

**GOVERNORS' CONSULTATIVE COUNCIL**

**Minutes of a meeting of the Governors' Consultative Council  
held at Heartlands Hospital on Monday 14<sup>th</sup> January 2008**

<b>PRESENT:</b>	Mr C Wilkinson	<i>(Chairman)</i>	
	Ms A Brierley		Mrs O Cargill
	Mr A Clements		Mr M Collard
	Dr M Cooper		Dr P Dodson
	Mrs V Egan		Dr Q Fazil
	Mr J Foster		Mr R Gillard
	Dr S Hussain		Mr P Grace
	Cllr Alderman D Lewis		Cllr I Lewin
	Mrs F Linn		Mr D O'Leary
	Mr R Shields		Ms Y Sawbridge
	Mr T Webster		Mrs P Sumner
	Mrs J Weight		Mr A Weight
	Cllr K Wild		Mr T Whittle
<b>IN ATTENDANCE:</b>	Ms M Bamford		Mrs B Fenton
	Mrs C Lea		Mrs M Pittaway (Minutes)
	Mrs D Robinson		Mrs S White

The Chairman began the meeting by introducing Mrs Deirdre Robinson, who had been appointed to cover Mrs Lea's post as Company Secretary for a three month period until 9<sup>th</sup> May 2008, while she was on adoption leave. A note confirming this would be sent out to Governors.

**Action: CL**

**08.01 1. APOLOGIES FOR ABSENCE**

Apologies were received from Professor I Blair, Mrs S Blomer, Mr A Chughtai, Mrs L Dunn, Ms C Edwards, Ms B Hayward, Mr R Hughes, Ms B Ilett, Mr D Jones, Mr M Khan, Mr V Palmer, Ms H Parker, Dr H Rayner, Ms Marion Thompson, and Mrs I Wright.

Apologies were also received from Mr Allen Matty who had now tendered his resignation as a Governor due to personal commitments.

**08.02 2. MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting held 12<sup>th</sup> November were approved by the meeting apart

from:

1. Page 2, Dr Rayner's response to the question concerning bed occupancy in relation to C'Diff should be amended to read 'C'Diff' and not 'MRSA' as stated.
2. Yvonne Sawbridge to be added to the list of apologies received.

Subject to these amendments the Minutes were agreed as correct for signing off by the Chairman.

The meeting then moved on to Item 4 of the Agenda.

#### **08.03 4. PRESENTATION ON INFECTION CONTROL UPDATE**

Mrs Fenton gave a presentation to the meeting.

Infection rates traditionally increased during the winter period and this year had seen a high volume of sickness amongst patients and staff due to the Norovirus infection. Mrs Fenton reported that there was now a slight downward trend in patients arriving with symptoms of the Norovirus and wards that had been closed to new admissions and discharges due to Norovirus were now being reopened.

Mrs Fenton updated the meeting on performance against the A & E target of 98% of patients being seen within 4 hours of arrival at A & E. The target had been achieved during the previous 9 consecutive days, an improvement on the previous weeks when the target had not been met. The improvement was in part due to lower levels of staff sickness.

Questions were invited.

**Q** How many wards were closed?

**A** This morning 6 wards re-opened on BHH. All wards had been open at Solihull for the past 7 days but 6 Wards remained closed at Good Hope Hospital.

**Q** What is the source of information for the data of 98% of A & E patients being seen within 4 hours of arrival?

**A** The patient's arrival time is logged when they come into A & E and again when they leave to go home or are admitted to a ward or sent for further tests to be carried out.

**Q** Who monitors these figures?

**A** The information is input into computer systems in A & E on arrival and when they leave the department this information is also logged by staff. Doctors enter the time of discharge onto the computer system. However by the time the doctor inputs this information into the computer system the time shown is likely to be later rather than earlier. It should also be noted that even 2% can account for a lot of people when dealing with the high volume of patients who attend A & E.

**Q** Is this an annual increase in A & E attendances?

**A** Yes, at this time of the year. During Christmas and New Year people tend to wait until 2<sup>nd</sup> January before coming into hospital. Also the Norovirus has added to increased

attendances this year.

**Q** Some hospitals seem to be changing visiting arrangements i.e. cutting down both the visiting times and number of visitors per patient bed. Are we doing this?

**A** Yes, the Trust has reduced the number of visitors since early December, in particular requesting that children are not brought into wards in an attempt to reduce the spread of the Norovirus infection.

The Chairman informed the meeting that the Trust would be introducing a change of policy on patient visiting, extending patient visiting hours but restricting visitors to two per patient at any one time.

**Q** Will planned operations that were cancelled because of ward closures be scheduled before the end of February?

**A** Patients whose operations have been cancelled will all be seen within 28 days.

**Q** How will the Trust control the introduction of changes to visiting times i.e. if faced with aggression from visitors to these changes?

