













**Medical Clinical Service Centre
Governance Committee 2012
CLINICAL EFFECTIVENESS**

Meeting date and time	15 March 2012, 1300 to 1500	
Location	D308 (Lift area 7 & 8)	
Item	MINUTES	
1	Apologies: <div style="border: 1px dashed black; padding: 10px; text-align: center; font-size: 24px; font-weight: bold;">Code A</div>	
2	Minutes The minutes of the meeting from January 2012, previously sent out attached to the March agenda, were agreed.	
3	Summary of Agreed Actions / Matters Arising The agreed actions from the January meeting are contained in the attached action grid. <b style="color: red;">ACTION GRID TO BE INSERTED HERE	
4	Trust wide committee minutes The Trust wide committee minutes were attached to the March agenda for information.	
5	Case Study Staff present were advised of a case highlighting failure to communicate. A patient had been transferred to ITU without proper communication with the Ward, this resulted in inconsistencies and a necessitated a detailed explanation to an irate family after the transfer. Although there is a system in place, on this occasion it was not effective. The system should be reviewed to ensure a similar situation does not arise again. A transfer checklist should be put in place and to assist with this it was suggested that a representative attends the ITU Governance group. Following that a process will be put together to ensure proper communication during transfers throughout Medicine CSC.	Code A
6	Waiting Times (CQUINs) The Quality Contract for 2012/13 was not yet agreed but it will have the achievement of waiting list times. This will be included for the application for Foundation Trust status. Dermatology – RTT risk to National Target SC outlined the Med area of risk was the Dermatology 18 week target. MQ stated that we should not get to a break even position and everyone should understand the targets. Staff need to be disciplined in their approach to managing the RTT. The rules that exist are DoH rules and need to be applied.	Code A
7	Audit <ul style="list-style-type: none"> • SC advised that the areas of highest risk are inpatient areas. CQC raised concerns regarding documentation of the admission assessments and the prescription of care. We will continue to provide weekly audit responses and this will continue until we achieve consistency the frequency of audit will then be lowered. • Hand Hygiene was currently being audited monthly. • Environment audits were ongoing. 	Code A

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	<ul style="list-style-type: none"> • Skill level of the auditors is crucial to effective feedback. • The meeting was advised that Med CSC had 8 CDiffs in 2012 to date. No MRSA post 48 hour. • Although hand hygiene was not reported as >95% compliance, clinical outcomes were good. 			
8	NICE compliance     Medicine TAGS.xls Medicine Clinical Cancer Guidelines NoInterventional Guideli Medicine Quality Standards.xls		Code A	
Staff were advised to look through the guidelines and check which ones were applicable to their speciality. A senior nurse plus a consultant should be involved in each area as the lead for NICE Guidelines.				
9	Essential Training – January 2012 - 71.1% <ul style="list-style-type: none"> • Med CSC were currently achieving 71% of training required, the target was 85%. Some of those present highlighted their inability to undertake training through ESR and this had been raised with the ESR team. • The Exec team had requested to be advised of who had not undertaken their essential training. • Those present were advised that it was a contractual obligation to undertake the training and all staff should be reminded of this. It was suggested that different ways of delivering the training could be investigated by staff. • A new essential skills working group was being formed and volunteers were requested to join. If any staff are interested they should contact Brenda Gould. • There were gaps in training which needed to be highlighted and BG and SC will be working on a list of who needs what training. • Junior Doctors' training was presenting a problem in that their training has to be in date for the year and some of this was getting missed. • BG will provide a monthly league table of what is outstanding to line managers. 		Code A	
10	C5 – Alcohol training (CQUIN) <ol style="list-style-type: none"> 1. Train ED/MAU 2. Screen ED/MAU 3. Brief Intervention 4. Onward referral <ul style="list-style-type: none"> • All of the above have penalties attached to them. Sue Atkins team are delivering. • Screening tool used is on Vitalpac in ED and MAU. • MQ stated that not all alcohol services are commissioned at the same level, but this is not being differentiated at the front door. For example Portsmouth is covered by Hampshire is not. • Staff were advised to be aware as this is rolled out. 		Code A	
11	PPCI targets (CQUIN) - Board Report update <ul style="list-style-type: none"> • Staff were advised that the current timeframe was 150 minutes from 999 call to intervention. These measurements are taken from Phone call to Balloon and from Door to Balloon. • It was intended for the SHAs to move this to 120 minutes, and this has a CQUIN target attached. • Breaches related to delays in ED, SCAS transfers and inter hospital transfers. 		Code A	

