

**Minutes of the Full Council of Governors meeting
Thursday 9 March 2018, 5.45pm, Clinical Education Centre,
Russells Hall Hospital, Dudley**

Present:

Name	Status	Representing
Mr Fred Allen	Public Elected Governor	Central Dudley
Cllr Adam Aston	Appointed Governor	Dudley MBC
Mr Arthur Brown	Public Elected Governor	Stourbridge
Mr Bill Dainty	Staff Elected Governor	Nursing & Midwifery
Mrs Lydia Ellis	Public Elected Governor	Stourbridge
Dr Richard Gee	Appointed Governor	Dudley CCG
Ms Sandra Harris	Public Elected Governor	Central Dudley
Mrs Viv Kerry	Public Elected Governor	Halesowen
Mrs Ann Marsh	Staff Elected Governor	Allied Health Professionals & Healthcare Scientists
Mrs Jenni Ord	Chair of Council	DGH NHS FT
Mrs Margaret Parker	Staff Elected Governor	Nursing & Midwifery
Mr Rex Parmley	Public Elected Governor	Halesowen
Ms Nicola Piggott	Public Elected Governor	Dudley North
Mrs Edith Rollinson	Staff Elected Governor	Allied Health Professionals & Healthcare Scientists
Mr Peter Siviter	Public Elected Governor	South Staffs & Wyre Forest
Mrs Mary Turner	Appointed Governor	Dudley CVS
Mr Alan Walker	Appointed Governor	Partner Organisations
Mrs Farzana Zaidi	Public Elected Governor	Tipton & Rowley Regis

In Attendance:

Name	Status	Representing
Mr Julian Atkins	Non-executive Director	DG NHS FT
Mrs Helen Board	Patient & Governor Engagement Lead	DG NHS FT
Dr Joanne Bowen	Palliative Care Consultant	DG NHS FT
Ms Jill Faulkner	Head of Patient Experience	DG NHS FT
Mr Tom Jackson	Director of Finance	DG NHS FT
Ms Siobhan Jordan	Chief Nurse	DG NHS FT
Mrs Karen Kelly	Chief Operating Officer	DG NHS FT
Mr Andrew McMenemy	Director of Human Resources	DG NHS FT
Mr Glen Paethorpe	Director of Governance/Board Secretary	DG NHS FT

Apologies:

Name	Status	Representing
Mr Terry Brearley	Public Elected Governor	Brierley Hill
Dr Anthea Gregory	Appointed Governor	University of Wolverhampton
Ms Michelle Lawrence	Staff Elected Governor	Nursing & Midwifery
Mrs Natalie Neale	Public Elected Governor	Brierley Hill
Ms Yvonne Peers	Public Elected Governor	North Dudley
Mrs Karen Phillips	Staff Elected Governor	Non Clinical Staff
Mrs Patricia Price	Public Elected Governor	Rest of the West Midlands
Ms Diane Wake	Chief Executive Officer	DG NHS FT

COG 18/1.0
17.45

Welcome and introductions (Public & Press)

Mrs Ord opened the meeting and welcomed all to the meeting.

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

Mrs Ann Marsh – Staff, Allied health Professionals & Healthcare Scientists

Mrs Edith Rollinson – Staff, Allied Health Professionals & Healthcare Scientists

Mrs Margaret Park – Staff, Nursing & Midwifery

Mr Alan Walker – Staff, Partner Organisations who will continue into his second term of office from July.

COG 18/1.1

Introductions

Mrs Ord introduced Mrs Kelly who had recently been appointed as the Chief Operating Officer.

COG 18/1.2

Apologies

Apologies had been received and recorded as above.

COG 18/1.3

Declarations of Interest

The Council were reminded of the standing declaration in respect of Dr R Gee and his work for Dudley CCG as part of the MCP procurement project and noted that this did not conflict with any decisions required at the meeting.

There were no other Declarations of Interest received relating to any agenda item.

COG 18/1.4

Quoracy

The meeting was declared quorate.

COG 18/1.5

Announcements

There were no further announcements.

Mrs Ord advised that owing to some pre-arranged commitments, the agenda items would be taken in a different order to that published on the agenda.

