










Medical Clinical Service Centre
Governance Committee 2012
PATIENT AND STAFF SAFETY

Meeting date and time	Thursday 19 April 2012, 1300 - 1500	
Location	Room 3 & 3A, E Level Education Centre	
Item	MINUTES	
1	<p>Apologies: Code A</p> <h1 style="text-align: center;">Code A</h1>	
2	<p>Minutes</p>  G:\Medical Division - Clinical Governance\ <p>The minutes were noted.</p> <p>Summary of Agreed Actions / Matters Arising (See action grid)</p>	
3	 G:\Medical Division - Clinical Governance\ <p>Trust wide committee minutes (Attached for information)</p>	
4	 G:\Medical Division - Clinical Governance\	
5	<p>Case Studies Code A</p> <p>The Transfer of Elderly Patients from MAU. Falls are very high on the agenda. 102 year old transferred to CDU, also two other elderly patients staffed at different levels and CDU is not set up for this. CDU is a busy day unit and these were significant falls. The appropriate placement of these patients should be considered. Although there are pressures on beds, clinical duty must take precedence. If any patients similar to the above are speaciald then we would have staff issues. This is now a consistent problem and should be raised on the risk register.</p> <p>A different case to highlight was that of a member of staff who was assaulted with a small oxygen cylinder. Risks throughout the Trust should be watched out for at all times. This will be highlighted under H&S.</p>	
6	<p>Falls Code A</p> <p>Falls are the biggest risk in the Trust. There is now an introduction of Yellow Falls Care Plans. These will assist with early identification which is a key issue.</p> <p>E7 are piloting Fall Safe which is an SHA project. This Includes:</p> <ul style="list-style-type: none"> • Falls Care Bundle – highlighted by a Yellow Sticker • Links to post falls checklist • Access to walking aids 24/7 • Early warning system – pressure sensor • Staff education • 2012/2013 Falls Care Bundle rollout • Elearning programme will go live middle May 2012 	

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7	<p>Health and Safety</p> <p>Segregation of waste</p> <ul style="list-style-type: none"> • Change in legislation has initiated a change in waste disposal. More emphasis on recycling/reuse and reduce amount of waste into clinical waste streams. • Yellow bag waste is to be replaced with Offensive Waste (Tiger stripe), and Infectious Waste (Orange) and an introducing recycling to reduce domestic waste and also some clinical waste (i.e., packaging) • This waste must be segregated to comply with regulations. • Offensive waste – no known or suspected infection, can include gloves, aprons, sanitary waste, nappies, incontinence pads, dressings (non infectious), catheter bags. • Infectious Waste – known or strongly suspected infectious waste, this includes any waste arising from an infected patient (except the sharps, POMS, cyto etc). • POMS waste will continue • Recycling also to be introduced. Clear bags will replace desk black bags with a central black bag for recyclables. • What bags where: <ul style="list-style-type: none"> • Black and Tiger – Patient rooms (offensive) • Black – Ensuite/bathrooms/toilets • Black and Clear – Beverage bay/staff room • Black, Clear recycling and POMS – Clean utility • Black and Tiger – Dirty Utility • Clear recycling – Nurse bases • Clear recycling – Offices <p>Sharps Safety</p> <ul style="list-style-type: none"> • Sharps bins are still being overfilled. Staff are reminded they should only be ¾ full • The forms are not being completed correctly • The assembly of the bins is still incorrect. 	<div style="border: 1px dashed black; padding: 5px; display: inline-block;">Code A</div>
8	<p>Medications</p>  <p>G:\Medical Division - Clinical Governance\W</p>	<div style="border: 1px dashed black; padding: 5px; display: inline-block;">Code A</div>
9	<p>SIRIs</p> <ul style="list-style-type: none"> • VTE's are a major piece of work. The reporting criteria has changed. • Not assessed/missed doses – this is a RED incident. • Falls are also a major concern, it is important to ensure assessment and appropriate interventions . • Pressure Ulcers. It is important to drive to identify any grade 1 and 2's therefore preventing these turning into 3's and 4's. Good assessment and intervention again assists with this. • PID. This remains an issue. Please remind all regarding vigilance and care. • Drug Thefts. An Red incident in W&C was highlighted. Drug cupboard broke, sorted by Carillion. Upon checking there were drugs missing. Not suggesting Carillion responsible, but he was left alone to fix the cupboard. All staff be aware if not able to supervise work of this nature, then the risk should be removed, i.e, all drugs should have been removed from this cupboard. 	<div style="border: 1px dashed black; padding: 5px; display: inline-block;">Code A</div>

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	<ul style="list-style-type: none"> Oxygen assault. This came about as there are many instances of oxygen cylinders placed inappropriately, under desks, leaning up against walls. These have holders and should be replaced in their holders when not in use. 		
10	Pressure Ulcers Covered in 9 above.		
11	Risk Register  G:\Medical Division - Risk Registers\MEDIC	Code A	
12	CAS Alerts (nil new to note)		
13	Never Events (nil to note)		
14	Consent (nil new to note)		
15	VTE		
16	Safeguarding Learning updates to be noted	Code A	
17	Infection Control <ul style="list-style-type: none"> CDiff control is a priority. There are quite severe financial penalties attached. A 1%-2% level can equate to £750k up to millions as a penalty. MRSA trust has 4 cases, one is being appealed. There were none in Med CSC. The financial penalties are similar to CDiff. Bed cleaning service is underway and receiving good feedback. The whole bed is removed, stripped, steam cleaned and replaced. Priorities for 2012/2013 are: Hand hygiene, indwelling devices, cleanliness decontamination, MRSA, CDiff. Clerical staff should be naked below the elbow if they are in a clinical setting and have patient contact. 	Code A	
	CQC Outcomes 2, 7, 8, 9, 10		
20	Urgent Updates (SIRI Action Plans)	Code A	
21	Service Quarterly Review <ul style="list-style-type: none"> Tuberculosis    G:\Medical Division - Clinical Governance\	Code A	
	<ul style="list-style-type: none"> Principle objective of the TB Service is to reduce the pool of infectious patients and to reduce transmission of infection from person to person. Provisional data showed that 9,042 cases were reported in the UK. A rate of 14.5 per 100,000 population. Compared to 2010 that demonstrates a 5.3% increase. Portsmouth TB service sees on average 50 confirmed cases per year. Over 300 patients are seen across PHT and community clinics. 		

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	<ul style="list-style-type: none"> • On average 2-3 TB outbreaks per year are managed. • One area of concern is the development of CCG's could lead to a fragmentation of services with some already expressing an interest in only part of the TB pathway. The TB Service Manager and Lead Nurse are the representatives on the British Thoracic Society TB specialist advisory group. The group are an advisory body to the government on the commissioning of TB services throughout the UK. 	
22	Speciality Report <ul style="list-style-type: none"> • Diabetes/Endocrinology  <p>G:\Medical Division - Clinical Governance\W</p>	<div style="border: 1px dashed black; padding: 5px; display: inline-block;">Code A</div>
23	Any Other Business	
	<p>Date of Next Meeting 17th May. Patient and Staff Experience. Room 1+2 education centre.</p> <p>Next Patient Safety & Staff Safety Governance meeting – 12 July 2012, Room 1 & 2 E Level Education Centre</p>	