

Portsmouth Hospitals **NHS**

NHS Trust

Division of Medicine for Older People


Management and Governance Committee Notes of a meeting held on 30th October 2008


Present:


Lesley Humphrey
Kim Bezzant
John Corben
Chrissie Immins
Carol Farmiloe
Chris Ash
Neil Martin

Julie Turk
Jonathan Hayes
Brenda Gould
Rachel Newman

In attendance:
Claire Spice

	<u>Action</u>
<p>1. <u>Apologies</u></p> <p>Ann Dowd Teresa Griffin Jane Williams Gill Gould</p>	
<p>2. <u>Minutes of the meeting held on 14th August, 2008</u></p> <ul style="list-style-type: none"> • Accuracy Minutes were accepted as a true record 	
<p>3. <u>Summary of Agreed Actions and any Matters Arising</u> Please see attached tracker</p>	
<p>4. <u>Combined Management and Governance Group</u></p> <ul style="list-style-type: none"> • Those in attendance agreed to establish a joint committee • A rolling programme of specialist reports was also agreed •  \\Qah-svr-farm\elderly\Management\ • The standing agenda was agreed. This is to be used as an aide memoire. Chairpersons will produce reports for the areas identified on the rolling programme. • Membership – Lesley to ask Ann Dowd to seek a Consultant and Matron lead for the Inpatient Governance Group • Terms of reference – CA commented that a wider group may hamper openness of discussions. Having open and closed sessions at the meeting was discussed. • Ian Reid suggested that a patient experience group 	<p>LH</p>

	<u>Action</u>
<p>representative could be invited twice yearly.</p>	
<ul style="list-style-type: none"> Therapists, chaplaincy etc to be invited to attend on a rotational basis 	LH/LD
<p><u>5. Divisional Risk Register</u></p>	
<p>This has been added to the rolling programme to be discussed quarterly. Members can add to this monthly. Trust risks are dealt with by Trust Quality & Governance Committee.</p>	
<ul style="list-style-type: none"> New updates for consideration 	
<p>Divisional Safe Haven list is required. Carol Farmiloe will publish when available.</p>	CF
<p>Patient identifiable information was discussed. There was a discussion about whether computers should be encrypted or NHS Net should be used. Carol to discuss issues with Patricia Radway. CF to discuss at Information Governance Group on 03/11/08.</p>	CF
<p><u>6. Safety</u></p>	
<ul style="list-style-type: none"> SUIs process 	
<p>JC reported on the SUIs process. DMOP clinicians are good at recognising SUIs. Reports have to go to SHA within 48 hours. A discussion followed regarding contact with Trust Duty Manager and DMOP on-call manager. It was decided to discuss this further in a smaller group</p>	LH/JC/CA
<p>Brenda Gould commented that HR should be informed at an early date if there was disciplinary potential.</p>	
<p>This is to be an agenda item for November 2008 meeting</p>	JC Agenda item - LD
<ul style="list-style-type: none"> Nice reports 	
<p>  \\Qah-svr-farm\elderly\Management\elderly\Management\elderly\Management\ </p>	
<ul style="list-style-type: none"> Major incident 	
<p>JC has instruction for the control log which is a formal document. JC will also be conducting refresher training for bleep holders. A table top exercise day is to be arranged for February next year.</p>	JC

	<u>Action</u>
<p><u>7. Clinical and Cost Effectiveness</u> This has been covered with other agenda items</p>	
<p><u>8. Governance</u></p>	
<ul style="list-style-type: none"> • Balanced scorecard This is a new tool and therefore trends are as yet unavailable. Individual ward performance and targets will need a year's data to show seasonal changes. • Finance Finance show improvement. Risks include income for palliative care, loss of income with episodes – these factors may affect next year's budget. The Trust position show DMOP in a favourable position, savings plan has been achieved and we are breaking even. The whole PCT has to look at funding.  \\Qah-svr-farm\elderly\Management\ 	LH
<ul style="list-style-type: none"> • Additional savings plans. Kim suggested looking at continence products 	KB
<ul style="list-style-type: none"> • Winter planning Discussion around A1 being used as B1 last year or improvements in staffing levels to make this unnecessary. 	
<ul style="list-style-type: none"> • Charitable funds To be rolled forward to next month 	Agenda item – LD
<ul style="list-style-type: none"> • HR BG reported with a general update and a proposal for dealing with high levels of sickness in the department. This proposal is to be taken forward to include junior doctors. 	BG
<ul style="list-style-type: none"> • New Hospital Nursing Options Paper was presented by CA. Actions are on the report. Comments to CA. 	All
<ul style="list-style-type: none"> • DMOP report to Trust Quality and Governance Committee. Report to be added to rolling agenda. 	KB
<ul style="list-style-type: none"> • Team Brief Team brief is now available. Neil to produce DMOP team brief. Draft of this to be produce by the beginning of next week. All members to email Neil with items to enable it to go out on Monday or Tuesday. This is to be ongoing. 	NM All

