

JAMES PAGET HEALTHCARE NHS TRUST
Operating as a Shadow NHS Foundation Trust

Report to: James Paget Healthcare NHS Trust Board of Directors
Date: 28th July 2006
Title: **Healthcare Governance Committee**
Report of: Chair of Healthcare Governance Committee
Report for: Information

SUMMARY:

The Healthcare Governance Committee Minutes for 31st May are attached for information.

HEALTHCARE GOVERNANCE COMMITTEE

**Minutes of a meeting held on Wednesday 31st May 2006
at 10am in the Board Room**

Present: J Mason (JM) - Chairman

R Carter (RC) J Cave (JC)
N Coveney (NC) A Davis (AD)
K Gaylard (KG) D Hewer (DJH)
F O'Driscoll (FO) W Slaney (WS)
H Stuart (HS)

In attendance: S Duneclift (SD) I Johnstone (IJ)
G Nicholson (GN) K Nobes (KN)

1 APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from R Haynes, D Hill and G Mohan.

2 MINUTES OF MEETING DATED 17.03.06

2.1 Minutes were agreed accurate subject to the following amendment:
- Page 3, Item 8.1: amendment to read 'Wednesday 31st May 2006' not 'March'.
amendment to read 'Suggested agenda items to be discussed:' not
'Agenda item to be discussed'

3 MATTERS ARISING

3.1 Item 3.2: Trends Analysis: Discrepancy in compensation total

JC informed members that the figures from Mike Deavin's annual report are not a true representation of what is actually paid out by the Trust and that there could also be a slight variation in the timescales.

3.2 Item 3.3: Paediatric Therapy Provision

JC reported that Great Yarmouth and Waveney PCT have both had a significant reduction in funds therefore the Paediatric Therapy Provision Service is unlikely to be funded. However, the LDP problem is not yet complete.

4 DIRECTOR OF INFECTION PREVENTION AND CONTROL

4.1 NC informed members the report was not available therefore the presentation was deferred to July's meeting. It will be included on the agenda at the next meeting. **ZT**

5 PRESSURE SORE ACTION PLAN

5.1 SD presented the Pressure Sore Action Plan.

5.2 The main change to the pressure sore care plan was to the pressure ulcer grade/classification. The JPH now use the European Pressure Ulcer Advisory Panel classification system and this has been incorporated into the Trust Policy.

SD made members aware that the Trust collates data for Grade 1-4 whereas a lot of other Trusts collate from grade 2. SD explained that this does not prevent the Trust from benchmarking with others.

SD will be commencing the pressure sore audit within the next week.

JM wondered of how many patients that are screened and identified as a high risk, how

many of these patients develop pressure sores? SD agreed this is an area to review when undertaking the audit.

6 FALL AUDIT

6.1 SD presented the Fall Audit.

6.2 SD had been working on ward areas and identified conflicting results with the initial audit findings. A retrospective audit was therefore undertaken and the results from this were not as positive. The audit showed that patients are being identified as a falls risk but strategies are not being put in place to prevent the patient falling again.

6.3 Recommendations

1. Work with staff on wards and work through strategies identifying any problems staff may encounter
2. Include Falls Prevention in the HCA induction programme, preceptorship pack and as part of the Clinical Skills Update Session
3. Falls Policy
4. Devise algorithm and laminate to be placed in ward areas
5. Set up target group for falls prevention

6.4 SD reported that a further audit will be undertaken in 6 months.

7 'WHEN A PATIENT DIES'

7.1 IJ and KN presented the 'Gap Analysis of When a Patient Dies - Advice on Delivery and Development of Bereavement Services within the NHS 2005'.

7.2 The committee noted the gap analysis conclusions and the resultant action plans to an estimated timescale of 6 months.

8 CORE CLINICAL SERVICES ANNUAL REPORT

8.1 The committee received the Core Clinical Services Annual Report as presented by FO and GN.

8.2 The following areas were discussed:

8.3 Major Achievements

- Implementing the agreed Cost Improvement Plan
- Scanner replacement programme - inpatient scan facility
- PACS Project implemented
- Diabetic Retinal Screening Service
- Cellular Pathology Merger with Norfolk and Norwich University Hospital and IT link going live.

8.4 Concerns

- Cuts in funding for training and recruitment budgets
- PDPs

8.5 Infection Control

Infection Control continues to be at the forefront of clinical governance as it strives to reduce the number of MRSA bacteraemias in line with Government targets. To support this, the Trust has supported the Infection Control Team by seconding two senior nurses to assist in the implementation of the Saving Lives and 10 High Impact Changes documents that apply to Infection Control.

8.5.1 Achievements

- The MRSA Policy has been reviewed and implemented
- All bacteraemias are now investigated by root cause analysis and this information is disseminated to the individual Clinicians
- Implementation of hand decontamination audits around the “Cleanyourhands” Campaign
- Introduction of hand gel on all beds
- Revised HICC format and representation
- Heightened awareness of Infection Control by inclusion as an agenda item all divisional meeting
- Restructuring of the Infection Control Team by patient caseload and designated areas
- Relocation of offices to the laboratory area to improve communication
- Saving Lives action Plan
- Participation in the National Prevalence Study
- Initiation of BCC surveillance

8.5.2 Areas of Concern

- MRSA bacteraemias continue to outstrip targets
- Insertion and care of CVC and peripheral lines
- Insertion and care of urinary catheters
- Blood culture training technique
- Topical treatment of MRSA patients
- Education and training for all staff in Infection Control procedures

8.6 Conclusions

JM requested the following to be included in future reports:

- Details around the audit programme and results of audits
- Identify any improvements from patient views, results of surveys and complaints, etc.
- More detail on individual department action plans and evidence how the division will measure this and where the results of the actions are presented. FO explained that she receive on a quarterly basis reports from each of her departments and suggested to produce a whole action plan incorporating all the departments.

9 POLICIES

9.1 For Information

The group was made aware of a list of policies which were approved at the action groups.

9.2 JM requested that future lists include the review date of each policy.

ZT

9.3 HS made members aware that the Self Discharge Policy is currently on hold and has not been approved as stated by the list.

10 RISK REGISTER

10.1 DJH provided the committee with a copy of the high and significant risks. Several amendments were requested to ensure the register is up to date:

- CPC8: this risk to be amended to High from Significant
- CC24: wording to be revised.
- Theatre changing room to be included on register as this is still a risk until the upgrading is complete.

11 MINUTES FOR INFORMATION

11.1 The following minutes were distributed to the committee for information:

- Information Governance Action Group - March and May
- Clinical and Medical Review Action Group - March and April
- Risk and Safety Action Group - March

12 DATE AND TIME OF NEXT MEETING

12.1 Friday 14th July 2006 @ 2.15pm in the Board Room

Accepted As Accurate..... Mrs J Mason (Chair)
Healthcare Governance Committee

Date.....