

Minutes of the meeting of the Council of Governors Thursday 12th November 2009 at the Clinical Education Centre, Russells Hall Hospital, Dudley

Present:

Name	Status	Representing
Mr Alf Edwards	Chair of Meeting	DGOH NHS FT
Mr Graham Russell	Staff Governor	Nursing and Midwifery
Ms Pamela Boucher	Appointed Governor	Dudley Council of Voluntary Services
Mr Darren Adams	Elected Governor	Stourbridge
Mr John Balmforth	Public Elected Governor	Halesowen
Mr Richard Brookes	Public Elected Governor	Brierley Hill
Mr Peter Totney	Public Elected Governor	Brierley Hill
Dr P D Gupta	Public Elected Governor	Central Dudley
Mr Bob Ferguson	Public Elected Governor	Central Dudley
Mr Simon Tovey	Staff Governor	Partner Organisations
Mr Atif Janjua	Elected Governor	Central Dudley
Mr Simon Biggs	Elected Governor	North Dudley
Mr Harvey Woolf	Public Elected Governor	North Dudley
Mr Roy Savin	Public Elected Governor	Stourbridge
Cllr Anne Hingley	Appointed Governor	Wyre Forest DC
Mrs Janet Robinson	Public Elected Governor	Rowley Regis
Mrs Diane Jones	Public Elected Governor	South Staffordshire
Mrs Mary Turner	Appointed Governor	Dudley Council for Voluntary Services
Mrs Pat Siviter	Public Governor	Wyre Forest
Cllr Lesley Faulkner	Appointed Governor	Dudley MBC
Prof Linda Lang	Appointed Governor	Wolverhampton University School of Health
Mr David Ore	Staff Governor	Non-clinical staff
Ms Jane Southall	Staff Governor	Nursing and midwifery

In Attendance:

Name	Status	Representing
Paula Clark	Chief Executive	DGOH NHS FT
Denise McMahon	Nursing Director	DGOH NHS FT
Kathryn Williets	Non-Executive Director	DGOH NHS FT
Jonathan Fellows	Non-Executive Director	DGOH NHS FT
Liz Abbiss	Head of Customer Relations and Communications	DGOH NHS FT
Mr David Orme	Chairman	LINK
Mrs Helen Board	Foundation Trust Officer	DGOH NHS FT
Ruth Serrell	Acting Operations Director	DGOH NHS FT
Professor George Kitas	Director of R & D	DGOH NHS FT
Mr Paul Harrison	Medical Director	DGOH NHS FT

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Apologies:

Name	Status	Representing
Ms Rachel Harris	Appointed Governor	Dudley PCT
Mr Mark Cooke	Appointed Governor	Dudley PCT
Mrs Jane Elvidge	Staff Governor	Allied Health Professionals
Mr David Ward	Public Elected Governor	Tipton
Mrs Rosemary Bennett	Public Elected Governor	Central Dudley
Mr Brian Hanford	Appointed Governor	Worcestershire PCT
Mr Paul Assinder	Director of Finance	DGOH NHS FT
Mrs Beverley Hill	Appointed Governor	Sandwell PCT
Mr Steve Waltho	Public Elected Governor	Brierley Hill
Prof Martin Kendall	Appointed Governor	University of Birmingham Medical School
Mr Paul Harrison	Medical Director	DGOHFT
Mr Ian Mullins	Appointed Governor	Summit Healthcare
Ms Diane Lee	Appointed Governor	West Midlands Ambulance Service
Miss Nikky Gill	Appointed Governor	Dudley Youth Council
Mrs Jane Beard,	Elected Governor	Halesowen
Mr Rob Johnson	Elected Governor	Halesowen
Ms Catherine Earle	Elected Governor	Stourbridge

1. Presentations

Presentation 1 - Professor George Kitas gave a presentation on the role of the Clinical Director and an update on the Research and Development activities at the Dudley Group of Hospitals NHS Foundation Trust. He explained that over the last 10 years he has been passionate about creating a culture of research at the Trust culminating in our Trust being one of the most active in the West Midlands: more on a par with much larger organisations. Currently there is funding for 60 Field staff and operate 150 trials at this time, including sponsoring the largest ever Rheumatoid Arthritis trial in the world.

