1 Welcome (Margaret Oldfield)

Margaret Oldfield wished everyone present a Happy New Year.

2 Apologies for Absence

Apologies for absence were received from: Tony Hercock, Vice-Chair; Sylvia Bird, Public Governor for Rotherham North; Lew Vizard, Public Governor for Wentworth Valley; Tony Hercock, Public Governor for Rotherham North; and \( \ldots \)
North; Sandra Waterfield, Public Governor for Rother Valley South; Anthony Wilkinson, Public Governor for Rother Valley West; Michael Jennings, Partner Governor for Sheffield University and Taiba Yasseen, Partner Governor for REMA.

3 Declaration of Interests

No interests were declared

4 Minutes of the previous meeting

Item 1, page 2 of the minutes of the Council of Governors meeting held on 26 September 2007 was amended to include Peter Hinchliffe’s apologies. The minutes, subject to this amendment were agreed as a correct record.

5 Matters Arising

Item 13, page 8: Anna Chester had suggested that the Trust should consider joining the Kings Fund led National Forum.

Kerry Rogers reported that there the Trust still did not have much information about what the Kings Fund National Forum would provide, although a new executive had been elected. Some Trusts have already joined, but many are delaying joining until more information is available.

Margaret Oldfield stated that the membership fees for the National Forum are quoted at £4,500, but there is no information as to what value this will provide. As over 50% of Trusts in the Yorkshire and Humber region have acquired Foundation status, a strong local forum may be more useful than a national forum at this stage. Margaret Oldfield also stated that the HCC had sent out a questionnaire and consultation document to all Governors this afternoon. The results of this may show a consensus regarding the value of a national network.

Question 1 - Anna Chester, Public Governor for Rotherham South: The reason I am attracted to the national network is because of the opportunity it offers for web-based sharing of information and best practice. Governors will be able to engage with other Governors to swap ideas.

Response from Margaret Oldfield, Chairman: Before the Trust considers joining the network it would need more information.

Response from Kerry Rogers, Trust Secretary: In order for the network to be effective, it would need to provide value and have a large membership.

Question 2 – Jim Bristow, Public Governor for Rest of England: I support Anna Chester’s question, but knowing the cost of entry isn’t useful unless we know what value that will provide.

Response from Kerry Rogers, Trust Secretary: The FTN are in the process of establishing what the value of the national network will be. The Trust is currently unable to do this as it does not have sufficient information.

Response from Margaret Oldfield, Chairman: We have not yet been formally invited to join the network. Money is not a barrier to us joining, but value for money is.

Jim Bristow stated that he would happy to offer the use of his resources if necessary.
Brian James, Chief Executive, and Matthew Lowry, Chief of Finance, delivered a presentation on the Trust’s performance and financial position:

Financial position:
- Overall financial position is positive with a surplus of £1.2m (although this is a small proportion of total income)

Performance:
- The Trust continue to achieve all key targets (figures to end of December)
  - A&E, 4 hour 98% target – 98.6%
  - Cancer, 31 days diagnosis to treatment 98% target – 100%
  - Cancer, 62 days referral to treatment 95% target – 99.5%
  - Thrombolysis, 60 minutes call to needle 68% target – 73.2%
- Over 50% of A&E patients seen within 2hrs
- MRSA rate 73% lower and C. Diff. rate 31% lower than Yorkshire average
- Overall waiting times continue to be the lowest in South Yorkshire, although other Trusts are reducing the gap
- On track to achieve the December 2008 targets for 18 weeks from referral to treatment by April 2008 – 8 months early
- HCC Annual Health Check ratings for 2006/7 were ‘Good’ for Quality of Service and ‘Excellent’ for financial performance

External Assessment:
- Monitor’s quarter 2 assessment of RFT was as follows:
  - Financial risk rating = 4
  - Governance risk rating = Green
  - Mandatory Services risk rating = Green
- HCC Annual Health Check ratings for 2006/7 were ‘Good’ for Quality of Service and ‘Excellent’ for financial performance
- The Trust is on target to achieve ‘Excellent’ and ‘Excellent’ in 2008

