GOVERNORS' CONSULTATIVE COUNCIL

Minutes of a meeting of the Governors' Consultative Council held at The Hyatt Hotel, Birmingham at 4.00pm on Monday 12th May 2008

PRESENT:

Mr C Wilkinson *(Chairman)*
Ms A Begum
Mr A Chughtai
Mrs V Egan
Mr R Harris
Mr J Jebbett
Mr D O'Leary
Mr S Mir
Mr V Palmer
Mr R Shields
Ms B Sproston
Mrs M Thompson
Mr T Webster
Ms Ann Brierley
Dr I Cunliffe
Mr N Harris
Mr R Hughes
Ms B Ilett
Cllr I Lewin
Ms V Morgan
Mr I Pardoe
Mr L Smith
Dr J S Taungue
Ms M Veitch

IN ATTENDANCE:

Ms O Cargill
Dr S Gossain
Mrs M Pittaway (Minutes)
Mr G Robinson
Mrs P Sumner
Ms T Fulton
Ms F Linn
Mrs D Robinson
Mr A Stokes
Mrs S White

The Chairman welcomed Olympia Cargill and Pam Sumner as observers at meeting since they had now stepped down as Governors and thanked them for their work and the support that they had given to the Trust during their time in office.

08.24 1. APOLOGIES FOR ABSENCE

Apologies had been received from Ms Famida Begum, Professor Ian Blair, Dr Mike Cooper, Mr John Foster, Ms Helen Parker, Ms Yvonne Sawbridge, Dr Dev Sarmah, Mr John Simms, Mr Alec Weight, and Mrs Kate Wild.

08.25 2. MINUTES OF THE MEETING HELD ON 17TH MARCH 2008

The Minutes of the meeting held on Monday 17th March 2008 were agreed apart from:

1. Thomas Webster's name had been omitted from the list of attendees
2. Bethan Ilett had asked an additional question: What were the specific waiting times for A&E? Mr Stokes had stated that he would investigate and respond.

Mr Stokes said that he would follow up this request from Ms Ilett.

Action: AS

Subject to these amendments the Minutes were agreed as being a correct record.

08.26 3. PRESENTATION ON MEMBERSHIP AND GOVERNOR ELECTIONS

Mrs White updated the meeting by informing them that a by-election was being held for Solihull Central following the recent death of a Governor, Peter Grace. The results of this election would be known on Monday 19th May 2008.

Mrs White further informed the meeting on behalf of Lisa Dunn, the Director of Corporate Affairs, that Membership now exceeded 100,000 and that a Strategy Plan for Membership was being prepared that would include specific activities to enable members to become more involved in the Trust. The plan would be presented to the September meeting of the GCC.

Action: LD

08.27 4. MEMBERSHIP OF GCC COMMITTEES

The Chairman drew the meeting's attention to Enclosure 2 (previously circulated to Governors) which listed all of the GCC Committees, both Voluntary and Statutory. There were a number of vacancies on Committees and the Chairman invited any Governor who was interested in putting their name forward to contact the Acting Company Secretary, Deirdre Robinson as soon as possible. The Chairman would consider all nominees, bearing in mind the need to balance membership amongst stakeholder, staff and public Governors and to retain newer members who had previously been elected to serve on GCC Statutory Committees. The names of appointees would be announced at the next meeting of the GCC in September 2008.

Action CW/DR

08.28 5. YEAR END UPDATE

Mr Stokes presented the Financial update and informed the meeting that at year end the Trust had a surplus of just under £22.4m. Income from the PCTs had been received earlier in the financial year 2007-08 and this had generated additional interest. £1m surplus had been generated by efficiency savings and reserves set aside for contingencies had been underspent. The Trust had maintained its risk rating score of 5 with Monitor, the Trust's regulators, which was the highest possible score.

Mr Stokes further informed the meeting that at end of Quarter 4 the Trust had achieved 98.12% of the A&E 4 hour target. The Trust had reduced waiting times in Quarter 4 to 5 weeks for Outpatients and Diagnostics and 11 weeks for In patients, against national targets of 11, 13 and 20 weeks respectively.

The Trust had achieved an 18% reduction in MRSA and a 23% reduction in C'Diff during the period from March 2007 to March 2008.

08.29 6. CONSULTATION ON MONITOR ANNUAL PLAN

Mr Stokes informed the meeting that the Trust was required to submit their Annual Plan to Monitor for 2008-09 by 31st May 2008. He then summarised the financial position:

- The Capital Plan was £30m.

- Activity Increase £8.2m
- Quality Investment £4.3m

A recurrent surplus of £19.1m was forecast.

Questions were invited.

Q How much of this year's surplus came from the merger with Good Hope Hospital?

A Service provision is run across all three sites and is not separated out.

Q What is included in the £8.2m Activity Increase?

