MINUTES

CHAIR – LYDIA BROWN

Present:
Dr Lydia Brown (Chair), Christine Blanshard, Paul Kemp, Steve Long, Peter Hill, Fiona Hyett, Sally Tomlin, Angela Clarke, Jan Sanders, Sarah Mullally, Mark Stabb.

In attendance:
Kate Williams
Carmen Carroll, Vanessa Bridgeman, Claire Walters, Gill Hibberd,
Ian Harvey
Gill Sheppard

Item
Minute taker
CGC0304
CGC0309 & CGC0314

Apologies:
Claire Gorzanski, Hazel Hardyman, Lorna Wilkinson, Laurence Arnold, Denise Major.

Not in attendance, apologies not received:
Hollie Foreman

CGC0302 – Minutes of the meeting held on 26th February 2015

The following amendments were made to the last set of minutes:-

- The addition of Sarah Mullally to the list of those present

The minutes of the last meeting were then agreed as an accurate record.

Post meeting note – amendments completed and final minutes circulated.

CGC3203 – Matters Arising/Action Tracker

There were no matters arising due this month.

CGC0208 on the Action Tracker was noted as completed.

STRATEGY

CGC0304 – Core Service presentation – Medicine with a focus on care of the elderly. Carmen Carroll, Vanessa Bridgeman, Claire Walters, Gill Hibberd.

CC delivered a Powerpoint presentation on Medicine with a focus on care of the elderly.

CC highlighted the following points:-

- The main issue is the service redesign:
  - Implications in terms of how the service runs
  - Impact on the safety and effectiveness of the service
- The aim of the redesign is to achieve streamlined wards and a seamless flow in and out of the hospital
- Being able to provide timely and efficient hospital care for elderly people, with a particular focus on extremely elderly people in the last three years of life
- Being able to maximise the wellbeing and functional independence of elderly patients
- There has been a surge in elderly people having falls which is a major cause of hospital admissions
The need to plan for the future – there is an increasing demand across the board for these services

CC discussed the challenges regarding the provision of services both now and in the future.

Staffing issues are currently being addressed with the recruitment of agency staff.

Winterslow Ward has developed a system whereby Band 4 staff are developed, there is recruitment from overseas and of trainees and they are block booking agency staff to assist in the continuity of care.

It was noted that training and development of staff is being progressed and encouraged and that there is a need for a good skill mix on the wards.

It was noted that there should be flexible options for the elderly to have support in the community following hospital care and that to assist in this there needs to be improved links between the hospital and community care teams.

Durrington Ward – would like to provide the Rapid Discharge Process for community geriatric care.

Winterslow Ward currently fulfils acute and community care and would consider active transfers with Durrington Ward.

Areas considered to be at risk are the Dementia Rounds and particularly the Parkinson’s Disease Service which would have a major impact as we rely heavily on this service.

The provision of services for the elderly has been significantly improved but overall it was felt that both the workforce and costs are stretched.

SM asked for more information regarding the service redesign

CC discussed the Rapid Access Clinics, Durrington acute care and the aim to improve turnover with an aim for 4-6 daily admissions which would be an increase on the current 2-5 daily admissions. Part of this would be due to improved bed management and community care which affect transfer of patients and turnarounds. Advertisements have been placed to obtain community help.

SL asked if there needs to be clear decisions made about where the services need to be in the next 5-10 years

CC discussed current projections indicating a large increase in the elderly population in 2020 / 2030 which is a nationwide issue. We are constrained by resources.

It was suggested that providing job offers to people to be applicable on condition of future qualification could assist in recruiting people to this area. CC discussed the need to recruit both now and in the future.

FHy commented that there needs to be an alternative to fill the gaps when senior personnel leave. IH is looking into this.

