MINUTES OF THE COUNCIL OF GOVERNORS MEETING HELD ON WEDNESDAY
11TH JANUARY 2012 IN THE LECTURE THEATRE, ROTHERHAM HOSPITAL

Present:  
Peter Lee, Chairman  
Kerry Rogers, Chief of Corporate and Legal Affairs/Company Secretary  

Public Governors:  
Sylvia Bird, Public Governor for Rotherham North  
Anna Chester, Public Governor for Rotherham South  
Jean Dearden, Public Governor for Wentworth South and Lead Governor  
Bridget Dixon, Public Governor for Rother Valley South  
Ann Frith, Public Governor for Rotherham South  
Graham Jenkinson, Public Governor for Wentworth Valley  
Cherry Kipling, Public Governor for Wentworth South  
Val Lindsay, Public Governor for Rotherham North  
Susan Lockwood, Public Governor for Wentworth Valley  
Cynthia Shaw, Public Governor Wentworth North  
Sandra Waterfield, Public Governor for Rother Valley South  
Anthony Wilkinson, Public Governor for Rother Valley West  
Dennis Wray, Public Governor for Rother Valley West  

Staff Governors:  
Rose Davis, Staff Governor for Professional Nurses & Midwives  
Beverly Doane, Staff Governor for Other Staff Class  
Ben Roebuck, Staff Governor for Support Staff to Professional Nurses and Other Health Professionals  

Partner Governors:  
Carole Haywood, Partner Governor for Rotherham Partnership  
Michael Jennings, Partner Governor for Sheffield University  
John Wainwright, Partner Governor for Barnsley and Rotherham Chamber of Commerce  
Janet Wheatley, Partner Governor for Voluntary Action Rotherham  

Apologies:  
Azizzum Akthar, Partner Governor for REMA  
Firas Al-Modaris, Staff Governor for Medical and Dental  
Frank Beevers, Public Governor for Wentworth North  
Shelley Fell-Bowers, Partner Governor for Learning and Skills Council  
Jean Flanagan, Partner Governor for Sheffield Hallam University  
Sarah Lever, Partner Governor NHSR  
Jill Ward, Staff Governor for Other Health Professionals  
Ken Wyatt, Partner Governor RMBC  

Members of Board of Directors In attendance:  
Juliette Greenwood, Chief Nurse  
Andy Irvine, Chief of Community Services  
Brian James, Chief Executive  
Alison Legg, Non-Executive Director  
Matthew Lowry, Chief of Rotherham Hospitals  
Mike Pinkerton, Chief of Strategic Development  
John Somers, Chief Finance Office  
Dawn Stewart, Corporate Governance Manager (minutes)  
George Thomson, Chief Medical Officer
2012/01 WELCOME AND ANNOUNCEMENTS

The Chairman welcomed those present to his first meeting as Chair of the Council of Governors.

The Chief Executive and Executive Directors were welcomed, with Mrs Greenwood, Mr Somers, and Prof Thomson, welcomed to their first meeting of the Council of Governors. The Council of Governors were informed that this was a busy period for the organisation particularly during the Strategic Service Review (SSR) period where all clinical service units presented their plans to the executive team.

2012/02 QUORACY CHECK

The meeting was agreed to be quorate.

2012/03 DECLARATION OF INTEREST

There were no declarations of interest in relation to any agenda item.

2012/04 MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting held on Wednesday, 14th September 2011 were approved as a true record subject to two minor spelling corrections.

2012/05 MATTERS ARISING

i. Performance Dashboard (minute 2011/62 refers)

The Council of Governors confirmed that the questions relating to performance raised at the September 2011 meeting had been sufficiently answered by the former Chairman in her final Newsletter to the Governors prior to her retirement.

ii. Foundation Trust Governors Association Subscriptions (minute 2011/63 refers)

Consideration of resuming membership of the Foundation Trust Governors Association (FTGA) had been scheduled for discussion at the July 2012 meeting.

ACTION - KR

iii. Patient Safety and Experience Governor and Member Group (minute 2011/67i. refers)

The Director of Estates and Facilities had provided an update in relation to smoking on hospital grounds, with the Chairman providing a précis for Governors, with full information attached to the minutes as Appendix 1.

