FT
Ms Paula Clark	Chief Executive	DGH NHS FT
Mr Jonathan Fellows	Non-executive Director	DGH NHS FT
Mrs Mandy Green	Acting Head of Communications & Customer Relations	DGH NHS FT
Mr Paul Harrison	Medical Director	DGH NHS FT
Ms Heather Large	Reporter	Express & Star
Mrs Denise McMahon	Nursing Director	DGH NHS FT
Mrs Tessa Norris	Director of Community Services & Integrated Care	DGH NHS FT
Mr Geoff Quinn	Public FT Member	DGH NHS FT
Ms Annette Reeves	Head of Human Resources	DGH NHS FT
Mrs Kathryn Williets	Non-executive Director	DGH NHS FT

Apologies:

Name	Status	Representing
Mr Richard Beeken	Director of Operations & Transformation	DGH NHS FT
Mrs Ann Becke	Non-executive Director	DGH NHS FT
Mr Ian Dukes	Staff Elected Governor	Medical & Dental
Mr Bill Etheridge	Public Elected Governor	North Dudley
Mr Richard Miner	Non-executive Director	DGH NHS FT
Mr David Orme	Chairman	Dudley LINK
Mrs Jackie Smith	Staff Elected Governor	AHP & HCS

1. Presentations (lecture theatre)

Hospital mortality

Paul Harrison, Medical Director gave a presentation on the different monitoring methods used by the Trust for hospital mortality including HSMR (Hospital Standardised Mortality Ratio), Dr Foster, CHKS and the recently introduced SHMI (Summary Hospital Level Mortality Indicator). He explained how the baseline figures are calculated and some of the variables used, where the source data comes from to support the monitoring methods and the importance of clinical coding. He also explained how to understand the causes of high mortality rates and what they may indicate.

He continued to illustrate some of the current reports and studies being commissioned by international and local institutions. These challenge the methodologies used in linking high mortality rates in some care settings to quality of care and organisational failure and have highlighted that commonly used methods provide often wildly differing results for the same hospital. He explained that all of the measures and monitoring systems can only serve as an indicator.

Paul concluded by saying the Trust takes mortality monitoring very seriously and use a variety of activities to provide assurance on mortality issues including Departmental mortality/morbidity meetings, Patient Safety Walk rounds, Global Trigger tools, Chairman/Chief Exec review meetings with clinical units, central review of all deaths and close working with external organisations.

Update on Quality Report & Accounts 2010/11

Denise McMahon, Director of Nursing explained the Quality Accounts provide an annual report on the quality of services provided, sit alongside the annual financial reporting and subject to external audit. Denise continued to say Quality Accounts aim to describe what we are doing well, where we are aiming to improve, how we are doing against national targets and how we have engaged with service users, staff and stakeholders.

Denise provided an update on progress of the four selected priorities chosen for 2010/11. Denise also explained that the Council of Governors had produced a paper for the Trust Board to highlight what they felt 'good quality hospital care' looked like and key areas the Trust could focus on. Denise announced the Trust would again be holding a Quality Priority Listening Event in February 2012 which would invites staff, patients, Foundation Trust members and Governors to provide feedback and help shape the focus for the following year.

Denise added that Governors will be asked to consider and approve the replacement of the hip fracture priority with either a nutrition or fluid balance priority. Denise explained that the Trust had performed well in increasing the number of hop fracture patients who undergo hip fracture surgery within 36 hours from admission to the Emergency Department (where clinically appropriate to do so) and was in the top five hospitals out of 193 listed in the National Hip fracture Database for 2010/11.

Denise continued to say that Deloitte will audit the quality account to provide external assurance including substantive sample testing on two mandated performance indicators – MRSA and 62 day cancer waits. Governors will also be asked to consider and approve the selection of a local indicator for substantive sample testing

Denise concluded that the Council of Governors involvement will again include preparing a short feedback report for inclusion in the document to be published at the end of June 2012.

The Chair thanked Paul Harrison and Denise McMahon for their very interesting and informative presentations and asked all to move through to the main meeting room.

