

DATE OF MEETING	28 th June 2016
REPORT FOR	Trust Board of Directors – Public
REPORT FROM	Tara Filby, Chief Nurse
CONTACT OFFICER	Tara Filby, Chief Nurse
SUBJECT	QPEC minutes from July 2016
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 NED CHALLENGE THAT THE BOARD NEED TO BE MADE AWARE OF)	These are the minutes from QPEC July 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, 13th July 2016
Time: 09:30am – 12:30pm
Venue: Main Boardroom, DPoW

MINUTES OF THE MEETING

Alan W Bell	Non-Executive Director (chair of the meeting)
Tara Filby	Chief Nurse/Executive Lead for QPEC
Jim Whittingham	Chairman (attending in his capacity of Non-Executive Director)
Kathryn Helley	Deputy Director of Performance Assurance/Asst.Trust Sec.
Linda Jackson	Non-Executive Director
David Broomhead	Associate Medical Director, Trust wide Professional Advisors
Sue Peckitt	Deputy Chief Nurse
Karen Dunderdale	Deputy Chief Executive
Karen Fanthorpe	Chief Operating Officer
Linda Jackson	Non-Executive Director
Sarah Mainprize	Head of PR and Communication
Sara Wood	Quality Matron
Joanna Loughborough	Patient Experience Practitioner

In attendance

Deborah Whitehead (item 18016)	Macmillan Lead Cancer Nurse /Specialist Palliative Care Nurse
Marie Coy (for item 17816)	MacMillan Recovery Package Implementation Project Manager
Melanie King (item 18016)	Macmillan Information Facilitator
Dawn Daly (item 17716)	Acting Associate Chief Operating Officer, Community
Tina Sykes (item 177/16)	Associated Chief Nurse, Community
Kelly Burcham (item 179&182/16)	Head of Risk and Clinical Audit, Performance Assurance
Mr Ali ((item 18816)	Clinical lead,
Prof. Justin Keen	Attending as an observer
Julie Dixon	Associated Chief Nurse - attending as an observer
Carole Gray	Attending as an observer
Rachel Pollard(for the minutes)	PA to the Chief Nurse

175/16 Apologies for Absence:

Anne Shaw, Melanie Sharp, Jeremy Daws (Kathryn Helley representing), Angie Davies (Sarah Mainprize representing), and Wendy Booth (Kathryn Helley representing), Lawrence Roberts (David Broomhead representing).

176/16 Minutes of the Previous Meeting held on 8th June 2016:

The minutes taken on the 8th June 2016 were accepted as a true and accurate record with no amendments.

Invited members items:

177/16 Community outcome exceptions update

Dawn Daly and Tina Sykes attended to update the committee with regards to ongoing work within community. Work is ongoing looking at feedback from clients, to consider outcomes within the friends and family test and to include young adults with feedback collated using a nursing designed questionnaire. Dawn and Tina were asked to ensure feedback is fed back to staff with the possibility of using closed forums within social media to bring an area together. It was noted within the report that compliments were seen to be recorded infrequently and Kathryn Helley confirmed that she had discussed with Julie Jennings, Complaints and PALS Manager and will investigate with other Trusts to consider how the recording of compliments could be improved.

The committee thanked Tina and Dawn for their report and noted that leading such a large team spread across a vast rural area was a difficult task. Dawn and Tina agreed to an update in 6 months' time (January 2017) with regards to progress to the quality of the work.

Action – Tina Sykes and Dawn Daly to update the committee with regards to quality and patient experience within community services at January 2017 meeting.

178/16 Cancer Recovery Package first year report

Marie Coy updated the committee. Raising awareness is ongoing via roadshows and will continue to attend several meetings. A steering group between North and North East Lincolnshire has been established to gain support. Monthly Operational Group meetings continue to involve clinical groups with work ongoing within gynaecology, hematology and oncology teams promoting self-management. More electronic devices are to be purchased to allow more teams to provide holistic needs assessment. Courses are continuing for patients living after cancer with positive feedback. Future plans are to find spare clinical space and resolve issues with future appointments.

