
















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




<b>Meeting date and time</b>	Thursday 14 June 2012 at 1.00 pm – 3.00 pm	
<b>Location</b>	E371, E Level Link Corridor #1234	
<b>Item</b>	<b>AGENDA</b>	
1	<p><b>Apologies:</b></p> <div style="border: 1px dashed black; padding: 10px; text-align: center; font-size: 24pt; font-weight: bold;">Code A</div>	
2	<p><b>Minutes</b></p>  <p>G:\Medical Division - Clinical Governance\</p> <p>The minutes were noted. The following matters arising were noted.</p> <p>Members were encouraged to look at the quality contract which was contained within the minutes as presented by <b>Code A</b>. It was important for all staff to understand how this affected their work areas.</p> <p><b>Code A</b> will investigate the representative that is requested to represent Medicine CSC on the Hospital Food Group.</p> <p>Bed Re-balancing. Further action is awaited. It is hoped that Medicine will obtain 14 more beds. Linked to this are patient moves which are in the quality contract and that is the reason for monitoring. Outliers have to be monitored also.</p> <p><b>Code A</b> is undertaking education sessions on OPTIMUM if staff need help. Optimum is considered an easy way to manipulate patient experience data.</p>	<b>10 minutes</b>
3	<p><b>Summary of Agreed Actions / Matters Arising (See action grid)</b></p>  <p>G:\Medical Division - Clinical Governance\</p>	
4	<p><b>Trust wide committee minutes (Attached for information)</b> SC advised that all members of the Med CSC Governance Committee have access to the below minutes on the G Drive, they are attached to the agenda/minutes for staff information.</p> <p><b>Patient Experience Committee</b></p>  <p>G:\Medical Division - Clinical Governance\</p> <p><b>Governance and Quality Committee</b></p>	

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	 <p>G:\Governance - G and Q Committee\Jur</p> <p><b>Assurance Framework</b></p>  <p>G:\Governance - G and Q Committee\Jur</p> <p><b>Trust Risk Register</b></p>  <p>G:\Governance - G and Q Committee\Jur</p> <p><b>Board Quality Performance Report</b></p>  <p>G:\Governance - G and Q Committee\Jur</p> <p><b>SIRG</b></p>  <p>G:\Governance - G and Q Committee\Jur</p> <p><b>RAC</b></p>  <p>G:\Governance - G and Q Committee\Jur</p> <p><b>Patient Safety Working Group</b></p>  <p>G:\Governance - G and Q Committee\Jur</p>		
5	<b>Case Study</b>	<b>Not discussed</b>	<b>10 minutes</b>
6	<b>Waiting Times</b>	<b>Not discussed</b>	
7	<b>Audit</b>	<b>Not discussed</b>	
8	<b>NICE compliance</b>	<b>Not discussed</b>	
9	<p><b>Essential Training</b></p> <p><b>Code A</b> gave an update to the Committee on specialty compliance with essential skills training.</p> <p>Cardiology 71%  Dermatology 47.75  Diabetes/Endocrinology – 66.1%  Gastro/Endoscopy – 73.5%  Hepatology – 79.2%  Respiratory – 66.1%</p>	<b>Brenda Gould</b>	
10	<p><b>Alcohol training (CQUIN)</b></p> <p>Sue Atkins provided an update on the service to the Committee</p> <ul style="list-style-type: none"> <li>The CQUIN for Alcohol was a local CQUIN last year and consisted of four parts, but the alcohol specialist nursing service (ASNS) leads the</li> </ul>	<b>Code A</b>	

