

**AGENDA ITEM 16**  
**APPENDIX 4**

**Board of Governors' Effectiveness Review – Documentation Review**

This section of the Effectiveness review seeks to investigate what has happened as a result of recommendations of the governors, using the Hygiene Focus Group and the Governance and Assurance Governor / Director working group as specific case studies. The aim is to see whether recommendations / suggestions / actions were followed, and if not whether any explanation was provided.

Hygiene Focus Group

The Hygiene focus group was held on Wednesday 2 February 2005. Hygiene had been agreed as one of the five priority areas on which governors wished to seek members' views. Following the focus group a number of recommendations were made – listed below.

Key

**A** = Implemented

**B** = Not implemented but explanation given

**C** = Not implemented and insufficient or no explanation given

**D** = Already implemented at time of recommendation and explanation of this given

- Clarify hierarchy / responsibility for hygiene **A**
- Compare our standards with international best practice **D**
- Pull together all monitoring for hygiene into a single publication and report on progress regularly. Include lapses in policy into this monitoring. Arrange regular and frequent follow-ups to the initial Hygiene Focus Group meeting (e.g., every 6 months) **D (& C for the final sentence)**
- Provide more and improved information on hygiene for patients and visitors to include the routes to high levels of hygiene. Messages could be promoted external in places such as libraries, schools etc **A**
- Extend deep cleans, with MRSA areas made a priority **A**
- Prominent display of cleaning monitoring sheets (ie when the facility was last cleaned and by who) and contact numbers for anyone needing to report unclean bathrooms / toilets **B (& D for the second part)**
- Incentives schemes for staff and control of hygiene successful in other service industries should be considered for adapting to hospital needs **A**
- Cleaning materials / equipment must be made available in sufficient amounts **D**
- Contractors and businesses using / responsible for Level 1 made to commit to meeting more stringent cleanliness **A**
- New and refurbished areas should wherever at all possible feature automatic doors, motion activated lights switches, taps and flushing toilets **A**

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These recommendations and the responses to them were circulated to every member who attended the focus group as well as the Board of Governors in December 2005. Broad feedback was provided via the members' newsletter Members Matter.

Without reproducing the detailed responses to each recommendation, which the Board has already received it is possible to form a picture of how successful the implementation of and response to the recommendations has been.

As a follow-up to the first recommendation, the theme of a series of 'Meet the Governors' sessions within the community was 'the role of the Modern Matron' encompassing infection control. There was an issue around whom the audience for which the report mentioned under bullet three was recommended was. The action around six-monthly repeats of the hygiene focus group has not been carried out, although other ways have developed of capturing the opinions of patient and visitors around hygiene (including electronic surveys and comments cards).

Following the response to bullet point four a patient information team has been developed to head up this important work.

Conclusion – Hygiene Focus Group

A number of the recommendations of the group have been implemented, were already being implemented or explanations of why they were not implemented were provided. However, some of the recommendations received insufficient feedback and / or follow-up.

Furthermore, it is difficult to judge whether developments in policy or procedure happened as a result of the focus group, or would have occurred whether or not the recommendations were made.

As an action for future similar focus groups it may be necessary for deeper preparation to be undertaken by Trust staff around the issues on which attendees views are really required. Whilst members' views are always helpful, directing them to specific issues of debate / concern may produce more satisfactory results for the attendees and the Trust.

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Governance and Assurance Governor / Director Working Group

The Governance and Assurance Governor / Director Working Group first met on Monday 20 February 2006. It is chaired by staff governor Jim O'Sullivan and amongst its core members are the Chief Nurse, Director of Finance and two non-executive directors, Colin Greenhalgh (in his capacity of the Chairman of the Clinical and Corporate Governance Committee) and Jim Potter (in his capacity of Chairman of the Audit Committee).

Throughout the quarterly meetings of the group a number of recommendations have been made and actions assigned. These are listed below in chronological order;

Key

**A** = Implemented  
**B** = Not implemented but explanation given  
**C** = Not implemented and insufficient or no explanation given  
**D** = Already implemented at time of recommendation and explanation of this given

- The possibility of a governors' column in Members Matter to be explored **B**
- A summary of the sources of information available to governors on governance and assurance to be produced and any gaps identified **A**
- The Chairman of the working groups to meet to discuss the outcomes of the first meetings and report back **A**
- Governors to have an evening seminar on Payment by Results **A**
- Executive Directors to be consulted on areas where they require input on governance **A**
- Explore ways of explaining waiting times issues to members **A**
- Patient choice to form the basis of the governor-led events within the community **A**
- Governors to meet with Andrew Cash when he visits the Trust to express their concerns regarding referral centres **Pending**
- Review of effectiveness of the Board of Governors to include reference to its size and the effect of this on its performance **A**
- Clinical risk issues to be placed on a future agenda **A**
- Regular reports regarding the patient experience to go to the Board of Governors **A**
- The group to hear the results of the Healthcare Commission's unannounced visit when available **Pending**

Conclusion

Most of the actions and recommendations arising from the group have been implemented. One of the most important actions to arise from this review may be for the working groups to develop more of a work

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programme – at present there may be a danger of them becoming forums for governors hearing (albeit interesting and important) updates from key staff without actually engaging in work that benefits the Trust and the performance of their own roles.