

**COUNCIL OF GOVERNORS  
PATIENT SAFETY & EXPERIENCE SUB-GROUP**

**A**

**Tuesday 21<sup>st</sup> July 2015  
Boardroom 1, Sudborough House, St Mary's Hospital, Kettering**

**Minutes**

<b>Present</b>	<b>Designation</b>	<b>Ref</b>
Janet Hathaway	Public Governor- Wellingborough/East Northants (Chair)	JH
John Walker	Public Governor- Wellingborough/East Northants	JW
Hector Graham	Public Governor- Wellingborough/East Northants	HG
Brenda McCraith	Public Governor- Kettering/Corby	BM
Joe Sims	Public Governor- Kettering/Corby	JSI
Michael Darling	Public Governor- Daventry/South Northants	MD
Peter Evans	Public Governor- Northampton	PE
Tony Locock	Adult Service User Governor	TL
Alan Devenish	Carer Governor	AD
Suzanne Johnson	Staff Governor- Non Clinical	SJ

<b>In attendance</b>	<b>Designation</b>	<b>Ref</b>
Julie Shepherd	Director of Nursing & Quality	JS
Sandra Mellors	Deputy Director Adult Services (part meeting)	SM
Amanda Johnston	Adult Services Transformation Programme Lead (part meeting)	AJ
Tracey Davies	Membership Officer	TD

<b>Minute</b>	<b>Agenda Topic and Discussion</b>
PSE15-22	<p><b>1. Introduction and welcome</b></p> <p>JH welcomed everyone to the meeting and introductions were done.</p> <p><b>Apologies for absence</b></p> <p>Dennis Holland- Adult Service User Governor  Beverley Sturdgess- Adult Service User Governor  William Miller- Adult Service User Governor  Sandra Bemrose- Carer Governor  Nick Mann- Staff Governor Doctors and Dentists  Chris Thurston- Staff Governor Unregistered Nurses  John Turnbull- Partner Governor University of Northampton  Liam Condron- Partner Governor Age UK Northants</p>
PSE15-23	<p><b>2. Minutes of the meeting held on Tuesday 26<sup>th</sup> May 2015 and Matters Arising</b></p> <p>The minutes were agreed as accurate.</p>
PSE15-24	<p><b>3. Update on Community Nursing Project</b></p>

Sandra Mellors, Deputy Director Adult Services and Amanda Johnston, Adult Services Transformation Programme Lead were present for this item.

SM explained community nursing includes District Nursing, ICT, evening District Nursing and specialist nursing such as Heart Failure, Parkinson's and MS. It was noted the services were already of a good standard; however they currently work in a silo manner.

The project is due to last three years. SM explained there have been a lot of changes locally over the past 12 months. There is a greater demand within Acute hospitals and there are also now competitors.

SM highlighted Healthier Northamptonshire and the aim to bring integrated care closer to home. The aim is to deliver services out of the acute hospitals.

There is an increase in population and there are now more over 65s, demand has increased by 13% for community nursing. Feedback from staff is that they want more time to care and less than spent on the administrative work.

SM highlighted that best practice in wound care had been looked in as 20% of time in district nursing is spent on leg ulcers. Dell tablets are also being provided which will have SystemOne on it, and Skype on also be used securely.

BM queried who the competitors for community nursing might be; SM said this could be GPs or Virgin Care (for example). MD queried if the competitors would bid for the whole service or just the best financial viable bits. SM noted that the service is not currently out for tender.

HG queried how much time the best practice approach on wound care would free up. SM said data is currently being analysed and the London practice have been invited to work with the Trust on this.

SM noted there is a gap between current WTE (whole time equivalent) and forecast. Either a productivity gain or more funding is needed but the aim of the project is to do both.

It was noted a lot of the community nursing staff are in their 40s or 50s. JS noted nationally there is a shortage of community nurses. There has been significant reduction of people undertaking the district nursing qualification.

MD queried if the work will grow patients expectations of the service. SM noted that there is some behaviours which needs addressing. Examples included where nurses turn up to people's houses and they are not in. SM noted they are starting to visit patients to re-educate them, for example showing them how to their own insulin injections.

A question was asked around how appointments are booked. At the moment a two hour slot is given to patients however this is being looked at.

It was noted that some patients may have mental capacity issues.

The project has been broken up into 4 sub projects and community nurses are involved. Some of the things looked at have included the clinical record system (SystemOne) and the referrals process.

