

DATE OF MEETING	27 th October 2015
REPORT FOR	Trust Board of Directors – Part A
REPORT FROM	Tara Filby, Acting Chief Nurse
CONTACT OFFICER	Tara Filby, Acting Chief Nurse
SUBJECT	QPEC minutes from December 2015
BACKGROUND DOCUMENT (IF ANY)	N/A
REPORT PREVIOUSLY CONSIDERED BY & DATE(S)	N/A
EXECUTIVE COMMENT (INCLUDING KEY ISSUES OF NOTE OR, WHERE RELEVANT, CONCERN AND / OR NEED CHALLENGE THAT THE BOARD NEED TO BE MADE AWARE OF)	These are the minutes from QPEC Decembers meeting for information purposes.
HAVE THE STAFF SIDE BEEN CONSULTED ON THE PROPOSALS?	N/A
HAVE THE RELEVANT SERVICE USERS/CARERS BEEN CONSULTED ON THE PROPOSALS?	N/A
ARE THERE ANY FINANCIAL CONSEQUENCES ARISING FROM THE RECOMMENDATIONS?	N/A
IF YES, HAVE THESE BEEN AGREED WITH THE RELEVANT BUDGET HOLDER AND DIRECTOR OF FINANCE, AND HAVE ANY FUNDING ISSUES BEEN RESOLVED?	N/A
ARE THERE ANY LEGAL IMPLICATIONS ARISING FROM THIS PAPER THAT THE BOARD NEED TO BE MADE AWARE OF?	N/A
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO THE NHS CONSTITUTION IN ANY DECISIONS OR ACTIONS PROPOSED?	N/A
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO SUSTAINABILITY IMPLICATIONS (QUALITY & FINANCIAL) & CLIMATE CHANGE?	N/A
THE PROPOSAL OR ARRANGEMENTS OUTLINED IN THIS PAPER SUPPORT THE ACHIEVEMENT OF THE TRUST OBJECTIVE(S) AND COMPLIANCE WITH THE REGULATORY STANDARDS LISTED	N/A
ACTION REQUIRED BY THE BOARD	To note

Minutes

Meeting: QUALITY & PATIENT EXPERIENCE COMMITTEE
Date: Wednesday, 9th December 2015
Time: 10:00am – 12:30pm
Venue: Boardroom, Scunthorpe General Hospital

MINUTES OF THE MEETING

Alan W Bell	Non-Executive Director (chair of the meeting)
Tara Filby	Chief Nurse/Executive Lead for QPEC
Karen Fanthorpe	Deputy Chief Operating Officer (representing Karen Griffiths)
Jeremy Daws	Head of Quality Assurance
Jim Whittingham	Chairman (attending in his capacity of Non-Executive Director)
Kathryn Helley	Deputy Director of Performance Assurance/Asst. Trust Sec
Jane Heaton	Interim Director of OD & Workforce
Linda Jackson	Non-Executive Director
Anne Shaw	Non-Executive Director
Lawrence Roberts	Medical Director
Hazel Moore	Quality Matron
Gillian Mould	Quality Matron
Sally Yates	Logistics Manager (representing Keith Fowler)

In attendance

Karl Roberts (for items 371)	Clinical Quality, Patient Experience & Safety Lead
Joanna Loughborough (for item 350)	Patient Experience Practitioner
Kevin Kendall (item 370)	Estates Manager, SGH
Matt Bovingdon (for item 358)	WebV Implementation Manager
Kelly Burcham (for item 362)	Head of Risk and Clinical Audit
Justin Keen (for observation)	Professor at the University of Leeds
Raj Johal, (for observation)	Risk and Clinical Audit Manager
Rachel Pollard (for the minutes)	PA to the Chief Nurse

346/15 Apologies for Absence:

Karen Dunderdale, Wendy Booth and Keith Fowler.

347/15 Minutes of the Previous Meeting held on 11th November 2015:

The minutes taken on the 11th November were accepted as a true and accurate record with the change of the wording within item number 335/15, 3rd sentence 'escalated within the Operational Centre' to 'escalate within the Operational group.'