**A** The Trust endeavours to get co-operation from people and the new arrangements will be in the information packs that patients receive which will include the Trust's change of policy on visiting times and numbers. Patients' attention will also be brought to these changes.

**Q** Since the rise in staff absences for various reasons appears to be seasonal, is anything in place to deal with this i.e. Agency staff?

**A** Yes, the Trust has been employing additional (Agency) staff since December 2007.

### *MRSA*

Mrs Fenton presented the figures to end November 2007 and a graph showed a reduction in the number of MRSA cases across all 3 sites. A further graph showed a split between community acquired infection, which developed within 48 hours and hospital acquired infection which developed subsequent to this period of time. Analysis of the figures showed that hospital acquired infection within the Trust was reducing compared with last year.

Between July and October 2007 there had been an increase each month in the number of cases of MRSA. Weekly meetings had been set up by the Chief Executive to monitor progress and a reduction to a total of 8 cases for November and December 2007 had been achieved.

Mrs Fenton further informed the meeting that the Trust was looking at the root cause analysis of MRSA and communication was ongoing with wards and Managers/Matrons to stress the necessity of following policies and procedures. The meeting was shown a slide of the new programme structure led by the Infection Control Operations Group (ICOG) overseeing four new sub-committees:

- COI.1 Environment
- COI.2 Communications/OD-Culture
- COI.3 Control of Infection

- COI.4 Performance

**Q** Are there specific officers to lead these groups?

**A** Yes, the Executive Directors. The following groups will be led by Board Directors:

- Assets: John Sellars
- Communications: Lisa Dunn
- HR: Mandy Coalter

In addition, the Infection Control group would be led by Savita Gossain and Performance would be led by Kath Kelly and Alan Gurney.

**Q** Is the Trust pursuing the 'Deep Clean' policy?

**A** Yes. Mrs Fenton confirmed that HEFT had spoken to other Trusts and that they were all doing this. It was not possible to evacuate an entire ward at this time of year so HEFT were undertaking the deep clean on a rotational basis and when a ward was closed to admissions and discharges, the ward was being emptied and cleaned. In some wards patients were being rotated to enable a bay by bay deep clean to be undertaken.

**Q** The Governors may have some knowledge to add to that of the ED's, i.e. could Governors have a greater role in contributing to the work of Infection Control?

**A** The Board met on a monthly basis to discuss Infection Control. When the Department of Health visited Good Hope Hospital they could not suggest anything new that the Trust was not already doing. Compliance is the biggest difficulty for HEFT (as it is for other Trusts) for example regular routine hand cleaning. If staff were found not to be following policy and procedures it would ultimately become a matter for disciplinary action and the Board were looking at ways to ensure compliance.

**Q** As Governors, should we receive infection control information to pass on to other groups not involved with the hospital i.e. a monthly bulletin?

**A** The Chairman agreed and Mrs Lea would undertake to do this.

**Action: CL**

**Q** Is there a policy on antibiotics used for C'Dff?

**A** The Trust's prescribing policy has been reviewed in a number of areas.

**Q** How many warnings do staff receive before being dismissed for breaching the policy relating to infection control?

**A** Employment law must always be taken into consideration. The Trust sets out what is required, staff are asked to comply and an audit is undertaken. The Trust accepts that it needs to be tougher on compliance but management will need to judge how this is best implemented.

**Q** The George Elliott Hospital has notices and posters throughout the hospital about infection control – do we?

**A** Yes, and the Trust also had badges and voice-activated posters.

**Q** On compliance, the public needs to be educated as well, should we have more posters as hospital entrances?

**A** The Trust felt that posters and notices should be at the sides of the ward but would give consideration to having more of these in place.

**Q** Is every patient screened for MRSA?

**A** All elective patients are screened at the pre-op assessment, so this will affect how they are treated for surgery etc. but it was not possible to screen emergency patients. The Trust was developing isolation wards.

**Q** If Matrons are asked, do they feel they have the powers they need i.e. budgets for Infection Control?

**A** Yes, a special budget has been set up for IC, handled by a named member of staff based in Finance. Matrons and Managers were invited to telephone and request funds as and when required.

**Q** Are you able to assess the risk of Norovirus in relation to MRSA? Is it serious?

**A** No, Norovirus is not related to MRSA, it is not as extreme and is being brought into the hospital by people coming in. Another name for Norovirus is Winter Vomiting Sickness.

The Chairman thanked Mrs Fenton for her presentation.

#### **8.04 3. PRESENTATION ON DELOITTES SELF-CERTIFICATION REVIEW**

Mrs Lea informed the meeting of the background to the review undertaken by Deloitte (copies had previously been circulated). At the beginning of the year the Trust had self-certified to Monitor, based on the information available to the Board at the time, that they would deliver against the MRSA target that had been set. The Trust had not met the target for the first and second quarter returns and Monitor had stated that they wanted an independent examination of HEFT's self-certification, along with that of other Trusts who had similarly not met their targets in order to determine whether the Board could justify its self-certification.

