

Collaborative Regional Benchmarking Meeting

Meeting Minutes - Monday 8th June 2020

10:00 – 11:00

MS Teams Meeting notes

1	<p>Introduction & Apologies Present Sheelah Ainsworth (LTHT) Sharon Robinson (Whitehaven) Joanne Walker (CHFT) Julie Platten (NoECCN) Lesley Durham (NoECCN) Liz Ellis (PGH) Donna Higgins (Princess of Wales, Grimsby) Bertrand Porhel (YDH) Andrea Berry (WYCCODN) Alison Richmond (WYCCODN) Samantha Rogers (WYCCODN notes) Linda Cross (HDFT) Rebecca Thompson (RVI Wd 38)</p> <div data-bbox="1018 568 1455 786" style="border: 1px solid black; padding: 5px;"> <p>Apologies Helen Casserley (LTHT) Victoria Marriott (BHFT) Victoria Jordain (Nuffield) Chloe Hardcastle (Castlehill, Hull)</p> </div>
2	<p>Minutes and Actions not on agenda Minutes from last meeting in November - please forward any amendments to AR</p> <p>Updated Contact Details</p> <ul style="list-style-type: none"> Hopefully now up to date. Contacts from Scunthorpe General and Princess of Wales Hospital, Grimsby added to circulation list. Any others to add or delete let AR know. <p>Best Practice Educational Tools</p> <ul style="list-style-type: none"> Produced over the last year to complement the benchmark areas of practice. These have been really well received. Used for new starters and refreshers for established staff but also played a big part in education of non ICU staff during COVID 19. Some used at Nightingale Hospital as quick look guides. Should be really proud of this piece of work. JP thanked the group for doing such a valuable resource. Outstanding - ET Tube management - Haley Shakesby (Hull) agreed to produce, Oxygen Therapy - Bertrand Porhel (York) agreed to produce, Transfer - AR agreed to produce. AR to follow up. Ready to circulate in draft for agreement - CVC/Arterial Lines/EOL All completed are freely available on wyccn website.
3	<p>Current Situation There is real value in this group and benchmarking across North of England and Y&H regions. Demonstrates very strong collaboration. Benchmarking widely used in NHS & can demonstrate service improvement and how your unit is performing against its peers and where improvements can be made. There was agreement in the group that benchmarking as a regional group should continue.</p> <p>Proposing 3 MS Teams meetings over the year with one face to face meeting at the end of the year to consolidate, review and plan for coming year. LD agreed this was a good strategy going forward. Meeting planned for York on 9th November 2020 will aim to be face to face with social distancing if possible, but alternative accommodation may need to be booked. BP to look for bigger venue in York Hospital. Another MS Teams meeting will be planned for September.</p>

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4	<p>Benchmarking Review of audit calendar – been using in this format for 2 years now. AR asked is this still fit for purpose and if this covers the areas of practice still pertinent to ICU? Do we need to add or remove any benchmarks?</p> <p>SRob thought the calendar is really good and it is used by their nurses who undertake the benchmarks. Scores are submitted annually with review of the benchmark 3 yearly. SA suggested submitted scores every two years to ease workload. Some units have continued to submit scores throughout pandemic. Any outstanding from 2020 are welcomed but there is no expectation for units to submit retrospectively. due to COVID-19. AB suggested the key things we should look at were pressure ulcers, RRT proning which were very relative in the current pandemic.</p> <p>Restarting submissions AR suggested the group resume submitting benchmarks starting with July & August, which are pressure ulcer prevention and RRT, and also prone therapy. All current issues. The group were in agreement for these to be submitted before the September MS Teams meeting.</p> <p>Quick Guide to benchmarking – AR reminded the group about this guide that was produced by the group. Useful of new members are joining the benchmarking team or as a refresher. Available on the website.</p> <p>How Benchmarks are used in practice? AR asked the group how they were used in practice JW stated they feedback benchmarks at any sisters and staff meetings and they get champions involved to undertake the benchmarks so they have some ownership. LE reported this was done at PGH too. AR suggested these champions could join the MS team meetings for the relevant area of practice. LD discussed the reference to benchmarking in the STEP Competency document and importance of benchmarking been embedded at an early stage in critical care journey.</p> <p>Suggestions for sharing benchmarks</p> <ul style="list-style-type: none"> • Before submission encourage you to share with clinical team, set action plans and then follow that through - evidence of improving practice . • Benchmarks require guidelines to be in place alongside education/training. Any guidelines or training packages that are shared are on website. Can be used and adapted for your area. • BM widely used in NHS & can demonstrate service improvement and how your unit is performing against its peers and where improvements can be made. • Share when CQC visit, at Peer Reviews and share with clinical teams celebrate success/areas to improve.
5	<p>PPE AB asked what PPE units are wearing in COVID and Non Covid areas. Lots of variation. CC3N request for information form was circulated. AR will forward this. Each unit must follow their own Trusts IPC/PHE guidance. JP informed the group that a national piece of work on PPE was currently in development and for release shortly.</p>
6	<p>Moving Forward Meetings for 2020 and beyond</p> <ul style="list-style-type: none"> • Proposing 3 MS Teams meetings over the year with one face to face. • Resume benchmarking Calendar starting with July & August (PUP, RRT and proning) - submit by 7th September. <p>MS Teams Meeting Monday 21st September 10am - 11am. Face to Face Monday 9th November 10am - 3pm (Venue TBC- likely York if suitable room can be found)</p>