

**CANNOCK CHASE COUNCIL**  
**MINUTES OF THE MEETING OF THE**  
**HEALTH SCRUTINY COMMITTEE**  
**MONDAY 31 OCTOBER, 2011 AT 4.00 P.M.**  
**IN THE CIVIC CENTRE, BEECROFT ROAD, CANNOCK**

**PART 1**

PRESENT: Councillors

Bernard, Mrs. A.F. (Chairman)  
Holder, M.J. (Vice-Chairman)

Ball, G.D.

Beddows, J.

Also Present: Councillor J. Rowley, Staffordshire County Council, Chairman of  
Social Care and Health

**25. Apologies**

Apologies for absence were received from Councillors Mrs. D. Grice, G.N. Molineux and Staffordshire County Council Representative Councillor P. Jones.

**26. Declarations of Interests of Members in Contracts and Other Matters and Restrictions on Voting by Members**

<u>Member</u>	<u>Nature of Interest</u>	<u>Type</u>
Bernard, Mrs. A.F.	Member's Granddaughter attends Birmingham Children's Hospital	Personal

**27. Minutes**

AGREED:

That the Minutes of the meeting held on 13 September, 2011 be approved as a correct record.

**28. Mid Staffs NHS Foundation Trust**

The Chairman welcomed Lyn Hill-Tout, Chief Executive of Mid Staffs NHS Foundation Trust.

The Chairman discussed a number of items that the Committee were interested in which included the following:

- a) How the Trust was moving forward
- b) Are improvements in IT assisting progress
- c) What are the links for referral or transfer of patients between Stafford Hospital and Birmingham Children's Hospital, and vice versa
- d) How are the Trust managing issues with staff absences, morale and staff welfare issues.

Ms. Hill-Tout referred to the questions which had been asked, and with regard to the transfer of patients to Birmingham Children's Hospital she advised the Committee that patients could be transferred easily within 24 hours of contact and also stated that there was joint care between specialists at Birmingham Children's Hospital.

The Chairman queried asked what happened with children's medical records when they became adults. Ms. Hill-Tout explained that once a child reached the age of 18, records would be copied and would be placed on their adult records. She commented that there had been no complaints received around children's care.

Ms. Hill-Tout referred to IT and technology and explained that it had been planned to have a national IT system but this did not happen, and therefore each Trust would develop their own. She explained that the Trust was under developed in terms of IT and would like to see electronic prescribing at some point. In response to a question raised by a Member regarding the use of handheld pc's, she commented that Stafford Hospital did not use these at present and felt that there were other priorities which were more important at this time.

With regard to the issue of staff morale and absences Ms. Hill-Tout indicated that the national standard for sickness was around 4%, although Stafford was nearer 5%. She explained that some departments had no sickness, however some departments had high sickness which could be linked to low staff morale and also issues around the use of temporary staff.

A Member referred to the sickness rate of staff on wards, and was keen to know what the cause of this was. Ms. Hill-Tout commented that there was a need for good ward leadership and a stable workforce. A constant change in staff could lead to poor morale. She also referred to the inquiry at the hospital which was ongoing where the naming of wards had taken place.

A Member asked a number of questions with regard to the over reliance on IT, the reduction in the number of beds and also asked why the cataract service at Cannock Chase Hospital had been stopped. Ms. Hill-Tout advised that IT was available to staff to help the patient, and then referred to the reduction in the number of beds and reported that this had proved positive at Stafford. She advised that during the summer months it had enabled the hospital to refurbish wards which would improve both the environment and cleanliness, and also provide capacity for the busy winter period.

Ms. Hill-Tout explained that the service for the treatment of cataracts was not run within Mid Staffs but was run by the Royal Wolverhampton Hospital NHS Trust, she would however check and inform the Head of Environmental Health of the position.

She then referred to leadership within the hospital and reported that there had previously been a lot of confusion about who was responsible for certain things. Therefore, information

was circulated which showed responsibilities of staff and had been well received.

A Member asked if Matrons were responsible for cleaning staff within the Hospital. Ms. Hill-Tout explained that Ward Sisters were responsible for the Ward which also included the cleaning staff. If there were issues with cleanliness of the Ward, this would be the Ward Sister's responsibility. She also stated that the Matron would oversee groups of Wards and standards and advised that four Doctors had been appointed as Clinical Managers who would dedicate 1 day per week to a specialism.

She reported that MRSA cases were very low and there had been only 1 case this year against an annual target of 2. She explained that the majority of Trusts had a target of around 6. With regard to C.diff cases she reported that there were 18 in the year to date against an annual target of 24. She advised that there was an outbreak at the start of the year and there was no causal link.

Ms. Hill-Tout reported that the Trust also reported on MSSA which currently had no target; however there had been 4 cases in the year to date and Ecoli currently had no target however there had been 10 cases in the year to date.

In response to comments by Members, Ms. Hill-Tout commented that she was in a position to move the Trust forward although the job was more difficult than first expected. She explained that changes were pending the finalisation of the public inquiry where written submissions would be received by 9 December and closing submissions by 23 December.

A Member referred to a recent press article in respect of nursing staff issuing medication and wearing a do not disturb sign and asked for further clarification. Ms. Hill-Tout explained that nurses would wear aprons with a do not disturb sign branded on. This was to enable staff to carry out the drugs round without being disturbed thereby assisting medication to be given out correctly to patients.

A Member commented on the amount of paperwork that nurses currently had to deal with. Ms. Hill-Tout reported that admissions could create a lot of paperwork and commented that a substantial amount of work had been undertaken within A&E to identify practical things that could be changed and the outcome included that of documentation.

Ms. Hill-Tout reported on the national shortage of A&E doctors, and the problems recruiting due to the reputation of the Trust. She stated that the Trust currently employed two military consultants and four military nurses until 6 January, 2012. She reported that a board meeting would be held on 10 November to establish whether or not the department should be shut between certain hours which would mean patients going to nearby hospitals.

## **29. Items Arising from Staffordshire County Council's Health Scrutiny Committee**

### **Accountability Sessions**

The Chairman reported on a recent accountability session with Mid Staffs Hospitals NHS Foundation Trust. She reported that there were a number of documents which were available should Members wish to view them. She also indicated that she would email the documents to Officers to forward to all Committee Members.

### **30. Work Programme**

Members received and considered the updated Work programme for 2011-12.

The Chairman reported that due to the number of items and external representatives attending the next meeting scheduled for 5 December, 2011 it was agreed that the meeting commence at 3.00 p.m.

The Head of Environmental Health advised members that two potential dates had been identified for the visit to Cannock Hospital. These were Wednesday 9<sup>th</sup> November or Friday 9<sup>th</sup> December at either 10.00 am or 2.00 pm. Members agreed that 10.00 am on Friday 9<sup>th</sup> December was their preferred date.

AGREED:

(A) That the meeting scheduled for 5 December, 2011 commence at 3.00 p.m.

(B) That a visit to Cannock Hospital would take place at 10.00 am on Friday 9<sup>th</sup> December 2011.

### **31. Date of Next Meeting**

Members of the Committee noted the date of the next meeting:-

Monday 5 December, 2011

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CHAIRMAN

(The meeting closed at 5.15 p.m.).