348/15 Matters Arising:

349/15 Confirmation of Dementia Clinical Lead (item 314/15)

A job description has been identified and adapted for the post of Dementia Clinical Lead. Tariffs and benchmarking have been confirmed with a requirement of 2 hours a week, the changes have been discussed with Dr Kamath. It was considered preferable to have one Clinical Lead working Trust wide however it was understood that this could be difficult to recruit to. The job description for the Consultant in Elderly care could be adapted to also include Clinical Lead for Dementia.

The meeting received assurance with regard to commitment and asked that the postholder be confirmed within March's meeting.

Action – Lawrence Roberts to confirm Dementia Clinical Lead post at March's meeting

Care at End of Life document

Karen Fanthorpe presented the document that would replace the Liverpool Care Pathway. The paper has been considered by strategy members from both community and in hospital. A pilot has been completed and the strategy committee is keen to adopt the new document. The document refers to patients whom are in their last few days of life and this should be mandatory. Information is obtained via quarterly audit reports seen at this committee and also discussed at Mortality Performance Assurance Committee too.

The structure of the document was welcomed with the changes to the document as follows:-

- The meeting agreed to add page numbers,

- Clarity with regards to power of attorney to read 'is there a power of attorney in place?'
- It was considered important to ensure the correct use of the document but providing that the correct roll out training with progress being monitored via KPIs and quarterly audit report pulled from the data system.
- An action column to be added to the family sheet to ensure communication.

Subject to the above comments the meeting approved the document.

350/15 Patient story

Joanna Loughborough verbally presented a positive story within regards to exemplary care on a ward.

352/15 NED challenge Highlight report / Evaluation of snap shot meal time audit report

Trending data is now presented on the quality wall ward boards. An evaluation of snap shot mealtime audit was undertaken in September with continued unannounced visits to the ward areas to identify staff nurse involvement at mealtimes. The findings were positive with patients receiving assistance within a timely manner however; the majority of nurses do not assist the HSA's to give meals out. Hazel Moore recommended a re-launch of the 'step up the plate' initiative. In addition, to aid its importance, a question will be added to the Director Visit template form in January relating to meal time protection.

The meeting agreed to support the re-launch of the 'step up the plate' initiative and the protected mealtime's standard and the need for cultural support. Further thought was needed to how the Trust empowers nurses to challenge clinical staff that interrupt at lunchtimes.

Action – Hazel Moore to review step up to the plate initiative to re-launch in January 2016 with an update given within March's committee.

Stop the pressure day was successful with attendance from over 60 candidates. Feedback was very positive with all speakers booked for next year. The committee congratulated Judy Barnard, Clinical Nurse Specialist, in Tissue Viability on her published article regard the pressure ulcer PUG wheel.

353/15 Critical Care CQC update - by exception

Following Dr Woods concerns voiced in a previous committee Karen Fanthorpe updated the committee with regards to ongoing works. Options with regards to a High Dependency Unit at Scunthorpe are being scoped. A suitable solution with regards to Anaesthetists rotas at Grimsby Hospital will be costed. Karen Fanthorpe will keep the committee updated.

354/15 Chief Nurse Monthly Assurance Report – Nurse Revalidation

Revalidation is a requirement for nurses to re-register every 3 years with the NMC and can be evidenced in a number of practices including professional development discussions. This was considered an opportunity for nurses to evidence good nursing care and quality of care. The risk element is overseen by Trust Governance and Assurance Committee with a project post being funded to oversee the development/procurement of a computerised system to identify extract information where needed. There will be a project post to pull the information together alongside reflective workshops to re-teach nurses and use feedback.

The committee agreed that this process needs to be as easy as possible for staff and welcomed it being a focus within the nursing strategy for next year.

Action – Tara and Alan to escalate concerns to the Trust Board and review in March's committee

355/15 Quality Impact Assessment Update Report

Lawrence Roberts and Tara Filby continue to meet bi-monthly to review the assessments. The committee agreed that the report itself is encouraging with no outstanding issues and noted any outstanding issues would be included in risk report going forward.

356/15 Wheelchairs on hospital sites

Kathryn Helley advised that Bill Parkinson was not able to attend the meeting due to urgent HSE work. The committee will invite Bill to the next meeting in January.