2. Welcome, introductions & apologies, Declarations of Interests, announcements (Room 7/8)

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

There was no Declaration of Interests received.

6.40pm Paul Harrison left the meeting

3. Governor welcome and goodbye

John Edwards explained that a number of Governors who had reached their end of term of office on 30th September 2011 had chosen not to stand again. He noted his grateful thanks for all their hard work and commitment to the role over the last four years including the first year in shadow form.

John Edwards welcomed all new and returning Governors as follows;

New Governors

- Mr David Stenson Public Elected, Brierley Hill
- Mr Roberts Edwards, Public Elected, Brierley Hill
- Mr Bill Hazelton, Public Elected, Central Dudley
- Mr Brian Chappell, Public Elected, North Dudley
- Mr Major Robins, Public Elected, Stourbridge
- Ms Stephanie Pritchard, Public Elected, Tipton & Rowley Regis
- Mr David Heath, Staff Elected, AHP & HCS
- Mrs Karen Jaunzems, Staff Elected, Non Clinical Staff
- Mrs Joanne Hamilton, Staff Elected, Nursing & Midwifery
- Mrs Alison Macefield, Staff Elected, Nursing & Midwifery
- Mrs Julie Walklate, Staff Elected, Nursing & Midwifery

Returning Governors

- Mr John Balmforth, Public Elected, Halesowen
- Mr Rob Johnson, Public Elected, Halesowen
- Mr Darren Adams, Public Elected, Stourbridge
- Mrs Diane Jones, Public Elected, South Staffs & Wyre Forest

John Edwards acknowledged the significant contribution Governors make to the work of the Trust and wished the new Council all success in their role.

4. Minutes from previous Council of Governors meetings

Enclosure 1

The minutes from the meeting held in August 2011 were accepted as a true and correct record and these were signed by the Chair.

5. Standing items

5.1 Performance report Q2 (enclosure 2)

Paul Assinder asked the Council to receive the Q2 report and explained the Q3 report would be brought to the February 2012 meeting. For the benefit of new Governors, Paul explained the Trust was required to report to Monitor, the independent regulator of foundation trusts, who set the terms by which we are authorised to operate as a foundation trust. Monitor was formed as a result of the NHS Act 2006 and requires Trusts to be financially sustainable and well governed. We are required to provide quarterly reports to Monitor which in turn present their quarterly report to Parliament that in their view our rating is supported and not in risk of breaching our Terms of Authorisation.

Paul asked the Governors to note the Q2 FRR (Financial Risk Rating) is 3 (rag rated green) which is a good position to be in. Paul explained the Governance risk rating is currently amber/red which denotes some areas of concern. Governors were asked to note the related matters detailed in item 4.1a, enclosure 3.

John Edwards thanked Paul for the update and invited questions from the Council. There were none.

5.2 Report from Audit Committee (enclosure 3)

Jonathon Fellows provided a short explanation of the role of Audit Committee. He then presented the report for financial year 2010/11 and asked the Council to note its contents.

John Edwards thanked Jonathon for his update and asked Paul Assinder, for the benefit of new Governors, to clarify the role of Governors in the appointing the Trust Auditors.

Paul Assinder explained the Council of Governors appoint the Trust's external auditors. This was last completed 18 months ago using a competitive tender process. The group tasked with this was chaired by Public Elected Governor John Balmforth. Deloitte were appointed for a five year term. Deloitte work together with the Trusts' internal auditor, RSM Tenon, to provide assurance to the Board and Council that robust procedures are in place to negate against fraud and error. The Council of Governors receive a formal report from Deloitte at the Annual Members Meeting.

John Balmforth commented that in his opinion the selection process had been fair, open and rigorous.

Paul Assinder asked the Council to note they will receive a presentation from Deloitte and RSM Tenon as part of the next Governor training session to be held on Thursday 16th February 2012.

John Edwards thanked Jonathon for his report and Paul for his clarification.

