THE ROTHERHAM NHS FOUNDATION TRUST

Minutes from the Council of Governors Meeting
Wednesday 28th January 2009 – Lecture Theatre, PGME

Present
Anthony Hercock, Vice-Chair

Public Governors
Sylvia Bird, Public Governor for Rotherham North
Peter Brader, Public Governor for Wentworth South
Jean Dearden, Public Governor for Wentworth South
Jan Frith, Public Governor for Rest of England
Antony Hayne, Public Governor for Wentworth Valley
Margaret Marshall, Public Governor for Rother Valley South
Lewis Vizard, Public Governor for Wentworth North
Sandra Waterfield, Public Governor for Rother Valley South
Dennis Wray, Public Governor for Rother Valley West

Staff Governors
Julie D’Silva, Staff Governor for Professional Nurses & Midwives
Jill Ward, Staff Governor for Other Health Professionals
Dr Al-Modaris, Staff Governor for Medical & Dental

Partner Governors
John Radford, Partner Governor for Rotherham PCT
Janet Wheatley, Partner Governor for Voluntary Action Rotherham

In Attendance
Walid Al-Wali, Medical Director
Sue Ball, Deputy Company Secretary
Graham Briggs, Director of Human Resources
Andy Buck, Chief Executive, NHS Rotherham
John Cartwright, Director of Estates
Val Lindsay, Formerly Partner Governor for PPI Forum
Mathew Lowry, Chief of Finance
Mike Pinkerton, Chief of Business Development
Val Wallett, Acting Membership Manager
Jenny Wilson, Chief Operating Officer

Apologies
Jackie Bird, Chief of Quality & Standards/Chief Nurse
Jim Bristow, Public Governor for Rest of England
Jean Flanagan, Partner Governor for Sheffield Hallam University
Brian James, Chief Executive
Margaret Oldfield, Chairman
Kerry Rogers, Company Secretary
Anthony Wilkinson, Public Governor for Rother Valley West

Absent (no apologies)
Anna Chester, Public Governor for Rotherham South
Patricia Draycott, Public Governor for Rotherham North
Michael Jennings, Partner Governor for University of Sheffield
Lee Marshall, Staff Governor for Support Staff to Healthcare
Terry Sharman, Partner Governor for RMBC
Alan Thompson, Public Governor for Rotherham South
Taiba Yasseen, Partner Governor for REMA
1. Welcome

Tony Hercock extended a welcome to all present. He explained that the Chairman was absent as she was attending a Foundation Trust Chairs conference in London. It was hoped that she would be back for the latter part of the meeting. The Company Secretary was also absent in London at a Kings Fund event with the Chief Nurse.

Announcements

No announcements were made.

2. Declaration of Interests

There were no declaration of interests.

3. Minutes of the last meeting

The minutes of the last meeting held on 17th September 2008 were approved as a correct record.

4. Matters Arising

i. Recording of Absence/Apologies

It was noted that the presence of Executive and Non Executive colleagues had not previously been noted and it was requested that this information be recorded for future meetings. **ACTION – V Wallett**

ii. Summary Report re Hand Washing and Use of Alcohol Gel

It was noted that the Trust had been visited by Mr David Nicholson, Chief Executive of the NHS, who was very impressed by the Trust’s performance with regards to infection control.

iii. Results of Patient’s X-rays to GPs

It was noted that the Trust was developing a system which would support quicker reporting of patient X-rays. The system would be rolled out over the next few months and would enable GPs to order tests and receive the results directly for both X-ray and Pathology.

5. Quarterly Executive update

i. Strategy and SDS II

Matthew Lowry explained the key highlights which were as follows:

- A & E Target – there had been a significant increase in emergency admissions. A range of changes were being implemented with NHS Rotherham to improve the position but it was not thought likely that the Trust will meet the 98% target for the year.

- 30th Anniversary – thanks were given for the appreciable input of the Governors to the celebratory events
• **EPR Procurement** – Dennis Wray enquired whether the EPR system was a stand-alone system and was informed that it would link into the ordering system for GPs and that RFT users had been involved in the development of the system. Julie D’Silva wondered whether it would link into other Trust systems and was informed that the Trust was trying to link it into as many current systems as possible. Jan Frith queried how the system would sit within the NPFIIT programme. Matthew Lowry explained that the NPFIIT initiative was running years behind schedule and would not be running properly for about 8 – 10 years. The EPR system is an interim system and would be reconsidered when NPFIIT came on line. Compatibility with any future NPFIIT system is a contractual requirement of the EPR contract.

