

**Minutes of the Full Council of Governors meeting
Thursday 6th September 2012, 6.00pm, Clinical Education Centre,
Russells Hall Hospital, Dudley**

Present:

Name	Status	Representing
Mr Darren Adams	Public Elected Governor	Stourbridge
Mr John Balmforth	Public Elected Governor	Halesowen
Mrs Brian Chappell	Public Elected Governor	North Dudley
Mrs Gill Cooper	Appointed Governor	Dudley NHS Acting Chair
Mr Bob Edwards	Public Elected Governor	Brierley Hill
Mr John Edwards	Chair of Meeting	DGH NHS FT
Mr Bill Etheridge	Public Elected Governor	North Dudley
Mrs Anne Gregory	Staff Elected Governor	AHP & HCS
Mrs Joanne Hamilton	Staff Elected Governor	Nursing & Midwifery
Mrs Pauline Harris	Public Elected Governor	Stourbridge
Mr Bill Hazelton	Public Elected Governor	Central Dudley
Mrs Karen Jaunzems	Staff Elected Governor	Non Clinical Staff
Mr Rob Johnson	Public Elected Governor	Halesowen
Mrs Diane Jones	Public Elected Governor	South Staffs & Wyre Forest
Mrs Jackie Kelly	Appointed Governor	Dudley Council for Voluntary Service
Prof Martin Kendall	Appointed Governor	University of Birmingham Medical School
Mrs Alison Macefield	Staff Elected Governor	Nursing & Midwifery
Mr David Stenson	Public Elected Governor	Brierley Hill
Mrs Julie Walklate	Staff Elected Governor	Nursing & Midwifery
Councillor Steve Waltho	Appointed Governors	Dudley MBC
Mr Jason Whyley	Public Elected Governor	Tipton & Rowley Regis

In Attendance:

Name	Status	Representing
Mr Paul Assinder	Director of Finance & Information	DGH NHS FT
Mr David Badger	Deputy Chair	DGH NHS FT
Mrs Helen Board	Membership & Governor officer	DGH NHS FT
Mr Adam Burling	Guest	Express and Star Newspaper
Ms Paula Clark	Chief Executive	DGH NHS FT
Mr Jim Conway	Guest	Trust Member
Mr David Orme	Guest	LINK + WHQRB + Bcc B
Mr Paul Harrison	Medical Director	DGH NHS FT
Mrs Denise McMahon	Nursing Director	DGH NHS FT
Mrs Tessa Norris	Director of Community Services & Integrated Care	DGH NHS FT

Apologies:

Name	Status	Representing
Mrs Jackie Smith	Staff Elected Governor	AHP & HCS

1. Infection Control (power point presentation)

Denise McMahon, Director of Nursing, Director of Infection Prevention and Control presented a set of slides giving information on;

- What is infection control?
 - i. Explanation of bacteraemias including Clostridium difficile (C.Diff) and Methicillin Resistant Staphylococcus Aureus (MRSA) and pre and post incidences
 - ii. Infection control performance at The Dudley Group and steps and procedures taken to reduce C.diff infection rates
 - iii. No cases of post 48 hour MRSA for 15 months
- Health Protection Agency (HPA) benchmarking data with incidence counts of acute apportioned infection in the West Midlands
- Nursing Care Indicators and the contribution the monthly audit process has in the reduction of infection
- CQC National Inpatient survey 2011/12 results where we are about the same in comparison to other Trusts on questions relating to;
 - i. cleanliness of rooms and wards
 - ii. cleanliness of toilets and bathrooms
 - iii. posters regarding hand-wash gels
 - iv. availability of hand-wash gels
- Patient Environment Action Team Assessment 2012 (PEAT awards) found RHH to be excellent for cleanliness of the hospital environment

Professor Kendall asked what other infection control threats may be on the horizon in the next two, three and five years.

Denise McMahon replied that there are already a wide range of organisms checked by the Trust and the expectation is for new bugs to emerge primarily in response to changes in antibiotics.

David Stenson commended the Trust on no cases of MRSA in the last 15 months and asked if it was realistic to expect a zero incidence of C.difficile.

Denise McMahon replied this was highly unlikely as C.difficile is carried by the population and incidences are expected to continue especially as our patients get older and sicker. The Trust already has a zero tolerance policy and every infection is subjected to a root cause analysis to establish why it has occurred.

