

Coventry LINK Steering Group Meeting
3.30pm on 7th April 2010
Held At: Central Methodist Church Hall, Coventry

FINAL Minutes

Attendees: David Spurgeon, Tom Stone, Alexander Turner, Gaile Allen, Sheila Marston, Ruth Light, Christine Upton (supported by Nyastia), George Keay, Moira Pendlebury, Bhanu Dabhi, Andrew Christie, Abdi Ibrahim.

1) Apologies: Ellen Alcock, Rob Allison, Martin Smith

Malcolm Stamp (Chief Executive of University Hospitals Coventry and Warwickshire – UHCW) and Richard Kennedy (Medical Director for the Trust) arrived to the meeting earlier than scheduled. Therefore the agenda was re-ordered.

2) Response from UHCW to Maternity Services Report

Ruth introduced the response received from UHCW to the LINK's Maternity Services report. The response was discussed. Tom suggested writing to the hospital setting out points related to the response and requesting a meeting to follow up on key points. George suggested asking Malcolm Stamp if it would be possible to have regular meetings.

3) Malcolm Stamp from UHCW

Tom welcomed Malcolm Stamp (Chief Executive of University Hospitals Coventry and Warwickshire) and Richard Kennedy (Medical Director for the Trust) to the meeting for a question and answer session related to Patient Safety, Maternity Services and other LINK work.

Mortality Rates and Dr Foster

David asked about statements that end of life care in Coventry was poor and that more people wanted to die at home than could currently do so. What are the barriers preventing this and what role does the hospital have in facilitating this? Malcolm Stamp responded that there was a range of end of life care that commissioners acknowledged there was an issue with provision. There were patients on wards who should be cared for elsewhere, however a number of agencies needed to be involved so it was not easy to process quickly.

David then asked if this meant some patients were 'bed blocking' on hospital wards. Malcolm said they were, however it's not a one issue problem as there are many patients who need various support from agencies. The problems grow during bank holidays and national holiday periods. David queried whether or not the PCT/NHS Coventry recognises these issues. Malcolm assured the Steering Group that UHCW hold regular meetings with senior people in other agencies to discuss these issues and therefore they are made aware of them. Gaile asked if people are 'bed blocking'

for a long time. Malcolm said the longest a patient had stayed in hospital was 148 days. They have decreased this figure to 30 days; however it increases during the holidays.

Richard said NHS Warwickshire is leading on a piece of work about improving end of life care pathways and that UHCW are working with them. They want to:

- a) Ensure the right information is given to people wanting to die at home
- b) Educate Primary Care to provide a package of care and support to allow people to stay at home

Gaile said that UHCW seem to be working hard on the coding system for recording cause of death but queried what the clinical input into the coding process was. Malcolm responded by saying in the NHS the coding system is mixed and this is the case for UHCW, with different processes for different specialities. Now once a death is certified the case notes are reviewed by a doctor to verify that the coding accurately reflects the patient's condition. There has also been a general improvement in coding of all patients in the hospital.

Malcolm also said they have had an external review of the system and have been told it's very accurate.

Tom queried the subjectivity in the coding. Malcolm stated it is a good discipline to get the quality of the information right.

George asked if all the coding was done locally. Richard said yes, however that certain disease groups are looked at objectively, for example, Intensive Care. Every Intensive Care Unit must input a patient's death details into national database, it's the same for Heart Surgery Units etc and that Dr Foster is just one of many organisations looking death rates at hospitals.

Tom queried whether or not such information was fed into Dr Foster. Richard said that it wasn't. UHCW was working with University Hospital Birmingham to replicate the same things Dr Foster provides in order to be able to drill down into the data.

Ruth stated that although coding is very important, LINK wondered what UHCW had done to examine the quality of care in the light of Dr Foster's ranking. Richard stated that mortality has been decreasing over the years and they are working on Quality of Care and reducing infection rates with various departments at UHCW. The Trust knew it had falling mortality rates. Dr Foster had decided to rebase their national mortality rates and make them lower. Therefore this made the mortality rates at UHCW seem higher than in previous years. He also highlighted the importance of looking at trends over a time period. George pointed out that this did not affect the ranking as it was the same for every Trust.