While surveillance and challenges by the security staff continued, there remained instances of smoking in the hospital grounds and
around the entrances to the building, with some interactions proving difficult. It was confirmed for John Wainwright, Partner Governor, that this level of surveillance and challenge would continue into the longer term as it formed part of the duties for the Security staff. There was more importantly much work planned within the community corner and with the Stop Smoking team in the run up to National No Smoking day in March.

Sandra Waterfield, Public Governor for Rother Valley South, asked if more targeted action could be taken in respect of the outside seating area near the main entrance as this appeared to be a particular congregation point for smokers. The Chairman would discuss the position further with the Executive Directors.

**ACTION - PL**

iv. **Regional Governors Development Event (minute 2011/54i refers)**

Jan Frith, Public Governor for Rest of England and Jean Dearden Public Governor for Wentworth South/Lead Governor had attended the Regional Governor Development event hosted by Barnsley NHS Foundation Trust. Copies of the presentational material used on the day had been circulated to all Governors.

2012/06 **EXECUTIVE DIRECTOR REPORTS**

At the Governor pre-meeting there had been a discussion regarding the key issues and challenges currently facing the Trust and the requirement for the Executives to ensure that information was contained within their reports. The Governors had also raised the use of jargon and abbreviations within the reports provided for the meeting and the Chairman agreed that a comprehensive list of NHS abbreviations would be provided for the Governors.

**ACTION - DS**

The following reports were provided by the Executive Directors:

i. **Chief Executive (Brian James)**

The Council of Governors had received the report from the Chief Executive as part of the meeting papers, with the following topic areas which were expanded upon following questions from the Governors:

- Overview of financial position
- Strategic Service reviews
- Voluntary and Compulsory redundancies
- New appointments
- Overview of Community Services
- EPR update
- Completion of New Mortuary facilities

ii. **Chief Finance Officer (John Somers)**

The Council of Governors had received the financial information from the Chief Finance Officer as part of their meeting papers, with the
following high level overview information provided and responses to questions from the Governors:

- The Trust had returned to a Monitor Financial Risk Rating (FRR) of 3 by Month 8, which was in line with the recovery plan
- There were some specialities performing adversely to their financial plan
- The 2011/12 Cost Improvement Plan (CIP) of £11.5m would need to continue to be closely monitored to ensure achievement and rectify any shortfalls or slippage areas.
- The potential for lost monies associated with Commissioning for Quality and Innovation (CQUIN) areas mainly associated with non elective activity over the contract
- Unsustainability of over performing Clinical Service Units (CSUs) continuing to offset underperformance in other specialities
- 30 applications had been approved through the Mutually Acceptable Resignation Scheme (MARS)
- Additional CIPs had been developed in year
- Changes had been made to approval for Bank and Agency expenditure
- The CIP for 2012/13 stood at £14.5m or 7% of the Trust’s cost base
- The Strategic Service Reviews and base budget setting meetings were underway and would be completed by the end of February 2012 to support development of the 2012/13 financial plan which would ultimately be submitted to Monitor

iii. Chief of Community Services (Andy Irvine)

The Chief of Community Services report provided the outcome of the survey undertaken with Community Services staff to provide feedback on how staff considered integration had been delivered to date. The general outcome was positive, although it was recognised that ongoing work would be necessary for both sides of the organisation.

It was confirmed for the Governors that service user evaluation of community services was undertaken through the Patient Experience Tracker (PET). It was also reported that GPs had indicated their satisfaction with the services provided through the improved communication and relationships which were being built with the commissioner.

A number of performance targets were reported to the Governors as part of their performance dashboard, additionally a comprehensive list of performance indicators/metrics were provided to the Commissioners on a monthly basis.

The Council of Governors noted the future work streams around the ten cultural factors identified as part of the survey with staff and would receive updates on progress in future reports.
iv. **Chief Nurse (Juliette Greenwood)**

The Council of Governors RECEIVED the report from the Chief Nurse which had been tabled at the meeting.

As the Council had not had the opportunity to fully consider the report Mrs Greenwood discussed with Members its content which included information and updates on the two key areas of patient access and nursing and midwifery.