Paul Harrison supported Denise's comments adding much progress had been made over the years with infection rates at an all time low.

Gill Cooper added that national targets are not set at zero recognising the impossibility of achieving that level.

John Balmforth asked if pre 48 hours' cases are recorded.

Denise replied that they were and all cases are followed up as explained previously. There are occasional hotspots in nursing homes and dual testing is undertaken and this information is used to identify cause.

Bill Hazelton asked if we work with other trusts in the area to establish and define the root of any incidence.

Denise replied that a good deal of inter-agency work is undertaken and it is still proving extremely difficult to definitively establish causality with precision.

John Edwards thanked Denise for her informative presentation and confirmed that the slides will be made available to all Council members in electronic format on the Governor Portal.

6.30pm Denise McMahon left the meeting.

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

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

2.2 There was no Declaration of Interests received.

2.3 The meeting was declared quorate

2.4 John Edwards gave notice that David Heath, Staff Elected Governor for Allied health Professionals and Health Care Scientists and Major Robins, Public Elected Governor for Stourbridge had stepped down since the last meeting and asked a note of thanks to be recorded for their work for the Council.

John Edwards asked all present to welcome the following new Governors;

Pauline Harris, Public Elected, Stourbridge
Jackie Kelly, Appointed, Dudley Council for Voluntary Service
Anne Gregory, Staff Elected, Allied Health Professionals and Health Care Scientists
Councillor Steve Waltho, Appointed, Dudley Metropolitan Borough Council
Jason Whyley, Public Elected, Tipton and Rowley Regis

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

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

3.1 The minutes from the meeting held in May 2012 were accepted as a true and correct record, subject to the amends listed below, and signed by the Chair.

- Page 5, paragraph 7, Change 'of' to 'if'
- Page 1, Roy Savin attended as a guest Trust Member
- Page 5, last paragraph change to read 'significant concern to the Council of Governors, not 'Board of Directors'.

3.2 Matters arising

All action points from the last meeting are complete.

There were no matters arising.

4. Standing reports

4.1 Performance report Q1 (enclosure 2)

Paul Assinder asked the Council to receive the Q1 report. Paul asked the Governors to note;

- small surplus achieved for Q1
- governance rating upgraded to an overall green status
- actual activity exceeding planned activity

Paula Clark commented the Financial Risk Rating on page 13 is strong as the Trust benefits from strong cash reserves. The risk to this rating is if a surplus position is not maintained and eats into cash reserves and cautioned that over demand on our services is a threat to our organisation.

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

Brian Chappell asked if the high demand and resulting over activity compared to plan was specific to our organisation or a general trend in the industry.

Paul Assinder replied it is a general trend, adding that the peaks in demand traditionally experienced during the winter months have been sustained and created a plateau of high demand right through the summer months.

Paula Clark added that the Trust had not seen the traditional decrease in spring and summer and the local health economy is still trying to understand why and asking if we are actually seeing really sick emergency patients coming through

John Edwards commented it is a similar situation to trying to explain increased infection rates where no single causal factor can be pinpointed. The Trust has been unable to close the winter pressure beds during the summer months and still working to institute a range of additional measures as a further peak in activity is expected after the October half term.

Gill Cooper endorsed this as the Black Country is maintaining level three and two whereas our neighbours in Birmingham are often at level one. However they too are starting to see an increase in activity. She added that the PCT can ascribe no obvious reason for this and are working closely with community teams to encourage admission avoidance.

David Stenson asked if the Trust expects to be fully compliant with its information governance target by March 2013 and submit a return to Monitor indicating this.

Paul Assinder replied this is expected as strong monitoring systems have been implemented and good progress is being made. He added we are among the top half of Trusts nationally for completion of Information Governance training.

Bob Edwards suggested that one reason for high emergency admission rates could be linked to the scarcity of GP appointments and people having no alternative but to attend the emergency department.

Paula Clark replied this is one thread we are trying to understand and are being assisted by Managers in our Emergency Department who are gathering information on patients who

shouldn't necessarily be coming in and feeding this to the ambulance services and other agencies.

Paul Assinder added that some work had also been completed in analysing Length of Stay at our Trust to see if people were being admitted inappropriately. So far the study has established that this is not really the case.

John Edwards commented that in order to understand why something is happening, the Trust recognises the importance of working with the health care community to get to better understand the problem.

Brian Chappell asked if there was any specific illness or condition that is driving the increased admission rate.