A £5m relates to specialised services provided by the Trust i.e. HIV services. There had been a big increase in this with very little impact on staffing.

Q How is the money invested, i.e. staffing on Activity Increase?

A The Trust had conducted a review of nursing in order to ensure that patients are on the right wards and it is investing £2m.

Q Does the Trust provide pre-registration placements? If so, what is the Trust's policy?

A The Chairman stated that he would investigate and bring back a response to the September meeting of the GCC.

Action: CW

Q A question was raised concerning the proposed loss of 300 beds.
A The Chairman stated that this had referred to future development and progress of technology in medicine and surgery and was not a reduction in service provision.

Q Clarification on the work of the Patients Quality Committee on End of Life was requested.
A The Chairman stated it was the policy of the Government and PCTs to try to ensure those people known to be coming to the end of their life to do so in their own home or hospice, rather than into hospital.

08.30 7. PRESENTATION ON INFECTION CONTROL UPDATE

Dr Savita Gossain, Director of Infection Prevention and Control gave the meeting an update on Infection Control:

Antibiotic prescribing

Dr Gossain informed the meeting that data relating to the use of antibiotics had been collected over a two year period. Regular ward rounds were being undertaken on all three sites following DoH guidelines concerning the over-prescribing of antibiotics in order to ensure that they were being prescribed to patients only where they were seen to be the most effective method of treatment.

MRSA

MRSA infection found to be in the bloodstream of patients within 48 hours of their admission to hospital was classified as community-acquired, and hospital-acquired if

founds subsequent to the first 48 hours. There had been an increase in community acquired MRSA at Heartlands and Good Hope Hospitals and a decrease in hospital acquired MRSA. During 2007-08 there had been an overall reduction in cases of MRSA compared to the previous year.

The Trust had recently revised the dress code for staff working on wards. This included:

- No Watches
- Short sleeves
- Green tunics

Questions were invited.

Q On the news it was reported that hospital acquired MRSA can be reduced by cannulas only being left in patients for the shortest possible time. Are we doing this?

A Patients need cannulas for IV treatment but any cannula no longer required is taken out immediately. If it needs to remain in place, the site is monitored three times a day for signs of redness or swelling and if this were found to be the case the cannula would immediately be removed. Cannulas are normally left in for a maximum of 72 hours and the Trust follows national guidelines to reduce the likelihood of infection by removing them as soon as practicable. Paramedics need to insert cannulas as a precautionary measure prior to bringing a patient into A&E but these are removed on arrival if no longer required. The Trust might consider in future the setting up a dedicated team to go around the hospital to monitor best practice in the use of cannulas.

Q To reduce infection the Trust needs to get rid of bad hygiene practice. What bad practice has been found and how is this being dealt with?

A Bad practice is reducing. Some incidents of poor practice were reported in September and October but during the last 3 months there has been a significant reduction. Where bad practice is found, disciplinary action is initiated.

Q Why does the Trust have such high figures for MRSA? At a recent lecture it was suggested that in Denmark infection had been reduced by reducing visiting hours, examining the chemicals that were being used to keep down infection and by good practice in hand washing.

A Hospitals in Denmark have a lower bed occupancy than hospitals in the UK and screening for MRSA has been common in Scandinavian countries for some time. However the Trust is trying to implement some of the things that have proven to be successful in Denmark and has recently begun using industrial chemicals for cleaning.

Q The toilets and washing facilities at Heartlands Hospital are very old, whereas at Birmingham Airport, for example, there are no-touch facilities installed for hand-drying. Can the Trust follow suit?

A On the Cohort ward there is a hands-free tap and the Trust is undertaking a review of all hand-washing facilities based on new and improved technology.

Q As a student nurse in 1975 I had to have a trolley pre-prepared and laid out with canulation packs etc. Nowadays staff are often seen to be going back and forth in

order to gather together all that they need. Why is this, and does it not seem that as basic clinical standards have disappeared over the intervening years?

A Agreed. This is something that has changed in NHS hospitals over the years and basic training should include instruction on how a trolley is set up with pre-requisite equipment etc. This is something that is being looked at within the Trust.

Q Could the Visitor's Charter be a contributory factor to the spread of infection by allowing more visitors to the wards and over a longer period of time?

A The Visitors Charter has had some input from Infection Control. This resulted in visiting being limited to 2 visitors per patient at any one time and visitors being requested not to come into the hospital when they are themselves unwell. Fay Baillie, the Acting Director of Nursing, has details of the Trust's policy but there is a need to balance visiting hours with the needs of patients to see their relatives.

Q The Department of Health visited the Trust last week. Is there any feedback?