• **Chief of Community Services** – Jean Dearden queried this appointment and Matthew Lowry explained that it was a natural transition for the Trust to provide a broader range of services than at present. John Radford explained that NHS Rotherham was moving to fulfil a commissioning service role that would be separate to community services. Dennis Wray enquired whether the new post would protect core services at the hospital and was informed that the Trust only provides minimal community services at the moment. The appointment of the Chief of Community Services will help to protect the core services. Going forwards, it was hoped to increase the amount of work provided.

**ii. Finance & Performance**

Matthew Lowry outlined the key points in the December performance report:

• **Stroke Strategy** – this information was from an audit undertaken on the first 60 patients in 2008. This audit would be repeated at the end of 2009 and it was expected that there would be improved performance on this target.

• **Orthopaedics** – Sandra Waterfield explained that at a recent Orthopaedic Out-patient appointment the waiting time had been 3½ hours before seeing the clinician. Matthew Lowry explained that the December/January period had been the busiest period ever in A & E and Orthopaedics with over 40 fractures being seen on one day. Work was being undertaken by an external company on Orthopaedics to look at the capacity and ability to flex when needed. Val Lindsay felt that this was a long standing problem and Matthew explained that it had been eased but there had been problems with severe demand over the last couple of months.

• **Thrombolysis** – Lew Vizard felt the problems had occurred due to ambulance delays and wondered when the contract with Yorkshire Ambulance Service was up for renewal and whether other organisations would be invited to tender. Matthew Lowry explained that there were 2 parts to the Thrombolysis target – one part related to getting patients to hospital and the other to treating patients once they arrive. The ambulance service was actually tendered by NHS Rotherham. It was noted, however, that the Chairman of Yorkshire Ambulance Service had been asked for his comments on this but had yet to reply. John Radford explained that NHS Rotherham was aware of the problems and had had discussions with the ambulance service. Work was being undertaken by YAS to find out why they underperform in Rotherham. It was felt that it would be difficult to put core emergency services out to tender.
• Format of the Performance Report – Matthew Lowry asked the governors for comments on the format of the performance report to be sent to him via Val Wallett. 

ACTION – Governors

• SDS II – Matthew Lowry reported that the draft SDS II would be available for internal comments from the beginning of February 2009.

iii. Quality and Standards

Walid Al-Wali reported on the following:

• Care Quality Commission and Health Care Associated Infection Registration – from April 2009 the Care Quality Commission (CQC) will be the new independent regulator of health and adult social care across England. In the first year of the CQC, all NHS Trusts have to register with regards to their self assessment against the 9 standards in the Health Care Commission (HCC) Hygiene Code. The submission will be influenced by the HCC visit report.

• Healthcare Commission Visit – as part of the Healthcare Associated Infection (HCAI) programme, the Health Care Commission (HCC) had recently carried out a 2 day inspection of the Trust. The Inspection Team assessed the Trust’s compliance with the Hygiene Code and identified two breaches:

  - Duty 2 – Sub Duty D breached: the Trust does not have a clear system for providing training during the 3 year period or robust system for monitoring whether relevant staff receive update training as required
  - Duty 4 – Sub Duty C breached: although the cleanliness of the ward and patient environment was to a high standard and the overall impression was of a clean and well maintained environment, the Trust’s processes for cleaning with mops were inadequate and not compliant with the local and national standards.

In response to these breaches, the HCC has made recommendations to improve systems for infection prevention and control at the Trust and will check in 3 months time that the Trust has made these improvements. An action plan and monitoring of the action plan have been put in place.

Walid explained that the Trust has the best infection rates in Yorkshire and one of the best infection rates in the country.

With regard to the self assessment for the CQC, the Trust have taken advice from the HCC and will declare non compliance, including an action plan, for standards C4a and C21 and this non compliance should be rectified by the end of March. The Trust will also declare partial compliance with the 2 breaches highlighted by the HCC visit.

Sandra Waterfield reported that she had seen nurses in uniform out of the work environment. Walid Al-Wali explained that the Trust does have a uniform policy which states that if a uniform is worn outside work, the uniform should be fully covered and that there is no evidence that wearing uniforms outside of the hospital leads to cross infection. Walid also explained that nurses on the wards wear disposable aprons when in direct contact with patients. Matthew Lowry said that the Trust needs to be clear what is expected of all staff in uniform and would raise this again within the organisation. 