SM questioned whether there is a forum regarding ethical decisions in elderly care particularly with regard to the offering of treatments and discussions regarding quality of life. FHy referred to the Ethics Committee at which all teams are encouraged to discuss these questions and others such as pain management. AC stated that any decisions about an elderly person’s care and treatment would also have to be taken at an individual level.

LB thanked CC, VB, CW, JH and IH for their report and presentation.

**CGC0305 – Patient Story**

This item was cancelled as the patient withdrew consent for this to be brought before the committee.

**CGC0306 – Raising Concerns Policy Update, Christine Blanshard**
The Raising Concerns ‘Whistleblowing’ Policy was reviewed and extensively rewritten during 2013 to align it to procedures followed in practice by staff, and to take account of national requirements to allow staff to feel able to raise concerns without fear of repercussions.

Two concerns have been raised since the last report. Both related to staffing issues and have been resolved satisfactorily.

CB discussed concerns regarding staffing levels and these had been resolved. An Action Plan has been created to deal with additional issues. This is being dealt with on an ongoing basis - not all actions have been completed and work on the items in the action plan will need to continue into next year. There will be additional actions as time progresses, with staff responses being considered. The policy will be reviewed in August 2016.

PK asked if we would be able to show progress in June 2015 and whether the staff responses are anonymous as the Francis Report had demonstrated the importance of anonymity in such matters.

CB was able to confirm that work is in progress to allow for the option of online reporting and that this topic would be brought back before the CGC with a further response and action plan.

CGC0307 – Dementia Strategy End of Year Report, Carmen Carroll

The focus for SFT in the last year has been to:-

1. Use the experience of people with dementia and their carers to prioritise service improvements based on the results of the Trust dementia quality indicators
2. Celebrate success – the dementia training programme, outpatient standards, ENGAGE and “Elevate” projects have all been commended as positive practice on www.dementiapartnerships.org.uk and the Trust has used the DH grant to create a caring environment for older people
3. Improve compliance with the dementia screening and carer support CQUINs targets
4. Establish a dementia pathway and ways of identifying people with dementia to maintain dignity and to deliver care promptly and safely
5. Undertake a local Charter Mark Audit.
6. Participation in the development of the Wiltshire wide Dementia Strategy.
7. A successful education programme.

CC discussed the valuable partnerships the service has with Care Support Wiltshire, the Alzheimer’s Society and Dementia UK.

Historically, complaints in this area have centred around a lack of information and a lack of support for families.

CQUIN – there is a preliminary agreement for the development of a Carer Café in Springs Restaurant which will need posters and advertising. It is suggested that this takes place once per week and will be manned by volunteers from the Alzheimer’s Society and Care Support Wiltshire.

Care Support Wiltshire are keen to work with the Trust, train more carers and come into the hospital to reach more people in this area.

There are currently two support workers who support carers of people who are in hospital and efforts are being made to improve referrals with the Alzheimer’s Society being a key link.

Dr Ghosh – a neurologist and dementia expert who deals with medically complex patients may set up a ‘memory’ service.

We have been developing a research project re: ELEVATE with Southampton Hospital which is very positive for the Trust. ELEVATE was very well received when presented to the public and provided good publicity.

CB stated that she would like to see data regarding the positive aspects of ELEVATE.

Discussion on the Core Service Presentation.

SL stated that the high standards we have on our wards need to be extended in cost effective ways to improve patient experience elsewhere.
LB said that it was a very important part of hospital care which is being recognised externally for its good work.

A discussion took place regarding the recruitment of new clinicians and what steps are being taken to make the Trust attractive as employers. CB stated that changes have been made for recent advertisements for staff and we are waiting to see how many people that attracts.

SM asked if we could recruit an experienced clinician who would then be able to shape resources.

PH stated that it would be very desirable to recruit a clinician to provide leadership skills in this area.

PK said that he would have liked something more tangible in terms of how we are progressing and CB responded that the main concern is that although long term plans are in place, more needs to be done to deal with matters arising in the short-term.