Andrew asked what lessons were learnt from deaths once the cause was identified. Richard responded by saying there are roughly 2,000 death each year at UHCW. Most of these are expected and some patients may be coming to the end of life naturally, some may have diseases etc. Deaths are looked at for avoidable causes. A group of doctors form a mortality committee which reports to the Governance Committee, which reports to the Board. This carries out reviews. Each of the

hospital departments holds monthly mortality and morbidity review meetings to look into improving services and avoiding certain deaths etc.

Andrew then asked the relevance of coding and why a doctor must look at each death. Richard said the Coder needs to ensure the death code is correct and into this into a database. Verification by a doctor is to ensure the coder has picked out the salient diseases.

Maternity Services Report

Gaile asked what scans were available and when and how a woman can be deemed fit to return home without having had an Ultra Sonography scan? Richard stated there are different types of scans available to women depending on the stage of their pregnancies and these required different skill levels in staff. If a patient is admitted with early pregnancy problems, an ultra sound scan can be provided around the clock at any time and day. However if a patient requires more detailed scans, they may need to come back at a later date when the specialist staff are available.

Sheila queried the extent of attendance at parent education classes and what was done to promote these. Richard said they always encourage attendance for antenatal classes and also ensure midwives inform their patients. There were approximately 5600 births per year. Andrew asked about teenage parents and they were targeted to attend classes. Richard said they are offered separate classes from older parents and have a different education class.

Ruth highlighted the concerns over breast feeding support in the hospital raised in the LINK's report and mentioned that her recent meeting with senior hospital staff they had said 7 infant feeding advisors would be recruited. The recent response said 2 had been recruited. Ruth asked when the others would be in place and how many volunteers had been recruited. Malcolm said he would forward information on this.

Abdi queried what the mortality rates are for new born babies. Richard said 5-6 babies per every 1,000 births die at the time of birth on a national rate. UHCW's rates were less than average for the West Midlands region.

Ruth asked Richard and Malcolm how it would be best to work in partnership for the future and to communicate between LINK and UHCW. Malcolm said he was happy to attend any future meetings and would also look into setting up regular meetings with UHCW's Director of Operations in order to consider work programmes etc. Richard pointed out that it would be beneficial to discuss any options further with the staff first and then get back to Ruth at a later date.

Ruth highlighted that LINK would be doing quarterly update reports to NHS Coventry which would go to their Board and asked if this approach could be used.

The group thanked Richard and Malcolm for their time and they left the meeting at this point.

ACTIONS for UHCW
<ul style="list-style-type: none">• Malcolm to forward information onto Ruth re: Update on volunteers and infant feeding advisors

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| <ul style="list-style-type: none">• Malcolm to provide a contact in order to set up regular meetings between UHCW and LINK |
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4) **Draft Report on Out of Hours Mental Health Support**

This report (put together by the mental health services working group) is to be sent to the Mental Health Commissioners at the PCT. Ruth asked the group to consider the report and its recommendations. Since the paper was sent out, an additional recommendation regarding IAPT service had been added.

George queried who the provider is for the Out of Hours Crisis team. Ruth stated it is Coventry and Warwickshire Partnership Trust and the report should be amended to make this explicit.

Sheila said the information given to people when being discharged from hospital is also confusing. Moira said the recommendations could be capitalised on further: the 0800 phone line and about resourcing outside of office hours further.

Abdi said newly arrived people and BME groups and people of other languages etc experience issues accessing services.

ACTIONS

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| <ul style="list-style-type: none">• Ruth to inform Jenny Walls (LINK Project Officer and lead for the Mental Health services working group) of the feedback regarding recommendations |
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Open Meeting (4.45pm)

Additional Attendees: **Esther Peapell** (Head of Public and Patient Involvement, NHS Coventry), **Bob Marriott** (Service User Involvement Development Officer – Coventry City Council), **Julia Flay** (Patient Involvement Facilitator – UHCW), **Sue Stennett** (Associate Director, User and Care Involvement - Coventry and Warwickshire Partnership Trust)

5) **The Focus of Coventry LINK and making an impact**

Paper 3 – LINK’s focus and approach for discussion

Ruth introduced the paper and asked the group if they agreed with the ways of working and/or if anything was missing. George stated the need for accurate information to begin with if LINK was to ask the right questions to services and commissioners.