Questions arising –

Mr Simon Biggs asked how much we tell the people of Dudley about the standard, quantity and importance of the research and development work activities carried out by the Trust. Professor Kitas replied that R & D activities were primarily reported and highlighted amongst professional journals and associated organisations and although we have had more R&D articles lately, more could be done to communicate to the local community.

John Balmforth asked how the decision is made as to what funding is spent on. Professor Kitas replied that this comes about through a variety of ways such as medical expertise in specific treatments and demographic population needs.

Presentation 2 (enclosure) – Denise McMahon gave an in depth look at how our infection control targets are calculated in relation to MRSA and C Diff. Explanation was given as to how targets for the local Health Economy are set and how we performed against them. Denise also explained that this is a good news area for us with trajectory MRSA & C diff rates for year ending March 2010 as 'on target'.

Dr Gupta asked if we had more detail as to where the 'pre 48 hour' MRSA cases come from. Denise explained that in every instance of recording a pre 48 hour case, a root

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cause analysis is carried out in conjunction with the PCT. She went on to say that there are still improvements to be made Community wide in looking at how MRSA is managed.

Peter Totney asked whether the wearing of plastic shoe covers for all visitors entering the hospital would help reduce infection rates, he has firsthand experience of this in German and French hospitals. Denise McMahon replied that having completed swabbing of various surfaces in the hospital including floors, there is no indication that the wearing of plastic shoe covers will result with lower infection rates. Effective diagnosis at the first sign of symptoms and isolation is a proven control alongside staff being scrupulously clean. However Denise did not rule out any good ideas with evidence to support them.

Presentation 3 (enclosure) – Paula Clark presented to the group some insight at what lies behind the ratings published in the recent CQC report. She summarised that we have been rated excellent for financial management and weak for quality of services. She wished to emphasise to the group that the resulting weak rating is more due to lack of evidence and data collection – this we have acknowledged is effectively a ‘home goal’. Also, the inability to meet the ED 4 hour wait target. It is important to note that we scored top marks for standards of care, privacy and dignity. Going forward the focus is to ensure we collect the correct evidencing of what do and how we do. Activity is also underway to improve A&E wait times and delayed discharge across the Trust.

Dr Gupta asked if discharge planning started as soon as a patient is admitted. Paula Clarke replied that this is part of the work that is being done in conjunction with an organisation called ATOS to improve care pathways including discharge arrangements and planning.

2. Welcome

Alfred Edwards, Chair, welcomed everyone to the meeting and reminded all attendees to sign the attendance register. Mr Edwards took the opportunity to introduce the two new Governors – Mr Peter Totney as Public elected Governor for Brierley Hill and Councillor Lesley Faulkner, Appointed Dudley Metropolitan Borough Council.

3. Declarations of Interest

Councillor Ann Hingley declared her interest to be entered on the register as a Worcestershire County Councillor for St Barnabas Division – Wyre Forest District Council as well as sitting on the Health & Overview Scrutiny Committee for Worcestershire County Council.

4. Apologies

Listed above.

5. Minutes of the Council of Governors meeting 20th August 2009 (Enclosure 1)

The minutes were agreed by the Governors as a correct record and signed by the Chairman.

6. Matters arising

6.1 The Appointments Committee – new member

Harvey Woolf

He reminded those present at the last meeting had approved the appointment of a 3rd governor. In the intervening period, expressions of interest had been sought with John Balmforth recruited as the additional member.

6.2 Quarterly Performance Report (enclosures 2 & 3a)

Liz Abbiss

In the absence of Mr Paul Assinder, Liz Abbiss reminded the Governors that Monitor, the independent regulator for NHS foundation trusts, reported to Parliament on three areas – finance, governance and mandatory services; this was the Trust's regular quarterly report to Monitor on these three areas. Highlighted areas of concern that attracted an amber rating in the last report are part of the Governance area and relate specifically to failures in A & E waiting times, recorded levels of MRSA and data collection. All other areas were green.

6.3 Trust Board interim agreement of CQC declaration

Denise McMahon

The declaration is to be made to the CQC in December 2009. Last year, the Trust had declared non-compliance for child safeguarding on the basis the processes were not fully developed; this latter item and the development of the declaration as a whole had involved the Governors with presentations from Sue Nicholls and Derek Eaves in the last few months with an in depth look at the evidence base for several governors although only one governor took the opportunity

This year the Board of Directors are to declare compliance with all standards. Additionally, external auditor Deloitte LLP had given assurance on the safeguarding issue. Denise asked the governors to note this document prior to its submission in December.