CGC0308 – End of Life Care Biannual Report (tabled for information only), Christine Blanshard

This was tabled for information only because an End of Life Care presentation was given by the HPCT at the CGC meeting in February 2015.

ASSURING A QUALITY PATIENT EXPERIENCE

GS discussed the participation of Salisbury NHS Foundation Trust (SFT) in the fifth national Accident and Emergency Department survey between May and September 2014.

SFT scored ‘better’ than most other Trusts in five of the eight overall sections and were close to being the highest scoring Trust. It was ‘about the same’ for the remaining three sections.

SFT was ‘better’ in 16 of the 35 individual questions; three of which were the highest scoring Trust. It was ‘about the same’ for the remaining 19 questions.

SFT scored significantly higher for patients being able to get help from a member of the medical or nursing staff if they needed attention. It scored significantly lower for patients feeling threatened by other patients or visitors. This is being addressed through the action plan.

SFT had a higher response rate than the national average and was in line with the national picture for demographic characteristics.

The Emergency Department has carefully considered the results of the 2014 survey and has drawn up an action plan of areas where improvements can be made.

PK questioned why the four points on the action plan were not already being done and asked what improvements could be made.

FHy stated that not all of the information is made available so that issues can be addressed.

SL noted that the Trust has made large improvements in this area which was agreed in general.

CGC0310 – Q3 Complaints Report, Fiona Hyett

The main issues from complaints were:

- Clinical treatment.
- Staff attitude.
- Communication.
- Appointments

At the CMB CB asked all directorates to come back with an action plan on how they are going to improve direct communications with patients.

CGC0310A – Q3 Complaints Dip Sampling Report, Steve Long

SL reported to the CGC the results of NED dip sampling of complaints made during quarter 3.
SL noted that a complaint could be a single issue or a number of complaints over a length of time and discussed the impact of this on patients and their relatives.

The main concern is that responses tend to be clinical rather than emotional. Patients were unhappy to receive long letters of explanation, often containing complex medical terminology. It would be better to provide more personal contact with telephone conversations and meetings. Some meetings do take place but there needs to be more consistency in the responses. Lorna Wilkinson has made changes and we need to continue to have conversations to meet the emotional needs of patients and their relatives.

SL stated that we need to consistently provide the same response to patients and their relatives.

SM felt that efforts should be made to improve letters to patients so that it meets both legal requirements and emotional needs.

Action: Update on progress to the CGC in July 2015

ASSURING CLINICAL EFFECTIVENESS

CGC0311 – Quality Indicator Report (for information), Christine Blanshard

- 6 cases of C Difficile which means the Trust has breached the target by 2. These are being investigated.
- 1 MSSA bacteraemia - not line related.
- 3 new serious incident inquiries.
- 1 never event.
- A decrease in the crude mortality rate. SHMI is 101 and SHMI adjusted for palliative care is 98 to June 2014. HSMR is 97 to November 14 which is as expected.
- A decrease in grade 2 pressure ulcers.
- Safety Thermometer - 96% ‘new harm free care’. 92% ‘all harm free care’ which indicates a proportion of patients are admitted to hospital with a harm.
- Ten falls, all resulting in moderate harm; 3 fractures managed conservatively, 3 soft tissue injuries, 3 aggravated old injuries requiring medical intervention and 1 head injury. The falls happened across 7 different wards.
- An improvement in the percentage of fractured hip patients operated on within 36hrs.
- Escalation bed capacity increased. There were 8 non-clinical same sex accommodation breaches. Ward moves of patients moved more than twice remains at a low level.
- An increase in patients arriving on the stroke unit within 4 hours and sustained performance of patients spending 90% of their time on the stroke unit and receiving a CT scan within 12 hours. There was a decrease in high risk TIA referrals being seen within 24 hours.
- Real time feedback was as expected. The Friends and Family test response rate for inpatients and ED was achieved. The Maternity Services response rate remains below target. Day cases and outpatient response rates remain variable.

