GOVERNOR'S CONSULTATIVE COUNCIL

Minutes of a meeting of the Governors' Consultative Council held at Heartlands Hospital on 15 May 2006

PRESENT:	Mr C Wilkinson *(Chairman)*	
	Prof S Buchanan	Mrs O Cargill
	Mr A Chughtai	Mr A Clements
	Mr M Collard	Dr P Dodson
	Mrs V Egan	Dr Q Fazil
	Mr J Foster	Mrs M Garland
	Mr P Grace	Prof C Ham
	Dr S Hussain	Mr J Jebbett
	Mrs J Keogh	Alderman D Lewis
	Mrs F Linn	Mr D O'Leary
	Mrs J Prior	Mr R Shields
	Cllr R Sleigh	Mrs P Sumner
	Mrs J Walford	Mr A Weight
	Mrs J Weight	Mr T Whittle
	Mrs C Wilson	
IN ATTENDANCE:	Mrs L Dunn	Mrs B Fenton
	Dr S Gossain	Dr R Hopkinson
	Mr A Stokes	Dr S Woolley
	Mrs L Cartwright	

1. APOLOGIES FOR ABSENCE

Apologies were received from Mrs S Blomer, Mr R Gillard, Mr M Zubair Khan, Mr D Proctor, Mrs I Wright, Mr M Goldman and Mr M Pye.

2. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting held on 6 March 2006 were approved and signed as a true and accurate record.

3. PRESENTATION: INFECTION CONTROL PROCEDURES

Dr Savita Gossain (Consultant Medical Microbiologist and Director of Infection Prevention and Control) gave a presentation on Infection Control. The principal items of discussion arising were:

3.1 Infection Control Team

The Infection Control Team does not have a lay member, but liaises closely with other groups (e.g. PPI and PALS). Dr Hopkinson reported that consideration is currently being given as to whether a Non-Executive Director should be regularly assigned to this work. Dr Gossain said that comments from other groups are always welcomed and receive active consideration.

3.2 Definitions

Dr Gossain confirmed that “bacteraemia” infections are the most serious type of MRSA infection. "Community acquired" MRSA bacteraemia refers to detection of MRSA in a blood sample taken within 48 hours of admission whereas "hospital acquired" diseases are those detected more than 48hours after admission and are likely to be contracted in hospital.

3.3 Clothing

Concern was expressed over the possibility of infection being spread by nurses’ clothing, as it had been noted that nurses are not discouraged from wearing their uniforms to and from work. Dr Gossain reported that there is little evidence to suggest that this causes infections and in any event “good practice” (e.g. hand washing and use of aprons) minimises contact between uniforms and patients and the possible transfer of bacteria.

It was noted that the policy regarding theatre staff clothing is currently being reviewed due to a number of concerns in this area; for example ICU and Neonatal staff also wear the traditional “scrub suits”, as well as theatre staff and a possible “colour coding” of uniforms has already been suggested in order to avoid confusion and creating a misleading impression to others.

3.4 Comparisons with other countries

In response to a suggestion that MRSA rates are lower in (for example) Denmark, it was pointed out that this may be because they have a strict dress code policy, more staff per patient population, a lower bed occupancy rate and more isolation rooms (the latter to be reviewed at HEFT at a forthcoming workshop). Dr Hopkinson confirmed that both the proposed new dress code policy and the impact that visitors have on our MRSA figures are currently being investigated.

3.5 Continuous Improvement

From one Governor’s personal recent hospital stay experience, it was noted that whilst standards are generally improving, certain areas (e.g. equipment wires) appear to be overlooked. Dr Gossain noted this, confirmed that these comments would be passed on and pointed out that ward staff are also encouraged to act on any comments or feedback from patients and relatives. The Chairman confirmed that infection control is a very high priority at the Trust as national reporting and notification to the Healthcare Commission constantly encourage improvements.