Paul Harrison replied the most common reason is the aging population who tend to have a number of co-morbidities that occur, more commonly, as we get older.

Paula Clark added that each year the Trust expected a 1% increase in admissions related to respiratory problems and is currently exceeding this. She explained that interventions in the community are taking place and gave the example of the Trusts work with the Dudley Respiratory Group where high risk patients had been identified and treated in the community and had achieved some success in reducing emergency admission rates. Paula concluded by saying the estate at both The Dudley Group and neighbouring trusts have finite capacity and there is real shared concern about meeting the likely winter pressures.

4.2 Board summary report (enclosure 3)

David Badger presented enclosure 3 and asked those present to note the various matters discussed by the Trust Board of Directors in the three meetings which had taken place since the last meeting of the full Council of Governors. Council members were invited to identify any areas which they would like further information on as well as any areas of omission.

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

4.3 Foundation Trust membership report Q1 (enclosure 4)

John Edwards asked those present to receive this report for information. He also requested a note of thanks to be made for all Governors who are working hard to develop membership engagement and recruitment opportunities, particularly with those groups traditionally not connected to the Trust.

5. The Health and Social Care Act 2012 (enclosure 5)

The changing role of Governors

Paul Assinder presented the above enclosure that listed seven key areas that will have impact of the Council and added there were no nationally co-ordinated interpretations of the statute and fixed timescales for implementation released by the Department as yet. He drew attention to;

Item 3.3, significant transactions concluding that an agreement would need to be reached with Governors to define the triggers for what constituted a significant transaction. Initial

thinking is that it could be based on the percentage of turnover as per the original Monitor guidance i.e. 10% and 20% of current turnover.

Bill Hazelton said he thought the Council should also be concerned with the timing of Governor involvement in the decision making process for any significant transactions and not presented with a fait accompli.

Paula Assinder concurred with this.

Paula Clark added the Trust Objectives were such that they recognised the Trust needed to diversify to continue the ongoing success and development of the organisation. Consequently the Trust needed to be open to commercial opportunities and certainly engage Governors to develop thinking on this.

7.05pm Paul Harrison left the meeting.

John Edwards commented the Trust operates in a competitive marketplace and the timing of debate with Governors would be subject to levels of confidentiality and the challenge will be in how governors are involved in the process. He confirmed that agreement will be reached with Council on the trigger level for significant transactions and asked those present if they were comfortable with this approach where the Trust Board would work to ensure there were no surprises. Those present agreed with this line of thinking.

John Edwards highlighted the requirement to make changes to our Trust Constitution to reflect The Health and Social Care Act adding that they would be technical changes in the main. The matter had been discussed with the Governor Development Group at their recent meeting and agreement reached for the amended document (with tracked changes) to be circulated to the group in preparation for ratification at the next full Council meeting on Thursday 29th November.

Bill Hazelton asked how much of the Board meetings would be held in public session and if the full minutes of the meeting would be circulated to the Council.

John Balmforth added he thought it of interest to see just what would be discussed in a private session of the Board.

John Edwards clarified that from April 2013 Board meetings would be held in public with members of the public allowed to be in attendance to observe only. This arrangement was not to be confused with a public meeting where members of the public are actively involved in the debate.

Paula Clark and John Edwards concurred that items taken in private session would be minimised and debate is currently underway as to how best display the information when Board papers currently run to 140 pages or more.

Gill Cooper commented that in her experience at the PCT, it was necessary to produce a very substantial glossary.

David Badger added that discussion had already been held with the Governor Development Group on the transition from private session to open sessions and how it might look by April next year.

7.15pm Jim Conway left the meeting.

6. Patient Experience report (enclosure 6)

Paula Clark presented the report for information adding that the Trust is trying to get as much information back from a wide range of sources and in particular patients and currently have over 2000 items that we can learn from.

John Edwards thanked Paula and asked those present for any questions arising.

David Stenson asked if it is possible for complaints to be graded to differentiate between minor or severe complaints.

Paula Clark replied this is potentially a very large piece of work to achieve and would not necessarily add value to the information we already have on retrospective figures i.e. cases upheld by the Ombudsman and the number that result in litigation procedure.

Karen Jaunzems confirmed that all complaints are risk rated on receipt of initial letter.

Bill Hazelton disagreed with this approach indicating that all complaints should be dealt with impartially.

