THE ROTHERHAM NHS FOUNDATION TRUST

Minutes from the Council of Governors Meeting
Wednesday 16 April 2008 – Lecture Theatre, PGME

DRAFT

Present
Margaret Oldfield, Chairman
Anthony Hercock, Vice-Chair

Public Governors
Sylvia Bird, Rotherham North
Jim Bristow, Rest of England
Jean Dearden, Wentworth South
Patricia Draycott, Rotherham North
Joan Durkan, Wentworth South
Joan Green, Wentworth Valley
Peter Hinchliffe, Rother Valley South
Alan Thompson, Rotherham South
Lewis Vizard, Wentworth North
Sandra Waterfield, Rother Valley South
Anthony Wilkinson, Rother Valley West

Staff Governors
Julie D'Silva, Professional Nurses & Midwives
Beverley Doane, Other Directly Employed NHS Staff
Jill Ward, Other Health Professionals

Partner Governors
Michael Jennings, Sheffield University

Trust Board Secretary
Kerry Rogers

In Attendance
Brian James, Chief Executive
Matthew Lowry, Chief of Finance
Jackie Bird, Chief Quality & Standards / Chief Nurse
Jenny Wilson, Chief Operating Officer
Julie Hickton, Non-Executive Director
Neil McDonald, Non-Executive Director
Nigel Ruff, Non-Executive Director
Maria Dixon, Membership Manager
Steve Sullivan, Sanofi Aventis

1 Welcome
Margaret Oldfield welcomed everyone to the meeting and noted that a new format would be used for this meeting as a result feedback which arose from the Effectiveness Review held on 20th March 2008. Margaret stated that the Trust was keen to receive feedback on the new format and invited governors to give their opinions on both the agenda and the information provided in the meeting papers.

2 Apologies for Absence
Apologies for absence were received from: Anna Chester, Public Governor for Rotherham South; Lee Marshall, Staff Governor for Support Staff to Healthcare Professionals; Jean Flanagan, Partner Governor for Sheffield Hallam university; Val Lindsay, Partner Governor for PPI Forum; John Radford, Partner Governor for
3 Declaration of Interests

Anthony Hercock declared an interest in agenda item 7.

4 Minutes of the previous meeting

Approval

Page 1 of the minutes of the Council of Governors meeting held on 16 January 2008 was amended to show that Anthony Wilkinson did not attend. The minutes, subject to this amendment were agreed as a correct record.

Matters Arising

Item 5, page 2: National Governors Forum

Margaret Oldfield stated that there had been no further progress on this and that the contract to run the forum was going out to tender again. Margaret also noted that there had been some interest in creating a national web-based governors forum and that the trust would need to investigate how many of the governors would be likely to use such a forum and whether it would be good value.

5 Quarterly Executive update

STRATEGY

Radiology Contract

Jill Ward, Staff Governor for Other Health Professionals, and Jim Bristow, Public Governor for Rest of England: In your paper you mention that the PCT has not awarded the radiology contract to the Trust – what effect is this likely to have and will it overlap with Trust services?

Brian James, Chief Executive: The PCT have stated that they expect this new service to cover additional work, rather than replacing the hospital’s radiology department. However, we have our doubts about this as there aren’t 10,000 extra x-rays needed in the Rotherham area. This shouldn’t be catastrophic though, and we will aim to use any extra capacity to cut waiting times and look into doing more one-stop clinics.

Margaret Oldfield, Chair: The contract for a primary care walk-in centre has been awarded to Care UK

Jim Bristow, Public Governor for Rest of England: The PCT strategy & how it relates to the Trust seems very complicated – the radiology tender was out for a year and the PCT don’t know whether the new service is surplus to requirements. This doesn’t seem very efficient and puts the trust in a bad position - in order to gain an advantage, the hospital will need to improve services.

Matthew Lowry, Chief of Finance: 3 years ago Rotherham PCT accounted for 90% of our income and now that figure is 80%, so while the referrals from Rotherham PCT are decreasing, we are gaining patients from outside Rotherham. However, there is a limit to how many patients from outside the borough we can attract.

Outpatient Appointments
Sandra Waterfield, Public Governor for Rother Valley South: When I came for an outpatient appointment on Orthopaedics there were problems caused by the fact that the nurses didn’t keep patients informed of the reason for long waits and patients were having to see a consultant before x-ray as well as afterwards.

Brian James, Chief Executive: The appointments system wasn’t working well, which is why staff redesigned the appointments system themselves in February/March as part of the RISE programme.