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	<p>delivery of this.</p> <ul style="list-style-type: none"> <li>• Alcohol Service is a team of four who work every day of the week.</li> <li>• The Alcohol Service see themselves as a Health team.</li> <li>• The team is audited regularly and have to report quarterly direct to Commissioners. They complete a programme called “star” which is an audit tool.</li> <li>• Alcohol teaching has a high percentage 94%, although the target was missed there was a big focus in ED and MAU.</li> <li>• ED have a screening card and these are collected each morning.</li> <li>• In MAU everyone is screened and this goes onto vitalpac so that everyone’s drinking habits are known as they come through the door.</li> <li>• There is an action for all levels. I.e., if the Nurse documents an outcome, there is an action for that.</li> <li>• Alcohol Service training is currently only in ED, MAU and C5.</li> <li>• It is hoped to extend the Alcohol Service throughout the whole hospital.</li> <li>• On average 110 new patients are seen each month and there are 466 interventions each month.</li> <li>• The outcomes saved 2,000 bed days last year.</li> <li>• It is hoped to roll out the service into Gastro next.</li> <li>• Patient led all the time. Some patients leave it a year between visits and some return every few months. The service also holds lots of various surgeries, including Job Centre, Counselling, general health training.</li> <li>• A teaching day is held once a month and this is a rolling programme during the day, which assists staff in not having to leave their shifts for long periods of time. If anyone is interested please contact Kat Rackham by email to <a href="mailto:kat.rackham@porthosp.nhs.net">kat.rackham@porthosp.nhs.net</a> or call Kat on extn 5403</li> <li>• The External review at the end of the first year made recommendations to the Department of Health for PHT’s model to be used nationally.</li> </ul>	
11	<p><b>PPCI targets (Quality Contract)</b></p> <p style="text-align: right;"><b>Code A</b></p> <p>Carla gave a presentation on PPCI performance.</p> <p>INSERT PDF HERE</p> <p>The PPCI targets are in the quality contract. The target is 150 minutes from phone call to artery opened. Multiple staff are required to work together to achieve this target. During April there were 37 patients 6 of whom came through ED. When patients come through ED this causes delays. There were two breaches during April and the cause was the delay through ED.</p> <p>QA is the largest primary PPCI in the South Central area with the best mortality outcomes. It is QA’s intention to sustain this as any review may not be in QA’s best interests.</p> <p>This Committee will continue to monitor targets each quarter.</p>	
12	<p><b>Process Change – FT Quality Impact Assessments</b></p> <p style="text-align: right;"><b>Code A</b></p> <p>In preparation for Fountation Trust application Monitor will expect to see a full quality impact assessment before any changes take place within the Trust. SC to check whether there is a template for writing quality impact assessments and will disseminate once known.</p>	

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	<b>Readmissions – deep dive results</b>	<b>Code A</b>	
13	 G:\Medical Division - CMT\CMT\Readmissio <p>Readmissions are in the quality contract and will have a financial penalty attached to them. A recent deep dive was undertaken which looked at 40 patients. Going forward it is necessary to validate every readmission, if this does not occur and the patient is readmitted within 28 days it is likely that we will not get paid. Graham Sutton is leading on the readmission work for the Trust and there is currently a readmission report which is pulled from PAS, this lists auto readmissions despite the reasons. It is necessary that each readmission is studied to ascertain whether it is a readmission or whether it is admission for a different reason. The system used recently to study the 40 patients took too many staff hours, therefore a much more time effective system needs to be thought through.</p>		
14	 G:\Medical Division - CMT\CMT\SC reworke <b>Discharge            Flow – Tiger 2 update</b>	<b>Code A</b>	
15	<b>Staffing Levels            Inpatient establishment review/AUKUH</b>	<b>Code A</b>	
16	<b>Medical Devices            Equipment Logs            Training Records            Availability of Equipment</b>	<b>Not discussed</b>	
17	<b>Records            Information Governance</b>  \\PHTHomes\ courtres\$\Desktop\M <ul style="list-style-type: none"> <li>• IG recently had their end of year assessment following which there is a period of limbo while the next version is released.</li> <li>• The Trust Information governance toolkit was sent to general managers recently outlining areas for improvement.</li> <li>• There are some areas that Medicine need to improve upon. One area is Patient Survey, JT to send the results to GM's The general target for CSC's is 15 patients per specialty.</li> <li>• The majority of IG is around confidentiality and data protection. One big change is data protection being changed at European level. All Member State countries will have a national level of consistency. This will mostly affect the commercial world, but will be easier for Public Services.</li> <li>• The biggest change will be around consent. We have relied in the past on implied consent. We now need to improve on information to ensure that people understand what we are doing with their information.</li> <li>• Faxing – A further reminder to all staff to ensure that Safe Haven is listed next to each and every fax machine in the CSC. All numbers</li> </ul>	<b>Code A</b>	