A There was a feedback session at the conclusion of the visit last Friday although their report has not yet been received. Generally the DoH said that they had found a lot of good areas. Work was being undertaken on MRSA screening and the Trust would learn more from root cause analysis. The Trust was working with colleagues from the PCT since many cases of MRSA over the past year had been found to be community acquired.

The Chairman then informed the meeting that in their verbal feedback the DoH had stated that the Board needed to be tougher in its approach to the information it received each month on infection control, must ensure enforcement of Trust polices and aim for zero tolerance. In addition the Trust should have fewer than 30 C'Diff notices each month.

Q Do consultants have a choice over whether or not they wear the new tunics?

A Arms should be 'bare below the elbow' so short-sleeved shirts can also be worn, although a number of consultants have chosen to wear the new tunics.

Q When a ward is supposed to be closed due to infection, visitors still walk past staff although other members of staff may be stopped. Why is this?

A A 'closed' ward means closed to new patients being admitted. Existing patients may need to see their relatives so visitors are allowed onto the ward provided they follow the strict rules of hygiene.

Q What about staff coming to work who are ill?

A Staff should not be working if they are ill.

08.31 8. IMPROVEMENT IN MATERNITY SERVICES

Tracie Fulton, the Acting Directorate Manager and Head of Midwifery, presented the meeting with an update on maternity services.

Ms Fulton informed the meeting that the Trust provides maternity services on all 3 hospital sites and in the community. Approximately 12,000 babies are delivered each

year, which includes the provision of care for normal and complex cases:

- 3500 at Good Hope Hospital
- 5000 at Heartlands Hospital
- 2500 at Solihull Hospital

The Trust's community midwifery service covered a wide area from Nechells to the borders of Warwick and Tamworth.

Over the past year there had been a number of significant achievements:

- Successful integration with Good Hope Hospital following the merger
- Recipient of the UNICEF Baby Friendly Certificate of Commitment
- Awarded Level 3 in the Clinical Negligence Scheme for Trusts
- A contributor to the Darzi Review
- National awards for Teenage Pregnancy support and African Women's Service
- Active participation in research

Questions were invited.

Q Increasing birth-rates means an increase in midwives. Is there an approved caseload for midwives?

A Between 90 and 110 per year is the new caseload but in the past midwives have had caseloads in excess of 250. The number of midwives has doubled in Washwood Heath and there are increasing numbers of community midwives. The Trust has also been able to increase lengthen clinical appointment times from 10 to 15 minutes per patient.

Q Would it help to have further links with advisory services in an attempt to persuade more women in the community to use the midwifery services that are provided?

A The Trust already has link workers, Asian women, who support the midwifery service. The Trust aims to also introduce community support workers and will provide training for them in a variety of settings. In time it might also be possible for the Trust to sponsor them on access courses leading to training in midwifery that they would otherwise have been unable to undertake.

Q What is the patient ratio per midwife within the Trust compared to the national ratio?

A The community ratio is 110 caseload per midwife which is considered to be acceptable. The recommended hospital ratio is 1 midwife to 28 births. The ratio within the Trust is 1 to 34 births. The Trust is working on increasing the midwifery workforce to improve the ratio and provide more one to one care.

Q Are sufficient follow-ups provided, particularly for new mothers?

A There are no set standards for post-natal care. Home visits are based on the needs of each individual mother. This is an area where community support workers could assist by providing social support.

Q I understand that there is a lot of Sure-Start money available. Is this being channelled into inner-city areas where it is needed? Should not the Trust encourage and work towards this?

A The Trust has been represented at Sure-Start meetings but Sure-Start is no longer available. The Trust is attempting to replace this by providing some care in the Children's Centre, where there is sufficient clinical space.

Q What is the role of Health Visitors?

A They take over from midwives approximately 10 days after the baby's birth.

Q What advice does the Trust give to mothers on breastfeeding?

A Feeding options are discussed with mothers and they are advised that breastfeeding, if possible, is the best start for their baby. After birth, skin contact with the mother is encouraged and the midwife will assist and support the mother to initiate breastfeeding. The mother will be encouraged to continue to breast feed for up to a year if she wants to do so providing it proves to be successful.

Q Some mothers want their babies to be born at home. What support is provided for them to do this?

A Up to 50 babies are born at home each year to mothers in the catchment areas of Good Hope Hospital and Solihull, fewer at Heartlands. Women who wish to give birth at home are invited to discuss this in detail with their midwife and if they are considered to be 'low risk' this can usually be facilitated. In any event, the midwife cannot insist that a mother goes into hospital but can arrange for an ambulance to be on stand by if she has any concerns.

Q Why are less mothers in the Heartlands catchment area giving birth at home?

A Recent research has shown that Asian women generally prefer to give birth in hospital. One suggestion put forward is because many live in smaller houses.

08.32 DATES OF FUTURE MEETINGS

15TH September 2008 (AGM)
10th November 2008

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Chairman