Issues and Developments:
- Increase in Amber and Red Alerts during December/early January due to norovirus
- Merger of Pathology Service with Barnsley approved by both Boards. This will cover a population of 500,000 and will be sufficiently robust to cope with proposed changes to the pathology departments work (e.g. increasing self-testing)
- There is a new stop smoking shop in the concourse, supporting the PCT’s public health strategy
- First privacy and dignity audit conducted in connection with work focusing on Patient Safety and Patient Experience
- Trust secures £1.9m investment in new combined heat and power plant that will reduce energy use by c.15%
- Trust awaits outcome of decision to award a new Radiology Contract to the new PCC
- Efficiency requirement of 3% and low tariff uplift makes 2008 challenging – a CostIP of c5% will be needed for the third year running, due to the shift towards preventative rather than acute health care.
- Darzi review expected to have widespread implications for the Trust

8 Member Feedback – Future Ward project (Jackie Bird)
Jackie Bird, Chief Nurse, delivered a presentation on the Trust’s work on Patient Experience, including the Future Ward survey.

The results of the Future Ward survey were tabled and Jackie Bird requested that any governors who were interested in getting involved in Patient Safety and Experience work should contact her.

The results of the first Patient Experience audit were also presented:

- 90% of patients who responded were happy with staff attitudes. However, as there were few respondents, sample sizes are small.
- However, 83% of staff observed did not maintain privacy and dignity at all times and were not always accessible.
- Both Patients and Staff scored the “privacy, dignity and modesty” category lowest at 78% and 69% respectively.
- The Trust aims to build on the results of this audit and the Future Ward survey to implement the Core Value “We will treat everybody as we wish to be treated ourselves, showing dignity, kindness, respect and compassion”, of which Jackie Bird is the Executive Lead.

**Question 3** – Anna Chester, Public Governor for Rotherham South: How many patients and staff were involved?

*Response from Jackie Bird, Chief Nurse: 10 patients/careers and 10 staff members from 36 areas, so 720 in all.*

Margaret Oldfield stated that the Patient Experience work was a major priority for the hospital, and that input from Governors would be useful to help the Trust move forward in this area.

**Question 4** – Anna Chester, Public Governor for Rotherham South: The MCD group discussed engagement at our last meeting and had the idea of a feedback form on the website for patients. Would it be possible to have a ’10 point check’ on the website to find out about patient’s experiences of the hospital? I’d be happy to be involved.

*Response from Margaret Oldfield, Trust Chair: We can improve the website, and work is underway to do this, but many people do not have internet or computer facilities. That’s why it’s important to continue using a range of media, including paper-based questionnaires.*

**Question 5** – Jim Bristow, Public Governor for Rest of England: is there an exit form for patients?

*Response from Jackie Bird, Chief Nurse: Not at the moment, but we are looking at phone & paper-based systems of surveying patients.*

**Question 6** – Joan Green, Public Governor for Wentworth Valley: How many people are placed next to members of the opposite sex and do patients have problems with mixed sex wards? In my work, I was used to mixed sex wards and never came across any problems.

*Response from Jackie Bird, Chief Nurse: It only applies to a few patients, but this is still not acceptable. HDUs are the exception.*
Response from Margaret Oldfield, Trust Chair: There are no mixed sex bays, but sometimes male and female bays are next to each other. The problems that occur are usually around bathrooms. Single sex wards are one of my personal objectives, which I think can be achieved.

Response from Brian James, Chief Executive: Now people spend less time in hospital, ward management is more complicated and it’s hard to maintain single sex wards. Our aim is to create private or double rooms using the existing framework of the hospital. This will be hard, as fewer patients will fit into existing buildings.

Response from Matthew Lowry: Chief of Finance: The reason for the survey was to assess whether patients see single sex rooms as important, and 60% of them classed them as ‘very important’.

