MINUTES OF THE COUNCIL OF GOVERNORS MEETING HELD ON WEDNESDAY 21ST APRIL 2010 AT WOODSIDE

Present: Margaret Oldfield, Chairman
Kerry Rogers, Company Secretary
Anthony Hercock, Non-executive Director and Vice Chairman

Public Governors: Sylvia Bird, Public Governor for Rotherham North
Peter Brader, Public Governor for Wentworth South
John Colton, Advisor Governor for Rotherham South
Jean Dearden, Public Governor for Wentworth South
Anthony Hayne, Public Governor for Wentworth Valley
Frank Hodgkiss, Public Governor for Wentworth North
Val Lindsay, Public Governor for Rotherham North
Margaret Marshall, Public Governor for Rother Valley South
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: Firas Al-Modaris, Staff Governor for Medical and Dental
Beverly Doane, Advisor Governor for Other Staff Class
Jill Ward, Staff Governor for Other Health Professionals

Partner Governors: Jean Flanagan, Partner Governor for Sheffield Hallam University
Caroline Rollitt, Partner Governor for South Yorkshire Police
John Wainwright, Partner Governor for Barnsley and Rotherham
Chamber of Commerce
Taiba Yasseen, Partner Governor for REMA

Apologies: Jim Bristow, Public Governor for Rest of England
Anna Chester, Public Governor for Rotherham South
Julie D’Silva, Staff Governor for Professional Nurses & Midwives
John Doyle, Partner Governor for RMB
Shelley Fell-Bowers, Partner Governor for Learning and Skills Council
Jan Frith, Public Governor for Rest of England
Michael Jennings, Partner Governor for Sheffield University
John Radford, Partner Governor for NHS Rotherham
Janet Wheatley, Partner Governor for Voluntary Action Rotherham

In attendance: Brian James, Chief Executive
Rebecca Allinson, Associate Director of Corporate Affairs
Trisha Bain, Deputy Chief of Quality & Standards
Jackie Bird, Chief of Quality and Standards/Chief Nurse
Giles Bloomer, Non-executive Director
Julie Hickton, Non-Executive Director
Andy Irvine, Chief of Community Services
Matthew Lowry, Chief of Rotherham Hospital
Neil MacDonald, Non-executive Director
Mike Pinkerton, Chief of Business Development
Nigel Ruff, Non-executive Director
Dawn Stewart, Corporate Governance Manager (minutes)
Mark Trumper, Chief of Transformation

Public: Ralph Beaumont, Hannah Colton
2010/19 WELCOME AND ANNOUNCEMENTS

The Chairman welcomed Caroline Rollitt, Partner Governor for Rotherham Police, to her first Council of Governors meeting.

It was reported that Janette Mallinder, Public Governor for Wentworth Valley, had tendered her resignation due to a conflict of interest.

The Council of Governors NOTED that due to the impending General Election the Trust and therefore all Governors would be bound by the Purdah rules.

Governor elections had commenced and would close at the end of April 2010. There would be contested elections in a number of Constituencies.

2010/20 DECLARATION OF INTEREST

John Wainwright, Partner Governor for Barnsley and Rotherham Chamber of Commerce, declared an interest as follows:

Care Services Direct, Barnsley Independent Member of the Board from 1st April 2010 for a period of twelve months. It was agreed the Register of Interests would be updated accordingly and the Chairman confirmed whilst unlikely, it would remain important such interest should not influence John’s actions as a Governor

2010/21 MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting held on 20th January 2010 were agreed as a correct record.

2010/22 MATTERS ARISING

There were no matters arising from the previous minutes.

2010/23 UPDATE FROM EXECUTIVE DIRECTORS

The Council of Governors RECEIVED a number of updates from the Executive Directors as follows:

i. Chief Executive – Brian James

Brian James updated members on a number of topics including:

- Since 2005 the Trust’s Consultant body had increased by 33% from 92 to 130 Consultants
- The main concourse had returned to the Trust’s ownership, rather than being operated by a third party lease agreement
- A new state of the art operating theatre had been completed and another refurbished in addition to a new Theatre Admissions Unit being opened
- The scheduled for the Electronic Patient Record to go live had been delayed by three months for logistical and quality reasons
• The Trust had contributed to a successful partnership bid with Macmillan Cancer support for £116k for the first stage roll out of Information Prescriptions
• The Trust had been awarded a £1.82m contract over three years to deliver Musculoskeletal Interface Services for the west of Sheffield
• The Trust had been awarded full Joint Advisory Group (JAG) accreditation which will enable the Trust to operate as an official Regional Bowel Screening Centre.
• Service Integration discussions were ongoing with NHS Rotherham, with formal consultations to commence following the General Election.

