

## Engagement Meeting Agenda - COCH

Date: 17/02/2017 – 09:00

	<b>Agenda Item</b>
1.	<p>Welcome and Introductions/ Attendees (Including new staff members) :</p> <p>COCH:            Tony Chambers – Chief Executive            Ian Harvey – Medical Director            Alison Kelly - Director of Nursing &amp; Quality            Sian Williams – Deputy Director of Nursing            Ruth Millward - Head of Risk &amp; Patient Safety</p> <p>CQC:            Jacqui Hornby – Inspection Manager            Debs Lindley – Inspector &amp; Relationship Owner</p>
2.	<p>Last Inspection: 15/02/2016            Areas for discussion: See below</p>
3.	<p><b>Strategic Update from Trust:</b></p> <p>.</p> <p>i. Key risk areas Neonatal services            IH explained that following the publication of the external review by the Royal College of Paediatrics and Child Health (RCPCH), this month, the parents of children, that were contactable, were informed and the report has been shared with them and key stakeholders. The coroner has been involved and there are plans to discuss the report further with the paediatricians. Plans for staff include attending Alder Hey to help maintain their competencies. The impact on neighbouring units has been less than expected. There are lessons to be learned around transport processes and in the incident reporting system. The action plan has been requested – due for completion in March 2017.</p> <p>ii. Falls            RM explained how processes are currently being reviewed, including removal of falls alarms, environmental changes, taking of blood pressures (lying &amp; standing). Changes in NICE guidance were implemented, however; found not to be completely successful. There is a pilot programme, on ward 34 with a view to rolling out to other areas.</p> <p>AK explained how work that focused on vascular ward patient</p>

	<p>falls resulted in a drop in the number of falls. In addition work done to reduce pressure sores found a reduction in their number. It is hoped that positive learning from these can be transferred to fall prevention work.</p> <p>iii. New initiatives – including NATSIPPs &amp; ‘stop before you block’ procedures.          JH suggested that they may wish to consider ‘show casing’ new or successful initiatives at future meetings – possibly NATSIPPs work so far.</p> <p>TC mentioned the ACO and model hospital, explaining rapid changes in the healthcare provision since inspection and plans for this year.</p> <p>AC spoke about the intermediate care ward that is therapy led, including the use of pharmacy technicians. Patients are encouraged to mobilise and independence is promoted in preparation for appropriate discharge.</p> <p>TC explained that an electronic tracking system is being implemented initially with porters and next being rolled out to other staff and patients. This will provide data in ‘real time’          TC explained that ‘flow’ has been better, so far this year, than last winter. There have been instances of patients not being discharged on Fridays and then waiting until Monday.</p>
4.	<p><b>CQC Monitoring</b></p> <p>i. Mortality          Update for maternal and vascular deaths. – Cause of death now determined for maternal death – to forward final review. Further information requested following the vascular death by COP Friday.</p> <p>ii. Action plans – updated post inspection plan and End of Life strategies          On – going work has included the appointment of a safeguarding lead and changes to the training programme. Positive feedback has been received, from families of patients requiring end of life care, including in A &amp; E. These were requested</p> <p>iii. Never events and SIRIs – Any further RCA’s.          Ian explained how learning is being shared including a PowerPoint presentation that was forwarded to CQC. ‘Stop before you block’ is not included in the WHO checklist as it is included in the anaesthetic check list. IH attended a meeting with surgeons to discuss the WHO checklist – awaiting outcome of meeting.</p> <p>iv. Trust specific concerns – OPEL monitoring          v. NHSI – enhanced surveillance</p>

	<p>vi. QSG</p> <ul style="list-style-type: none"> <li>• SHMI 108.9; flagged as national outlier – concerns that this has not been reported in context and provider not at meeting to explain</li> <li>• RTT – 91.4%</li> <li>• Diagnostics – 5.5% a national outlier</li> <li>• 62-day waits – 83.4%</li> <li>• Breast Screening – 43.24%</li> </ul>
5.	<p><b>AOB</b></p> <ul style="list-style-type: none"> <li>• SW is leaving the hospital in March 2017</li> <li>• Enquiries – positive feedback given about nursing care and treatment on ward 41 and in theatre, in February 2017</li> <li>• Updated agenda form and provider feedback forms shared.</li> <li>• To continue 1:1 meetings with Ruth and alternate with senior management team meetings.</li> <li>• To plan to have joint meetings and sharing of information with NHSI</li> </ul>
6.	Date and Time of next meeting - TBC