Mrs Greenwood indicated that provision of care for elderly patients was constantly being ascertained through visits such as the Dignity and Nutrition Inspections (DANI), which looked at the provision of care in order to make improvements for all patients.

v. **Chief of Strategic Development ((Mike Pinkerton)**

The Council of Governors RECEIVED and NOTED the report which outlined the Trust’s achievement in successfully achieving NHS Litigation Authority (NHSLA) level 1 risk management standards as an integrated organisation. Due to the complexities of provision of evidence for level 2 the Trust would be working towards assessment in September 2013.

The role of the Council of Governors in the Quality Accounts was outlined within the report with specific information to be provided for the March 2012 Patient Safety and Experience Governor and Member Group.

vi. **Chief Medical Officer (George Thomson)**

Professor Thomson outlined to the Council of Governors his intentions and vision in relation to clinical services. He believed that integrated care delivered better results and quality for patients, and he would ensure that he was the clinical conscious of the organisation. He would ensure that he was engaged with the clinicians and local GPs and ensure their issues were heard at the Board of Directors.

2012/07 **PERFORMANCE DASHBOARD**

The Council of Governors received the performance information for the period September to November 2011 which was introduced by the Chief of Hospital.

Of the Monitor compliance framework targets, improvement had been made in relation to C Diff and A&E over recent months and the only breaches related to cancer targets which were as a result of patient choice to wait beyond the two week target period for an appointment. The Trust continued to work actively with patients to ensure that where possible this particular target was not breached. However, despite the breaches in cancer it was anticipated that the Trust would for quarter three return to a Monitor Governance rating of Green.
The Chief of Rotherham Hospital outlined a number of other non-Monitor targets within the performance report and answered specific questions from Governors:

- Although the Trust did not provide mental health services, provision was being made to review the Dementia strategy and services
- Bed occupancy ideally would be 85%, however it was currently higher at about 92% for the year to date
- Currently there were 62 surge beds open and these would be flexed down as quickly as possible to remove pressures on the organisation from having additional beds open
- It was difficult to compare the Trust’s performance in A&E in relation to long waits with other organisations at the moment. While the Trust would prefer to remove long waits and were looking to reduce them, in some cases they were acceptable based on clinical or safeguarding requirements.
- The Trust had made significant improvements in 2010/11 in relation to the breast feeding initiation target, 2011/12 was proving to the more challenging. As a result discussions with patients would take place at the earliest interactions with patients.

The Council of Governors received and noted the report and welcomed the suggestion that the content and presentation of the report be refreshed to support the Governors in monitoring performance and provide greater visibility on any trends and themes.

**ACTION – EXECUTIVE DIRECTORS**

2012/08  **HEALTH AND SOCIAL CARE BILL UPDATE**

The Chairman had provided a brief overview of the Health and Social Care Bill to the December 2011 Governor Forum.

There had been no further fundamental changes to the Bill and it was likely that it would continue through the legislative process. The Chairman had been in contact with Lord Hunt to express concerns regarding some of the implications to the role of Governor, such as attendance at Board sub committees and the duty of confidentiality and to act in the best interests of their employing organisations which could raise conflict of interests for Partner Governors.

The Chairman would ensure that the Council of Governors remained updated on progress of the Bill and reiterated the Trusts commitment to equip Governors with the skills and knowledge required to fulfil their future role.

**ACTION - PL**

2012/09  **GOVERNOR WALK ROUNDS**

Governor walk rounds with Non-executive Directors and Senior Nurses had been discussed at the December 2011 Patient Safety and Experience Governor and Member Group, with the minutes included as part of a later agenda item.
As agreed at the Patient Safety and Experience Governor and Member Group, new Governors following their election would be given priority to participate in a Senior Nurse walk round in order for them to be given assurance of the processes undertaken by the senior nurses. The Corporate Governance Manager would circulate information on the dates available and develop a programme to enable all interested Governors to attend.

**ACTION – DS**

With regards to the Non-executive Director (NED) and Governor Walk rounds, the Chairman indicated that he was reviewing the time commitment of the NEDs and would be looking at alternative means of building relationships between NEDs and Governors. However, visits to wards and departments for Governors would continue as they prove invaluable to the Governors. Mrs Legg, NED, indicated that she considered that it was also valuable for the NEDs to undertake such visits in order that they were cognisant with operational aspects of the organisation. The Chairman and Mrs Rogers would discuss the role and structure for these walk rounds outside the meeting.