FHy reported that there were three cases of C Difficile on Durrington Ward prompting a deep clean and a reminder being made to all staff of the action plan. Our target for next year is 19.

CGC0312 – Draft Quality Account, Christine Blanshard

The Trust is mandated to provide a Quality Account for the public each year. The purpose is to inform them about progress made in improving the quality of care in 14/15 and improvement plans for 15/16

Overall, the Trust has made good progress in improving the quality of care in 14/15 but there is still work to do.

Five quality priorities have been selected for 15/16 following a wide consultation. The five priorities are:

- Priority 1 Strive to keep patients safe from avoidable harm
- Priority 2 Ensure patients have a positive experience of care
- Priority 3 Actively work with our community partners and patients to prevent ill health
- Priority 4 Provide patients with high quality care seven days a week
- Priority 5 Provide co-ordinated care across the whole health community.
CB invited the committee to contact Claire Gorzanski to suggest improvements.

Last year priorities remained the same as we needed to make more progress. As good progress has been made the priorities for this year have now been changed with a different emphasis including the seven day week agenda.

PK asked if we have removed items where progress has been made.

CB confirmed that this was the case but that we are constrained by what has to be included and reported.

Feedback is that our Quality Account reads better than most.

**CGC0313 – Internal Audit Programme, Christine Blanshard**

CB informed the Committee of the progress of the internal audit programme from June 2014 to January 2015.

- In 2014/15 two audits had outstanding actions. Of the 8 recommendations, 6 have been completed and two partially completed.

Of the two partially completed actions, one will be finished in June 2015, and the other will be finished in April 2015.

**CGC0314 – External Enquiries and External Agency Visits Biannual Report (inc. National Conference Enquiries, External Visits and National Reviews and National Clinical Audit Update), Christine Blanshard, Gill Sheppard**

GS provided the Committee with an update on reports received and action taken in respect of these four areas of activity.

- National Reviews. No new reports were published within the reporting period. Actions from six reports published in preceding reporting periods are progressing satisfactorily.
- National Confidential Enquiries. One report was published within the reporting period. The Trust is compliant with 17 recommendations and partially compliant with the remaining one. The report and self-assessment will be presented to the Clinical Management Board in March 2015. Work on recommendations from six reports published in the preceding periods is progressing. There has been some delay in the production of a Neonatal / Critical Care Transfer Policy in respect of the report “Are We There Yet?” which reviewed organisational and clinical aspects of children’s surgery.
- External Visits. Eight visits took place within the reporting period. Actions are being taken to address areas of non compliance. Actions from four visits in preceding reporting periods are progressing satisfactorily.
- National Clinical Audits. Twenty-one reports were published within the reporting period. Actions in all areas are being monitored by the Clinical Management Board. Actions from eleven reports published in previous reporting areas are progressing satisfactorily.

ST reported that concerns were noted on audit regarding the logging of results of environmental monitoring and that trends needed to be monitored more carefully. This has now been achieved.

PK asked about dates for completion in respect of the external audit of the Fertility Centre.

GS responded that the work had been done and we were waiting for the outcome of the Licencing Panel to be able to give dates.

**CGC03115 – Major Issues Report, Christine Blanshard**

CB informed the Committee about important clinical governance events affecting safety, effectiveness and the patient experience that have occurred since the end of November 2014 both within the Trust and externally, covering the following:
• Safer Staffing: A Guide to Care Contact Time
• Themes and lessons learnt from NHS investigations in matters relating to Jimmy Savile.
• DH launched a consultation on updating the NHS Constitution
• The Report of the Morecambe Bay Investigation
• Freedom to Speak Up
• PHSO report “My expectations for raising concerns and complaints”.
• Complaints and Raising Concerns from the Health Select Committee
• SFT announce a joint tender for adult community service bid in 2016
• Staff survey results 2014
• Charge to Trusts for accessing Skills for Health e-learning from 1/4/15.
• Visits from two national Patient Safety Leads from NHSE
• Expansion and refurbishment of Radnor

CB drew attention to the particular importance of the Morecambe Bay Report.