COG 18/2.0

Presentations

COG 18/2.1

End of Life care update

17.55

Dr Bowen provided an update on the work streams developed to transform end of life care in Dudley working in partnership with local stakeholders including Mary Stevens Hospice, Macmillan Specialist Care and Dudley CCG. The work streams and ambitions have been developed to support the vision for Dudley whereby all people with palliative care and end of life care (EOLC) needs, irrespective of their diagnosis, together with those closest to them, are able to express their needs and wishes: and that as far as clinically appropriate and practically possible, these needs and wishes are met. Dr Bowen advised that the launch of the End of Life Strategy would take place on 1 May 2018 to which all governors would be welcome to attend.

Mrs Ord thanked Dr Bowen for the update and acknowledged that the work would never stop and invited questions.

Mr Parmley asked what the percentage was of people wanting to die at home adding that he'd had personal experience of a patient's wishes of the impact of these not going to plan.

Dr Bowen advised that based on national research 75% of people would choose to die at home but noted that the survey had asked 'well' people and this can change at end of life.

Ms Jordan added that this was recognised in the Trust and the Trust does make all efforts to bring the necessary resources together to provide the right outcome for the patient and family and gave some examples of where this had been achieved, including the extraordinary efforts staff will go to to make the last days a positive experience for the patient and their family. Ms Jordan added that the systems and processes were not applied consistently across the health and social care system and the Trust, with its partners, were working to create a system where this can happen.

COG 18/3.0 Previous Meeting (Enclosure 1)

COG 18/3.1 Minutes of the previous full Council of Governors (Enclosure 1)

The minutes of the previous meeting held on 7 September 2017 were approved as a correct record of that meeting and signed by the chairman as such subject to one minor amendment that being Mr Siviter asked that the date of the mayors opening of the secret garden to be changed to record it took place in '2017' not in '2018'.

COG 18/3.2 Matters arising

There were none.

COG 18/3.3 Action points

17/24 – start time of the Full Council of Governors meeting to be changed to 5.45pm. This was **complete** and would be removed from the list.

COG 18/4.0 Workforce Report (Enclosure 9)

18.15 Mr McMenemy presented the workforce report given as enclosure nine and highlighted the following items:

Sickness absence. This had seen an increase in recorded absence to 5.7% and this change and the actions being taken had been challenged at the Workforce Committee with resultant changes to the Sickness Absence Policy and introduced absence training for managers to support increased attendance. The Trust had improved the physio and psychological support for staff and acknowledged that it was an operationally stressful time and that had a negative impact on absence rates.

Mandatory training and appraisals. The overall performance in this area had decreased slightly and the Board had noted that the levels had remained good even under challenging times.

Staff in post. The numbers of staff employed continued to rise and recruitment events had been successful with 17 qualified nurses appointed across the last two events. Mr McMenemy noted that there was a need to manage staff turnover better and maintain a positive perception of the Trust in the marketplace ensuring that Dudley is recognised as a good place to work.

Staff survey results. These had been published the previous day and available on-line. The highlights would be shared with governors in the report to the next meeting. A Staff Development Programme will be launched in April and should provide more positive reactions to the national survey when it takes place in late 2018

Mr Siviter asked for more information about the long term staff absence.

Mr McMenemy agreed to share this with the Council in more detail in the next report including a breakdown by area and to show the differential between long and short term absence.

Action Report to the next meeting to include additional long term absence information **AM**

Cllr Aston queried if the unions had been involved with the amendments made to the absence policy.

Mr McMenemy confirmed that they had and the main change was the movement of the trigger for assessment period from 6 months to 12 months and the unions had been supportive of that change.

Mrs Ord confirmed that the flu vaccine target had been achieved with over 75% of Trust staff vaccinated but the Trust had still seen winter ailments affecting some staff.

Dr Gee commented that unfortunately the flu vaccine used in the last few years had proven less effective and noted plans to improve the vaccine for the coming winter.

Mr Parmley asked if offering more training was contributory to retaining staff.

Mr McMenemy commented that the staff survey would indicate this and that staff development and training had been incorporated as part of the workforce strategy. He acknowledged there was still more to do and gave an example of nursing staff who are keen to see clear opportunities and milestones to work towards for their own career development and for the Trust as a whole to create an environment where staff could flourish.