Action – Rachel Pollard to invite Bill to the next committee meeting in January to discuss wheelchairs on hospital sites.

357/15 Clinical Effectiveness

358/15 EPR Project Report

Matt Bovingdon updated the meeting. Web V modules are active and are at the roll out stages. Web V is supporting the portering system but further improvements can be made to the software. The clinical handover function of Web V relating to Intensive Care Unit is working well and is ready to be used in other departments. Lawrence Roberts advised that he would meet with Matt to commence a roll out plan within the Trust and discuss replacement theatre system, patient's letters and health care referral team.

Action – Lawrence Roberts and Matt to meet to discuss Web V.

A separate computerised system has an added functionality to enable access to text reports and images too. Further work is ongoing to link with both Lincoln and Hull hospitals. The infection control audit is being tested and has been trialled, this will be rolled out live from January 1st. Outpatient letters/summaries can now be accessed via Web V and further developments for recording observations on Trust mobiles and also the printing of labels by the bedside is also ongoing.

The committee thanked Matt for his update and will continue to support ongoing work with regards to EPR.

359/15 Quality Report

Clinical Effectiveness – The most recent HED SHMI figures from July 15 indicate that the Trust is back within the expected range, but this is not a definite.

NEWS – The committee noted possible issues at SGH however work will continue to investigate.

Dementia – Dementia screen was on target however, identifying areas that have low uptake figures is a priority.

Transfer of patients – Key work streams are progressing with regards to patient transfers. The committee were encouraged by ongoing work. The information is discussed within the Audit Committee and Trust Governance and Assurance. Processes are already in place with regards to clinical engagement. There would be no natural limit but work will continue to improve the existing figures.

Patient Safety

Changes to the lapse in care indicator relating to C Difficile could force them to be missed from the beginning of the report.

Action – Jeremy Daws and Kathryn Helley to discuss the implications of these changes outside the meeting and report back to January's meeting.

The committee welcomed the explanation of old pressure ulcers within the report, further work is to be done with regards to working closer with community.

Nutrition pathway – Trending data indicated positive news in relation to nutrition and work continues in relation to a Web V based monitoring of fluid management chart.

Pressure Ulcers – The committee registered their disappointment with the increase in pressure ulcers at Grimsby Hospital. It was acknowledged that RCAs are being undertaken on all ulcers - the 4 avoidable pressure ulcers were 3 grade 2 ulcers and 1 grade 3. Gill Mould reported that the increased training uptake had led to increased reporting but at times there was still a lack of skin inspection on admission. Ulcers were however being found earlier and hence the number of Grade 3 and 4 ulcers was reducing.

Action – Gillian Mould and Jeremy Daws to adapt the documentation to include explanations for the increase in pressure ulcers prior to submitting to the Trust Board.

Patient experience

Friends and Family – no discussions were had due to old data being presented.

Complaints – Refocused work is ongoing with action plans. A pain relief target will be added to the report in early 2016. The committee noted the significant progress made in reducing the net number of open complaints.

Morale Barometer – Executive Team have agreed to review the barometer as they were concerned with the low sample size (5%) and questions appear not always meaningful. Overall control sits within the Deputy Chief Executives Directorate and any changes will be identified and fed into this committee.

360/15 Mortality Performance & Assurance Committee Exception Report

Jim Whittingham advised that progress had been made with community. Focus continues on the 7 mortality work streams and they maintain pace and progress required. It was agreed that the positive update was due to many areas working together. Smoking cessation referrals are now part of a work stream with compulsory referrals for patient having elective surgery. Lawrence Roberts and Carrock Sewell are working to get the SBAR tool embedded into consultations and re-launching into the handover system via Web V. Quality projects to drive quality improvements are being led by Ian McNeil.

361/15 Quality Development Plan & KPI's

The committee noted the amount of reds shown on the action plan but were assured with the ongoing works explained by Kathryn Helley. The Trust continues to wait for the outcome of the CQC visit before refreshing the data ensuring that no actions were lost.

