

Airedale Cancer User Partnership Group

Minutes of the Meeting 12th June 2007 5.30pm till 7.30pm
Education Centre, Boardroom

Present: Colin Sloane, Janet Duerden, Debbie Bruniges, David J Howe, Marion Allinson (Chair), Lesley Conti, Pat Dyminski, Peter M Sale (Vice Chair), Gwen Moore, Barbara Shuttleworth, Pam Whitaker,

Apologies: Jan Richardson, Janet Harrison, Richard Pope, Lynne Russell, Reva Tray, Dawn Gulliford. Lynne Bilton.

In Attendance: Adam Cairns (Chief Exec Airedale Hospitals Trust)
Bridget Fletcher (Director of Nursing Airedale Hospital Trust)

Minutes of the last meeting were accepted as a true record with the following amendment:

Under the heading **NICE Supportive and Palliative care guidance for Adults with Cancer Network Steering Group**, it was suggested we invite Belinda Baton to a future meeting, this should have referred to Mike Hughes (Palliative Care Consultant) as Belinda no longer works at Manorlands.

Update from the Chief executive

Adam began his update with the good news that the Hospital Trust has achieved a financial surplus for the period 2006/07. Although not a huge surplus, it is a real achievement in light of widespread financial difficulties across the whole of the NHS. Adam was also pleased to report that finances for the current year are in good health and are projected to achieve balance or surplus.

The focus over the next six Months will be on Safety (for both patients and staff) The Trust is currently working on a **Safer Patients Initiative** below is an extract from the Health Foundation website who are funding the initiative.

Safer Patients Initiative



Around 16 million people are admitted to hospital each year in the UK¹. The majority are treated safely and successfully. However, a disturbingly high number will find that something goes wrong with their treatment or care, resulting in unnecessary harm, pain and suffering, sometimes leading to death. Estimates suggest that one in ten

patients in hospital experiences an incident which puts their safety at risk, and that about half of these could have been prevented².

The Health Foundation's Safer Patients Initiative was set up to address this problem and find ways of making hospitals safer for patients.

What are we doing?

The Safer Patients Initiative has been run in two phases – the first starting in 2004 and including four hospitals, the second starting in 2006 and including 20 hospitals.

Phase one – 2004 to present

Since 2004, The Health Foundation has been supporting four hospitals in a £4.3 million four-year initiative to test ways of improving safety on an organisation-wide basis. The hospitals, Luton and Dunstable Hospital NHS Trust; Conwy and Denbighshire NHS Trust; Down Lisburn Health and Social Services Trust; and NHS Tayside, are working with international experts from the Institute for Healthcare Improvement (IHI), to develop their expertise in patient safety.

All four sites are following a programme designed by IHI for the Safer Patients Initiative, which works on three levels:

addressing five clinical areas, each containing multiple interventions that have an established and accepted evidence base in the UK (such as better management of patients in intensive care, infection control, preventative antibiotics for surgery and medicines safety)

teaching methods for quality and safety improvement

establishing a specific role for the chief executives and senior executive team.

Phase two – 2006 to present

To meet our vision of transforming patient safety in UK, in 2006, the Safer Patients Initiative was expanded from the initial four hospitals to another twenty, spread across the UK. Each of the additional twenty hospitals will receive £165,000 plus a tailored support package of similar value. The hospitals will work in pairs on the safety improvement work and will work with international patient safety experts from the US-based Institute for Healthcare Improvement.

Over the next two years, the hospitals will develop their expertise to drive forward system-wide improvements so that unintended harm, errors or mistakes are less likely to happen. The initiative will test out ways of making care safer in three areas of the hospital – on the wards, before, during and after operations and in critical care. In each of these settings staff will look at ways to improve infection control, the management of drugs and communication between staff teams and patients.

