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Steering Group Meeting Telemedicine Room, RHSC 27th February 2014

Present:

Janette Fraser (Chair Person)	Director of Regional Planning, West of
	Scotland
Paraic McGrogan	Lead Clinician
Jan Chappel	Dietician Argyll and Bute
Karen Fraser	Network Data Manager
Karen Sinclair	Clinical Nurse Educator
Elaine Buchanan	Lead Dietitian for Gastroenterology
Helen Bauld	Nurse Manager
Maureen Kinney	Network Manager
Michelle Nolan (minutes)	MCN Administration Assistant

Apologies:

Peter Canham	Voluntary Sector Representative
Caroline Delahunty	Consultant Paediatrician
Isobel Cullen	GP
Lee Curtis	IBD Nurse Specialist

	ACTIONS LIST	Responsible
1.	MK will update Workplan and forward to JF and MN will send to the group for comment.	MK/MN
2.	It was agreed that the Glasgow patient experience report will be circulated and included in the Annual Report KF will send to MN to attach to minutes	KF/MN
3.	JF suggested putting a paper together summarising and explaining the issues around the fact that there is no feedback given when requesting access to Datix. PMcG will write to the Clinical Directors of each Health Board in the West of Scotland with regards to this matter.	PMcG
4.	HB explained that in Forth Valley when an IR1 form is submitted via Safeguard a report will be produced automatically. HB will request a report and forward it to PMCG	НВ
5.	JF requested that a front page is added to the workplan	JF

	summarising the key points. This will be sent to MK by JF's PA	
6.	MK to forward all information on the issue of funding for an EN Coordinator is forwarded onto JF, who will then will raise this issue at the Regional Planning meeting to be held on 11 March 2014.	MK
7.	MK & PMcG to contact the Network members regarding their tenure.	MK/PMcG

1.	<u>Previous Minutes</u>	
	The group agreed that the minutes were an accurate record of the previous meeting.	
2.	Workplan 2014-2015	
	MK went over the workplan layout to the group and the Red, Amber, Green (RAG) system. MK will update Workplan and forward to JF and MN will send to the group for comment.	MK/MN
	Point 1.8 MK & KF have been working on updating website and MKN. MK will send JF link to website and MKN.	
	MK informed the group that an Education Diary will be set up listing the up and coming education events that the Network are hosting throughout the year. MK went onto explain that herself and KF are to compile a database of patient information leaflets and useful links for patients. This will enable the network to keep track of what patient information is readily available for distribution and review dates.	
	The group discussed Objective 1.5 – Develop a system for capturing and reporting on patient experience of PGHN services. MK explained that this objective will be rolled out to DGH within the network's remit over 2014.	
	It was agreed that the Glasgow patient experience report will be circulated and included in the Annual Report KF will send to MN circulate with the minutes	KF
	KS informed the group that four half day AHP sessions are to be set up on the back of a survey which was circulated to the network members. KS highlighted that it was the nursing staffs own responsibility to update their skills and it was agreed that KS will write to nursing managers highlighting the expectations on the use of Infliximab and EN Feeding competency. The group discussed capturing employee attendance at education events. KS informed the group that she has a note of attendance for previous educational events that she has ran.	
	The group discussed capturing quality indicators and include a report on the quality indicators within the Annual Report.	

It was suggested that an extra column could be added to the workplan to indicate who is responsible for each objective.

The group discussed developing educational materials on Learn pro which could include video demonstrations. It was highlighted that the Network has funding approved to purchase Adobe Presenter. KF is waiting for IT to give her quote for purchase and ensure that she is ordering the correct equipment & software.

KF informed the group of the outcome of the Home Bowel Prep questionnaire. MN will circulate the results to the group.

MN

The group discussed amending the Home Bowel Prep patient pathway to include assessment of the patient before an Endoscopy is carried out to ensure the bowel prep has been thorough.