Action – Marie Coy to provide Karen Dunderdale and Karen Fanthorpe with a wish list that can be investigated.

The meeting noticed the differences in survivorship between North and North East Lincolnshire and it was confirmed that the breast team had written the business case to secure funding, further work is needed to adopt this as a standard and will be challenged within the steering group. Karen Dunderdale and the meeting agreed that there was a link between survivorship and the Healthy Lives Healthy Futures project with regards to the specialist Sustainability and Transformation Plan.

The meeting noted the good practice and outcomes and understood that this has the potential to change cancer follow up forever.

Action – Nicky Dixon and Sue Cooper to attend QPEC in the future to provide an update with regards to the breast care survivorship programme

Action – Karen Dunderdale to update Karen Jackson / Pam Clipson with regards to linking the cancer recovery package and the Healthy Lives Healthy Futures project

179/16 Quality and Audit Forward Programme 16/17

The report showed information from 2016/17 which is an addition to the quarterly update seen at this committee. The report showed priorities with the largest amount of work within the Medicine Directorate, totaling over 200. Kelly Burcham advised that it is impossible to support all the Trust priorities but there is a need to balance this and look at other ways they can be measured, i.e. snap shots. It was noted that the list does grow over time with work having to be re-prioritised. Penalisation within non-participation is highly likely and is high on the CQC and Keoghs list of requirements. The meeting noted that progress was valuable and that a decision with regards to the Trusts position is vital.

The meeting approved the report subject to further discussion with regards to prioritising medicine.

Action – Kelly Burcham, Kathryn Helley, Karen Dunderdale to discuss further and feedback to the next meeting.

180/15 Macmillan Information Service 2015 Annual Report

Melanie King attended advising that the 'look good feel better' master class has been held and feedback was good. A drop in session at the North East Lincolnshire library has been focused at Immingham to support lung cancer. The committee discussed location of services, with the services ideally located at Grimsby but not at Scunthorpe and therefore at Scunthorpe Health Care Professionals advising patients of services was vital to their success. Sue Peckitt advised that the location of the services was discussed during the End of Life meeting with further conversations needed.

The committee advised that an 'opt out' option could be added to the outpatient proforma.

181/15 Q&A Annual Report for 15/16

Kelly Burcham updated the committee with regards to work undertaken by the Quality and Audit Team during 2015-2016, it included key achievements in the year and any challenges faced. Patient involvement and engagement with patient panel continues to be increased to ensure the correct standards are met. The report is shared at the Quality Contract Review meeting in which GPs attend. To aid the connection between the Trust and cancer patients Marie Coy is developing an information leaflet with the lung cancer team developing their own proforma to identify patients.

It was agreed that this would be added to the Directors visits pro forms and also be included in the Medical Directors newsletter to highlight to Clinicians.

Action – Kathryn Helley to add a prompt within the Director Visits proforma

Post meeting note to be added once confirmed

Action – Dave Broomhead to ensure Lawrence Roberts adds relevant information within the Medical Directors newsletter.

Post meeting note to be added once confirmed

Matters arising

182/16 Confirmation of resources for audits (item number – May 114/16)

Kelly Burcham advised that she has contacted 15 peer Trusts for feedback with regards to resources and although many Trust were not identical to this Trust, the information was collated. It was found that staff varied between Trusts in terms of number of staff and role bandings. It was agreed that this Trust provides a high standard within the quality audit department and it was evident that the pressures within medicine would require the possibility of having another band 4 staff member.

The report was approved subject to further discussion with regards to medicine.

183/16 Outcome of review of pressure ulcer prevention equipment in Theatres (item number – June 147/16)

Brendan Forman, Quality Matron had responded to the CQC action regarding requirements within theatres to identify pressure ulcers equipment, information will be fed back into the CQC report and will be available for the CQC. It was asked that evidence is gained to support the position and documented.

Action – Kathryn Helley to speak with Brendan Forman to ensure that the Trust is covering the ‘wider view’ with regards to findings within theatres relating to pressure ulcer prevention equipment.