Visiting Times
Brian James reported that the changes to visiting times which resulted from a previous member consultation had been receiving negative feedback. The new 2pm start time clashes with outpatient clinics and shift handovers and has therefore exacerbated parking congestion. Following a recent review, it has been decided that the start of visiting time will move to 2:30pm.

Patricia Draycott, Public Governor for Rotherham North, agreed that there had been problems and noted that it had been hard to speak to nurses and get information when visiting patients on the wards as the nurses were busy handing over.

FINANCE & PERFORMANCE
Matthew Lowry, Chief of Finance, highlighted that lots of work has been done to improve performance and the trust will more than achieve the national targets for April and December 2008. The trust’s expected 18 week wait figures will be 90% (admitted) and 95% (non-admitted).

Surgery Income
Jim Bristow, Public Governor for Rest of England: Surgery income is low. Does this mean that less surgery has been done than planned, the hospital is not efficient enough, or because of fewer referrals?

Matthew Lowry, Chief of Finance: In some areas we are doing more surgery than expected, in some areas – particularly orthopaedics – we are doing less. The low income is mainly caused by to less surgery being carried out due to staffing problems – we have been unable to replace consultants.

Jim Bristow, Public Governor for Rest of England: The PCT annual report shows that planned referrals are down by 50% - will this drop affect the hospitals capacity and will we have sufficient capacity to deal with referrals in future?

Matthew Lowry, Chief of Finance: As previously mentioned, although work from Rotherham PCT is declining, we are getting increasing numbers of referrals from outside Rotherham and waiting times have been decreased despite the staffing issues.

Capital Expenditure
Jim Bristow, Public Governor for Rest of England: There is an underspend listed under Capital Expenditure – is this due to projects not happening or not being completed on time? It would be good to have this sort of information on future finance reports.

Matthew Lowry, Chief of Finance: Yes – there are some projects which are still in progress which is why the capital has not been spent.

NURSING AND MIDWIFERY REVIEW
Communication
Jean Dearden, Public Governor for Wentworth South: In the final paragraph on page 1, it mentions meetings. What are these for?

Jackie Bird, Chief Nurse: These meetings are being held for staff to raise issues that relate to their ward. There are ongoing debates regarding which staff are able to apply for certain jobs, so we are holding regular meetings with different wards and departments to resolve these issues.

Sandra Waterfield, Public Governor for Rother Valley South: I was approached about this by nurses in Day Surgery – they felt that they weren’t receiving any direct information and were worried about downgrading.

Jackie Bird, Chief Nurse: Day Surgery has already been restructured and will not be affected by this review. However, we have tried to be very open – there have been 16 open meetings (publicised on the intranet); governors have been involved; individual ward meetings held; divisional boards involved; unions have held branch meetings and I have an open door on this issue.

Julie D’Silva, Staff Governor for Professional Nurses and Midwives: I’ve been approached by nurses and have told them to attend the meetings for information.

Jim Bristow, Public Governor for Rest of England: This sort of review will inevitably cause anxiety among staff – what is the planned end date?

Jackie Bird, Chief Nurse: The consultation closes on 27th May and we expect to appoint matrons and implement the changes during the 3rd week in June.

Margaret Oldfield, Trust Chair: This is a very difficult area, but there has been lots of communication with staff. With hindsight, mistakes were made with Agenda for Change, and now we need to get it right.

Pay Protection
Jean Dearden, Public Governor for Wentworth South: What pay protection is available for staff who are downgraded?

Jackie Bird, Chief Nurse: According to our pay protection policy, pay will be protected for up to 3 years. We’ve asked the unions to provide a written commentary on this issue, which will be addressed on 1st May 2008.

Peter Hinchliffe, Public Governor for Rother Valley South: Is the pay protection decided nationally or locally?

Jackie Bird, Chief Nurse: Pay protection is negotiated locally with the unions.

Joan Green, Public Governor for Wentworth Valley: Where I worked, pay protection lasted indefinitely until your salary caught up.

DRAFT CORPORATE OBJECTIVES

Matthew Lowry, Chief of Finance, highlighted objective 5.5, which specifically relates to developing the influence of governors and members on the strategic direction of the Trust.

Infection Control
Peter Hinchliffe, Public Governor for Rother Valley South: What does a 20% reduction in MRSA / C.Diff rates mean in real terms?

Matthew Lowry, Chief of Finance: When these objectives were formulated, we didn’t yet know the final figures for 2007/8. There were 8 cases of MRSA and 168 cases of C.Diff, one of the lowest rates in the country; therefore these are the starting points for a 20% reduction.