The group discussed making information leaflets more generic because of changes in ward set up in RHSC and future move to new children's hospital. This would also include a cover letter with specific appointment information that is required e.g. ward information, contact details, etc.

Objective 3.6 – Clinical Incident Reporting - PMCG Highlighted that he had requested access to Datix for a GI issue but did not receive a response. PMCG requested that this issue to be raised with Regional Planning. HB explained that in Forth Valley when an IR1 form is submitted via Safeguard a report will be produced automatically. HB will request a report and forward it to PMCG. HB explained IR1 reports are discussed at Clinical Governance meetings. PMCG explained that he was looking to use such outcomes to improve and look at challenges in training and work with other areas if there are recurring issues. HB suggested if there are few complaints it maybe worthwhile looking into IR1 forms. JF suggested putting a paper together summarising and explaining the issues to be taken to the Child Health Planning Group. PMcG will write to the Clinical Directors of each Health Board in the West of Scotland.

PMcG/ HB

It was agreed that Objective 3.6 – Service Map for the MCN detailing teams in each Health Board and sessions worked should be a priority and included in the Annual Report which is to be submitted by May/June 2014.

The group agreed that it would be worth keeping Objective 3.8, referring to the Learning needs analysis in the workplan.

It was agreed that MK will look at the Networks communication plan in relation to Objective 5.2.

Objective 5.5 – Network Newsletter – MK explained that the first draft of the newsletter will be ready by the end of March 2014.

The workplan will be submitted to the Child Health Group on the 11th March 2014. JF requested that a front page is added to the workplan summarising the key points. This will be sent to MK by JF's PA.

JF

It was agreed that the Annual report will be ready for submission in May 2014.

3. **Sub-group updates**

Enteral Feeding

Competency & Teaching packs

KS explained that she has run train the trainer's sessions within the DGHs. The staff that have been trained will then be able to assess the parent/carers competency. KS explained that the teaching packs have been updated to cover the issues over neonates.

Dietetic Home Enteral feeding care pathway

EB informed the group that the pathway is being piloted within GGC.

KF informed the group that the Dietetic database is to be updated with the information received from Nutricia and once this has been added the database will be ready to be piloted

EN/CCN

The group discussed the issue of funding for an EN Coordinator. It was highlighted that the funding for this post was used to fund Salma Rahman's post. It was highlighted that PMCG and Anne MacLean met with Jamie Redfern regarding funding for an EN coordinator but no progress has been made. The group discussed the fact that Marianne Hayward compiled an SBAR report on the need for an EN Coordinator. JF requested that all information is forwarded onto her and she will raise this issue at the Regional Planning meeting to be held on 11 March 2014.

EB informed the group that Louise Maxwell delivered a presentation on the findings from the Process mapping exercise. MK will contact Louise for a summary of the process mapping report and will circulate to the group.

MK

Transition Group

The group looked over and discussed the Transition Sub Group update (attached). PMcG requested that a formal report on the Focus Group meetings is forwarded onto him once it is available.

MK

Education Group

The group discussed the education strategy and KS confirmed that this will be reviewed in eighteen months time.

KS informed the group that there will be four half day AHP and Nursing sessions one of which will tie in with the IBD day.

KS discussed the roll out of Infliximab Transfusion training and informed the group that Dumfries and Galloway along with Ayrshire and Arran have rolled out the Infliximab Transfusions locally. Wishaw General is ready to start the transfusions with Forth Valley training yet to be organised. KS confirmed that the patient list is progress for Forth Valley.

Endoscopy Group

Proforma developed to capture Qualitive side of IBD identified in 2012 from the local area.