4. PRESENTATION: ANNUAL PLAN

Mr Stokes, Finance Director, presented to Governors the draft Annual Plan to be submitted to Monitor (copies of salient extracts of which had also been distributed to Governors prior to the meeting). The principal items of discussion arising were:

4.1 Summary

Mr Stokes summarised last year's position in order that comparisons could be made with this year. It was explained that the expected 5% Cost Improvement Plan is applied each year due to the Government's expectation that we become increasingly efficient each year. The good performance in 2005/6 meant that we

have a £4m saving to carry forward which will enable further investment, and the diagnostic/radiological equipment is an example of the significant investments which can be made as a result of such savings. In response to a question raised relating to staffing levels, it was confirmed that all costs are factored in so that redundancies do not have to be relied upon in order that savings can be made.

4.2 Shortfalls

One Governor suggested that there might be an under-investment in the area of Neurology, giving an example of an MRI waiting time of 17 weeks being followed up by a ten-month waiting time for the results. This comment was noted and it was confirmed that Neurology, and any other specialties where performance was reported to be of concern, would be investigated.

4.3 Bank Nursing

It was noted that nurse bank costs have dropped, but the aim is for even further reductions. The key target is to stay in recurrent balance (equal or greater than our current expenditure).

4.4 Surplus Funds/Investments

The question was raised as to whether the Trust is penalised for having a large surplus. The Chairman reported that we are constantly working together with the PCTs to help them (and us) control costs and that a surplus is required in order to allow re-investment for the overall benefit of patients. Although tariff has been of assistance to the Trust, the Executive Team is responsible for achieving our current sound position. At this point, the Chairman was asked by the Governors to note their wish to be kept informed of information presented to Monitor which relates to surplus and available resources for potential future investments.

4.5 Targets

The question was asked as to whether overspending may occur in any specific areas based on known current activity. Mr Stokes said he believed that this will not happen, as the current procedures for analysing income and expenditure for each department highlight potential problem areas well in advance. The Trust learns something from each year's figures and budgets are set accordingly for the following year. The Chairman summarised by confirming that the Trust has had a good year, all targets have been met, and surplus will be re-invested to improve efficiency and effectiveness.

The final version of the Annual Plan, taking into consideration the comments made by Governors, would be considered by the Board and submitted to Monitor by 31 May 2006.

5. PRESENTATION: HEALTHCARE STANDARDS

Dr Woolley gave a presentation on Healthcare Standards and summarised the Trust's involvement with the Healthcare Commission (HCC), a new Government initiative for NHS organisations that focuses on analysing statistics on clinical care and standard practice. It was explained that the national performance ratings are aimed at assessing compliance with 44 specific criteria (and their sub-headings). All Trusts have been requested to make a declaration on how compliant they believe they are within the guidelines (i.e. a self-assessment procedure, the success of which involves self-criticism and close liaising with other groups and committees).

This new system leaves it very much up to the individual Trust as to what the declared levels of compliance are. HEFT has declared compliance with 42 of the 44 areas, declaring non-compliance within the domains of Environment (Disability Discrimination Act and Contract Cleaning) and Safety (Medical Devices Management). In the case of the former, there is evidence to suggest that we are in a strong position but wish to seek the opinion of the HCC as to how we have assessed ourselves. In the case of the Safety assessment, non-compliance has been declared due to having no specific person in place to oversee the programme.