**ACTION – PL/KR**

**2012/10 UPDATE ON APPOINTMENT OF EXTERNAL AUDITOR**

The Council of Governors were updated on the latest position in relation to the process for the appointment of the Trust’s External Auditors as the current contract expired at the end of March 2012. Formal procurement processes had commenced, with the Council of Governors to be involved in the process once timescales had been approved by the Audit & Assurance Committee.

**ACTION - KR**

**2012/11 NOMINATIONS COMMITTEE**

i. **Minutes**

The next meeting of the Nominations Committee would be held on Tuesday 17th January 2012 where the process for the appointment of two new Non-executive Directors would be discussed.

**2012/12 MEMBERSHIP DEVELOPMENT GROUP**

i. **Minutes**

The Council of Governors RECEIVED the draft minutes from the Membership Development Group meeting held on 22nd November 2011.

ii. **Issues for escalation**

There were no issues for escalation to the Council of Governors.

**2012/13 PATIENT SAFETY & EXPERIENCE GOVERNOR & MEMBER GROUP**

i. **Minutes**

The Council of Governors RECEIVED the draft minutes of the meeting held on 7th December 2011.

ii. **Revised Terms of Reference**

The Council of Governors RECEIVED the revised terms of reference for the Group which had been approved at the meeting on 7th December 2012. A
number of Trust Officers would join the membership in order to support the new focus of the Group and provide improved areas of knowledge for Governors.

Jean Dearden, Public Governor for Wentworth South and Chair of the Group requested that members confirm their requirements in relation to reputation information they required in readiness for the March meeting of the Group. **ACTION – GOVERNOR MEMBERS OF PATIENT SAFETY AND EXPERIENCE GOVERNOR AND MEMBER GROUP**

iii. **Issues for escalation**
There were no issues for escalation to the Council of Governors.

2012/14 **ISSUES TO BE ESCALATED TO BOARD OF DIRECTORS**
There were no issues for escalation to the Board of Directors.

2012/15 **QUESTIONS FROM THE AUDIENCE**
There were no members of the public present at the meeting.

2012/16 **ANY OTHER BUSINESS**
There were no items of any other business.

2012/17 **FOR INFORMATION**
The Council of Governors received the dates for various meetings during 2012.

2012/18 **DATE OF NEXT MEETING**
The next meeting of the Council of Governors would be held on Wednesday 11th April 2012 at 5pm.

**Post meeting note** - the meeting date was changed to Wednesday 18th April 2012.
**APPENDIX 1**

**Update on Smoking Surveillance (January 2012)**

Estates & Facilities Security teams continue to monitor and deter patients and visitors from smoking within the hospital grounds and in particular around the Main Entrance. Below is the number of people targeted by Security during the month of December 2011, unfortunately a permanent security presence cannot be maintained outside the Main Entrance at all times particularly as their first and foremost priority is to maintain a safe and secure environment across the whole hospital site and attend security related incidents both of which ensure the safety of patients, visitors and staff. In addition, additional signage has been placed around the new Main Entrance development to try and make patients and visitors aware of the Trusts policy along with moving litter bins from outside of the Main Entrance.

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Security have been specially trained to deal with this type of incident particularly as they may find the individual in a distressed or agitated state, however they have limited powers in what they can do to people who violate the Trusts no smoking policy, whilst they ask them to refrain or move to outside of the Hospital boundary, this is usually given an
aggressive curt response by the individual and by the time the conversation has finished the individual has finished smoking.

The installation of smoking shelters will not stop people from smoking outside the Main Entrance as the siting of such facilities will be away from the Main Entrance itself and evidence suggests that smokers prefer to continue with their habit in the open air rather than have the stigma of being herded under a shelter away from the entrance.

The Trust Board would also have to reverse their decision regarding not having smoking shelters as well as incurring capital and revenue expenditure in providing such facilities.

Estates & Facilities Security teams will endeavour to continue to police the key areas but the problem unfortunately will not go away completely despite NHS smoking cessation initiatives.

JOHN CARTWRIGHT
DIRECTOR OF ESTATES & FACILITIES