	<p>AJ updated that until recently there had been no solution for nurses to update records while out of the office. Dell Pro (tablets) has been secured under the Nursing Technology Fund. Currently looking into including the I Want Great Care app on the tablets. So far there has been positive staff feedback.</p> <p>Stage 1 of the project is now complete and Stage 2 is now underway. SM and AJ left the meeting.</p>
PSE15-25	<p><b>4. PSE Sub group Workplan</b></p> <p>JH explained that the sub groups will now be reporting to the Board of Directors and as part of this assurance will need to be given on items discuss or to highlight any concerns.</p> <p>JH explained the process had always been for (normally managers) to come and present to the group. JH suggest in the future a subject should be picked and dealt with over 2-3 meetings, using more evidence. JH noted there had been some previous concern the group had focused more on mental health than community services.</p> <p>The group agreed it would be a good idea to dig deeper into subjects but it may put more pressure on the governors to help gather evidence.</p> <p>TD highlighted that the CAG often direct reports to PSE and if the group are no longer going to discuss the more general reports, how will this be handled? JH suggested a 'wash up' group of 2-3 Governors who could look at these reports and report back to the main group. It was suggested this is a standing item in the future.</p> <p>BM noted some services are quite large and therefore would the group look at an entire service, or just a small aspect of it. It was agreed the group would deal with the smaller services as a whole or look at smaller aspects of large services.</p> <p>JH suggested the group start with the recommendations from the CMHT Task and finish group. HG suggested the report was circulated to all Governors. TD noted it had previously gone to full council before the elections.</p> <p>Sexual health was suggested as a subject the group may wish to consider or end of life care.</p> <p>It was noted that the ward catering/nutrition strategy item on the current workplan could be looked at by the 'wash up' group.</p> <p>JS suggested the group may wish to consider looking at some of the children's services such as Family Nurse Partnership.</p> <p>The group agreed to look at sexual health services. <b>Action:</b> To invite Darren Cousins and Claire Bailey to the November meeting. JS suggested requesting an overall look at the service and then deciding which aspect to focus on.</p>
PSE15-26	<p><b>5. Proposal to set up working groups</b></p> <p>For the benefit of new members to the group it was explained that Dennis Holland had set up a group to look at the serious incident process. TD read out the latest updated</p>

	<p>from Dennis.</p> <p>CMHT Working Group: As it had now been agreed to deal with the CMHT task and finish group recommendations as part of the work plan, it was agreed a separate group would not be needed.</p> <p>Complaints Working Group: TD noted Tony Bagot-Webb currently attends this group, although he is not a member of PSE. The group agreed to ask Tony to report back and ask for assurance of this committee. Therefore a working group is not currently needed.</p>
PSE15-27	<b>6. CAG Representative</b>
	<p>It was explained that all sub groups are being asked to nominate a member who will agree to regularly attend the Corporate Assessment Group meetings. Governors are encouraged to attend the Board meetings, if they will be regularly attending CAG.</p> <p>TL volunteered to be the PSE representative and the group agreed. The group thanked MD for attending the Board meetings over the years.</p> <p>PE left the meeting.</p>
PSE15-28	<b>7. Chairs verbal report to the 24<sup>th</sup> July Council of Governors meeting</b>
	<p>It was agreed JH would highlight:</p> <ul style="list-style-type: none"> <li>• Community nursing project update</li> <li>• Agreed the new workplan proposal</li> <li>• CAG representative agreed</li> <li>• Agreed CMHT recommendations will be picked up via the workplan</li> </ul>
PSE15-29	<b>8. AOB</b>
	None
PSE15-30	<b>9. Snapshot review of the meeting</b>
	<p>The meeting was excellent and effective, it was noted Matters Arising had been missed, which was then dealt with.</p> <p>Matters Arising:</p> <p>The action under item 6:  <u>Post meeting note from Michaela Cox, Chief Pharmacist:</u>  <i>"For NHFT patients the standard quantity dispensed for discharge on a To Take Out prescription (TTOs) is 28 days supply unless otherwise indicated clinically or the patient has 14 days supply or more.</i>  <i>Our Control of Medicines policy also states the following: Care must be taken not to prescribe large quantities of potentially toxic medication for patients who have a history of self-harm within the previous 3 months and in these situations smaller quantities should be considered. The care plan and/or discharge summary must include explicit advice to the GP about appropriate prescribing</i></p>

	<p><i>quantities.”</i></p> <p>Clozapine issue: TD noted a response had been received and has gone back to Kevin Boyce who raised the issue. The response is available from the FT office for anyone who wishes to see it.</p> <p>NHS111: HG noted commissioners are currently looking at this service and looking at installing mental health pathways.</p>
PSE15-31	<p><b>11. Date of Next Meeting</b></p> <p>Tuesday 15<sup>th</sup> September, 10am to 12pm, Boardroom 1, Sudborough House, St Mary's Hospital, Kettering <b>(please note change of time and location)</b></p>