Post meeting note to be added once confirmed

184/16 Confirm how findings from the PROMS report should be communicated to the Patient Staff Experience Group (item number – June 151/16)

It was advised that the PROMS report does not need to be seen at Patient Staff Experience Group and it is a quality outcome measure. There is a need to publicise wider.

Action – Kelly Burcham to send PROMS reports to Sarah Mainprize

185/16 Feedback from contract meeting – smoking cessation (item number – June 154/16)

A meeting was held on the 23rd June where a shared document and guidance to deliver a service was discussed. Karen Fanthorpe will also go back to ask for data to understand the reach and guidance. Jan Haxby, Director of Quality and Nursing - CCG is an active member of mortality meeting and supports Public Health in smoking cessation. Work will continue to get Public Health within these meetings. It was agreed that this issue would be driven via Mortality Performance Assurance Committee and that this committee do not need to see it in future.

186/16 Findings with regards to the ice lolly initiative (item number – June 162/16)

Progress has been made within the NED challenge following the lack of support for the products. It had been suggested that a seasonal snack list would be ideal and Sara Wood is meeting with Keith Fowler to discuss how this can be delivered.

Action – Sara Wood to update the next meeting in August.

187/16 Purchasing of mini safes for patient valuables (item number – June 165/16)

A procurement process is underway to look at costings and alongside a change to medicines management to see if the two could be linked together to look how we store medicines as well as patient valuables. Alan Bell advised that purchasing of a mini safe to securely store patients valuables would be inexpensive and provided a sample bought from B&Q which they pay less than £9 for which was large enough for both valuables and medicines.

188/16 National Ophthalmology Audit - Case for non-participation

Mr Ali attended to update the committee with regards to non-participation in the national ophthalmology audit. Kathryn Helley had discussed with the team prior to the start of the audit and it was confirmed that they would participate but Mr Ali advised that his ophthalmology team did not participate due to increasing pressures; data is collected for local audit against similar audit standards however the national proforma has not been completed.

The process has now been added into the team's job plans and with the help from medisoft they will participate with the second phase of the audit however the completion date for phase 1 was the end of June 2016.

Pam Clipson and Kerry Carrol need to be made aware with regards to enable them to discuss with commissioners.

The committee voiced their disappointment and agreed were not in a position to confirm approval for the non-participation without considering the relevant mitigation. Kelly Burcham and Kathryn Helley were asked to confirm mitigation. It was agreed that there is a need to understand how we have got to this position and need to understand processes for the future.

Action – Karen Dunderdale to provide an action plan at the next committee.

Action – Alan Bell and Tara Filby to ensure this is highlighted to the Board.

Action – Tara Filby to inform Pam Clipson and Kerry Carroll of the impact of non-completion.

Patient Story

189/16 Joanna Loughborough provided a relative story originating from the carers forum from a daughters perspective on

her Mothers admission into Scunthorpe General Hospital.

Clinical Effectiveness

190/16 Quality Report

The latest SHMI data put the Trust at 106 in the national ranking, HED data is at 104.9.

Screening for dementia has exceeded the target for a continuous 8 months.

Patient Safety

The report showed a Trust Stretch Target and a National Target. Karen Dunderdale asked for a clear distinction in *cdiff* cases needs amending.

Action – Kathryn Helley to amend the *cdiff* cases to see a clear distinction in the National and Trusts targets.

The number of pressure ulcers is at its lowest since December 2015. It had been requested by commissioners to look at total number of falls and this can be seen within the report.

The committee was happy to share this information with North Lincolnshire prior to the Trust Board on the 26th July.

Further work is to be done with regards to red areas seen within nutrition and hydration. The committee discussed actions taken to improve the use of the fluid balance charts. Visual prompts have been added by the bedside and a new form is in circulation for ease of use. Assurances have been sought from Associate Chief Nurses with the Ward Sisters being held to account. Sara Wood is to look at the Trusts policy but advised that this is a national issue. It was agreed that correct completion of the fluid balance charts were importance as clinicians use this information to make a decision on a patients care.