Question 7 – Joan Durkan, Public Governor for Wentworth South: I don’t see the need for private rooms; surely this means that a nurse can’t see at a glance if the patients are okay?

Response from Brian James, Chief Executive: It will be challenging and require more resources, but it’s what the patients want. Attitudes are changing and we are competing with the private sector, therefore we have to move forward to meet the demands of patients.

Response from Margaret Oldfield, Trust Chair: Younger patients have higher expectations to those from older generations.

Joan Green stated that private rooms were also used in residential nursing homes.

9 HCC Annual Health Check Governor commentary (Patricia Draycott)

The HCC Annual Health Check Governor commentary was presented to the Governors and APPROVED. The document will be forwarded to Alison Clarkson for submission.

   ACTION: KR

10 Infection Control update (Dr Walid Al-Wali)

Dr Walid Al-Wali, Chief of Medical Division, delivered a presentation on infection control:

- The C. Diff action plan put in place in January 2007 has decreased the use of antibiotics, particularly in Elderly Medicine
- Infection rates: 6 MRSA cases in 2007 and steadily decreasing C. Diff rates (6 in December). This is within target, but the Trust is still aiming to improve.
- A number of wards were affected by the norovirus, but none closed
- Hygiene Code implemented in September 2007 and the Trust has a legal duty to score itself according to this. Amendments to this code were issued on 11th January 08 and the Trust must now comply with these new standards
- The hospital aims to complete deep cleaning in March 2008
- DoH is not prescriptive regarding clothing, but the HCC require an action plan
- Infection control signs: new signage is going up over the next few weeks – these signs are much larger and more prominent than existing ones.
- Joint antibiotic policy with Barnsley will be published soon
- Collaboration with the PCT
Question 8 – Val Lindsay, Partner Governor for Patient Forum: Private Hospitals check for infection before admission. Does the hospital have any plans to do this?

Response from Walid Al-Wali; Chief of Medical Division: There is a national requirement that all planned admissions screen for MRSA by 2008 and all emergency admissions by 2011. If mRSA is present on the skin, this does not mean that a patient is infected, but it does put patients at risk of infection during surgery.

Question 9 – Jim Bristow, Public Governor for Rest of England: Will the deep cleaning budget be repeated, or is this a one-off?

Response from Matthew Lowry; Chief of Finance: The government has said that the deep cleaning budget will be included in our tariff for next year. However, as the tariff is too low, this effectively means we will have to fund it ourselves.

Response from Brian James; Chief Executive: Last year we invested money in equipment, which will help us to sustain a cycle of deep cleaning.

Response from Walid Al-Wali; Chief of Medical Division: We are also spending money on using new technology in infection control – for example, using 03 which prevents growth.

Question 10 – Mike Kesseler; Staff Governor for Medical and Dental: Is the deep cleaning useful? What impact does it have?

Response from Walid Al-Wali; Chief of Medical Division: Practical measures such as deep cleaning do have a significant impact on infection control.

11 Forward Planning 2008/2009 (Mike Pinkerton)

Mike Pinkerton, Chief of Business Development, delivered an update on the Darzi review:

- An interim report and recommendations were published in October 2007
- There will be a greater focus on prevention than acute care. Walid Al-Wali will be bringing out a new public health strategy on obesity, smoking and weight management issues in connection with this
- Out of hours care, or care on demand, will become increasingly important
- Hospitals will have to work hard to deliver preferred place of death in end of life care

Question 11 – Margaret Oldfield; Trust Chair: At what stage is consultation going to start?

Response from Mike Pinkerton; Chief of Business Development: So far the public has been involved. In any major change is proposed, consultation will take place then.

Response from John Radford; Partner Governor for Rotherham PCT: We are doing a lot of consulting already which ties in with the recommendations of the report. The focus on prevention needs to be embedded next year, with tiered services for obesity which we expect the FT to bid for.