6. Patient Experience

6.1 Q1 & Q2 report (enclosure 4)

Mandy Green presented the enclosed report and asked the Council to receive it and note its contents. She summarised the aim of the report is a way of measuring Patient Experience using continually improved ways of gathering qualitative and quantitative data. This enables the Trust to gain a deeper and better understanding of how patients perceive the services we provide and develop ways to make improvements.

Mandy Green added the results of the National Outpatient Survey 2011 (conducted by Picker Institute Europe) will be published in February 2012.

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

Rob Johnson asked Mandy to explain what CQUINs are. Mandy apologised for the full name not appearing in the report and explained the acronym stands for Commissioning for Quality and Innovation and is a scheme devised by the local PCT (Primary Care Trust) which withholds a certain percentage of our income which we then receive conditional to making improvements in certain predefined areas.

John Edwards noted the NHS is not unlike any other industry with its extensive use of acronyms and encouraged all Governors to familiarise themselves with the jargon and the Trust will endeavour to explain acronyms in reports and other documents where possible.

David Stenson asked if the complaints received by the Trust are graded to reflect the seriousness and age of patients. He also asked what impact increased awareness of 'how to complain' has had on our figures, concluding it would also be useful to see some form of benchmarking in the report against other acute trusts.

John Edwards replied the Trust would seek to provide this report data to Council.

Gill Cooper added the report contained good quality information and felt that national data comparators would help the Council to benchmark our own performance.

Paula Clark asked the Council to note the 0.05% of concerns and complaints we receive is in line with the national average.

Mandy Green, referring to page 8 of the report, explained that some benchmarking data is only available annually as it is not published more frequently. This includes data from the National survey work.

Paula Clark added the Trust is now capturing compliments received by the Trust on the same system that captures concerns and complaints. The Trust shares this information with staff that are keen to see the positive and not so positive feedback the Trust receives.

Lesley Faulkner commented that as more people became aware of the complaints procedure it will inevitably increase the number the Trust receives and should not be considered a bad thing.

Bill Hazelton agreed with Lesley Faulkner and said that in that circumstance the emphasis should be on recording the speed of resolution and the level of satisfaction with the outcome of the complaint as a measure of performance.

Rob Johnson concurred with this adding how patients feel about our services is important.

John Edwards concluded that the Trust is continuing to see improvements in a whole range of Patient Experience measures and thanked all staff for their hard work in this regard.

6.2 Consider proposal for selected quality Priority Indicator for 2010/11

Denise McMahon explained that of the four local selected indicators, Governors are required to recommend to Deloitte which one is to be audited using substantive sampling as described in the earlier presentation. In summary the four priorities for 2010/11 included;

Priority One - Patient Experience

Priority Two – Pressure ulcer

Priority Three – Infection Control

Priority Four – Hip fracture

Denise advised it was intended to remove the Hip fracture priority for 2011/12 and on this basis asked Governors if they were able to approve this as the selected local indicator for audit and testing by Deloitte.

The Chair then asked those present if they were happy to endorse the selection of the above priority.

All present agreed without dissension to endorse the selection of the above priority.

7. Foundation Trust Membership Report (enclosure 5)

Helen Board presented the enclosed report and asked Governors to particularly note the focus of current recruitment activity on the age group 22 – 39 year olds and some ethnic groups. She also highlighted the need to recruit additional Members to replace those who have deceased or moved away currently identified as 'possible address change'.

John Edwards added Monitor requires the Trust to show an increase in Membership year on year against a backdrop of increasing national debate of recruiting versus engagement priorities. The Trust will continue to work with Governors to actively participate in all Membership activities.

Stephanie Pritchard asked if there was a specific group set up to look at this.

Helen Board replied the Council of Governors operate a Membership Engagement Committee who work closely with the Trust to deliver the objectives identified in the Trust Membership Recruitment and Engagement Strategy.