[Mr McMenemy left the meeting at this point]

COG 18/5.0 Effective

COG 18/5.2 Performance report Q3 (Enclosure 8)

18.25 Mrs Kelly presented the report given as enclosure eight and highlighted the following:

Referral to Treatment. The Trust continued to perform well as an organisation for most specialities.

Cancer treatment pathway. The Trust continues to perform well with additional support being provided to validate the pathways and track patients to their successful treatment.

Diagnostics. There had been some improvement following the additional management support which has now seen the Trust achieving the required performance standard.

Emergency access standard. The Trust had a 90% trajectory for March and was presently at 78.9% which was some way off its stated trajectory. The year-end target of 95% would not be achieved and the Trust has informed the regulators of this performance non-compliance. This poor performance had been attributed to the high number of patients (up to 140 per day at present) that have continued to arrive by ambulance with their arrival pattern in peaks. On some occasions up to 12 patients have arrived by ambulance at one time and there was a recent example of 16 patients arriving within a 30 minute period on 7 March. Mrs Kelly confirmed that there was on-going work with clinical teams and senior management to make sure that patients are triaged and streamed as soon as possible. Mrs Kelly acknowledged the hard work of staff. This had been phenomenal during the last spell of bad weather. There was continuing extreme pressure with no reduction in demand. The priority remained to ensure that patients are safe and cared for in the most appropriate setting and the Trust would continue to work with the wider health economy to achieve this.

Mrs Ord acknowledged that the whole of Black Country region was under the same pressure and noted that only two trusts in the country were achieving the 4 hour standard. She noted the outstanding efforts made by the senior executive team to ensure that patients are not kept waiting for a bed any longer than absolutely necessary all against a back drop of constrained financial resources.

Mr Dainty supported the chairs comments and the positive impact on staff to see executive board members working with staff to pull together.

Mr Parmley asked how the new A&E building is performing.

Mrs Kelly noted that the ambulance triage area had been under scrutiny for the first two weeks and had now been moved back to the former entrance where patients can be held in more comfort. The vacated area has been utilised as a minor's area which had increased to 12 cubicles. The relocated ambulance triage area was shown to be working effectively and processing patients more quickly. The Trust continued to work with the ambulance service to support the situation when there is an influx of patients.

Mrs Ord noted that even with design changes to the new centre along the way it still meant that when it was opened that changes to patient flow were to cope with the surges in demand. She noted that the waiting area was working well and supported the decision to relocate the ambulance triage and minors area.

[Mrs Kelly left the meeting at this point]

COG 18/6.0
18.38

Finance report Q3 (Enclosure 8)

Mr Jackson presented the report given as enclosure eight and highlighted the following key items:

Mr Jackson explained that the Trust had planned to deliver a small surplus of £2.5m this year (control total) and if achieved then would have accessed the full Sustainability Transformation Fund (STF). The plan had assumed actual income growth of 3% and expenditure growth of 2%. The actual growth had been 1-2% and had decreased owing to winter and national guidance on focusing on emergency activity. Expenditure had worsened by around 4% which had largely been attributed to spend on extra staffing to cope with demand and that the cost improvement programme has not realised the full £12m that had been forecast.

Mr Jackson confirmed that in the New Year the target had been revised with NHSI to a deficit of £8.6m on turnover of £340m. Whilst this was a similar situation to other providers this was not an acceptable outcome for the Trust. The next financial year would see an even greater challenge with an overall cost improvement target of some £20m. He concluded by confirming that the Trust was developing a financial improvement programme to meet the challenge.

Mr Siviter asked if the Trust earned more on the elective or the emergency tariff.

Mr Jackson confirmed that tariff earned would be applicable to each episode of care and noted it was generally considered that planned elective care would make more of a contribution than emergency care.

Cllr Aston commented that it seem a perverse system that drove the Trust to make lots of cuts to earn STF money.

Mrs Ord noted that STF payments were often linked to some performance standards and acknowledged that it seemed perverse in some ways but it was the prevailing system in which we operated.