Mrs Lea further stated that the Board had only missed the target by one last year, and a subsequent visit by the Department of Health to Good Hospital had been very positive. In light of this the Board had felt that they would be able to hit the trajectory and this had been included in the annual plan.

The review had been carried out by Deloitte and their findings had been as follows:

- The Board approved the MRSA target self-certification after reasonable consideration.
- There was challenge from the Board on the MRSA self-certified target setting and risk rating.
- The Board took account of all relevant considerations before approving self-certification.

- There is room for improvement in MRSA report and feedback mechanisms. Dr Savita Gossain would undertake this recommendation.
- There is room for improvement in the recording of challenge in the Board minutes. Mrs Lea would undertake this recommendation.
- Integration of Infection Control policies for HEFT and GHH should be completed. This was already in hand.

Questions were invited.

**Q** Mr O'Leary asked why, as a member of the Governors' Working Group, he had only just received the information about the Deloitte's review?

**A** The request was directed to the Board since Monitor held the Board to be accountable. It was an audit about whether the Board were receiving the right information at the right level and if so, giving it sufficiently robust scrutiny. It did not fall part of the terms of reference for the Governors' Working Group.

**Q** Will the Governors and Governors' Working Group be updated on MRSA?

**A** Yes.

**Q** The recommendations suggest inclusion of a split of Community and Hospital acquired MRSA. What will be done about Community acquired MRSA?

**A** Board reports will now show the split.

**Q** With regard to Minutes of meetings. Is it acceptable if Governors who meet with local groups share the information that they receive.

**A** Yes. This can be done. Not all Governors are on Working Groups but Governors are at liberty to share with the public any paperwork from Governors meetings.

**Q** Looking at the overall report, if the Trust does not meet the target when dealing with so many small figures the report is surely a backing for the Board?

**A** Numbers are falling but not at the trajectory level that the Board are supposed to meet, therefore the Trust will be reporting monthly to Monitor on Infection Control.

## **08.05 5. UPDATE ON ELECTION 2008 PROCESS**

Mrs White presented the update on behalf of Mrs Dunn.

A paper had previously been sent out to Governors and they would receive full information on the election process update to assist them in the forthcoming elections from Mrs Lea.

Mrs White reminded Governors of the election process and timetable. As with previous elections, Electoral Reform Services would run the elections on behalf of the Trust. The result would be known two weeks before the new Governors took office on 1<sup>st</sup> April 2008. This would enable them to be notified and for any required introductory training sessions to take place early in their appointment.

Questions were invited.

**Q** What about the Patient Governor vacancies – who could apply?

**A** Anyone who had been a patient within the hospital Trust in the last 3 years.

**Q** Who submits the record of Governors' attendance?

**A** The Company Secretary was required to submit this information. Mrs Lea would contact Governors before the end of the month in order to confirm their attendance record at meetings during the time they had held office.

**Q** If a photograph of a Governor was taken before the last meeting GCC, could a copy of this not be used for the election?

**A** No, this was being done by an external organisation.

**Q** Is it possible to have an enlarged statement (i.e. more than 100 words) on the website?

**A** No, this was not possible, in order to be fair to new Governors.

**Q** What is the difference in the process for re-election to original election?

**A** None. The process is the same so as not to prejudice new applicants.

**Q** How do we restrict people from making statements of intentions on a stand, face to face with the public?

**A** We don't as the open days are available to all candidates.

**Q** Is the Trust satisfied with the performance of the Electoral Reform Service? During last year's elections there was an administrative error and papers had to be sent out again.

**A** We have to run an independent election. The Electoral Reform Society is well known and are unlikely to make the same mistake again after discussions were held with them following the administrative error made last year.

**Q** Is there anyone else who could provide a similar service?

**A** No. There were only approximately 30 people who did not in fact vote when invited to do so for a second time following the administrative error last year.

## **08.06 6. UPDATE FROM THE GOVERNORS' HEALTHCARE WORKING GROUP**

Mr Roy Gillard presented a paper (previously circulated) on the Healthcare Standards Governors' Working Group.

The Group was making progress on their contribution to the Trust, with Infection Control being a major issue for them this year. Informal visits to all 3 hospital sites would be made in order to obtain further information.

Questions were invited.

There were no questions.

**08.07 7. ANY OTHER BUSINESS**

The Chairman asked if anyone had any further questions to raise.

**Q** How successful was Eastside Story?

**A** Outstandingly successful. CDs were available to purchase.

**Q** What about videos?

**A** Mrs White would make enquiries and come back to this enquiry.

**Action: SW**

The Governors wished to record their congratulations and appreciation to the staff for the overwhelming success of Eastside Story as a fundraising venture.

**08.08 8. DATES OF FUTURE MEETINGS**

17<sup>th</sup> March 2008

12<sup>th</sup> May 2008

15<sup>th</sup> September 2008

10<sup>th</sup> November 2008

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**Chairman**