Margaret Oldfield, Trust Chair: The lower our infection rates get the harder it becomes to make reductions, but this is a very important issue – both locally and nationally.

Jim Bristow, Public Governor for Rest of England: Do these rates meet national requirements, and when will we receive a report on progress?

Margaret Oldfield, Trust Chair: Yes, and we will report back to the Council of Governors in six months time.

Jim Bristow, Public Governor for Rest of England: My local trust is the Maidstone and Tunbridge Wells NHS Trust, where nurses reporting concerns over infection control issues were ignored. What procedures are in place to enable nurses to report any concerns they may have in relation to infection control?

Brian James, Chief Executive: We have an incident reporting system and Jackie Bird and I carry out walk rounds on the wards, where we speak to staff and discuss any concerns they have regarding safety.

Jackie Bird, Chief Nurse: We carried out a review of the Maidstone and Tonbridge in order to learn from it. One of the things I always ask nurses about is infection control. There is also a new process where Matrons have direct access to the Board of Directors in order that they can directly report concerns.

Margaret Oldfield, Trust Chair: Also, MRSA is not the only issue – the board receive reports of other serious incidents, which are followed up and learnt from.

Terminology
Jean Dearden, Public Governor for Wentworth South: What does “SUDP” in the 5th column on page 3 mean?

Margaret Oldfield, Trust Chair: Site Utilisation Development Plan. We will endeavour to ensure future documents are sent out using plain English.

HEALTHCARE COMMISSION CORE STANDARDS SELF-ASSESSMENT

Jackie Bird thanked the Healthcare Commission Annual health Check sub-group for their work and reported that the trust was compliant on all standards. The Council of Governors accepted the HCC declaration.

[The executive team left the meeting]

6 Effectiveness Review

Margaret Oldfield drew the governors’ attention to the action plan produced as a result of the effectiveness review on 20th March 2008. Margaret Oldfield requested feedback on the action plan, meeting format, and content and format of the
information provided and noted that the trust would take on board issues regarding
plain English and the use of acronyms.

The governors reported that the effectiveness review was constructive and the new
meeting format was an improvement and saved time, although this is an evolving
process.

Role of Council of Governors
Jim Bristow, Public Governor for Rest of England: I feel the Council of Governors has
two roles – to represent the constituencies and to measure and review the trust
management. These roles must be fulfilled in context and the governors need to
know whether individuals are doing a good job. However, despite needing
information regarding targets etc., the governors need to set their own agenda and
have a two-way dialogue - not simply receive presentations from the executive team.
One of the things on the agenda should be a discussion of whether we are happy
with the information we are provided with. We should seek it to be meaningful to us.
The governors should be responsible for this and take ownership of the agenda and
meeting. I’m not sure whether the seating structure is appropriate for this style of
meeting – would it be possible to sit in a circle?

Margaret Oldfield, Trust Chair: I agree that this is your meeting and the agenda
should be set by you. Unfortunately, however, there isn’t a room big enough in the
hospital to seat all members of the Council of Governors in a circle.

Lew Vizard, Public Governor for Wentworth North: These issues should be discussed
in a separate governors meeting.

Margaret Oldfield, Trust Chair: Aside from the Non-Executive Directors, there are
only governors here - the executive team has left. I’d like to revisit Jim’s original point
regarding governors holding the trust to account. Every year we draw up an annual
plan, which is created following consultation with, and approved by, the governors.
The trust should report back to you on this plan and develop a work plan for
governors to ensure we deliver.

Alan Thompson, Public Governor for Rotherham South: But surely the executive
team won’t divulge negative information, as their jobs would be on the line?

Margaret Oldfield, Trust Chair: The trust is constantly monitored and assessed by
external organisations – you have to accept and trust that evidence. You appoint the
Chair and the Non-Executive Directors, if you feel they aren’t fulfilling their roles then
you may change them. The trust is committed to openness and transparency, but we
don’t want to give you too much information.

Jean Dearden, Public Governor for Wentworth South: The auditors also do a full
report on the hospital, which is reviewed by the Non-Executive Directors.

Jim Bristow, Public Governor for Rest of England: Our job is to be a ‘critical friend’ –
we should assess the information, not anyone else. We also need to assess our own
fitness to be governors. Defensiveness in large organisations is worrying and we
need to avoid behaving like that.

Jill Ward, Staff Governor for Other Health Professionals: It’s not the information
presented, but governors’ skills and knowledge that are the problem. There should
be lots of questions and challenging debate.
Peter Hinchliffe, Public Governor for Rother Valley South: Any organisation that is prepared to open its doors to the media doesn’t concern me.