8. Update from Appointments Committee (enclosure 6)

Professor Martin Kendall presented the enclosed report and asked Governors to note its contents. He explained that the Council of Governors will be asked to endorse the recommendation that Richard Miner be appointed as Non Executive Director of the Trust. He continued by saying the appointment of Non Executive Directors is a statutory function of the Council of Governors. The Council of Governors Appointments Committee work closely with the Board of Directors. When a vacancy arises the Board will critically review their composition and decide what skills and experience is needed.

Professor Kendall advised the Council that the term of office for Kathryn Williets would end in April 2012 and she has indicated she will not stand again. The Appointments Committee have considered Richard Miner for this role. Professor Kendall explained Richard Miner had previously been a candidate in the last round of Non Exec appointments and had subsequently been appointed by the Trust as an associate Non Executive Director (non voting). Professor Kendall assured the Council the process had been robust in every way and the decision was unanimously supported by the Appointments Committee.

Paula Clark commented that Richard had contributed positively to the Board and fully supported the Committee in their recommendation.

7.33pm Heather Large left the meeting

John Balmforth confirmed he had chaired the group tasked with the Non Executive Director selection process and assured all those present it had been rigorous and transparent.

Gill Cooper asked if the same skill base would be represented on the Board with the appointment of Richard Miner.

Professor Kendall replied Kathryn Williets had brought a great deal of legal expertise to the Board at a time the trust was pursuing foundation trust status. Post authorisation, it is felt the focus in the current climate is on robust financial management and the accounting background of Richard Miner will be invaluable.

The Chair then asked those present if they were happy to endorse the recommendation of the Appointments Committee to appoint Richard Miner as a Non Executive Director for a three year term of office.

All present agreed without dissension to endorse the appointment of Richard Miner as Non Executive Director.

9. Update from Communications Sub Committee (enclosure 7)

Darren Adams, Chair, presented the enclosure for information and asked those present to note its contents. He continued by saying the last meeting scheduled for December 2011 had been postponed owing to Governor Elections.

Professor Martin Kendall thanked Darren for his report and asked if developing an illustration showing the relationship between Department of Health, our Trust, Council and Board would help Members to understand their role and the way a Foundation Trust works. This could then be used at Members events and the Annual Members meeting.

John Balmforth supported the suggestion and thought it would be useful to have displayed around the sites.

Darren Adams agreed to take that idea back to the committee.

Paula Clark acknowledged the Trust encourages Members to feel valued but not convinced we are doing everything we could be doing. As an example, Trust staff automatically becomes Members, unless they choose to opt out, but they may have very little understanding of 'what's in it for them'.

John Edwards thanked Darren for his report and Professor Kendall for his input.

10. Update from Service Strategy Sub Committee (enclosure 8)

John Balmforth presented the report for information. He highlighted two service areas that had been discussed including the vascular hub bid and trauma centre classification.

Paula Clark said she was delighted to report that the Trust had been successful in being awarded the Triple A screening contract. The Trust has also been awarded the contract to establish a specialist centre for vascular surgery at the Russells Hall Hospital.

The new configuration will see Russells Hall Hospital as the specialist centre (hub) with Royal Wolverhampton Hospitals NHS Trust and Walsall Hospitals NHS Trust providing satellite services (spoke sites).

Paula continued by saying the Trust is designated as a level two trauma unit and is happy with that. The University Hospital of Birmingham remains designated as a Major level one trauma centre for the area taking the most serious trauma cases.

Paula added the pressure on our maternity service provision had also been discussed at the August meeting and there was some progress to report. Our unit has seen a significant increase in the number of Mums to be choosing to have their baby here – births in one year have risen from 4800 to 5200. The PCT and providers have worked together to develop a way forward to ensure that clinical safety is maintained. Recently 140 'mums to be' have been asked to transfer from Russells Hall Hospital to other units nearer to where they live. She added by way of example that Sandwell had recently opened a midwife led unit accommodating up to 500 births per year.

Mr Robins asked how the Trust had used Sandringham Ward and since its closure, how can the Trust make sure patients can go into an intermediate care place and not continue to block beds.