Mr Parmley commented that one of his relatives worked as an accountant in a staffing agency and asked if we were able to influence the rates paid for agency staff.

Mr Jackson replied that agency staff had a place within system demands but the challenge was to identify areas where using agency becomes the norm and take steps to ensure that agency spend was contained.

Mrs Ord confirmed that the Trust was fully signed up to the central government initiative where an agreed framework identified prices at an acceptable level. We are obliged to use these framework contracts and avoid 'not on framework' agencies. Mrs Ord noted that there were some occasions where capacity has meant that the Trust had to go off framework to source necessary staff.

Mrs Ord thanked Mr Jackson for the report and asked Governors to note the financial and budgetary challenges faced by the Trust. The Trust continues to carefully monitor the best use of public funds to provide services for the benefit of our patients.

COG 18/7.0

18.51

Staff Story – nursing strategy

Ms Jordan presented a video that featured members of staff from across a wide range of areas of the Trust providing examples of what the six c's of the nursing strategy meant to them. The video had been used to promote the launch of the

nursing strategy and had been summarised in a short document that had been made available to governors that evening.

Mrs Ord thanked Ms Jordan for sharing the video and invited questions.

Mrs Kerry asked if it would be possible to distribute the summary strategy document to members of a patient panel she was due to visit in the near future.

Ms Jordan replied that the document was intended for internal Trust use to promote the nursing strategy to staff and was not really for an external patient audience.

COG 18/8.0 Chief Nurse update including Quarterly Quality Priorities update (Enclosure 3)

Ms Jordan presented her report given as enclosure 3 and highlighted the following items:

Quality Priorities Ms Jordan emphasised the importance of retaining the existing priorities and summarised each of the five in place for 2017/18 and noted that they had been retained for 2018/19 to maintain a focus on where the Trust still needed to improve.

Ms Jordan reported a recent development whereby community now use photography to record and grade pressure ulcers and noted the change in the reporting culture this has brought about. She noted that we retain responsibility to learn from unavoidable pressure ulcers regardless of their grade in order to better understand and learn to prevent them becoming avoidable incidents. She highlighted the on-going efforts to eliminate grade 4 pressure ulcers and greatly reduce grade 3 across the Trust and Community.

Ms Jordan advised that in addition to the five quality priorities carried forward from 2017/18, there would be two further quality priorities for 2018/19 which would also include:

Discharge management – to focus on planning for discharge at the very earliest opportunity i.e. before admission in the case of elective patients and noted that the new IT system would also support this and will continue to work closely with operational teams.

Incident Reporting – to support an increase in incident reporting to further support the learning culture of the organisation.

Ms Jordan asked those present to note the progress made and confirmed that all quality noticeboards across the wards had now been installed.

Mrs Ord asked governors to endorse the increase of the number of Quality Priorities from five to seven as described;

All present **agreed** without abstention.

Ms Jordan proposed that the Local Indicator to select for audit would be falls reporting.

Mrs Ord asked those present, if content, to agree to the selection of falls reporting for audit. All present **agreed** without abstention.

Ms Jordan advised that **Nursing Care Indicators** had been reviewed and would be known as Quality Care indicators to better reflect a view on the quality of care and not just nursing care. She noted the deterioration in the February scores and explained the variety of reasons for this. She asked governors to be assured that she met personally with those areas continuing to underperform to understand why and assist them to improve.

Mrs Ellis asked why there was a difference in patient experience between maternity outpatients and maternity inpatients.

Ms Jordan replied that after the initial review there had been difference in the way they are audited and had since met with the matron and agreed to audit weekly as the previous process was conducted on notes that were written several months previously and thus the knowledge of those patients was lost.

Mr Dainty noted a couple of areas that had shown low performance and queried whether it was attributable to the tool used being fit for purpose for the patient population or if it was something else.

Ms Jordan acknowledged that more recent capacity challenges had impacted on the results and acknowledged audit questions would need to be amended to reflect the areas being reviewed.

Dr Gee asked for more detail about the indicators to provide governors a better understanding of the process.

Mrs Ord requested that Ms Jordan bring further detail to the next meeting as a report.