	It was confirmed that our self-assessments sent to the HCC are being used in a positive way by the Trust and that progress is being monitored by the Audit Committee, the Trust Board and the Clinical Governance Committee to ensure that the Trust is making the most constructive use of the study.	
	Dr Woolley reported that the Trust would like to involve Governors in this development programme by establishing a Working Group on which Governors are invited to serve. Any Governors wishing to participate in this are requested to contact Mr Pye, Company Secretary.	
	In response to questions raised it was confirmed that, although we may not necessarily find out anything new from this assessment, the study highlights key areas so that these statistics can be used in risk assessment. It is believed that if we assess ourselves very critically in the initial stages of this exercise, we will raise our own standards and also avoid potential future criticism. The two declared areas of non-compliance therefore represent areas where we as a Trust believe we can do better.	
6.	**CHAIRMAN'S LETTER TO GOVERNORS DATED 10 MAY 2006**	
	6.1	***Board of Directors***
		Further to the Chairman's letter to Governors dated 10 May 2006, it was noted that there had been two changes in directorship, both effective from 31 March 2006. Councillor S Anderson resigned from the Trust Board due to pressures involved in her work for Birmingham City Council and Mr M Gannon relinquished his directorship in order that he can concentrate more fully on his medical duties (Mr Ian Cunliffe has taken over the general management function on a temporary basis, but he has not been appointed to the Board).
	6.2	***Car Parking***
		The contents of the Chairman's letter relating to car parking were noted. It was confirmed that an additional 60 spaces for disabled drivers had recently been made available and that staff (as well as patients and visitors) pay for parking. The parking situation at Heartlands is constantly under review but any initiatives relating to car parking savings will not be encouraged if it adversely impacts on patient care.
7.	**USE OF PwC - GOOD HOPE HOSPITAL**	
	Mrs Fenton summarised the documents attached as Enclosure 2 to the Agenda and confirmed that the procedures relating to the Good Hope absorption procedures (which amount to a full Due Diligence) are similar to a stock exchange acquisition process and are in accordance with Monitor's requirements. It was explained that although this work is normally undertaken by specialist advisers, the circumstances of this project require both commercial and Health Service knowledge. It was reported that timescales have become tighter since the distribution of the Agenda papers and it is now proposed to go out to Tender on all three items listed in the summary to Enclosure 2, i.e. Due Diligence, initial corporate financial advice and full corporate financial advice. HEFT have met with several organisations but only two meet the criteria of	

	having both private/commercial and NHS knowledge, these being PwC and KPMG. It was proposed to Governors therefore that HEFT invite these two firms to Tender and that the cap for non-audit fees for PwC be increased to enable them to Tender (without which, PwC would be unable to Tender). It was confirmed that the existing PwC cap would only be raised for the purpose of the Good Hope project; if this does not materialise, the cap would return to the current level and PwC would remain as the Trust's auditors as per the existing arrangement (it was noted that District Audit are the auditors for GHH).

	In response to questions raised from Governors regarding costs, it was confirmed that costs incurred for this part of the process have been included in the overall set-up costs and that funds raised from the final absorption deal will far outweigh any costs involved at the outset.
	The Chairman explained to Governors that the Trust had not been in a position to relay information or seek input from Governors during the preliminary stages of enquiries relating to the Good Hope project and that it had only just reached the point where such negotiations could commence. It was emphasised that there had been no precedent for this situation and, because it is unique, Monitor are watching very closely in order to use this exercise as a framework to follow if and when the same thing should happen elsewhere. With this in mind, some Governors were of the opinion that HEFT should not bear the costs involved given that this is a unique "case study" from which other Trusts could learn and benefit in the future.
	Following these discussions, the Governors noted the Trust's proposals to go to Tender on the Due Diligence of Good Hope Hospital and the initial/full corporate financial advice.
	The Governors approved that the cap be raised on PwC's non-audit work for the specific purpose of the Good Hope project as outlined above.
8.	**FOUNDATION TRUST GOVERNORS' FORUM**
	Governor Tony Whittle summarised the Briefing Pack attached as Enclosure 3 to the Agenda.
	In order for the Trust Board to determine whether Governors wish to pursue the establishment of a Governors' National Forum, it was proposed that all Governors be invited to complete a questionnaire as outlined in pages 34/35 of the Briefing Pack. It was agreed that Mr Pye would distribute the questionnaire to all Governors, collate responses and feed back comments to Governors and the Trust Board.
	The Chairman thanked Governors Tony Whittle and Valerie Egan for their ongoing work as members of the Foundation Trust Network Steering Committee.
9.	**DATES OF FUTURE MEETINGS**

	Staff Recognition Awards	-	8 September 2006 (time and venue to be confirmed)
	Annual General Meeting	-	18 September 2006 at 4.30 p.m. (Solihull Hospital)
	Half Year Update	-	November 2006 (details to be confirmed)

	The Chairman confirmed that an additional meeting would be arranged when appropriate (possibly during October) in order to keep Governors updated on the Good Hope project.

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Chairman

MRP/LAC
15.05.06