The CQC have recently published the new timeline which Denise tabled. Denise also explained that further information would only be supplied to us in December along with key dates for submissions to the CQC which would be shared with the Governors when received.

Between the 4th and 29th January, evidence is to be submitted for every regulated activity, with the possibility of evidence required for every regulated activity at each site, not just the Trust as a whole, as in previous years. Indications so far; the emphasis to be placed on Patient safety and patient quality. Denise asked the governors for support on the verification process to evidence everything we do and reiterated that compared to the process of previous core compliance; this is likely to be much more detailed.

John Balmforth asked if there was more information on the declaration preparation and a timeline with information for future work. Denise replied that the governors have had opportunity to comment on the process along with other stakeholders and the Board of Directors decision to submit the declaration with the confidence that all core standards are met and evidenced in documentary form. Paula Clark offered to provide hard copy prints of relevant paperwork to any Governor requesting it.

Harvey Woolf asked what governors are being asked to do in respect of the Declaration process. Paula Clark replied that it will be the same process as in March 2009 and nothing had changed; it is the Board of Directors role to declare compliance with standards. Dr Gupta pointed out that many Governors were new in post at that time and may have been confused as to what was going on. Paula Clark concluded that the prevailing discussion was mixing up the CQC annual declaration and ensuing report with that of the recent un-announced visit.

Professor Lang asked the group if they felt the process had been fair and transparent and suggested that Governors who had been involved should recommend it for approval. John Balmforth commented that he thought that governors have to make a declaration. Denise emphasised that it was the Board of Directors who make the declaration and not the governors. Governors would be contacted directly by the CQC this year to comment upon our declaration.

Harvey Woolf suggested that as part of the process of preparing the next CQC declaration, could the subject be raised at Governor sub committee level. Alf Edwards concurred that governors with a particular interest can get involved and anyone interested should approach Liz Abbiss in the first instance.

Alf Edwards called for a show of hands in support the Board of Directors to submit the declaration as discussed. There was a full show of hands in support of this.

7. Update from the Patient and Public Experience Group

Liz Abbiss reported that this is a lively group of energetic members and encourage Governors present to feed into this group with information they may glean from their constituency members. The group are currently setting a framework and strategy for patient and public experience and picking up other ad hoc patient experience issues along the way. The group meet monthly for the time being with a review of meeting frequency in 6 months time.

Doctor Gupta asked if there were any items of complaints received from the patients and public that would illustrate the type of work the Patient and Public Experience Group does. Denise McMahon replied that the group does not deal with individual complaints rather putting energy into resolving background issues and picking up lessons to learn for improvement. She explained the group receive the Trust Board patient experience report which enables trends to be identified and actions taken as appropriate with regard to PALS and Complaints.

8. Update from Service Strategy Development sub committee

This sub committee has not met in the interim; nothing to report.

9. Update from the Communications Sub committee

Darren Adams gave an update to the meeting – after taking a break over the summer months, the sub committee met two weeks ago. The minutes from that meeting are still to be signed off and will be shared along with action points update sheet. Darren reminded Governors that the Monitor document titled ‘Your Statutory Duties – a reference guide for NHS Foundation Trust governors’ was now available with copies available at the meeting. This document has been published after consultation during the year with Governors around England.

Darren reviewed the work done by the Communications sub committee in the last 12 months. This included;

- Developing communication channels
- increasing Trust membership
- investigate & clarify governor role
- Attendance at the FTGA (Foundation Trust Governors Association) development days
- Visit to the Chesterfield Royal Hospital NHS Foundation Trust

The future aims and objectives that have been agreed by the committee are;

- Continue to expand public membership especially amongst hard to reach communities
- build a framework for engagement and provide support and advice to the full Council on communication matters
- To look for best practice from other foundation trusts and/or national and regional events

The recent ‘bad press’ that we have received lately in light of our CQC ratings was also discussed which highlighted how inappropriate it was to compare the DGOH Foundation Trust with Mid Staffs Hospital.