Action: Quality Care Indicator descriptions to be brought to the next meeting of the Full Council. **Ms Jordan**

Mr Siviter asked about the serious incident reported relating to theatres that he had heard about.

Ms Jordan replied this had been an incident which according to the national incident framework is classified as a never event. This incident related to an instrument that had been left in the patient. This issue was identified when the patient presented a few months after the initial operation and before his next scheduled procedure. The Trust had applied the “duty of candour” and discussed the issues with the patient and that he required further surgery. This had been undertaken and the patient was well following the planned surgery. The patient was happy with care received although they were upset that their case had been taken to the media as he did not want any adverse reflections to be made on Trust staff. The investigation had led to a small number of changes to practice that were being applied to all Theatres and these improvements had been communicated to staff.

Mrs Ord reminded the Governors that the information they receive includes confidential matters and this case showed how patients can feel when information about them finds its way into the public domain.

Mrs Ord thanked Ms Jordan for the update and asked Governors to note the contents of the report.

[Ms Jordan left the meeting at this point]

COG 18/9.0 Update from Chief Executive (Enclosure 2)

19.28

Mr Palethorpe presented the report given as enclosure two and asked those present to note its contents and highlighted the following points:

Flu update To note that the Trust had exceeded the target of 70% with an uptake of just over 75% of staff taking the opportunity to protect themselves, their families and their patients with the vaccination.

Black Country pathology To note the progress being made and the next steps to be taken with regard to this project.

Mrs Ellis commented that it seemed odd to see all the news reports in the Chief Executive report.

Mrs Ord confirmed that they are shared with Board and Governors to give national and regional context and enable the Trust to be viewed in comparison.

Mrs Ord thanked Mr Palethorpe for the update and asked those present to note the contents of the report and noted that she would be happy to receive any questions arising via email after the meeting.

COG 18/10.0 Strategy

19.32

COG 18/10.1 Strategy Committee update (workshop 20 February (verbal))

Mr Palethorpe confirmed that Mrs Ellis had been appointed as chair of the Strategy Committee at the last meeting held in February 2018.

Mrs Ellis provided a verbal update on the workshop held on 20 February and highlighted the following:

- Those present had received an update on the MCP and the plans to create a separate Foundation Trust once consultation activities are complete.
- Mrs Ellis added that the second part of the workshop had drawn on the annual planning discussions held at the previous November strategy workshop. This had evidenced that governors had been listened to and their comments taken into account ahead of sign off. Once launched a condensed report would be circulated to governors.

Dr Gee had acknowledged that GPs in the area were able to refer minors to the Paediatric Assessment Unit (PAU).

Mrs Ellis noted that the next workshop would be a back to basics session to enable newer governors a chance to understand more about the strategies of the Trust.

Mrs Ord thanked Mrs Ellis and noted that governor attendance had been poor at the Strategy workshops and highlighted the importance of governor involvement in developing Trust strategy and encouraged all governors to make every effort to attend.

Mr Palethorpe noted that the workshop meeting scheduled for August had traditionally been poorly attended and advised that governors would be consulted as to whether it would be better to hold it in the first week in September.

Mrs Ord thanked Mrs Ellis for her report.

Action Governors to be contacted to confirm their availability to attend August 2018 Strategy Workshop **HB**

COG 18/11.0 Safe, Caring and Responsive

19.38

COG 18/11.1 Experience and Engagement Committee (verbal)

Mr Allen had not attended the meeting held on 17 January 2018 and invited Mrs Kerry to provide an update.

Mrs Kerry reported that the committee had received an update from Mrs Price following her recent attendance at the Drugs and Therapeutics Group where assurance had been received relating to audits and monitoring.

Mr Palethorpe confirmed that the meeting had also included an update from Governors who had attended the Patient Experience Group and received assurances that feedback was used effectively to drive patient experience improvement.

Mrs Ord confirmed that the general audits undertaken are reported to the Audit Committee who monitor and sign off. The Clinical Quality, Safety and Patient Experience Committee will be receiving the clinical audit.

Mr Palethorpe confirmed that the detail of the Audit Committee activity is reported to the Councils Governance Committee that meet on a bi monthly basis.