	<u>Action</u>
<p><u>9. Patient Focus</u></p> <ul style="list-style-type: none"> • Patient Surveys <p>Patient surveys have been carried out on 3 wards. Feedback from PEG is good. Nutrition provision needs to be looked at with regard to specific diets.</p>	<p>NM/KB</p>
<p><u>10. Accessible and Responsive Care</u></p> <ul style="list-style-type: none"> • Clinical Services Directory <p>The Clinical Services Directory is now available (copy in Divisional Offices). This will be annually produced and electronically updated regularly.</p> <ul style="list-style-type: none"> • Outpatient report <p>There were a number of issues – capacity, Spr' issues, booking, notes etc. A monthly forum will meet to discuss and sort out issues. IR suggested this be reviewed in 3 months time. LH agreed to bring this to Divisional Performance Review with the Executive Team.</p> <p>Cancelled clinics need to be looked at</p> <ul style="list-style-type: none"> • Challenging Behaviour Unit – Claire Spice <p>This unit is to be accessed solely from MAU. Evaluation needs to be developed. It is proposed that a 12 bedded unit is set up initially as a pilot. Support has been forthcoming from Social Work and OPMH. Further evaluation is to be carried out by the Operational Steering Group for the unit.</p>	<p>NM LH NM/AD/CI/JH CS</p>
<p><u>11. Care Environment and Amenities</u></p> <ul style="list-style-type: none"> • New Hospital <p>O₂ and suction is an issue as all our beds must have this facility and this is not available for all beds on F and G level. Mary Sherry is chairing a meeting to look at the problem.</p> <ul style="list-style-type: none"> • Cook and Chill <p>This begins in November. The service will be looked at to ensure it meets the needs of the patients.</p> <ul style="list-style-type: none"> • SMH Site – to be reported next time 	<p>NM/CA CA/BG NM Agenda item – LD</p>

	<u>Action</u>																
<p><u>12. Public Health</u></p> <ul style="list-style-type: none"> • Staff survey - progress to be discussed next month <p>Next meeting Thursday 27.11.2008 at 2.30 North Building Seminar Room</p> <p>Agenda items</p> <p><u>Circulation:</u></p> <p>Attendance and Circulation:</p> <table data-bbox="239 780 957 1056"> <tbody> <tr> <td>Lesley Humphrey</td> <td>Gill Gould</td> </tr> <tr> <td>Ann Dowd</td> <td>Julie Turk</td> </tr> <tr> <td>Ian Reid</td> <td>Rachel Newman</td> </tr> <tr> <td>Kim Bezzant</td> <td>Brenda Gould</td> </tr> <tr> <td>Neil Martin</td> <td>Jonathan Hayes</td> </tr> <tr> <td>Chris Ash</td> <td>Chrissie Immins</td> </tr> <tr> <td>John Corben</td> <td>Carol Farmiloe</td> </tr> <tr> <td></td> <td>Jane Williams (Stroke)</td> </tr> </tbody> </table> <p>Circulation and attendance when required: Sue Poulton (Falls) ????? (In patients) Rachel Powis (Clinical Audit) Viv Macdonald (Medication rors) Jane Marshall (Pharmacy) ? Therapy reps ? Chaplin</p>	Lesley Humphrey	Gill Gould	Ann Dowd	Julie Turk	Ian Reid	Rachel Newman	Kim Bezzant	Brenda Gould	Neil Martin	Jonathan Hayes	Chris Ash	Chrissie Immins	John Corben	Carol Farmiloe		Jane Williams (Stroke)	<p>BG Agenda item - LD</p>
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Appendix 1

Management and Governance Committee – Rolling Programme of Reports

January:

- Q3 Complaints Report
- Clinical Audit Report
- Physio Report

February:

- Q3 Risk Events Report / risk register
- Stroke Sub-group Report
- Business Plan

March:

- Pharmacy Report
- Inpatient Sub-group Report
- Chaplain's/PEG Report

April:

- Medication Error Group Report
- Q4 Complaints Report
- SALT report

May:

- Q4 Risk Events Report / risk register
- Stroke Sub-group Report
- Business Plan

June:

- Falls Sub-group Report
- Inpatient Sub-group Report
- OT Report

July:

- Q1 Complaints Report
- Clinical Audit Report
- Physio Report

August:

- Q2 Risk Events Report / risk register
- Stroke Sub-group Report
- Business Plan

September:

- Pharmacy Report
- Inpatient Sub-group Report
- Chaplain's/PEG Report

October:

- Q2 Complaints Report
- Medication Error Group Report
- SALT Report

November:

- Q2 Risk Events Report / risk register
- Stroke Sub-group Report
- Business Plan

December:

- Falls Sub-group Report
- Inpatient Sub-group Report
- OT Report