Alan Thompson, Public Governor for Rotherham South: So when things are going well, there is not much for us to do, it is when things go badly that we get involved.

Margaret Oldfield, Trust Chair: You are also an ambassador for the trust, and for that you need information about the hospital’s performance.

Anthony Hercock, Vice-Chair: We’ve been debating what the Foundation Trust model should be about – there are checks and balances, of which the Non-Executive Directors, who are personally liable, are the main one. There is a danger of getting too bogged down in managerial and operational issues – the governors’ role is strategic and to hold the trust to account as representatives of stakeholder groups. I think Jim Bristow has made some very good points and has provided a helpful perspective on the way forward.

Constituent representation
Joan Durkan, Public Governor for Wentworth South: I’ve been a governor for 3 years now, and feel that I’ve been number-crunchled. I’ve not been used to my full capacity and don’t feel that I know any of my constituents.

Jim Bristow, Public Governor for Rest of England: I feel a fraud because I don’t represent my constituents. I would like to think I am committed and have written to my constituents, but received no response. Lots of governors must be in that position as lots of members are not interested. How good are we at recruitment willing members and letting them know that they make a difference?

Margaret Oldfield, Trust Chair: I’d like to clarify that governors are not intended to represent their constituents, but to be ‘representative of’. This is an important distinction.

Kerry Rogers, Trust Board Secretary: A lot of the members are engaged – we typically get a 10% response rate to surveys. We can’t give you a list of addresses, but if you want to communicate directly with your membership this can be arranged.

Sandra Waterfield, Public Governor for Rother Valley South: I think the idea of attending area assemblies, mentioned in the action plan, is good.

Rotherham PCT
Jim Bristow, Public Governor for Rest of England: I believe the PCT see themselves as independent of Rotherham. It is not fair for the trust to have to manage resources without input from the PCT and knowledge regarding strategy.

Margaret Oldfield, Trust Chair: The PCT agenda is to deliver services in a competitive market, but this is within a wider political context and there is a move towards more large trusts and primary care rather than district general hospitals. We might receive a debrief from the PCT regarding the radiology contract, but there is no obligation for them to provide one. We would love to see the PCT strategy so we could marry ours to it. The PCT makes decisions that affect our viability – one way to respond to this is to harness the power and support of our membership.

Jim Bristow, Public Governor for Rest of England: It is easy for the PCT to give the contract to a new provider, as they only pay for it once. However, if this now means that the hospital has redundant capacity, they may be destroying the asset base, which is wrong. It’s not a free market, or the hospital could choose to enter another
business if it wished. I have a copy of the PCT annual report update from January 2008 and it shows that the PCT has lost £2m in the last two months of the year.

_Margaret Oldfield, Trust Chair: The PCT is not able to hold money, therefore they pay any surplus to the hospital, who then give it back while keeping the interest. We do work well with the PCT and have a good negotiated contract, but they have to be seen to be delivering the national political agenda._

Alan Thompson, Public Governor for Rotherham South: We need to act in the public’s best interests – what if a district general hospital isn’t best for them? However, if having a district general hospital is in their best interests, we need to engage and harness them.

_Margaret Oldfield, Trust Chair: We should harness them at the right time – the PCT have a duty to consult on their actions. Discussions are in progress with John Radford regarding the possibility of the PCT using our membership for consultations._

**Vice-Chair Role**
It was queried whether it would be possible for a governor to take on the role of Vice-Chair. Margaret Oldfield reported that the legislation dictates that the Chair of the Council of Governors must be the Chair of the trust, and that the Vice-Chair must be a NED. Other trusts have appointed governors to the role of ‘Deputy Chair’. It was decided that this should be an agenda item at the next meeting.

**Agenda setting**
It was agreed that the governors would draft the next meeting agenda and that the annual plan for 2008/9 would be brought to the next meeting to enable the governors to look at what reports they would like to receive against the plan.

**Chairman’s newsletter**
The governors reported that the Chairman’s newsletter was useful to them.

7 **Approve reappointment of Vice Chair**
The reappointment for 2008/09 of Tony Hercock as Vice-Chair was APPROVED.

8 **Nomination and Remuneration Committee**
Peter Hinchliffe, Public Governor for Rother Valley South, gave a summary of the recent activity of the Nomination and Remuneration Committee.

The committee has so far appointed two Non-Executive Directors and reviewed remunerations for the Chair and Non-Executive Directors. The Terms and Conditions have been updated, as a new chair will be appointed when Margaret Oldfield retires. An eighteen month timetable has been set and it has been decided that an executive search company will be used for longlisting.

