Portsmouth Hospitals NHS
NHS Trust

Medical Clinical Service Centre
Governance Committee 2012
PATIENT AND STAFF SAFETY & PATIENT AND STAFF EXPERIENCE

Meeting date and time	**Thursday 2 August 2012 at 1.00 pm – 3.00 pm**
Location	**Room E371 E Level Link corridor (#1234)**

Item	MINUTES	
1	**Apologies:** Code A **Code A**	
2	**Minutes**  G:\Medical Division - Clinical Governance\M SC highlighted that she had sent a list of attendees to all specialty CD's to ask that doctors are encouraged to attend.	**10 minutes**
3	**Summary of Agreed Actions / Matters Arising (See action grid)**  G:\Medical Division - Clinical Governance\M	
4	**Trust wide committee minutes (Attached for information)**  G:\Medical Division - Clinical Governance\M  G:\Medical Division - Clinical Governance\M	
5	**Case Study** Code A	**10 minutes**
6	**Falls** Code A  G:\Medical Division - Clinical Governance\M • Code A gave a presentation to the meeting. • E7 has been conducting a project which ran for 18 months and was concluded in March. • A celebratory event was held following data collected and falls have been reduced by 23-25% which was significantly greater than any other study internationally to date. • Care Bundle has now adopted by HQUIP as the preferred method to reduce inpatient falls. • Part two of developing the model is how to take this information and translate it to an 1100 bedded acute hospital. 60k has been set aside to develop this within QAH, with Code A managing it. • It is hoped to employ a research nurse to be on the ground to develop the model.	**40 minutes**

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	• Hoping to build on the good work done on E7 picking project wards across trust and hope to have this done within the year. July 2013 is the date this must be completed by. • Two wards will be chosen from each CSC as cohort groups and then rolled out. • It will necessitate some release of staff, this is essential for development as input is necessary. • Suggestion that Julie Windsor attend PAG to update the CD's of Medicine CSC. • A champion is needed from Medicine CSC.	
7	**Health and Safety** **Code A** **COSHH** **Display Screen**  G:\Medical Division - Clinical Governance\M • There has only been a slight increase in accidents across the trust by 1.7% to 931 incidents. • Sharps incidents have been the number one incident to the Trust for the last 4-5 years, with physical abuse at number two. Slips, Trips and Falls has decreased slightly. • 22 Riddor incidents were reported last year and the majority tie in with the accident rates. They also corroborate claims made that have been settled. £64,690 was paid out on claims. • Across Med CSC there have been 98 staff incidents. The top three were: Sharps 31, Abuse 29 and stretching and bending 12. • There is a plea that if staff believe that Security need to be called out, please make sure that this is documented on an AIR. • There will be an H&S Newsletter coming out shortly and CSCs are asked to ensure that it is widely circulated. • **ACTION: Possibly look at the supply of sharps bins. Although staff know they should not be overfilled, they continue to overfill them.**	
8	**Complaints** **Code A** **PALS** **Plaudits** **Optimum**  G:\Medical Division - Clinical Governance\M • Med CSC target is 5 complaints per month over the last year. Even though Medicine took on the governance of F2 and E4 which amounted to another 48 beds worth of patients, there has not been a massive increase. • There is no pattern, the complaints are random, no ward pattern, no issues pattern. The Director of Nursing always contacts medicine directly if there is a complaint which contains nursing care. • Medicine try to meet with complainants as often as is possible, as it is not always possible to respond to complaint on paper, as on occasions, the original complaint is not the real issue. • Optimum, although useful is a slow and clunky programme, however	