ACTION – M Lowry
Val Lindsay wondered whether changing rooms were still available for staff and Jenny Wilson explained that although there were still some changing rooms available, many had been converted to other uses due to the lack of use as changing rooms.

iv. Business Development

Mike Pinkerton explained that officers from the Trust had visited the Bluebell Wood Hospice and offered a range of services, free of charge where possible, to assist the hospice in starting up. Mike Pinkerton then reported on the following:

- Operating Framework 2009/10 and Planning Update – this sets out priorities for the Department of Health for the coming year with standards and targets that must be met. With regard to the Darzi review, the main focus is on quality. The document also sets out system changes being introduced by the Next Stage Review. Jean Dearden would like more discussion on this and suggested the possibility of having this as a development session for the Governors. It was agreed that this should be included in the Governor Development Programme.

  ACTION – Val Wallett/Kerry Rogers

- Going Further on Cancer Waits – there had been improvements in survival rates in cancer following development of the Cancer Strategy in 2000. There were now new cancer treatment targets as part of the Cancer Reform Strategy and there will be changes in reported performance as these will now be recorded by tumour site. The cancer tracking system had changed and it was expected to treat more patients more quickly.

v. Operations

Jenny Wilson gave an update on the Site Utilisation Development Plan. Major schemes being undertaken this year include Ward A7 reconfiguration, Pharmacy modernisation including introduction of robotic technology and Ward A6 reconfiguration which was currently out to tender.

Jenny Wilson then outlined the next steps which included physical environment changes as well as working practice changes i.e. the Productive Ward.

Sandra Waterfield wondered why it sometimes took so long to provide discharge medication. Jenny Wilson explained that the Trust planned to implement Interqual which looks at planning discharges from the minute the patient is admitted which would include discharge medication. It would be necessary to ensure good practices are rolled out over all the wards. Sylvia Bird wondered why different wards have different discharge procedures. Jenny Wilson explained that technology is not currently in place to ensure standardisation and it was difficult to monitor and manage without the technology. Consideration was being given to transferring patient discharge information to GPs by e-mail.

The Executive Team was requested to provide a brief summary of where the Trust is at and where it wants to be with regard to discharge standardisation for the next meeting. Walid Al-Wali explained that the discharge policy includes a prescriptive discharge letter to GPs which is audited. Matthew Lowry suggested that this issue was regarded as a matter of particular concern to the Governors and should be brought back to the next meeting with a briefing on the position and what is being done to improve it.

  ACTION – Executive Team
With regard to site utilisation, Firas Al-Modaris wondered why Urology could not stay on B level. Jenny Wilson explained that there was insufficient space available on B7 and the Division of Surgery and the Urology directorate had agreed with the preferred option of A6.

6. **NHS Rotherham Presentation**


The strategy had been assessed and approved by the Yorkshire & Humber Strategic Health Authority and had been launched by NHS Rotherham. Andy Buck explained the six key values outlined in the strategy:

- putting people first
- working in partnership
- continuously improving quality of care
- showing compassion, respect and dignity
- listening and learning
- taking responsibility and being accountable.

There were eight priority areas, with transformational initiatives and Andy Buck outlined how they would be measured:

- 2012 World Class Commissioning outcome
- First class primary care services
- Healthy childhood
- First class services
- Better mental health services
- Healthy pregnancy and births
- Staying healthy
- Better services for people with long term conditions
- End of life care.

Sandra Waterfield wondered whether NHS Rotherham had any input to Bluebell Wood Hospice. Andy Buck explained that he had recently met with the Chief Executive at Bluebell Wood Hospice and work is being undertaken on ensuring that funding follows the patient.

Val Lindsay queried whether NHS Rotherham had any intention of dissuading GP surgeries from using 0845 numbers for their surgeries. John Radford explained that GPs should use local rate numbers. Andy Buck and John Radford agreed to look into this. Janet Wheatley referred to the current economic climate and wondered whether it would impact on the strategy. Andy Buck felt that the priorities wouldn’t change but believed that the scale of the problem would increase.

Dennis Wray asked about the dignity of dying patients and who makes the final decision. Andy Buck felt that it was important to talk more about these issues, to have a far more open dialogue about dying and personal preferences about where individuals choose to die.