Action – Tara Filby to discuss fluid balance processes with other Chief Nurses in other Trusts and feedback to the next meeting

Action – Sara Wood to look at ‘hot spots’ with regards to fluid balance charts and feedback to the next meeting.

Action – David Broomhead to request the medical director to engage clinicians for support in challenging incomplete charts at ward level

Patient experience

The committee noted the significant reduction with regards to complaints and thanked all staff involved. This achievement would be highlighted to the Board.

Action – Alan Bell and Tara Filby to highlight the reduction in complaints to the Board.

191/16 Mortality Performance & Assurance Committee Exception Report

The process shows continued progress with regards to crude mortality remaining important. Concerns still remain with regards to in and out of hospital SHMI with issues with regards to out of hospital SHMI still not clear. It appears that weekend mortality verses weekday mortality is about numbers and will continue to understand the data. It was agreed that slow progress has been made.

It was agreed that Tara would raise the issues with regards to smoking and engagement of Public Health at the next Mortality Performance & Assurance Committee meeting.

Action – Tara Filby to raise the issues with regards to smoking and engagement of Public Health at the next Mortality Performance & Assurance Committee meeting.

192/16 Quality Development Plan & KPI's (including actions from CQC visit)

Kathryn Helley verbally updated the meeting as the Trust still does not have an approved CQC action plan. Actions will be taken to ensure the actions are captured and agreed.

193/16 Resources Committee - by exception report

Karen Dunderdale advised that there was nothing to raise.

194/16 Learning Disabilities Update Report

Sara Wood advised that a CQUIN is to be introduced with regards to vulnerable adults and therefore the LD update report will be seen in future and will change on the back of that. Any actions not completed will be carried forward to the new action plan.

195/16 Annual Review of Committee Performance

Alan Bell thanked all attendees that submitted feedback. It was agreed that one meeting this year was cancelled due to the doctor's strike and another went ahead not being quorate. The quoracy issue was addressed at the time

and the meeting was satisfied this situation would not be allowed to arise again. Rachel Pollard will continue to ensure monthly meetings are kept in the diaries.

Reflection on Patient Story

The meeting questioned if the patient could have been cared for within community. Communication issues continue to be threaded through patient stories and issues in particular to not involving keeping patient's family involved in decisions / changes in care. It was advised that Karen Fanthorpe has adopted this ward with regards to 'step up to the plate' and will work with nursing and medical staff to ensure a link with Frail and Elderly Assessment Team to ensure a smoother pathway in future. Basic care was considered lacking.

Joanna agreed to feedback the story with the ward (nursing and medical staff) involving Jenn Orton, Associate Chief Nurse. As with all patient stories, Tara Filby will write to thank the relative of the patient for sharing her story.

Patient Safety

196/16 NED challenge Highlight report

Sara Wood updated the committee. Information with regards to falls will be reflected on the quality boards on the wards to reflect avoidable falls. The extension of the dynamic mattress provision is to be considered alongside the extended use of the hydrant. The meeting noted the good work done.

197/16 Chief Nurse Monthly Assurance Report – nursing revalidation

Tara Filby updated the meeting advising that this report was the first time any figures had been seen with regards to nursing revalidation. Shaheen Khan continues to support staff and prepare others going forward to be in a positive position with regards to revalidation. PR and Communications will be explored to assure nurses that revalidation was not a difficult process, this work will continue via bulletins and within Chief Nurse Stories. Further decisions with regards to the revalidation post are needed to either merge with the Medical Revalidation Office or stand-alone posts. The process is currently manual as the electronic version was considered expensive with many nurses not having access to computers or the confidence to use them. It was noted that the chart should have read January 2016 not January 2017. It was agreed that this important process needed to be highlighted to the Trust Board.

Action - Tara Filby / Alan Bell to highlight the importance of nurse revalidation to the Trust Board.