Post meeting note - The Strategic Health Authority had confirmed that formal consultation would not be required. However, NHS Rotherham would undertake a period of staff consultation.
• The structural changes following SDS2 had been completed.
• The end of year financial position was being finalised in readiness for reporting to Monitor. It was anticipated that the Trust should retain its double excellent status with the Care Quality Commission, which would be the third successive year it had been achieved.

Members discussed the main entrance redevelopment and specifically the disruptions to patients and visitors. It was reported that the patient journey had been mapped in order to resolve the issues identified to ensure that access to and from the area was safe for patients, visitors and staff, with the position constantly monitored. In response to a question from the audience it was confirmed that the redevelopment of the main entrance would be completed around November 2010 at a cost of circa £3.5m. The redevelopment was not being undertaken for commercial reasons, but to provide an improved environment for patient and visitors, with new services and facilities being provided in one convenient area. Additionally some diagnostic services currently located in different areas of the Trust would be located in the main entrance area to improve the patient pathway. In response to further questioning, it was confirmed that as part of development plans, investments would be made in modernising ward facilities over the coming months.

In response to a question from one of the Public Governors regarding service integration, it was reported that it was anticipated that more services would be provided in the community following service integration.

The Governors had at a recent Governors Forum discussed the impact on patients who were discharged on a Friday and the potential that they would not receive home services over the weekend period. The Chief of Quality and Standards/Chief Nurse reported that 90% of patients received predicted dates of discharge which enabled such home services to the established. However, in relation to Friday discharges there had been a number of recent occasions where Yorkshire Ambulance Service (YAS) had failed, or had been late, to collect patients following their discharge. These issues were being discussed with YAS in order to resolve the problems. However, should the Governors become aware of any issues they should contact the Chief of Quality and Standards/Chief Nurse.

ACTION – ALL TO NOTE

ii. Chief of Business Development – Mike Pinkerton

Mike Pinkerton provided a presentation on the Annual Plan.
The presentation outlined how the Trust had undertaken its business planning process, which had included input from the Governors. The Council of Governors were reminded of the timescales:

- Strategic: three to five year direction (SDS) Tactical: annual business plan
- Strategic service reviews
- Tariff road test
- Operating framework and tariff
- Final Divisional/Directorate plans
- Corporate Objectives
- Contracts negotiated and agreed
- Capital and service pre commitments
- Final Trust Business Plan
- Implement and Review

The draft Corporate Objectives were to be discussed and approved at the May 2010 Board of Directors and had the broad themes of:

- Vertical Integration Plan
- EPR Implementation Plan
- Monitor Compliance/Finance rating 4
- CQC Ratings
- Annual patient survey results
- Staff Sickness rate
- Med staff appraisal/revalidation system
- Employee Engagement
- Staff Survey
- Medical records content/coding
- Assurance Unit
- Emergency care pathway implementation
- Zero Tolerance – Avoidable Infection
- SUDP – Strategic Review and Roadmap
- Contract Compliance
- Quality Strategy
- Outpatients Redesign
- SDS 2.5
- All Services below tariff
- Focused marketing strategy

Mike Pinkerton confirmed that the forthcoming General Election may impact upon the business plan due to delays or postponement of formal consultations. In addition any new Government once elected may have different policy directions for the future.

It was confirmed that it was essential that the Trust, through the Assurance Unit, received internal assurances in respect of accurate self assessment declarations to regulators such as Monitor and the Care Quality Commission. The work undertaken by the Assurance Unit had to date provided assurances to the Audit and Assurance Committee and the Board of Directors in a number of key areas. In addition the Assurance Unit were mapping the various organisations who monitored the Trust in order to avoid duplication of information required to be submitted as evidence and also
supported improvement activities with any department/service following any assessment undertaken.

In response to a question from Tiaba Yasseen, Partner Governor for REMA, it was confirmed that “equality” was implicit in everything that the Trust did and was driven through its Core Values and HR Strategy.

The Council of Governors NOTED the content of the presentation and SUPPORTED the draft Corporate Objectives.

iii. **Chief of Quality and Standards/Chief Nurse – Jackie Bird**

Jackie Bird, Chief of Quality and Standards and Trisha Bain, Deputy Chief of Quality and Standards, provided a presentation on the achievements and next steps in relation to Quality Accounts.