Liz Abbiss repeated her oft heard call for Governors to keep up their volunteer activities for helping with Patient Pulse surveys.

10. Foundation Trust update

Alf Edwards acknowledged that the recent networking session held at the Stourbridge Golf Club for governors, executive directors and non executive directors had been productive and was a format that is likely to be repeated in the coming year.

The outcomes of the workshop session that formed part of the networking event will be distributed to all governors, executive directors and non executive directors early next week. Liz Abbiss asked that any comments relating to this document need to be back in time for the next committee meeting on 1st December 2009.

Liz Abbiss explained that a lot of information is sent out to Governors from the Foundation Trust office and comments and feedback from governors is invited; such as whether the weekly Governor bulletin is of use and/or interest or not.

Liz also asked the governors whether they thought the Governor Portal was useful to them and again to feedback their thought and comments to her or Helen Board.

11. Any Other Business

Segregation of eating facilities for staff and patients – initially raised by Richard Brookes who added that he was unhappy that patients and staff sit together including staff in Theatre scrubs, which he felt would negatively impact on our infection control activities. Denise McMahon replied that work was under way for a process to change this including ensuring that staff had time to get down to the restaurant and return to their section without delay. She continued to say that from a Public confidence point of view, need to change this. Paula Clark added that there is no evidence that clothes are a transmission or major source of infection. Dr Gupta asked why there is such emphasis on ‘bare below the elbow’ and getting rid of ties. Paula replied that this approach made it easier to clean the hands regularly, which is a proven and measureable method of infection control.

Car parking – Paula Clark acknowledged that this is an issue that not only affects our site but is a generic problem across the majority of hospitals. Paula explained that work is now starting on the new multi story staff car park to the rear of the Russells Hall site. During that time, all staff will be encouraged to use the off site parking facility in Dreadnought Road. Other ideas being considered include;

1. Returning some additional parking at the front of the site into patient parking
2. Rule that all staff living within half a mile of the site will not be allowed to bring their car to work unless exceptional circumstance prevail
3. Allocation of parking capacity on site for shift staff

Jane Southall asked what provision would be made for staffs that have to work between our three sites. Paula Clark replied that this is one group that will be prioritised and she was working closely with the Construction Company and the PFI partner on this.

Peter Totney put forward a suggestion that as in Germany a tough line was taken on chaotically parked cars at hospital sites and offending cars were towed away with car owners having to pay up to 140 Euros to retrieve the car or it is crushed. Paula Clark replied that current thinking was that fixed penalty notices issued by Interserves’ regular patrols were an effective deterrent.

John Balmforth asked if there was any research done on how many staff park at the Russells Hall site. Ruth Serrell in her recently appointed capacity as Interim Operations Director, shared with the group that she had experienced a fascinating couple of weeks learning all about car parking and added that what is clearly apparent, is the passion that staff have about parking as ‘close to the front door as possible’! All Dreadnought Road pass holders have been recently sent an email to ask if they are using this facility at all with a view to taking passes back from those who don’t. Also work was underway to analyse how many official spaces we actually have and who is using them. Once completed, a plan can then be formulated that offers the best outcomes.

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John Balmforth queried whether blue badge holders get re-imbursed for parking before they have left the car park. Liz Abbiss confirmed that this was the case with re-imburement completed by Main Reception before they leave the building.

Your Trust quarterly Newsletter – Liz Abbiss asked all Governors to think about they would like to see on their currently blank 'Governor page' and to come back with any ideas in the next week or so in preparation for publication of the next issue January 2010.

Nurse Recruitment day – Denise McMahon explained to those present that a Nurse Recruitment day is being held on Friday 4th December. Advertising and promotion has been carried out on radio, online and in the press to encourage Nurses to come forward and help boost our staff complement over the winter months. Denise asked any Governors who would be available to come and help with 'meeting and greeting' possible candidates to make themselves known to her.

Future financial constraints - Councillor Anne Hingley asked if the Board of Directors could provide assurance to the Governors plans were in place to cope with the impending and much publicised cuts in Health Service spending. Paula Clark replied this was in hand with the next planning round to be completed in the following months now the operating framework had been released.

11. Next meeting

The next Council of Governors meeting will be held at 6pm on Thursday 10th December 2009 in the Clinical Education Centre at Russells Hall Hospital.