The 20 hospitals that joined the scheme in 2006 are:

| England | | |
|--|--------------|--|
| Bradford Royal Infirmary, Bradford Teaching Hospitals NHS Foundation Trust | working with | Airedale General Hospital, Airedale NHS Trust |
| Huddersfield Royal Infirmary, Calderdale and Huddersfield NHS Trust | working with | York Hospital, York Hospitals NHS Trust |
| Musgrove Park Hospital, Taunton and Somerset NHS Trust | working with | Torbay Hospital, South Devon Healthcare NHS Trust |
| Southmead Hospital, North Bristol NHS Trust | working with | Bristol Royal Infirmary, United Bristol Healthcare NHS Trust |
| Royal Free Hospital, Royal Free Hampstead NHS Trust | working with | The Royal London Hospital, Barts and The London NHS Trust |

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|--|--------------|---|
| Wales and England | | |
| Maelor Hospital, North East Wales NHS Trust | working with | Countess of Chester Hospital, Countess of Chester Hospital NHS Foundation Trust |
| Wales | | |
| University Hospital of Wales, Cardiff and Vale NHS Trust | working with | Royal Gwent Hospital, Gwent Healthcare NHS Trust |
| Scotland | | |
| Dumfries and Galloway Royal Infirmary, NHS Dumfries and Galloway | working with | The Ayr Hospital, NHS Ayrshire & Arran |
| Northern Ireland | | |
| Antrim Area Hospital, Northern Health and Social Care Trust | working with | Causeway Hospital, Northern Health and Social Care Trust |
| Royal Victoria Hospital, Belfast Health and Social Care Trust | working with | Mater Hospital, Mater Hospital Trust |

For more information, contact safepatients@health.org.uk

What are the results?

Results released in November 2006 showed impressive safety improvements at the four hospitals. After just two years, they had on average halved their number of medical mistakes. NHS Tayside has seen its adverse event (unintended harm to patients) rate fall by almost three quarters. In addition, the hospitals are seeing some knock-on improvements in their mortality rates. For example, Luton and Dunstable Hospital NHS Foundation Trust's standardised mortality rate has improved from being 11 per cent worse than average (in 2005) to being 11 per cent better than average (last quarter 2006).

At Conwy and Denbighshire NHS Trust, pneumonia on the intensive care unit associated with assisted ventilation had been virtually eliminated by November 2006, from a previous level of 30 per cent. Patients were spending less time in the unit and needed fewer medications. This resulted in a saving of £78,000 in the medicines budget and allowed 350 more patients to be treated over the last two years.

Also by November 2006, NHS Tayside increased its hand hygiene compliance to 96 per cent on the general wards, which in turn helped to reduce hospital-acquired infections. Down Lisburn Health and Social Services Trust reduced the number of medication errors to below 10 per cent, following the development of a system for tracking and managing the drugs their patients take. The system is also linked to GP patient records and is helping to reduce mistakes in the primary care setting.

Luton and Dunstable Hospital NHS Foundation Trust estimates that there are between one and two fewer cardiac arrests per week since the introduction of an early warning score system on the wards. The system allows staff to monitor patients' conditions and to take rapid action if they go into decline. It has led to a fall in the crash call rate as the rapid response team can now take action sooner to avoid patients developing serious life threatening conditions.

Following on from this the Hospital Trust is embarking on a project to decrease Central Line Catheter-Related Bloodstream Infection from the current 10% of patients down to 0%. The project has been very successful in America and has been introduced in the UK through the Institute for Healthcare Improvement (<http://www.ihl.org>)

Adam has also begun conducting Executive safety walk rounds where he is talking to staff and asking them if they have any particular safety issues. He asks them what they feel are the top 3 things that need fixing, a database has been set up to log the issues so they can be cross referenced and regularly checked. He has been to ward 9.

Trust Organisational Structure

Adam informed the group about recent changes, 12 months on from the original re organisation within the Trust, it has become apparent that some things need to change slightly. It has been identified that cancer didn't easily fit into any of the 3 operational groups. The operational groups are no longer in existence and there is now just 1 single operational group for the Trust and the 2 main focuses will be on Acute services and Elective services. There are two important appointments within cancer services, firstly Dr Anne Cuthbert (Consultant Haematologist) has been appointed as the Lead Clinician for Cancer services and secondly Dawn Gulliford has been appointed as Head of Cancer services. Marion and members of the group welcomed both appointments.