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	once used to using it there is considerable useful information contained.	
9	**MCA / DOLS – Consent** **Code A** • There is still one serious safeguarding case review which is still not closed two years on. It was a complicated case as it was relevant to a hospital attendance some 18 months previous. There is the intention to hold a half day event, which anyone involved in the patients care during the time is able to attend. The learning will be to do with restraint, learning difficulties and autism, particularly relating to how we prepared the patient and the patient's carers. The patient did unfortunately die, but this was not as a direct result of the restraint or the procedure.	
10	**Medications** **Code A** **Julie Sprack**  G:\Medical Division - Clinical Governance\M • **ACTION: To put onto a future agenda. Code A attending Medicine CSC Ward Managers meeting also.**	
11	**SIRIs** **Code A**  G:\Medical Division - Clinical Governance\M	
12	**Pressure Ulcers** **Code A** This was covered under item 11.	
13	**Risk Register** **Code A**  G:\Medical Division - Risk Registers\MEDIC • All presented noted that Risk Register. • All areas are encouraged to be aware of their own Risk Register and ensure that it is updated and managed. • Financial Budget is on the register every year. It has been necessary to save an additional 2% every year. Currently there is still a 500k gap in the plan. Most of the CSC plans are back ended for the year. The savings have come from things put forward by the CSC, but there is still a gap. If this is not delivered it will have a negative impact on our FT application. • Previous three years we have delivered on CIP but have taken out much easier things year on year. Cannot do that anymore, now much more challenging CIPs have to be looked at. • Outlying of patients will remain on the register. It is linked to bed rebalancing, if this is not right then it will continue to happen. • Patients falls remains on the register. • Mental Health provision to acute medical services remains. Currently still not got a mental health review for non medically fit patients. Mental health provision is being reviewed as part of some of the wider	

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	workstreams. We had a patient who took their own life, despite the nursing team identifying the need. We could not get a response from mental health as the patient was not medically fit. This was extremely traumatic. • Dermatology capacity is still on the register. Not doing evening lists. • VTE backlogs still on the register. • Blood sample misidentification – mainly not labelling at the point of extraction. Bottle sent with no info or mismatched. We have not yet had an incident, however this is a very high risk. The lab are very good at noting and pointing this out. Had the lab processed an incorrect test and reported accordingly this would be a massively high risk incident. • 3 PID breaches relating to faxes. Safe Haven has been re-iterated to all users of faxes. • Unfunded capacity – this can now only be opened by an Executive. This will not be solved until bed rebalancing occurs, so will remain on the risk register. • Junior Doctor gaps in Gastro have been escalated. • Recruitment and retention of nursing staff on C5. This has created big risk impacts in other areas as having to backfill. Tried to recruit in UK, not successful, now have gone abroad to recruit. This is a very challenging specialty and the risk is ongoing.	
14	**CAS Alerts**	
15	**Never Events – nil to note**	
16	**Consent**	
17	**VTE**	**Code A**
18	**Safeguarding**	
19	**Infection Control** • CDiff – trust wide doing okay this year. Last year had upper limit of 78 and came in at 67. This year limit of 67 and so far only 19. The added incentive to keep this low is that there is a 360k fine which the SHA will enforce if necessary. • MRSA – upper limit of 4, the Trust had one case. The same fines as CDiff apply. • NPSA cleaning audits. Generally the figures are good. There is a marked improvement in most areas, although there was a low score in Respiratory high care and E8.  G:\Medical Division - Clinical Governance\M	
20	**Sharps Safety**	

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	Covered at item 7.	
21	**CQC Outcomes 2, 7, 8, 9, 10 + 1, 4, 5, 14, 17** **Code A** • SC advised that there is likely to be a CQC inspection in September/October. This was inevitable as part of the Foundation Trust application. Staff were advised to retain this focus and ensure that evidence is retained for when it is required. • There has been much work done relating to CQC Self Assessment and breaking it down to specialty level. CQC will want to see site specific self assessments. It is not required that this is done for our outreach clinics, but any sites that are ours it is required.	
22	**Service Quarterly Review** **Alcohol Nurse Service - deferred** **Code A** **10 minutes** **Tuberculosis - Q1 report - deferred** **10 minutes**	
24	**Speciality Report** **Neurology** **Dr W Gibb** G:\Medical Division - Clinical Governance\M **20 minutes** **Dermatology** **Code A** G:\Medical Division - Clinical Governance\M G:\Medical Division - Clinical Governance\M G:\Medical Division - Clinical Governance\M	
25	**Any Other Business** 25.1 – Open Half Day – Diabetology G:\Medical Division - Clinical Governance\M	
	Date of Next Meetings: Next Meeting 13 September 2012 – Clinical Effectiveness, Room D308, D Level, QAH, Door Code #1904	