198/16 Quarterly Discharge and Transfer Group update

The meeting noted the average length of stay saw a reduction in specialty outliers in May. A&E admission rates were also noted and reduced from the previous rate. Within Medicine there is a piece of work to draft a paper that demonstrates that the flow of patients is improving and are looking to replicate this in a number of areas at Scunthorpe and then Grimsby. Post ward round updates include ACPs and along with the buddy system with one Consultant looking after the same patient seem to be aiding this work. Further work is to look at weekend discharge rates.

It was agreed to help understand this ongoing work that it would be a benefit to receive an update from Pete Bowker, Associate Chief Operating Officer at a future meeting to update with regards to Medicine. The Transfer and Discharge Group continue to be led by Claire Phillips.

Action – Rachel Pollard to invite Pete Bowker to a future meeting to update the committee with regards to processes in place with regards to transfer and discharge within Medicine.

199/16 Mixed Sex Accommodation update report

The Trust continues to have no mixed sex breaches with Web V in place to support the accuracy of this information. Feedback is awaited from commissioners with regards to step down times. Linda Jackson advised that she was assured with regards to ward staff understanding of mixed sex accommodation with the proforma prompt being a helpful aid. Alan Bell advised that he has identified mixed sex toilets within Endoscopy at SGH.

Action – Karen Fanthorpe to look into the mixed sex toilets within Endoscopy at SGH and provide a post meeting note.

Post meeting note to add from Karen Fanthorpe

The meeting discussed the need to have the necessary arrangements in place for carers. It was agreed that further work was needed.

Patient Experience:

200/16 Dementia Action Plan Update

Sara Wood highlight that the national audit for dementia is running now until September/October 2016 and more actions will be resulting from this. The meeting will be kept informed via report updates.

201/16 Patient & Staff Experience Highlight Report

Sue Peckitt provided a verbal update as the last meeting was postponed. Discussions were ongoing to look at splitting the meeting back to separate staff and patient group meetings; this will include some core membership at both meetings. Positive verbal feedback had been received with regards to Health Watch visit in May.

202/16 Matrons Environment report

Quality Matrons are to look at the top 10 facilities areas that need addressing, with Simon Tighe agreeing (with approval via Nursing Midwifery Advisory Forum) to run the deep cleaning and painting programmes together. 2 dirty commodes have been identified on Wards B6 and 22 and have been escalated via Trusts approved policy. Although cleaning seems to be improving, dusty air vents continue to be an issue. As part of the CQC action plan, fridge temperatures standard operating procedures have been discussed at Executive Team with areas divided to reinforce its importance. Escalation processes are in place too. Quality Matrons are aware of the need to assure CQC actions.

The meeting discussed the hospedia television contract and agreed that Alan Bell and Tara Filby would highlight to the Board to focus the importance to ensure that the planning is in place before the contract ends.

Jim Whittingham raised the issues with the lockable yellow waste bins and it was agreed that this issue would be facilities ultimate responsibility as this is largely a HCA's role.

Action – Alan Bell to raise the issue regarding yellow waste bins at the next Estate and Facilities meeting.

Action – prospective planning to replace Hospedia to be highlighted to the Board

203/15 Items for Information

These items were noted for information purposes only.

204/16 Items for Approval

End of Life Multi Agency Strategy

The committee noted that the strategy had been written by the Trust on behalf of and with collaboration with other bodies and will be reviewed in September 2016. It was agreed that the report had regional significance and asked David to advise Dr Wood to look into possible benefits and the possibility of other cooperation's using this in other areas.

It was also considered useful to ensure that the strategy is peer reviewed. The meeting was happy to accept this report and asked that it be launched and work streams mapped out well in advance, although it was important not to stop any of this work.

The meeting noted the huge progress made and considered this to be an excellent piece of work.

Action – Dave Broomhead to ensure that Dr Wood is aware of the possible benefits and peer review.

205/16 Any Other Urgent Business

No items of urgent business were discussed

206/16 Review of Action Log

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

207/16 Date and Time of Next Meeting:

The next meeting will take place on **Wednesday, 10th August 2016, 09.30 am - 12.30 pm, in Boardroom, Scunthorpe Hospital**