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	<p>must be double checked before sending. There was a common view that GP's were reluctant to move away from Faxing, this now appears to not be the case, but it is the PCT who may not wish to move away from Faxing. Secure email would be an alternative and this alternative should be a permanent system not an interim.</p> <ul style="list-style-type: none"> <li>• Training – The target remains at 95% and training must be undertaken on an annual basis. This target is set by the Department of Health. IG have moodle and classroom accredited courses which all count.</li> </ul> <p>SC to check the last IG Monthly Report on Learning and Development.</p> <p><b>Coding</b></p>		
18	<b>Releasing Time to Care</b>	<b>Not discussed</b>	
19	<p><b>CQC Outcomes 6, 11, 12, 13, 16, 21</b></p> <p><b>Q4 self assessment</b></p>  <p>G:\Governance - CQC Evidence\Compli</p> <p><b>Trust CQC Action Plan update June 12</b></p>  <p>G:\Governance - G and Q Committee\Jur</p> <p>SC highlighted the need to perform the CQC Self Assessment for quarter one. Gosport War Memorial and Dermatology will need to be undertaken. There is a 16 page spreadsheet with 88 compliance statements which all have to be completed.</p> <p>After the Committee meeting SC met with <b>Code A</b> with regard to the Dermatology CQC Self Assessment.</p>		
20	<p><b>Urgent Updates (SIRI Action Plans)</b></p> <p>Trust Board have asked that Risk Management report delays in incident reporting, this is to include delays in the setting up of 48 hour panels and the reasons for these delays. Datix is imminent and it is hoped that this will assist going forward.</p>	<b>Code A</b>	<b>10 minutes</b>
21	<p><b>Service Quarterly Review – Hepatology</b></p> <ul style="list-style-type: none"> <li>• The service commenced in August of 2011</li> <li>• There are currently two full time nurses working in the service.</li> <li>• 45 patients are on treatment in the Portsmouth area. Hampshire have come on board since April 2012 and a nursing post is currently being recruited to in order to deliver on this.</li> <li>• There has been a new drug licensed for Hep C which increased to 80% the chance to clear the virus. There are 50 patients waiting for the new drug. There are currently complaints going to the CEO due to the wait and patients not yet starting it.</li> </ul>	<b>Code A</b>	<b>25 minutes</b>

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	<ul style="list-style-type: none"> <li>• The new drug does need to be monitored weekly and most people will be on the treatment for one year.</li> <li>• Currently no clinic space to work out of but Medicine CSC are looking into this.</li> <li>• Hep nurses need access to doctors when running the clinics.</li> <li>• PHT commissioned to see 27 patients in all, once this has occurred, what next. A full Hepatology Strategy relating to the specific liver problem in Portsmouth requires to be written.</li> </ul>		
	<b>Speciality Report – Respiratory</b>		<b>Code A</b>
22	 G:\Medical Division - Clinical Governance\ <p>Attached is the Respiratory report. There was a single sex issue with clinics, which is now sorted by holding a male clinic list and a female clinic list.</p>		<b>25 minutes</b>
	<b>Any Other Business</b>  <b>Trust format Agenda Items</b>  G:\Medical Division - Clinical Governance\ <p>The focus of Governance is changing to fit in with Monitor expectations that the quality contract is being discussed and disseminated to speciality level meetings. SC will study the new agenda and decide on how to take this forward.</p> <b>Trust QI Priorities</b>  G:\Medical Division - Clinical Governance\ <p><b>Please note:- New Management of Absence Trust Policy</b></p>		
	<b>Date of Next Meeting: Patient Safety and Staff Safety - 12<sup>th</sup> July 2012. 1300hrs – 1500hrs. Room 1 and 2.</b> <b>Speciality reports due - Neurology and Cardiology</b> <b>Service Quarterly Report due - Alcohol Specialist Nursing Service</b>		