

Patient Safety Working Group

Notes of Meeting taken on Thursday 15th March 2012

Attendees

Code A

Code A


Code A



Julie Sprack (part)



Apologies

Code A

Minutes

No		Action
1.	<p>Minutes/ Action Grid from February meeting The following amendments were noted:</p> <ul style="list-style-type: none"> • LC noted that she had provided her apologies for the last meeting. • RL requested that an amendment be made to page 1 of the minutes under the nutrition workstream lead update. She explained that there were some weighing beds available in the Trust, the issue was rather that the accuracy of the scales was questionable. <p>With the exception of the above changes, the minutes were approved as a correct record of discussions held at the last meeting. The outstanding actions on the action grid were discussed and a way forward agreed. (Please refer to action grid for details of progress).</p>	
2.	<p>Workstream Lead Update (<i>standing item</i>)</p> <ul style="list-style-type: none"> • WHO Surgical Checklist SE gave the following presentation:  <p>Update on WHO checklist March 2012.</p> <p>A discussion was had around improving engagement and completion of the checklists.</p> <p>Code A was asked to follow up on the poor compliance issue in maternity related to the completion of forms for emergency surgery.</p> <p>Code A agreed to speak to Code A about whether the checklist issues were being picked up in the CHAT CSC governance meetings.</p>	<p>Code A</p> <p>FM</p>

	<ul style="list-style-type: none"> • ViEWS/ Deteriorating Patient [Code A] referenced the following written update:  DPG Report for PSWG Mar 2012.doc • [Code A] agreed to raise issue related to increasing the number of Greenlight Sphygmomanometers, oxygen saturation devices and thermometers, ideally one per bay, as shortages have been reported by ward nursing staff. • Global Trigger Tool (incl. Paeds) [Code A] gave the following presentation:  GTT report March 2012 <p>[Code A] agreed to ask [Code A] to copy the governance leads in to his communications related to harm events identified through the reviews.</p> <p>An update would be provided at the April meeting on the following workstreams: Executive Safety Walkabouts, Medication Safety (incl. Paeds) and Patient Safety Action Plan.</p>	NS
3.	<p>Quarterly Patient Experience update This item would be rolled forward for discussion at the next meeting.</p>	SB
4.	<p>Medicines management update (standing item) [Code A] explained that she was in attendance to provide an update on [Code A] [Code A] behalf. The following points were highlighted:</p> <ul style="list-style-type: none"> • The CQC had judged the Trust compliant with outcome 9 (medicines management). AC highlighted that ongoing compliance is dependent on the work continuing to take place within CSCs and that we need to keep the focus on medicines management. • There was a current issue related to missed doses. Recent audits had demonstrated this. • Some areas were failing to empty pod lockers when a patient had been discharged. Pharmacy would be undertaking some work to address this. • The NPSA alerts had largely been signed off with the exception of one element. • An issue related to medial gasses had been flagged to the Medication Safety Committee. [Code A] was dealing with this issue. • There were still some concerns around medication security. AC assured the group that current practice was already being audited. • The TTO turnaround action plan had turned green on the dashboard - 84% of TTOs in February had been completed within 90 minutes. 	
5.	<p>Assurance Framework and Risk Register Risks (standing item)</p>	

	<p>The following documents were referenced:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  AF Jan for Feb 12.doc </div> <div style="text-align: center;">  RR Feb for Mar 12.doc </div> </div> <p>SK advised that there were no issues to highlight to the group with regard to the Assurance Framework. However, the working group was responsible for a risk on the Risk Register. SK referenced risk 2.2 on page 14:</p> <p><i>The NHSP/agency fill rate has increased (80%) but the resulting gap created has increased due to current vacancies increases against an increased bed capacity to manage an increased emergency patient demand</i></p> <p>SK explained that this position had not altered. The group was assured that the risk would be reviewed again in April 2012.</p>	
6.	<p>Patient safety priorities – Quality Account</p> <p>FM explained that at the last meeting she had agreed to provide a list of priorities to send round to the group regarding the safety priorities currently being considered for the quality account. FM has received responses and noted that the proposals for consideration and agreement are:</p> <ul style="list-style-type: none"> • Use of the safety thermometer (includes VTE, falls, pressure ulcers and urinary catheter infections). The rationale being that this is a National CQUIN but also that these are local issues that remain a priority for the Trust to improve patient safety. • Focus on medication errors, in particular, insulin, NSAIDS, heparin and warfarin. This is a contractual requirement and again, a local issue to maintain compliance with CQC requirements. • To reduce medical outliers as this presents a safety risk to the organisation, particularly given the operational pressures the Trust has experienced. • Introduce a safety culture questionnaire (e.g. MaPSaF) and work on improving and developing the safety culture within the organisation. • Potential to include infection control given the challenging MRSA and C Difficile targets next year. <p>FM explained that a maximum of 4 safety priorities for the Quality Account would be appropriate to ensure focus throughout the organisation and that FM would take the suggested priorities to Governance and Quality Committee for final agreement of these from the list above. FM agreed to communicate the final priorities to the group via email before the next meeting.</p>	<p>FM</p> <p>FM</p>
7.	<p>Quality Contract 12/ 13</p> <p>Code A advised that this item would be rolled forward for discussion at the next meeting and asked Code A to ensure that the item was added to the start of the April agenda.</p>	<p>FM</p> <p>Code A</p>
8.	<p>AOB</p> <ul style="list-style-type: none"> • Code A explained that she had been asked by Code A to highlight a new fall safe e-learning package to reduce inpatient falls. The package would be 	

	available to staff soon.		
	Date of next meeting:		
	Date	Time	Venue
	Thursday 19 th April	12.30 – 14.00	Lecture Theatre, Education Centre
	Thursday 17 th May	12.30 – 14.00	E Level Board Room, Education Centre
	Thursday 21 st June	12.30 – 14.00	E Level Board Room, Education Centre
	Thursday 19 th July	12.30 – 14.00	Lecture Theatre, Education Centre
	Thursday 16 th August	12.30 – 14.00	Lecture Theatre, Education Centre
	Thursday 20 th September	12.30 – 14.00	Lecture Theatre, Education Centre
	Thursday 18 th October	12.30 – 14.00	E Level Board Room, Education Centre
	Thursday 15 th November	12.30 – 14.00	E Level Board Room, Education Centre
	Thursday 20 th December	12.30 – 14.00	Lecture Theatre, Education Centre

DRAFT