Adam talked about the Trust's application for Foundation status which is out for public consultation currently. The deadline for feedback is the 13th July 2007 after which the Trust will submit the application to the Department of Health. There is an opportunity to sign up for membership in anticipation of acceptance of the application. You can become a member by completing the [online membership form](#) just follow this link <https://www.nhs-membership.co.uk/mrm/trust.php?id=0DEB7F48CA2644F3BCE70EEBFAAC0D67> or you contact the Project Secretary on 01535 294863 or email: consultation@anhst.nhs.uk and the Trust can send you a form. Adam encouraged members of the group to join and also to consider standing for election to the Board of Council.

Adam then talked about the partnership work with Bradford Teaching Hospitals Foundation Trust around the Bowel screening programme. The two Trusts have been under strict review for eligibility to host the screening programme and are very excited at the prospect of delivering the screening programme in the area. A 6th colorectal surgeon has been appointed, Tariq Ahmed who has a wealth of experience including the use of laparoscopic surgery.

David Howe referred to the recent LEAN exercise undertaken by the colorectal team and asked if the issue of posting picolax out to patients prior to colonoscopy has been resolved, Adam explained that the Trust are implementing a system where GP's will prescribe Picolax and patients will pick it up direct from surgeries or pharmacy, however, this work with GP's is moving slowly and is still ongoing. Adam explained how pleased the Trust is with the LEAN exercise which very quickly highlighted a number of issues which have since been resolved. The exercise was a good example of what can be achieved.

A member of the group highlighted a recent issue around access to the Haematuria clinic.

When microscopic Haematuria (Haematuria = blood in the urine, microscopic = not visible with the naked eye) was found in a urine sample the patient, from Bentham, was unable to go to Airedale General Hospital for further tests, having to go to Morecombe Bay hospital.

If the Haematuria had been Macroscopic (large enough to be observed by the naked eye), then the patient could have attended Airedale.

This appears to highlight an inequity of provision.

The service at Morecombe Bay was excellent; however, this patient had been treated for cancer at Airedale Hospital in the past and was upset that they couldn't have the tests done at a familiar hospital. Adam agreed to make some enquiries and feed back.

Barbara Shuttleworth brought an article to the meeting highlighting the possible closure of Castleburgh Hospital, which is where the Trust had suggested holding the Chemotherapy in the Community sessions. Adam assured the group that this would not affect the Trust's plans to go ahead with the project and the Trust will be looking for suitable alternative venues to host the project subject to the bid being successful and subject to approval of funding from the relevant Primary Care trust/s. Additional nursing support for HODU to extend its opening hours and to support the Chemotherapy in the Community project is also subject to the approval of funding from the relevant Primary Care Trusts.

A question was raised about hospital infections and how the Trust plans to reduce the incidence of them. Adam referred back to the safer patient initiative which will include a push to reduce hospital infections by 50% and the hospital mortality rate due to infections by 15%. Adam went on to say that the Trust are beginning to develop much better communication between departments and the Boardroom is now going to become a communications room, where each week all senior staff will visit for 1 hour and share information on display boards regarding the current news within each service area.

David Howe asked if the Trust had progressed with the issue of wearing white coats which he raised through this group some months ago. Adam conceded that the jury is still out on this issue as the benefits of wearing white coats are not clear to see.

Bridget Fletcher informed the group that she is currently looking at uniforms, exploring what the best solutions may be. Bridget agreed to keep this group informed of the outcome.

Marion mentioned the Airedale cancer information pilot and although Adam has not had chance to call at the pilot he is looking forward to receiving the feedback report. At this point Adam had to leave the meeting, Marion thanked him for his attendance.