COG 18/11.2 Patient Experience Report Q3 (Enclosure 4)

Ms Faulkner presented the report given as enclosure four and highlighted the following:

Complaints There had been a slight decrease in the number of complaints with 101 received in Q3 compared to 115 in Q2. At end of end Q3 there were 166 open complaints. Complaint numbers remained low representing 0.036% when compared to overall patient activity and gave a breakdown of complaint activity by division. She confirmed that meetings had been held with wards and departments where an increase in complaints was observed and the Trust continued to hold local resolution meetings with patients/ families and she also gave information relating to response times to complaints received.

Compliments the Trust received 1966 in Q3 compared to 1200 in Q2.

PALS concerns had increased by 3% when compared to the previous quarter.

Patient Experience Improvement Group continued to meet fortnightly and monitor actions plans to deliver patient experience improvements. At the last meeting, the Group had first sight of the results (under embargo until national publication later in the year) from the 2017 Adult Inpatient survey that showed some areas of improvement when compared to the previous year and confirmed that an action plan for improvement was being developed..

Complaint Review Group The meeting had been reinstated and was being held quarterly.

Friends and Family Test (FFT) Whilst the percentage recommended had been achieved in most areas the response rate remained a challenge.

Mrs Ord noted that patient experience features highly in overall quality metrics and feedback contributed greatly to the improvement cycle. She noted the continuance of listening events that were held on a regular basis and the value of this feedback method. Mrs Ord asked all present to note the report and assurance that actions listed as 'you said, we did' projects demonstrated that the Trust was listening and learning and improvement actions undertaken as required.

Ms Piggott asked why one complaint had been hosted by the Royal Wolverhampton Trust and if the rise in the number of complaints was attributable to the more widespread use of social media.

[Mr Dainty left the meeting at this point]

Ms Faulkner replied that where a complaint involved external parties it was usual for one party to host (take charge) of the response and noted that the increase had been attributable to a revised process rather than the use of social media.

[Ms Faulkner left the meeting at this point]

COG 18/11.3
19.52

Aggregated Learning Report (Enclosure 5)

Mr Palethorpe presented the report given as enclosure 5 that provided an overview and assurance of the learning from claims, incidents, complaints, PALS, National Patient Safety Alerts (NPSA) and also included examples of changes and improvements made in Trust practice.

Mr Palethorpe commented that reporting had been selected for inclusion as a new quality priority to support the culture of learning.

Mr Palethorpe asked those present to note the example in the report where more equipment had been purchased following coroners remarks regarding treatment of pressure ulcers and the need to ensure that more resources are available. He added that there was also learning from audits that included clinical audits and the care of the dying audit. He highlighted action taken following a recent National alert about handling oxygen which had led to assurance being sought to ensure that our processes are robust.

Mr Palethorpe concluded by confirming that all information is shared widely across the Trust and with the commissioners.

Mrs Ord thanked Mr Palethorpe for his report and asked governors be assured that learning from feedback is shared amongst many channels to improve the way services are delivered.

COG 18/11.4 **Report on Care Quality Commission (CQC) inspection (Enclosure 6)**
19.56

Mr Palethorpe presented the report given as enclosure six and confirmed the Trust was awaiting the formal report. He noted that CQC had raised some concerns at the time of the inspections and the Trust had been served with two section 31 notices which he stressed had requested immediate actions to improve. The CQC had also required enhanced reporting assurance provided by weekly reporting. The Trust had also placed specific risks on the Corporate Register to track improvements. The Trust has actively developed a service improvement plan for the areas inspected. Mr Palethorpe confirmed that all items would be reported via the Clinical Quality Safety and Patient Experience Committee of Board and had also established centralised reporting with those organisations with oversight which included a regular monthly meeting with NHS Improvement (NHSI) and the CQC.

Mr Walker asked when the formal report was due.

Mr Palethorpe confirmed it had been expected by the end of February noting that the publication date had been revised several times. He added that it was unlikely to be a significant deviation from the initial feedback provided but could contain other aspects that are not known to the Trust as yet.

Mrs Ord asked those present to note the position on CQC inspection and that updates would be provided at future meetings as and when information became available.