Based on the reports of experiences of mothers in labour who have been transferred to theatre for an emergency c-section and their concerns regarding privacy, this is something that no longer occurs within the hospital.

FHy stated that work would be done around the Guide to Care Contact time.

A discussion took place regarding the labour intensity of inputting data and joining up across the patch..

The committee were informed that a new statement by a former patient had been received as a result of our hospital’s part of the publication concerning the Jimmy Savile enquiry. The former patient recollects that they were asked to show Jimmy Savile around on a visit to the hospital. This new statement is now being followed up.

ASSURING SAFETY
CGC0316 – Risk Report Card Q3, Fenella Hill

FH reported to the CGC details from The Risk Management Report Card on numbers of incidents reported, the severity and categories. This allows themes and trends to be identified.

• 1010 incidents reported over the quarter
• No incidents categorised as catastrophic
• 2 incidents categorised as major*
• 2 major incidents due to fractures within the quarter
• No Never Events reported within the quarter
• 1 new Clinical Review commissioned within the quarter
• No new Non-clinical Reviews commissioned within the quarter
• 6 new Serious Incident Inquiries commissioned within the quarter (1 removed in agreement with CCG following receipt of results)
• No new Local Reviews commissioned within the quarter

*Initial grading and subject to change following review.

FH confirmed that we are almost paperless in terms of reporting.

PK questioned the list of events and a full explanation was provided by FH and CB.

CGC0317 – Assurance Framework, Fenella Hill

FH presented the Clinical Governance Committee with the Assurance Framework for review and updating

The Assurance Framework must be reviewed and updated quarterly by the delegated Assurance Committees to ensure that scrutiny is applied to assure the Board that the Trust’s principal risks are being managed and controlled effectively in order for the corporate objectives to be achieved.
The Trust Risk Register (extract of clinical risks scoring 12 and above) was submitted for reference so that the Assurance Committee can either be assured that specific risks are being managed effectively locally or if not to identify how this may be ascertained.

An outcome of the Care Quality Commission is the assessment and monitoring of the quality of service provision

The Committee was asked to review each of the principal risks and in doing so assure themselves that all possible steps are being taken to manage and control each risk.

A discussion took place regarding the C Difficile target breach and the new larger target set for next year. Work also needs to be done regarding the two 'never events' which have now been reported.

CGC0318 – Q3 Safeguarding Adults Report (deferred from February), Fiona Hyett

FHy led the discussion regarding The Care Act which comes into force in April 2015. There will be key changes with more focus on agencies such as hospitals or the police to become involved. The implication is that safeguarding enquiries will increase, leading to additional workloads.

It was reported that Rebecca and Jo have enjoyed additional responsibilities in this area and we are looking forward to the return of Gill Cobham.

The committee agreed that progress was being made.

PAPERS FOR NOTING

CGC0319, Clinical Risk Group Minutes (Feb 2014) Noted
CGC0320, CMB Minutes (Feb 2015) Noted
CGC0321, Children’s Quality & Safety Board (Dec 2014) Noted

CGC0322, ANY OTHER BUSINESS

The NEDs were asked about difficulties in receiving and opening documents electronically prior to the CGC meeting and it was agreed that a meeting needs to be arranged with IT to resolve this issue.

LB asked for suggestions for Board Meeting topics and both SM and SL proposed Elderly Care and recruitment.

FHy stated that she would now be taking planned personal leave and the CGC members gave their thanks to her for her contributions.

NEXT MEETING

2015 dates will be Thursdays, 10am-12pm in the Boardroom 28th May, 25th June, 23rd July, 24th September, 22nd October, 26th November. No meetings in April, August or December.