John Edwards commented that this item should be remitted to the appropriate committee of the Council. This would allow PALS and Complaints to explain the current approach in a reasonable amount of detail. The outcome of these discussions would then be reported back to the CoG.

John Balmforth explained that Governors had recently received training on conducting real time patient surveys and assured those present that governors would be able to select the patient they wished to speak to subject to them being well enough and not in barrier care for any reason.

Diane Jones raised the ongoing issue of delayed discharge whereby patients are being told early in the day they can go home, receiving their medicine to take home in a timely manner and then suffering extreme delays until evening before they are finally released. She asked what was being done about this to improve the situation.

John Edwards thanked Diane for the information but added that it is not appropriate to discuss a specific case in a public setting. In addition it is dangerous to take a specific case as an indication of a more fundamental or deep seated problem. He explained that the Trust Board acknowledged that we have to improve our discharge processes and was fully supportive of the work being done by the Transformation team to improve the position and beneficial outcome for patients.

Paula Clark reminded all governors to use existing processes and procedures available via the PALS service where concerns can be fully investigated, reported and appropriate action taken.

Bob Edwards asked if we operated a discharge lounge.

Paula Clark confirmed that we do.

John Edwards noted that there was a lot of information to reflect on and clinical concerns were more likely to refer to communication issues and not a poor clinical outcome. Whilst in relation to the number of patient contacts we have each year, the percentage of concerns is still very small; the Board will continue to strive to improve the overall experience for patients.

7. Update from Governance Committee (enclosure 7)

Rob Johnson presented the enclosure adding it was the second meeting of the newly created committee and the full minutes are available on the Governor Portal.

Tessa Norris clarified that the risk rating in item five referred to a governance rating not a financial rating.

John Edwards thanked Rob for his report and asked if there were any questions arising. There were none.

8. Update from the Strategy Committee (enclosure 8)

John Balmforth presented the enclosure for information and explained that the front page should indicate action required of the Council as 'other' and not for 'approval'.

John Edwards thanked John for his report and asked if there were any questions arising. There were none.

9. Update from membership Engagement Committee (enclosure 9)

Bill Hazelton presented the enclosure for information.

John Edwards thanked Bill for his report and asked if there were any questions arising.

Paula Clark commented that she was impressed by the increased level in Governor activity as part of the 'Out there' project in their respective communities and noted her appreciation for the wealth of information and feedback being brought back that the Trust can use to improve the way we do things.

Jo Hamilton asked if any contact had been made with the local Black Country Practice Managers Alliance.

Tessa Norris confirmed that the Trust had already made an approach and Governors are also approaching each practice on a one-to-one basis with some success.

John Edwards endorsed Paula's comments and added that Governors can make a real difference to the effectiveness of our organisation in improving the way we are perceived and the feedback they receive.

10. Update from Governor Development Group (enclosure 10)

Rob Johnson asked the Council to note the report and added that a training catch up programme will be provided later in the year for Governors who were with unable to complete the six training modules that ran from January to June 2012 or who are new to the Council of Governors.

John Edwards thanked Rob for his report and asked if there were any questions arising. There were none.

10.1 Governor Business Calendar (enclosure 11). Tessa explained the calendar has been circulated to each of the committees of the Council for consideration on the basis it is iterative and will be moved and changed as required to enable the Council to achieve it required tasks.

11. Any other Business

There were no items of any other business.

12. Close of meeting

John Edwards thanked all for attending and reminded all Governors to ensure that they regularly accessed the Governor Portal where important information is available to help and support Governors in their role. The next meeting will be;

Annual members Meeting at 5.30pm on Thursday 13th September 2012. All Governors are required to attend.

Council of Governors meeting at 6.00pm on Thursday 29th November 2012.

Both meetings will be held in the Clinical Education Centre, Block C, Russells Hall Hospital.

The meeting closed at 8.05pm.

John Edwards, Chair of meeting

Signed..... Dated

Action Sheet
Minutes of the Council of Governors

<i>Item No</i>	<i>Subject</i>	<i>Action</i>	<i>Responsible</i>	<i>Due Date</i>	<i>Comments</i>
CoG1/4.2	Board summary report	Denise McMahon to receive invitation to present at the next meeting of the Full Council of Governors	HB	6/6/12	Complete
CoG2/5.1	Patient experience report	Richard Beeken to provide an update on discharge transformation project to September 2012 Strategy meeting	CE	6/9/12	Complete