Patient Panel

Bridget explained to the group that the Patient and public Involvement (PPI) forum for Airedale Hospital Trust will cease to exist from March 2008. The PPI forums are being replaced by Local Involvement Networks (LINKS) and there will be one for the whole of the Bradford District. Bridget has been pleased with the partnership working between the Trust and the PPI forum and would like to look at setting up a patient panel to mirror this good partnership working. Bridget encouraged members from this group to consider being a part of the panel so we have a two way link to

feed issues through. Bridget is looking at a possible first meeting in September and will keep the group informed.

Work Plan

June 2007 update

The Airedale cancer information and support booklet

Currently being updated and Lesley has been working hard, contacting the organisations currently listed. Airedale Hospital trust has kindly agreed to fund the re-print through the HODU Trust Fund. If any one is aware of organisations that should be included please forward their details to Colin or Marion.

c.sloane@bradfordcancersupport.org.uk Tel: 01274 776688

smithhallinson@btopenworld.com Tel 01535 636894 Marion, Colin and Lesley will meet next Wednesday to progress this work further.

Recruitment

We need to recruit new members to the group and there is an opportunity to work with the PALS service in the Hospital Trust and the Primary Care Trust who have databases of people who have expressed an interest in involvement. Colin suggested we should work on this after the Cancer information pilot has finished in June. It was also suggested that we get involved at the Hospitals open day this September to promote the group. Janet Duerden was pleased to inform the group that she has now had confirmation of the back fill funding which will allow Janet to spend more time as Lead Cancer Nurse. This will also give some more time for Janet to work with the User Partnership group and recruitment may be an area we can explore with Janet and the Clinical Nurse Specialists.

Colin and Marion had attended the National Network Development Programme at which they saw a presentation from the Dorset Cancer Network Partnership Panel. They had organised a 'User Involvement Road Show' and both Marion and Colin felt it would be a great idea to think about a similar project in Yorkshire. This may be something we could work on in partnership with the Yorkshire Cancer Network User Partnership group and involve all of the seven local groups in the patch. Marion will suggest this at the next YCN meeting.

Reports and Feedback

The following reports were tabled and will be sent out with these minutes for those not present at the meeting

Network Development Programme NDP June 7th and 8th

Velcade 3/Beating Bowel cancer/Macmillan travel insurance campaign/Oncology collaboration/Cancer information pilot (all in one report from David Howe)

Beating Bowel cancer conference (David Howe)

Film Showing

Marion informed the group about a film showing this Thursday, in Leeds, the film is called 'living with cancer in the 21st century' and is only going to be show this one time after which it will be enclosed in a time capsule and buried at the New Oncology Wing site. Marion had some spare tickets for any one interested in going.

Marion also reminded group members of the 'End of Life Care' questionnaire that we circulated after the last meeting. The deadline for feedback has been extended to 30th June 2007 and copies of the questionnaire were tabled.

Pat Dyminski brought some draft copies of the patient held record that may be used with the Oncology Collaboration. They are being used successfully in Haematology and Pat has invited the group to comment on the draft. Colin will produce some more copies and bring them to the next meeting.

Lymphodeama services

Marion informed the group that a meeting was held about how the service will run in the future across the Airedale and Bradford patch. A number of key stakeholders are involved in looking at the best way to provide the service. In the meantime the Marie Currie hospice has identified some funding to provide a service from their Leeds Road base.

A.O.B.

Colorectal Peer Review

Janet Duerden informed the group about the Colorectal Peer Review visit next week, 20th June 2007, Marion has agreed to attend the review as chair of this group and co-chair of the YCN user Partnership.

Dates and times of future meetings

Airedale Cancer User Partnership Group Meeting Dates for 2007

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| July 10th | 12.00 to 2.00pm Boardroom |
| August 14th | 5.30 to 7.30pm Boardroom Evening |
| September 11 th | 12.00 to 2pm pathology seminar room |
| October 9 th | 12.00 to 2.00pm Boardroom |
| November 13 th | 1.00 to 3.00pm Boardroom |
| Dec 11 th | 1.00 to 3.00pm Boardroom |

Date of Next Meeting:

Tuesday 10th July 2007 12.00 to 2.00pm

Education Centre Boardroom.