COG 18/12.0 **Well-led**

COG 18/12.1 **Governance Committee (Enclosure 10)**

20.05

Mr Allen gave a verbal update from the meeting he had chaired in December 2018. Those present at the meeting had queried under performance and high ED activity and discussed items on the Trusts Risk Register and the progress on the Board Assurance Framework. The Committee had received a report on the process that is followed when a patient safety alert is received by the Trust and were provided with robust assurance on the process.

Ms Piggott presented her report of the meeting held on 22 February given as enclosure 10 and noted that the Committee had received a comprehensive report from the HR department with inspired ideas on retaining and recruiting the workforce and the training of bank staff. Other items covered had included RSM internal audit activity. She thanked everybody for their open dialogue and questions put to the Trust Executive attendees.

Mrs Ord noted that the committee received a depth of detail and the assurance linked to the Trust risk registers and integrated performance report which had been presented earlier to the Council by Mrs Kelly. This Committee of the Governors has a significant role to play in ensuring the Board are delivering what is required of them in respect of the stewardship of the Trust.

Mr Palethorpe added that the Committee was able to draw assurance from the review of audit outcomes presented to the Audit Committee whose chair reported to the Committee.

Mrs Ord thanked Ms Piggott for the update and asked those present to note the contents of the report.

COG 18/8.2
20.07

Board Secretary Update (Enclosure 11)

Mr Palethorpe asked those present to receive the report and note the updates relating to the following items:

Annual Members Meeting this would be held on 19 July where governors will receive the annual accounts and the auditor's report upon them. A showcase event would be held later in the year with a date to be advised and would serve to celebrate the NHS 70 in Dudley.

Governor elections those returned on the conclusion of the elections in early March had been welcomed earlier in the meeting. Mr Palethorpe added that the process had included the re-election of Alan Walker who would commence his new term in July 2018.

Non-executive Director (NED) recruitment. Mr Palethorpe thanked Governors for their involvement in the stakeholder panel which contributed to the shortlisting of those taken through to interview.

Mr Allen confirmed that four out of five shortlisted who had presented to the stakeholder panel were recommended for interview. The following meeting of the Governors Appointment & Remuneration Committee had agreed to submit the following recommendation to the Full Council for agreement as follows:

Richard Welford to be appointed as a voting member of the Board.

Jonathon Hodgkin to be appointed as a Non-voting member of the Board until the retirement of either Jonathan Fellows or Ann Becke in October 2018.

Mr Allen added that a third strong candidate had been asked to stand again in the next recruitment round where she would go straight to the shortlist subject to her availability.

Mrs Ord confirmed that she had since spoken to the person in question who had confirmed that she would be keen to be shortlisted in the next round.

Mrs Ord proceeded to ask those present if they were to content to accept the recommendation of the Appointments and Remuneration Committee as described above.

All present **agreed** to the appointment as per the recommendation.

Mrs Ord noted that the new NEDs would be present at the April Board of Directors meeting.

COG 18/8.3
20.12

FT Membership summary Q3 (Enclosure 12)

Mrs Board presented the report given as enclosure 12 and asked those present to note the continuing compliance with membership requirements as required by the Trust Terms of Authorisation.

Mrs Ord noted that the membership levels were currently a small number of the overall population served by the Trust and remained restricted given current capacity and resources available at the Trusts Foundation Trust office. She noted that each constituency continued to support governor elections.

COG 17/34 Any other business

Mrs Ord advised that no items had been notified prior to the meeting.

COG 17/35 Close of meeting and forward dates

The meeting closed at 8.14pm. The next meeting of the Full Council of Governors would be held on 7 June and commence at 17.45

Mrs Jenni Ord, Chair of meeting

Signed..... Dated

Outstanding	Item to be addressed
To be updated	Item to be updated
Complete	Item complete

Council of Governors meeting held December 2017

Item No	Subject	Action	Responsible	Due Date	Comments
17/19.1	Digital Trust Project	Digital Trust project update to be brought to the council at a later date to be agreed	Mark Stanton	June 18	
18/10.1	Strategy Workshop and committee meeting – August 2018	Governors to be contacted to confirm their availability to attend August 2018 Strategy Workshop	Helen Board	April 2018	