There were a number of requirements relating to Quality Accounts, which were:

- It was a legal requirement to produce Quality Accounts
- They would be performance managed by the Care Quality Commission and commented upon by the PCT
- Assurance of data quality and the process would be assessed annually by KPMG, the Trust’s external auditors
- Statements would be required from Governors

**Annual reporting and improvement activity**

- Local, Regional, National Indicators (VTE, MRSA)
- CQUINS linked to payments
- 3 indicators and 3 improvement priorities annually
- National audits: mandated inclusion
- National Confidential Enquires Peri Operative Deaths
- Research profile of the Trust

There had been a number of achievements during 2009/10, which included:

- Priority 1:
  - CHKS Risk Adjusted Mortality Rates - Year on Year reduction
  - Dr Foster National benchmarking Quality Account 2008/9 = 98.49, 2009/10 = 99, National average = 100

- Priority 2: Patient Falls
  - Reduction in patient falls = 430 less falls per year
  - Cost savings £383,000 per year
  - Reduction in severity, from 23 fractured neck of femurs to 7
  - 75% increase in timeliness of neuro-observations
  - Bed rails use improved and bed procurement risk focused
  - Slippers provided by Charitable Funds

- Priority 3. Pressure Ulcer Reduction
  - 48% reduction across the Trust
- Reduction in patient harm
- Cost savings Q3 to Q3 of £309,000
- Last financial year £504K

- Increased use of Patient Experience Tracker – 4718 patients surveyed, providing real time information

The Council of Governors CONSIDERED and SUPPORTED the following three Improvement Programmes:

- Venous Thrombo-embolism management
- Stop inappropriate weight loss (nutrition) and dehydration (fluid balance)
- Protection against *all* infections: MRSA, CDiff, Urinary Track Infections, Surgical Site

With regard to infections it was reported that the targets for 2010/11 were challenging with the Department of Health MRSA bacteraemia target being 3 and the Monitor target being 6. The Trust had already introduced screening of elective admissions and would be undertaking screening shortly for non-elective admissions.

The Executive Directors were thanked for the informative presentations.

2010/24 LEAD GOVERNOR ROLE

The request from Monitor to identify a Lead Governor had been discussed at a number of previous meetings and more latterly at the 3rd March 2010 Governors Forum. The recommendation from the Chairman was that the role should be undertaken by the senior Public Governor on the Nominations Committee. Jean Dearden, Public Governor for Wentworth South, ACCEPTED the nomination, which was formally RATIFIED by the Council of Governors.

2010/25 APPOINTMENT OF VICE CHAIR

The Council of Governors CONSIDERED and APPROVED the recommendation from the Board of Directors that Neil MacDonald, Non-executive Director, be appointed as the Vice Chairman of the Council of Governors for a period of twelve months.

The Chairman wished to place on record her gratitude to Anthony Hercock, Non-executive Director, who had previously undertaken the role.

2010/26 PERFORMANCE DASHBOARD

The Council of Governors RECEIVED and NOTED the quarter three (October to December 2009) performance dashboard.

Nigel Ruff, Non-executive Director and Chairman of the Hospital of Tomorrow Board, updated members on the site utilisation development plans (SUDP). As noted earlier in the meeting work had commenced on the redevelopment of the main entrance with the relocation of service utilities; work had been completed on theatres and the Theatres Admissions Unit. It
was envisaged that four to five schemes would be undertaken per year with the aim to provide a safe environment and experience for patients, visitors and staff and address such areas as privacy and dignity. In response to a question from Jean Dearden, Public Governor for Wentworth South, it was confirmed that disability groups were involved in the SUDP discussions at the appropriate point, in addition links to external groups were provided through the Trust’s Equality and Diversity Manager.

With regard to the audits undertaken by the Trust’s Internal Auditors (PricewaterhouseCoopers) Neil MacDonald, Non-executive Director and Chairman of the Audit and Assurance Committee indicated that all the audits were reported to the Audit and Assurance Committee. These reports were then monitored by the Trust’s own Assurance Unit to ensure that the recommendations were progressed.

It was noted that the Trust had made a declaration to the Strategic Health Authority of non compliance in relation to single sex accommodation for the day surgery recovery room. The Council of Governors noted that plans had been formulated to address the issue which should be resolved by June 2010.

The Chairman confirmed that although the national target for referral to treatment time was 18 weeks the Trust had set its own target of 9 weeks.

With regard to the data completeness target, the Chairman AGREED to provide clarification on the criteria for this target as the information provided within the report was confusing.

ACTION – MO

Post meeting note

The Chief of Rotherham Hospital has provided the clarification below:

Data completeness is a measure that shows whether or not the Trust is capturing performance information on all the relevant patients. It is measured by comparing the number of patients we have reported on to a rough calculation of ‘an expected number of patients’ (which is calculated using a national formula). If we have a data completeness score of 110%, it means that we are actually reporting on 10% more patients than the ‘expected’ number. A data completeness of 90% to 110% is viewed as acceptable and well within the expected range. A data completeness score of 50% for example would suggest that there are more patients that should be included in performance reporting (and therefore our reported performance may not be accurate).

2010/27 MEMBERSHIP ENGAGEMENT AND COMMUNICATION

The Council of Governors welcomed to the meeting Rebecca Allinson, Associate Director of Corporate Affairs, to discuss the Communication and Involvement Framework.