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	<ul style="list-style-type: none"> • QAH has the contract from West Sussex, which covers patients from Arundel to the west being crewed to QAH. • Ambulance crews were taking patients to St Richards, but following a meeting with SECAMB who will communicate to their crews to bring patients to QAH. • PHT is the busiest heart attack centre with the best mortality outcomes. This has been shared with SECAMB. 		
12	<p>Process / Policy Changes</p> <p>CJD Policy out for Consultation – Endoscopy Staff present were notified that this had gone out for consultation regarding asking patients whether they had ever been at risk. It was suggested that this should be scoped as to whether patients should be asked this question. SC to look at who the comments need to go to.</p>		
13	<p>Readmissions</p> <ul style="list-style-type: none"> • Staff were advised that if a patient was readmitted within 30 days of a discharge then QAH would not get paid. i.e., if a patient had been in with a heart issue, was discharged, then was readmitted with a broken leg, that it is currently reported as a readmission. • The reason for the discharge needs to be understood. • If the discharge is from here and then the patient is re-admitted elsewhere we are liable from the Trust the patient has been admitted to. • SC will be holding a meeting to discuss capturing this information and how it can be recorded. 	Code A	
14	<p>Length of Stay</p>  <p>G:\Medical Division - CMT\CMT\SC rework</p> <p>Staff present noted the attached spreadsheet. SC highlighted that length of stay, including MAU. It was intended to deep dive into the specialities to understand fully what is occurring. The Clinical Directors are carrying out focus work which would concentrate on the pathways of Respiratory Lung Cancer and Heart Disease to understand the trend throughout 2012/13.</p> <p>Discharge <i>Deferred</i></p>	Code A	Code A
15	<p>Staffing Levels</p> <p>Recruitment ongoing</p>	Code A	
16	<ul style="list-style-type: none"> • Medical Devices • Equipment Logs – Equipment replacement log. Risk Assessment. Nominated responsible persons • Training Records • Availability of Equipment <p>Nil new to note</p>	Code A	
17	<p>Records</p> <p>Information Governance</p> <p>Staff were updated on the requirements from the NHS Information</p>	Code A	

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	<p>Governance toolkit which outlined areas of compliance, compliance priorities and areas of good practice.</p> <ul style="list-style-type: none"> • It was disappointing to note that the CSC had been responsible for two breaches in recent weeks relating to the faxing of data. Staff were reminded of "Safe Haven" and all CSC staff would again receive information relating to this. • It was suggested that staff could look at the information that is being faxed and consider different ways of sending it. However it was essential that if staff had to send by fax, then Safe Haven should be followed at all times. • SC requested that information being sent internally could be sent differently, but it was understood that information to external recipients was an issue to be considered. • It was highlighted that an increasing trend was for patients to email their consultants and JT stated that within a couple of years communication could become very different with the electronic age moving forward and progressing year on year. • At all times staff must adhere to a minimum standard and currently emails do not provide this. It must be the case that details are checked and best practice always followed, it was also imperative that patients were made aware of this. • Questions were raised regarding databases and the subsequent protection of them. Some were supported by ICT but it was entirely likely that some were not. Were these at risk? JT suggested they probably were at risk but to what level was not clear. • Action was agreed as SC to think about Safe Haven in specialties and debate regarding emailing and texting. MQ to visit areas regarding leads to take forward. <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  G:\Medical Division - Clinical Governance\I </div> <div style="text-align: center;">  G:\Medical Division - Clinical Governance\I </div> </div> <p>Coding - Spell completion, depth of coding (pink forms) – mortality outcomes Nil new to note</p>	
18	<p>Releasing Time to Care</p> <p>12th, 13th, 14th March – RTtC rolling training sessions across Medicine CSC</p>	
19	<p>CQC Outcomes 6, 11, 12, 13, 16, 21 Q3 self assessment</p> <div style="text-align: center;">  G:\Governance - CQC Evidence\Compli </div> <p>National Outpatient CQC survey results</p> <div style="text-align: center;">  2011 Benchmark report.pdf </div> <p>Staff were reminded to read and ensure that all staff are aware of the Review of Compliance. Staff were asked to advise SC of any actions to be included in the Medicine CSC Action Plan.</p>	

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20	<p>Urgent Updates (SIRI Action Plans)</p> <p>Risk Register</p>  <p>G:\Medical Division - Risk Registers\MEDIC</p> <p>Amber – Endoscopy appointment</p>  <p>Final report v3.doc</p> <p>Red – E8 fall</p>  <p>IMR-RCA FINAL REPORT for Panel.do</p> <p>Incidents for noting. Action points to be delivered within speciality.</p>	
21	<p>Service Quarterly Review – Hepatology</p> <p>The meeting received a presentation which outlined that the Portsmouth demographics illustrated a statistically higher average than the UK average of persons with issues of alcohol and substance misuse. This resulted in an increased demand on services catering for the management of liver related health.</p> <p>Specifically for Portsmouth “initiative 12” of the QUIPP agenda highlighted a need and target for the increase of Hep B and Hep C awareness, screening and treatment with focus on reducing morbidity and mortality associated with this area.</p> <p>The service has so far set up, Outpatient clinics alongside the Hep Doctors for monitoring of disease progression, advice and emotional support. Treatment clinics for Hep B and C and monthly virtual clinics have been set up to monitor stable HBV, Haemochromatosis patients minimising the need for outpatient clinic reviews. There are also weekly outreach clinics in two drug support centres. Weekly venesection clinics for patients with Haemochromatosis are held freeing up junior doctor hours.</p> <p>The service is currently covered by two part time nurses working opposite days. Hampshire PCT is due to engage with the service in April to enable treatment of East Hampshire patients for Hep C locally. A further nurse appointment will be necessary to facilitate the increase to patient load.</p>	<p>Code A</p>
22	<p>Speciality Report – Gastroenterology</p> <p>No report received</p>	
23	<p>Any Other Business</p> <p>Business Planning 12/13</p>	

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	 G:\General Medicine - Management\busine Strategic Planning 12/13 For noting. Specialities working up their service plans for 2012/13
	Date of next CSC Governance meeting – 19th April 2012. Rm 3 and 3a. Education Centre E level. Date of next Clinical Effectiveness Governance Meeting – 14 June 2012, Room E371