4. Clinical Audit System

The group discussed the use of the Clinical Audit System (CAS). KF pointed out that it is a good communication tool with regards to updating colleagues on their patient's consultations in real time. HB queried the cost of the CAS system and MK confirmed that the total cost was £7000 with Greater Glasgow & Clyde Health Board covering the running costs. HB queried whether trends could be pulled from CAS. KF confirmed that this can be done through the Business Objects which is a tool used to run reports from CAS. JF suggested that it may be worth asking if patient alerts could be added to the system to indicate when a patient has been reviewed in clinic. MK informed the group that growth charts are to be added to the system. It was agreed that KF will go through CAS at the next meeting.

5. Varicella Guidelines & Pathway

The group looked over the draft Varicella guidelines. It was agreed that once the amendments that Caroline Delahunty suggested are made and Lee Curtis adjusts the colours on the pathway both will be approved.

6. **Data Collection**

KF previously reported on shared care clinics which is now included in annual report. To be clarified as separate issue with PMcG what data collection he wants reported at the steering group meetings.

PMcG/KF

7.	Steering Group Tenure	
	It was agreed that MK & PMcG would contact the Network members regarding their tenure.	MK & PMcG
8.	<u>Newsletter</u>	
	The group were informed that it would the responsibility of the Education sub group to collate and produce the newsletter for the Network. It was agreed that a summary of the Patient process mapping exercise should be included in the newsletter.	
9.	Date & time of next meeting	
	The next meeting will be held on Thursday 19 th June 2014 at 10am in the Telemed room, RHSC.	



Sub Group	Transition group
Sub Group Lead	Lee Curtis
Date of Last Meeting	November 2013
Work Plan Attached:	No
Previous Minutes Attached:	Yes/No
Other Documents:	Yes/No

Sub Group Progress

The core transition group have meet on two occasions since the previous report and have unfortunately needed to reschedule the current meeting due to the quorum not being met. We are optimistic this will be rescheduled over the next couple of weeks as the core group are keen to progress with the work. We now have an adult Nutritional Nurse Craig Hurnauth who has joined the group

The 'Patient transition assessment forms' have been sent out to all specialities in the Glasgow GI team and MCN network area's and is currently being piloted. The launch was less formal due to the AHP sessions not proving as popular. Most people allocated the documents were spoken to in person regarding the pilot. 'Patient assessment document' evaluation been compiled and is planned to be sent out in the form of a survey monkey at the end of the 6 month trial. Due to the delay in receiving the document, we are behind on the original time frame and anticipate the survey monkey will be sent out in May of this year.

The transition & transfer pathways have now been ratified by the WoSPGHaN steering group. These will only be released as part of the transition guidelines once ratified & the whole document completed. The main body of the transition guidelines are currently being looked by the group and under change at the present time.

'Focus group meeting' - the outcomes are in the process of being analysed at present. Recent verbal feedback from Dr MacDonald:

Adolescent groups

- ➤ Both age groups of young people felt they were adequately prepared for the transition process and felt ready to step into the adult services.
- Both adolescent groups expressed a need for formal information sheet out lining the specific adult hospitals they were moving too with detail of clinic times, contact names, numbers, location of clinic etc.

Parents:

- > The parent groups felt ill prepared for the transition
- Terrified of the change
- > Expressed a need for a probation period
- More information on the adult hospital their child was moving too was needed: clinic times, contact names, numbers, location of clinic etc.

The Survey Monkey on the Medical Transition summary document was sent out for completion the end of 2013. A good response was noted and in addition to the comments on the survey monkey, 7 people emailed independently with suggestions (6 adult colleagues and 1 paediatric colleague). The results have been summaries & are on the transition agenda to be discussed at the next meeting.

The core group have proved very productive over the past 5 months and the following plan has been formulated:

- Outcome/comments of the patients/carers to be look at and incorporated into the draft guidelines.
- Complete a draft of the transition guidelines to be presented to the steering group by autumn 2014
- Evaluate the usefulness of transition assessment document May 2014
- Consider the feedback on the medical summary documentation make an action plan
- Submit formal transition letter to WoSPGHaN steering group for ratification

Completed by:	Lee Curtis
Date:	21.02.14