362/15 PROMS Quarterly Report (Q3)

Kelly Burcham informed the committee that the report was mostly positive apart from low participation with regards to groin hernias. The audit department will talk to the groups to ensure that people are receiving the forms. All other areas are on target. The committee noted the disappointing reduction in targets from the last

report.

363/15 Mock CQC visits (Q2)

There was no written report as work had been concentrated to prepare for the CQC visit. A significant amount of work is ongoing to ensure that wards are not overburdened.

364/15 Quality Dashboard report

Kathryn Helley verbally updated the committee informing that the dashboard information is produced from information that Quality Matrons complete within the wards areas. The Trust had moved away from Health Assure as a CIP saving but work continues with the information team to confirm a way forward. Tara Filby advised that questions will be refined before putting in place. Nursing dashboards will be implemented from January onwards and are shared with Associate Chief Nurses and discussed within the monthly Nursing and Midwifery Forum. Meetings are held fortnightly with the Interim Deputy Chief Nurse to identify what action is required.

The committee agreed to receive a report detailing the first quarters finding in April's committee.

365/15 Resources Committee - by exception report

No update

366/15 Clinical Supervision Compliance

Tara Filby advised that revalidation will help re-launch clinical supervision. The Trust is actively promoting this in terms of uptake with a target of 95% for all registered nurses, the current figure is 67%. Concerns remain within medicine but community/therapies services have made significant improvements. Work with medicine continues with Associated Chief Nurse alongside significant PR and Comms completed.

367/15 Reflection on Patient Story

The story highlighted the need to have individual end of life care in place and for the family to feel supported. The story highlighted the excellent leadership on the ward and reflected good triangulation of work across all areas involved. The story enforces good practice and the committee agreed to share with operations groups. As always Tara Filby will write to the Ward Sister and also to the nurse who has now left the Trust.

Patient Experience

368/15 Complaints report (Q2) – item no. 321/15

The report showed an increase in the number of complaints left open and a decrease in closed complaints. This was due to a member of the team leaving the Trust and a holiday period with the number of opened complaints at 121. Themes of complaints will be closely monitored via KPI's and it has been agreed to look at all complaints relating to communication issues as these will start to feature in the quality and complaints reports in future. Themes identified will be fed into a Learning Lessons Review Group starting in January.

The committee asked to see the number of Ombudsman referrals for 2014-15.

Action – Kathryn Helley to confirm the figures for ombudsman referrals for 2014-15 and send to the committee via email.

369/15 Eliminating Mix Sex Accommodation Progress Report

Karen Fanthorpe confirmed that the Trust has identified, as part of CQC visit in November, a potential problem with Medical Admissions Unit at Grimsby Hospital in terms of potential Mix Sex Accommodation breaches. A meeting is scheduled on Friday to ensure all information is available when needed and to discuss any misunderstandings. Work continues with the Web V team to provide a Web V breach report. The committee was assured by the report and work is ongoing.

370/15 Estates Painting Programme

Issues continue with problems gaining access to the areas needed causing the deadlines to slip by a month. However, an apprentice has started work with the painter which will improve the completion of tasks. The committee asked to see target dates and comments for flooring and signage with all deadlines updated. As discussed at the last committee Kevin agreed to discuss the programme with the Operations Centre so work could commence.

The meeting agreed that the process needs to be tightened to ensure that works are undertaken in a timely manner.

Action – Kevin to refresh deadlines, include target dates and comments area with regards to flooring and signage documents

371/15 Update re PLACE - by exception

Karl Roberts updated the committee with regards a positive visit to York District Hospital to look at signage. It was thought the improvement in signage for the Trust would cost in the region of £30,000. Further thought had to be given to access and environment for disabled and colours to be used within signage.

372/15 Items for Information

These items were noted for information purposes only.

373/15 Items for Approval

374/15 Any Other Urgent Business

No items of urgent business were discussed

375/15 Review of Action Log

Action – Tara Filby and Alan Bell to discuss outside the meeting.

376/15 Date and Time of Next Meeting:

The next meeting will take place on **Wednesday, 13th January 2016, 09.30 am - 12.30 pm, in Windsor Room, PGME Library, DPoW**

DRAFT