The Director of HR is to start a short course for to ensure that members of this committee have the appropriate skillset. This training will be available to all governors.

9 **Membership Communications and Development group**
Jean Dearden, Public Governor for Wentworth South, gave a summary of the recent activity of the Membership Communications and Development group.
The group has recently worked on the content of *Your Choice* and set targets and priorities for 2008/9. The targets are in line with the trust’s overall target to increase the membership to 10,000 by 2010, although the group is keen to concentrate on engagement rather than numbers.

As the group needs more members, it will look at involving member volunteers. Maria Dixon and Jean Dearden also requested that any governors with an interest in communications or member engagement join the group.

10 **Healthcare Commission Annual Health Check sub group**

Patricia Draycott, Public Governor for Rotherham North, gave a summary of the recent activity of the Healthcare Commission Annual Health Check sub group.

Jackie Bird has joined the group, which has looked at numerous issues, including privacy and dignity, the maternity survey, patient transport, and the layout of the eye clinic. The next issue to be addressed by the group will be obesity.

11 **Monitor Event – Governor Update**

Jean Dearden, Public Governor for Wentworth South, and Jim Bristow, Public Governor for Rest of England, gave a commentary on the recent Monitor Governors’ Conferences. It was felt that the conferences were useful, and attracted a mixed group of attendees, including Trust Chairs and Company Secretaries.

Many of the issues which were discussed at the conferences were also raised during the effectiveness review, indicating that that many of the issues the trust faces are common amongst most Foundation Trusts.

The presentations given at the conferences will be distributed to all governors.

12 **Away day and dinner**

Margaret Oldfield, Trust Chair, reported that the development of the trust’s Service Delivery Strategy is delayed pending the outcome of the Darzi review. Margaret Oldfield proposed holding a governor away day for Service Delivery Strategy development with the Board of Directors on the same day as the AGM, which could be held at 1 or 2pm. The date of this session is yet to be confirmed.

13 **Any Other Business**

Regional Governor event, Doncaster (September - to be confirmed)  
Regional Governor events are being planned to take in Doncaster in September. Once the dates have been finalised, governors will be informed.

King’s Fund Foundation Trust Governors Association  
The trust will try to get more information regarding this national governors’ forum and Jim Bristow, Public Governor for Rest of England, has contacted the King’s Fund about this.

Guide to Foundation Trust Accounts  
The Audit Commission have produced a guide to Foundation Trust accounts aimed at Non-Executive Directors and governors. If any governors would like a copy, please contact the foundation trust office.
Smoking
Julie D’Silva, Staff Governor for Professional Nurses and Midwives: Patients’ relatives are smoking at the main entrance – are the smoking wardens coming back?

Margaret Oldfield, Trust Chair: Yes, I believe that the wardens are back on site.

Parkinson’s Disease Nurse
Jean Dearden, Public Governor for Wentworth South: A member has asked me whether the Parkinson’s Disease Nurse post in Neurology is to be refilled.

Margaret Oldfield, Trust Chair: I’ve raised this – the intention is to replace the post, but we don’t know what the current situation is, as the post is PCT funded.

Julie D’Silva, Staff Governor for Professional Nurses and Midwives: I believe they are now community based Matrons, but the Parkinson’s Disease Nurse at the hospital will be replaced.

VAT
Jim Bristow, Public Governor for Rest of England: Is the trust VAT neutral?

Margaret Oldfield, Trust Chair: I will get back to you and let you know.

Retiring governors
Margaret Oldfield noted that this would be the last Council of Governors meeting for some of those present. Margaret Oldfield thanked all outgoing governors for their contribution and acknowledged their input into the trust’s work over the past few years.

Next Meeting Wednesday 9th July 2008, Lecture Theatre, PGME
AGENDA ITEMS MUST BE SENT TO KERRY ROGERS NO LATER THAN 25th JUNE 2008

Agenda - 16th July 2008:

Five items were submitted during the meeting for the July agenda:

1. Annual plan
2. Communication with the membership
3. Fitness to serve
4. Vice-Chair / Deputy Chair role
5. King’s Fund Foundation Trust Governors Association
6. PCT strategy and trust response
7. Summary review of audit commission booklet

2008 meeting dates:

Council of Governors 5pm, 9th July 2008 Lecture Theatre, PGME
Annual General Meeting tbc, 17th September 2008 Lecture Theatre, PGME

Kerry Rogers