Paula Clark replied the Sandringham Ward belongs to Bushey Fields and was empty for a time and the Trust was able to rent it on a short term temporary basis. In the last 12 months the Trust has continued to work closely with community providers and Social Services to develop community based services and reduce bed blocking. This has included providing some rehab services in hospital, community service provision as well as the PCT contracting beds in private care homes.

Mr Robins then asked if this then blocks other community patients from accessing intermediate care places.

Paula Clark replied there are 'step up' and 'step down' places available and included in many packages of care including care in their own homes. Social Services control the investment of money for care and there are now more places on their list than before.

Tessa Norris added the Local Authority have reviewed all of their facilities and resources to meet demand. A number of rehabilitation packages have been developed by a range of specialists to hopefully reduce dependency on intermediate care and focus on care in the home setting. Initial progress suggests that increased places and resources are allowing patients to move through the system.

Lesley Faulkner commented that the Dudley Council, Adult Social Care Services and the local health care providers are working together to ensure sufficient capacity for the benefit of patients.

John Edwards added that the Local Authorities, Social Care Services and ourselves work together as part of a Memorandum of Agreement which is under constant review as part of discharge reporting. He confirmed that all parties involved had worked closely and have shown sustained progress and Sandringham Ward was only ever regarded as a short term solution.

8.00pm Alison Macefield and Terry Venables left the meeting.

11. Proposed Council Structure (enclosure 9)

Rob Johnson presented the above enclosure and provided a recap of events leading up to the proposals on hand for Council committees. He emphasised that the Appointments and Remuneration Committees would remain separate and not a single committee as indicated in appendix 1.

The Chair asked those present if there were any points of clarification required.

Karen Jaunzems asked if an interim period had been agreed for the length of time returning Governors would remain chairs of the committees.

Rob Johnson replied that a period of 6 to 12 months is proposed in the enclosed document and will be left with the Governor Development Group to review.

Major Robins asked if the role of the Remunerations Committee was open to Governors and dealt with Executive and Non Executive matters.

John Edwards replied that the Trust and Council each operated Remunerations Committee. Membership of the Governor Remuneration Committee comprises Governors with the Trust Chair, Director of Finance and Chief Executive in attendance as required. The role of this committee is to set the remuneration for the Non Executive Directors. Membership of the Trust Remuneration Committees comprises Non Executive Directors. The role of this committee is to set the remuneration of the Executive members of the Board.

David Stenson asked for clarification of the process for allocation of Governors to the Council of Governors committees and if this will be completed prior to the next meeting.

Rob Johnson replied all Governors had been given an opportunity to nominate their preferred Committee. This coupled with information of background and experience of new Governors will be drawn from their candidate statements submitted as part of the recent election process will also be reviewed. The work is expected to be completed in the near future and presented to the full Council at the next meeting.

There were no other questions arising and John Edwards asked for those present to consider the five items set out in enclosure 9.

1. The recommendation to structure the committees of the Council of Governors as described in appendix 1. All present agreed without dissension to approve as above.
2. The recommendation to retain existing committee chairs for an interim period of up to 12 months. All present agreed without dissension to approve as above.
3. The recommendation to retain existing Lead Governor for an interim period of up to 12 months. All present agreed without dissension to approve as above.
4. The recommendation of the membership of the Governor Development Group and their role in appointing members to each Council of Governors committee. All present agreed without dissension to approve as above.
5. The recommendation that a draft workplan for the Council of Governors be developed by the Governor Development Group and brought to the next Council meeting in February 2012. All present agreed without dissension to approve as above.

12. Any other Business

None

13. Date of next meeting

John Edwards advised all present that fire training is to take place at 5.00pm prior to the next full Council meeting. Fire training is mandatory for all new Governors as part of their induction and existing Governors are required to refresh their training annually.

John Edwards thanked all for attending and closed the meeting at 8.10pm.

The next meeting will be held on Thursday 23rd February at 6pm in the Clinical Education Centre, Block C, Russells Hall Hospital.

John Edwards, Chair of meeting

Signed..... Dated