

POCT Committee Meeting

Minutes of Meeting held on 2 July 2019 Pathology Seminar Room

Present

Name	Title	Initials
Jacky Apps	Senior HCA	JA
Regina Brophy	Chief Pharmacist	RB
Gaynor Bush-Alsop	Junior Sister	GB
Kyle Day	Pathology Quality Manager	KD
David Haughton	Senior ODP	DH
Nicola Hodges (Chair)	POCT Coordinator	NH
Joanne Hodson (Chair)	ANNP/Lead Nurse	JH
Sandra Jameson	Staff Nurse	SJ
Katy Lomas	Microbiology Laboratory Manager	KL
Rob Mackenzie-Ross	Consultant Respiratory Physician	RM
Leon Massey	Staff Nurse	LM
Francesca Mills	Clinical Scientist	FM
Catherine Padget	Honorary Clinical Scientist	CP
Susan Ware	Pathology Quality Administrator	SW

		Action
1.	Apologies Mariann Charlton, Elizabeth Reynolds, Bettina Deacon, Sarah Goodwin, Christopher Marsh	
2.	Introductions Meetings to take new format.	
3.	Actions from previous meeting Review workload of current equipment: Ongoing. Governance – Support NH resolve audit findings with matrons on the wards: NH has attended recent meetings.	
4.	Operational performance It was noted that the BGA in the respiratory department is now up and running following previous IT issues. There were no issues with any of the other BGAs.	
5.	Developments & Organisational Change <ul style="list-style-type: none"> Managed equipment service (MES) tender: 	

	<p>The equipment contract is out to tender and this is expected to be completed by late 2021. This will cover all equipment in Pathology as well as BGAs and glucose/ketone meters throughout the hospital. (Five hospitals are to be included across the region.) The tender process is in its very early stages with site visits ongoing across the Trust. An open forum is proposed in order to view and discuss the types of equipment to be purchased. Provision of software to link with other necessary equipment will be included in the contract, along with training of relevant staff.</p> <p>A discussion took place regarding types, locations and ownership of BGA equipment and it was suggested that it would be useful if results could be linked to patient records.</p> <p>FM will be attending a preliminary meeting in August with the next stage due in October. NH has a timeline.</p> <p>The current glucose meter contract is being extended to 2021 so there will be no gap in service.</p>	
6.	<p>Quality (Patient Safety & Patient Experience)</p> <p>KD explained the necessity of audits as a means of providing evidence of competency with a view to gaining accreditation from UKAS (formerly CPA). QPulse is used to record internal incidents in a way similar to that of Datix. POCT audits will cover all areas over a 2 year period and all standards over each year. KD will provide advice and support in achieving accreditation.</p> <p>The following topics were discussed: (See attached document detailing results from the last six months.)</p> <ul style="list-style-type: none"> • Recent errors and incidents and trends (inc. Datix) <ul style="list-style-type: none"> - Problems with paed. HbA1c. Record of performance is necessary for EQA audits. • Recent audit findings <ul style="list-style-type: none"> - There has been much improvement in the use of 'emergency numbers' in ED and with other BGAs. - During a recent audit some 'cheats' were discovered, e.g. no ID had been input. This has been raised as an observation and NH will investigate how this is taking place. - It was suggested that a bulletin be issued with learning guides for staff; however, this had previously been refused by the communications team. NH will now liaise with: Laura Gold (Patient Safety Manager), Amanda Pacey (General Manager and Head of Nursing), and Mary Barratt (Surgical Patient Safety Manager) to see if it is possible to produce a bulletin and to include examples of findings to show consequences of actions. This can then be presented at the next Clinical Governance meeting. • Current iQC/EQA performance <ul style="list-style-type: none"> - NH will provide a visual presentation of trending at future 	<p>NH</p> <p>NH</p> <p>NH</p>

	<p>quarterly meetings. This will be a useful tool to show evidence of change/drift and, as such, will enable timely remedies.</p> <ul style="list-style-type: none"> • Complaints & compliments and Staff suggestions (inc. user survey) <ul style="list-style-type: none"> - 2 compliments were received and no complaints. - The benefits of having a POCT coordinator were noted. The post was initially for a 12 month fixed term but after only 6 months the Trust recognized that a substantive post was a necessity. • Feedback from improvement/change projects: <ul style="list-style-type: none"> - To ensure relevant laboratory staff are trained and competent in all EQA procedures for POCT. - Audit is essential to close any gaps in procedures. The aim is to achieve UKAS accreditation. Currently only 2 hospitals in the UK have POCT accreditation. 	
7.	<p>Training</p> <ul style="list-style-type: none"> • Competency and training compliance <ul style="list-style-type: none"> - It was suggested that blood glucose monitoring be included in induction training. Amanda Gunning (Learning Technology Lead) will look into this. Currently training is done on a weekly basis but the aim is to move to e-learning in future. - NH can arrange time to meet with link trainers as and when necessary. 	AG
8.	<p>AOB</p> <ul style="list-style-type: none"> • Clinical governance and risk management committee: <ul style="list-style-type: none"> - Data to be fed back at next meeting • POCT coordinator post: <ul style="list-style-type: none"> - Has gone out to advert as a substantive position. 	

Date and time of next meeting:

3 October 2019, 13:00-13:45 Pathology Seminar Room