All agreed the paper.

Paper 4 – Work Plan (Gantt Chart)

Ruth gave a brief update on the various areas of work the LINK team and volunteers are currently doing and planning for the future.

Paper 5 – Update from Working Groups

Ruth gave an update Working Groups' progress and actions. Two consultants have been recruited to support LINK work. One consultant has begun working with Project Officer Louise Stratton in order to focus on work around personalisation. Another consultant has been recruited to assist with publicising LINK and creating a PR campaign. The consultants will also be available to undertake other work to support work programme elements.

Dave said he and Gaile met with Louise Lee (Booking Centre Manager at UHCW). This was very helpful as part of their review of outpatient appointment systems. The Hospital Services Working Group (HSWG) had written to Tony King (Choose and Book Manager at the PCT) about Choose and Book and GPs. Esther mentioned that Tony was already aware of the issues and it may be a better idea to send the recommendations from the HSWG to the Chief Executive of the PCT too.

Bhanu highlighted the need for information to be made available to people who speak other languages. Esther said she thought there were already Patient Advisors who can help people of other languages.

ACTIONS
<ul style="list-style-type: none">• HSWG to consider sending letter to Chief Executive of PCT

6) LINK Budget (Paper 6)

Ruth introduced the figures, which were the original budget figures for this year. Ruth said some of the figures should be reviewed. Some information was awaited from VAC's Finance Officer.

Ruth said that LINK had previously had 3 Project Officers but when Scott left an interim arrangement of Jenny working double hours was out in place. This has been working well and Ruth would like this to become permanent with a slight tweak to the hours so Jenny works 30 hours per week and Louise works 18 hours per week. The Steering Group agreed to this change.

Andrew queried why the budget head for translation doesn't fit into publicity and PR. Ruth said it could be treated as part of this also includes translation e.g. signing for meeting and event purposes for particular individuals.

7) Minutes of the last meeting and matters arising

The minutes were read and agreed. Ruth updated on actions and said a meeting had been arranged between George, Ruth and Godiva Commissioning.

8) Feedback and Updates:

Scrutiny Board 4

Dave gave an update for the meeting held on March 17th. There was a representative from the Care Quality Commission (CQC) talking about Voices in Action. A presentation was also given on reducing health inequalities. He also mentioned his attendance earlier in the day at a joint Scrutiny Board 4 and Scrutiny Board 2 meeting regarding the growing obesity levels in children in Coventry.

Feedback from other meetings and events

Tom met with Darren Jones (Vice Chair of NHS Coventry/PCT and the Non Executive Director for Public and Patient Involvement). They met to discuss LINK and its work plan and evidence of work so far. It was agreed that LINK would produce a quarterly paper to go to the Board of the PCT.

Requests for LINK work, involvement and consultations

Ruth briefed the group on various requests:

- Equality and Human Rights group at the PCT, a representative was requested. Meetings are bimonthly for 2 hours. Andrew agreed to be the LINK representative
- Volunteers from the Mental Health working group along with Ruth are due to attend a meeting with Nigel Barton (Director of Operations at Coventry and Warwickshire Partnership Trust) on 19th April between 2-4pm. Ruth asked if anyone else would like to attend. Tom agreed to go
- The Interim Director of Nursing (Coventry and Warwickshire Partnership Trust) would like to meet with LINK to talk about Quality Accounts. Ruth suggested this was at a meeting of the Mental Health Working Group with invites to other Steering Group members. This was agreed.

ACTIONS

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| <ul style="list-style-type: none">• Ruth to inform Andrew of meeting dates and times re: Human Rights meetings |
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9. Any Other Business

- George asked if members could have ID badges.
- Esther asked for a copy of the update on Working Groups

ACTIONS

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| <ul style="list-style-type: none">• Send Esther information re: Working Groups |
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Date and time of next meeting: 5th May 2010 at 10am – 12.30pm, Eadon Room – Coventry Central Hall