The framework outlined the approach for strategic communication and involvement activity, to ensure involvement of members, the general public and Governors. The Council of Governors were informed of the reasons for the development of the framework – the need to build stronger relationships with all our stakeholders and involve them in a relationship with the Trust.
This would be through a planned and coherent approach and, in accordance with the Duty to Involve and NHS Constitution. Where the Trust planned to make significant changes to its service there would be a need to consult patients and their representatives and involve them in an appropriate, effective, timely and meaningful way. In order to assess when this mechanism would be undertaken a matrix had been developed.

A number of strategies (Involvement, Communication, Fundraising, Volunteering, Marketing, Patient Experience, Corporate Social Responsibility and Employee Engagement) supported the framework.

The Chairman reiterated the importance of the Membership and Communication Development Group sub committee to support the implementation of the involvement framework.

Members NOTED and SUPPORTED the Communications and Involvement Framework and the pivotal role the Council of Governors played in engagement with the Membership.

*Taiba Yasseen, Partner Governor for REMA, and Beverley Doane, Advisor Governor for Other Staff Class left the meeting at this point.*

**2010/28  5 YEAR REVIEW**

The Council of Governors RECEIVED the Governor Activity Annual Report for the period April 2009 to March 2010 which provided information on activities and decisions made by the Council of Governors.

As 2010 was the organisation’s fifth anniversary as a Foundation Trust the Chairman considered it to be an opportune time to undertake a review of the Council of Governors. Further information regarding the process would be included in the next Chairman’s Newsletter to the Governors, with one to one meetings with each Governor to be arranged in due course.

**ACTION - MO**

**2010/29  FEEDBACK FROM SUB COMMITTEES**

i. **Governors Forum – 03.03.10**

Members RECEIVED the notes from the Governor Forum held on 3rd March 2010 and Chaired by Jean Dearden, Public Governor for Wentworth South.

ii. **Regional Governors Event 16.04.10 – Sheffield**

A number of Governors had attended the Regional Governors event in Sheffield, with feedback provided by attendees who commented that some elements had been more informative than others. Copies of the presentation material from the event were tabled for Governors.

iii. **FTGA Event 23.03.2010 – London**

Jan Frith, Public Governor for the Rest of England and Dennis Wray, Public Governor for Rother Valley West, had attended the above event. It was noted that copies of the presentations given were available through the FTGA website.
2010/30 NOMINATIONS COMMITTEE

i. Minutes

Members RECEIVED the minutes from the Nominations Committee meeting held on 9th November 2009.

It was reported that a further meeting had been held on 14th April 2010, where the job description and recruitment processes for Non-executive Director appointments in 2010/11 had been discussed. The recruitment process for the appointment of a new Chairman during 2011 had also been discussed.

2010/31 MEMBERSHIP COMMUNICATIONS AND DEVELOPMENT GROUP

The first meeting of the newly constituted Membership Communications and Development Group would be held on Tuesday 25th May 2010 at 5pm in the Boardroom, level D. The Chairman reminded the Council of Governors of the importance of this Committee, particularly in light of the discussion held earlier in the meeting regarding membership engagement and communication and requested that Governors become members of this Group.

ACTION – ALL TO NOTE

2010/32 PATIENT SAFETY & EXPERIENCE GOVERNOR & MEMBER GROUP

i. Minutes

The Council of Governors RECEIVED the minutes from the meeting held on 3rd March 2010.

ii. Governor Chair Commentary (Dennis Wray)

Dennis Wray, Public Governor for Rother Valley West/Governor Chair, outlined the new direction for the committee as detailed in the notes of the meeting held on 2nd February 2010 included with the meeting papers.

It was NOTED that Governors would now accompany the Senior Nurses on their routine monthly ward visits rather than undertake Credit for Cleaning visits. These visits would review all aspects of patient care rather than concentrate on one element. The observations during these monthly visits would be reported back to the Patient Safety and Experience Governors Committee.

2010/33 ISSUES TO BE ESCALATED TO BOARD OF DIRECTORS

The following issues which had been raised during the meeting and the pre-meeting would be escalated to the Board of Directors:

- Patient Food
- Main entrance signage
- Smoking on the hospital site
• Clarification of data completeness

2010/34 ANY OTHER BUSINESS

i. Audience Participation

Members of the Council of Governors requested that questions from the audience should be covered during a specific agenda item at the end of the meeting entitled ‘questions from the floor’. The Council of Governors AGREED this request. In addition the Council of Governors requested that the Chair remind the audience of the requirement not to disturb debate.

ACTION – MO

2010/35 FOR INFORMATION

The Council of Governors received the dates for various meetings during 2010.

2010/36 DATE OF NEXT MEETING

The next meeting of the Council of Governors would be held on Wednesday 14th July 2010 commencing at 5pm.