Firas Al-Modaris questioned whether NHS Rotherham had any plans for GP out of hours service. John Radford explained that following discussions with GPs, lunchtime closing
and ½ days had been eliminated. With regards to out of hours, NHS Rotherham was in the process of setting a new contract for the walk in centre to run from 8.00 am – 8.00 pm 7 days a week. The same provider would also be providing an out of hours service. A preferred provider had been appointed and negotiations were taking place.

Tony Hercock wondered whether the deprivation maps mask best and worst mortality rates. John Radford explained that NHS Rotherham was undertaking work on targeting inequalities, this included working with the Council, Police and voluntary services who were concerned over town centre areas.

Mr Hercock thanked Andy Buck for his interesting and informative presentation.

7. **Membership Communications and Development Group**
   
   i. **Minutes for Information**
      
      The minutes of the last meeting were received for information.
   
   ii. **Governor Commentary**
      
      Due to the absence of Anna Chester, the governor commentary was unavailable.

8. **Patient Safety & Experience Governor & Member Group**
   
   i. **Minutes for Information**
      
      The minutes of the last meeting were tabled for information.
   
   ii. **Governor Commentary**
      
      Kerry Rogers would be meeting with the governors concerned to discuss this and would be presented to the next Council of Governors meeting.
   
   iii. **Terms of Reference**
      
      The Terms of Reference were tabled. These had previously been approved by the Group and this approval was endorsed by the Council of Governors.

9. **FTGA/Governor Development**
   
   i. **Feedback on National Development Workshop**
      
      Dennis Wray gave feedback on the National Development workshop. The day consisted of a series of presentations and the presentation slides were now available on the FTGA website. Dennis felt that the presentation on LINKS was poor and the presenter did not answer the questions asked adequately.

      With regards to value for money, Dennis felt that there was nowhere else for Governors to express their views and gain feedback on a national basis. He felt the FTGA was useful for networking with other Governors and felt that the Trust should stay in the organisation.

      Lew Vizard then gave his views on the workshop. He concurred with Dennis Wray’s views about the LINKS presentation. He also attended the presentation on engaging membership which had some good suggestions for engaging
membership including: involving the local press, producing a DVD for local groups, Top Ten Talks taking place in the community and holding talks prior to the AGM.

Following the comments on the poor LINKS presentation, Janet Wheatley suggested that VAR, as the local LINKS organisation, could do a presentation locally on what is happening with LINKS. Janet Wheatley agreed to speak to Sue Ball about this. 

ACTION – Janet Wheatley/Sue Ball

ii. FTN Development Programme – 18th February 2009

Val Wallett would be contacting the Governors attending this event to arrange transportation if required. 

ACTION – Val Wallett

iii. FTN Development Programme – 22nd April 2009

The next FTN Development workshop would take place on 22nd April 2009 and expressions of interest in attending were required to Kerry Rogers.

ACTION – Governors

iv. RFT Development Programme Update

Governors had received a schedule for completion in order for dates to be organised for the forthcoming Development Programme. Governors were requested to pass the completed schedule on to Val Wallett. ACTION: Governors

10. Any Other Business

i. Regional Governors Day

A Regional Governors Day had been held in October 2008 but no feedback had been received. It was agreed that forthcoming events should be included on agendas, both prior to the event to inform Governors of the event and after the event for feedback.

ACTION – Val Wallett

ii. Congratulations on Endoscopy Unit

Sue Ball reported that she had received a letter from a patient who had attended the Endoscopy unit and thought the unit was absolutely fantastic. Thanks were passed to Julie D’Silva.

iii. Communication Between Governors

Firas Al-Modaris wondered whether something could be set up for communication between Governors in order to enable them to communicate with each other outside of Governor meetings. The possibility of a directory containing personal contact details for the Governors was discussed and Val Wallett agreed to contact the Governors for their views.

ACTION – Val Wallett

iv. Timetabling of Agendas

Governors expressed the wish to receive the Council of Governor papers earlier than at present to allow time for reading prior to the meeting and it was agreed that papers would be distributed at least one week in advance of the meeting.

ACTION – Val Wallett
11. Escalation of Any Issues From Sub Committees

There were no items for escalation.

12. Issues to be escalated to Board of Directors

There were no items for escalation.

13. Items for Information

The Council of Governors received the dates of the Council of Governor meetings for the remainder of 2009.

14. Date and Time of Next Meeting

The next meeting will be held on Wednesday 8th April at 5.00 pm in the Lecture Theatre, Level D.

Enc.