A video was shown in relation to the new operating framework. The video outlined new ways of working, including the continuing focus on local priority setting as opposed to national control and the improved access to education and training for
NHS staff. The video also outlined the 5 main priorities for NHS trusts over the coming year:
- Contingency planning
- Fighting Hospital Acquired Infections
- Improving access
- Health improvement
- Patient experience

Mike Pinkerton, Chief of Business Development, also delivered a presentation on business planning for 2008/9:

- Proposed Capital Investment Priorities:
  - Upgrades to several key IM&T systems e.g. D.M.Nurse, Endoscopy
  - IM&T Business Case
    - Improvements to current infrastructure £500k
    - Improved resilience and capability to IM&T across the organisation to ensure compliance with future standards £2.4m
  - Improvements to the Hospital site £1m
  - Further investments in Medical Equipment £1m
- Service Developments, including local Chemotherapy services; Bowel Cancer Screening; Pathology partnership with Barnsley FT
- Tenders being put in for – Diagnostics, Sterile Services and Orthotics services
- Corporate Objectives to be drafted in February and finalised for Board approval in March 2008
- Draft Annual Business Plan to be completed in early April 2008 and submitted to Monitor at the end of May following Board of Directors approval

In summary:
- The Trust is in a very strong position:
  - waiting times excellent and falling
  - infection rates low and falling quickly
  - strong financial position – expect to end the year with a surplus of 1.0% - 1.5%
  - Annual Health Check – on target for Excellent & Excellent
  - Increasing day surgery rates / eliminating unnecessary preoperative bed days
- Challenges ahead for all NHS providers (especially DGHs), but also opportunities

Question 12 – Mike Kesseler; Staff Governor for Medical and Dental: At what stage does the business plan come to the Governors for input? Last year we were provided with more detail, which was useful.

Response from Mike Pinkerton; Chief of Business Development: The governors were asked at the last meeting to submit their business priorities. There isn’t any detail available yet, but it will be put before the Governors when available.

Response from Kerry Rogers; Trust Board Secretary: Only one response was received, but this has been incorporated into our thinking.

Response from Mike Pinkerton; Chief of Business Development: Clearly we need to find better ways of working with Governors in order that you have more opportunity to put forward your views.

Response from Margaret Oldfield; Chairman: It may be beneficial to have a more informal discussion when the draft is created. This is Governor’s opportunity to influence what goes on at the Trust and we’d like to help you use it. It’s not just about
Governors making changes to the business plan – it’s about us including what’s important to you.

Response from Matthew Lowry; Chief of Finance: The Member feedback we received in the Future Ward survey has also been incorporated into the Trust’s business plan.

Anna Chester noted that she preferred to be consulted via dialogue rather than on paper.

Question 13 – Jean Flanagan; Partner Governor for Sheffield Hallam University: There is lots of tendering activity going on. Whose job is this and does the Trust have the skills to tender effectively?

Response from Mike Pinkerton; Chief of Business Development: It depends on the size of the tender. Big tenders require corporate teamwork across departments, and we are able to draw on outside support where necessary – this was done for the Sterile Services tender. Also, the learning points from every tender can be applied to future ones.

12 To Approve:

New Standing Orders (Kerry Rogers)

Kerry Rogers stated that since the Standing Orders were presented at the previous Council of Governors meeting, a minor revision had been made to correct a duplicated item. The Standing orders were APPROVED.

The standing orders will be reviewed in six months time, although they are valid for twelve months.

13 AOB

Ward Closures (Patricia Draycott)

Patricia Draycott, Public Governor for Rotherham North, expressed that would like Governors to receive timely updates of ward closures and other issues of public interest.

Mike Kesseler, Staff Governor for Medical and Dental, backed up Patricia Draycott’s point, stating that Governors should be informed of such occurrences.

Response from Brian James; Chief Executive: The ward was closed and relocated into vacant space as part of rationalisation work. Unhappiness is inevitable when teams are split up. You are right though - Governors should be forewarned of ward closures or similar changes at the hospital, and will be in future.

Response from Margaret Oldfield; Chairman: Kerry Rogers is in the process of creating a new communications strategy, and this issue will be addressed.

Gerry Robinson BBC Programme (Alan Thompson)

Alan Thompson, Public Governor for Rotherham South, stated that he would have liked to have been involved with the making of the recent BBC programme with Gerry
Robinson. Efficiency is a matter of public interest, therefore this is the kind of subject which it would be appropriate for the Governors to get involved in.

Alan Thompson also stated that he would find it useful to have more information at his disposal than simply presentations, as the Governors need to see things from different perspectives in order to be effective.

Response from Margaret Oldfield; Chairman: The BBC was in charge of the programme, so the Trust didn’t have any say over who was interviewed. Even the Board wasn’t involved. We try to keep Governors informed on issues regarding government policy, but maybe things need more explanation?

Response from Brian James; Chief Executive: We had no editorial control at all, and very selective editing was used, based on how Gerry Robinson wanted the programme to look. On balance, however, we felt that it was important for the public to see the workings of the hospital and hold a mirror up to ourselves. I felt that the Rotherham health community as a whole came out very well.

Alan Thompson stated that the conclusion of the programme seemed to be that the Trust was doing its best within constraints. Governors should make Members aware of the problems and limitations facing hospitals, as it is our Members who vote for the government that imposes these limitations.

Response from Margaret Oldfield; Chairman: Member power is a key issue - Anna Chester chairs the Membership Communication and Development group which looks at Member engagement and recruitment. District General Hospitals are under threat, so anyone with an interest should join Anna’s group.

Your Choice contents (Maria Dixon)

Maria Dixon reported that the next issue of Your Choice was currently being put together. Maria requested that any Public or Staff Governors who wished to contribute to the magazine or suggest an article should contact her directly.

Announcement

Margaret Oldfield announced that Mike Kesseler, Staff Governor for Medical and Dental, will be retiring in June 2008. The Council of Governor wished him well in his retirement.

14 Council of Governors Effectiveness Review
(Executive team not present)

As several of the Governors left with the Executive team it was decided that another meeting would be set up in a month’s time for the Council of Governors Effectiveness Review. Maria Dixon asked those Governors who had filled in their individual review forms to hand them in so that the results could be fed into this meeting.

Several Governors stated that the amount of information provided at the Council of Governors meetings in the form of presentations was too large. Governors stated that they would rather be supplied with the information in the meeting papers, and then have the opportunity to discuss it and ask questions at the meeting without a presentation.

Governors also expressed that they would like to know which, if any, aspects of the information they are provided with are confidential.
Response from Margaret Oldfield; Chairman: The structure of the meetings is based on what the Council of Governors chose to have initially, and is very executive influenced. Is this amount of detail needed for every meeting, or would a more flexible agenda be appropriate? As well as organising another meeting for the effectiveness review, we will also revisit the agenda structure to work out how the Trust can make these meetings more effective and supply more appropriate information to Governors.

15 Items for Information
   a. Notes from Member Communication and Development group
   b. Minutes of Healthcare Commission Standards sub group

Date and Time of Next meeting:

The next Council of Governors meeting will take place on Wednesday 16 April 2008 at 5.00pm in the Lecture Theatre, Education Corridor Level D.

AGENDA ITEMS MUST BE SENT TO KERRY ROGERS NO LATER THAN 2nd April 2008

2008 meeting dates:

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<tr>
<th>Event</th>
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<td>Council of Governors</td>
<td>5pm, 16th April 2008</td>
<td>Lecture Theatre, PGME</td>
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<tr>
<td>Council of Governors</td>
<td>5pm, 9th July 2008</td>
<td>Lecture Theatre, PGME</td>
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<tr>
<td>Annual General Meeting</td>
<td>5pm, 17th September 2008</td>
<td>Lecture Theatre, PGME</td>
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