












Medical Clinical Service Centre
Governance Committee 2012
PATIENT AND STAFF SAFETY

Meeting date and time	9 January 2014 @ 1300 - 1500	
Location	Room E371	
Item	AGENDA	
1	<p>Apologies:</p> <div style="border: 1px dashed black; padding: 10px; margin: 10px 0;"> <p style="font-size: 24pt; font-weight: bold;">Code A</p> </div> <p>Attendees:</p> <div style="border: 1px dashed black; padding: 10px; margin: 10px 0;"> <p style="font-size: 24pt; font-weight: bold;">Code A</p> </div> <p>Presenters:</p> <div style="border: 1px dashed black; padding: 10px; margin: 10px 0;"> <p style="font-size: 24pt; font-weight: bold;">Code A</p> </div>	10 minutes
2	<p>Minutes</p> <p>December 13 meeting postponed by MD. Minutes for November 13 reviewed.</p>	
3	<p>Summary of Agreed Actions / Matters Arising (See action grid)</p> <div style="display: flex; justify-content: space-around; align-items: flex-start; margin-top: 10px;"> <div style="text-align: center;">  <p>Governance and Quality Committee re</p> </div> <div style="text-align: center;">  <p>PHT newsletter</p> </div> </div> <p>Presented by NM.</p> <p>Newsletter presented and other members invited to contribute for the next publication including learning from clinical incidents.</p> <p>The Newsletter is to include plaudits going forward with specialities asked to contribute.</p>	

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4	<p>Trust wide committee minutes (Attached for information)</p>  <p>Governance Quality Committee minutes 3r</p> <p>For members information.</p>	
5	<p>Quality Dashboard Code A @ 1315</p>  <p>dashboard.docx</p> <p>NM presented (unable to open presentation file) – NM explained the process of monthly performance reviews.</p> <p>Secretary to forward the Dashboard to members.</p>	10 minutes
6	<p>Patient Safety Update Code A @ 1325</p> <p>Code A presented for ward C7.</p> <p>Feedback for using Code A sticker for patient documentation has been positive for the prevention of both PUs and falls.</p> <p>Falls for C7 had dropped in the last year (2013) and from mid 2012, there have been no falls with harm.</p> <p>Correct use of ward equipment and training has contributed to patient safety.</p> <p>Code A agreed that there are still other audits to be done on the ward including patient discussions on falls risks/urinalysis.</p> <p>NM discussed a communication received from Code A that refers to the learning to be gained from Panels for falls and that this learning is to be followed up and recorded. MS added that the follow up learning was the standard protocol to complete post falls assessments, particularly the neurology observations.</p> <p>Specialities are to ensure learning (as per recommendations) are communicated to teams..</p> <p>NM informed members that a local Coroner was invited to visit C5 this week.</p> <p>Code A concluded that there is still work to do, but the ward is aware of the falls pathway and there has been significant improvement on the ward.</p> <p>FW confirmed that she would be attending the FallSafe project meeting on 15 January.</p> <p>NM acknowledged the work that FW has taken on to reduce falls numbers and learning.</p>	40 minutes

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7	<p>VTE</p> <p>Code A presented the VTE dashboard.</p>  <p>Med Gov meeting Jan14.ppt</p> <p>Red overall but low patient figures dictate the red (at Oct 13).</p> <p>CQUIN will be removed but possibly penalties will be imposed. Possibly by Apr 14. Concentrating on the root causes rather than prevention and treatment.</p> <p>Big improvement that the CSC numbers are actually now quite low, with more unavoidable cases for those that do come through Panel.</p> <p>VTE meeting programmed for 22 January 14.</p> <p>VTE Headlines are that risk assessment remains an issue, as does the recording of incidents (which present a problem at the panel). Code A offered to visit Nurses to discuss this, if needed.</p> <p>Admits over 6 hours are to be assessed and this is governed by the CQuin which is now a CQC indicator.</p>	<p>Code A @ 1335</p>
8	<p>Medications</p> <p>FW raised the new patient drug chart. CM informed members that there are problems with the fastening of the pages and the Oxygen prescription item has not been addressed. Overall, members agreed that the document was not standing up to the original expectations.</p>	
9	<p>SIRIs</p> <p>The report was not available – carry forward to next Governance Meeting.</p>	
10	<p>Pressure Ulcers Update</p>  <p>Pressure Ulcer Update Med CSC</p>  <p>PU Data Dec 13.xls</p>  <p>PressureUlcers Performance Report I</p> <p>Reporting incidents is improving although there has been an increase in Grade 3 and 4 PUs.</p> <p>CM leading on an action plan with NM requesting a meeting with Code A – Tissue Viability Nurse.</p> <p>Mattress audits were discussed, these take place annually but currently waiting on confirmation of which area takes responsibility for the mattresses. Issues concerning condemned mattresses were highlighted by Code A this has become a challenge for her organisation.</p>	<p>Code A @ 1400</p>

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11	<p>Risk Register</p> <p>Specialties exception reports – none presented</p>  <p>Cover sheet RAC Medicine CSC Report</p> <p>NM presented.</p> <p>Each specialty is to present their top 5 risks and to inform NM when these have been revised.</p> <p>The Governance Code A will include the Risk Register as a new item and each specialty is to present their exception report on new or increased risks.</p> <p>NM suggested the way forward would be to have ward based risk registers, which will be introduced. New risks are to be highlighted in the Governance forum.</p> <p>Governance Leads are to present their top three risks to NM.</p> <p>Dr Halfpenny presented Neurology Risk Register during his Speciality Report at Item 12. To note; this is in draft with NM.</p> <p>Risk Register item was reference to paperwork and case notes, this was endorsed by Iain Cranston.</p>	
12	<p>Speciality Report</p> <p style="text-align: right;">Code A @ 1410</p>  <p>Neurology audit presentation</p> <p>Presented by Code A</p> <p>Christopher welcomed the new Neurology Consultant Dr Sean Slaght.</p>	
13	<p>Safeguarding</p> <p style="text-align: right;">Code A</p> <p>CM commented on safeguarding incidents. Highlighting that the communication between the hospital and the community has improved greatly. This is mainly due to improvements in communication and learning from each working environment.</p> <p>FW commented on her safeguarding incidents using examples of recent meetings.</p> <p>NM asked members to be aware that concerns and capacity assessments raised externally are under management of the Mental Capacity Act (MCA).</p> <p>FW agreed that improvements have been made between the hospital and third parties and that there was now a level of understanding by each organisation.</p>	

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	Infection Control	Code A @ 1430	
14	This presentation has been delayed due to meeting timings over running.		
15	Sharps Safety		
	CQC Outcomes 2, 7, 8, 9, 10	Code A	
16	<p>Consent concerns under MCA management for 2.</p> <p>Infection control carried over to next meeting for 8.</p> <p>NM asked if there were any comments to add for 9. Nil.</p> <p>FW raised the new patient drug chart. CM informed members that there are problems with the fastening of the pages and the Oxygen prescription item has not been addressed. Overall, members agreed that the document was not standing up to the original expectations.</p>		
17	Urgent Updates (SIRI Action Plans)	Code A	10 minutes
	Not presented		
18	Service Quarterly Review		
	Bowel Cancer Screening	Code A	25 minutes
	Not presented		
19	<p>Bronchial Thermoplasty</p>  <p>BT Business Case.doc</p> <p>Dr Babu presented to CSC Governance having already presented to the CSC CMT.</p> <p>This procedure is for severe Asthma sufferers.</p> <p>This procedure needs support of the hospital in case of admission after the procedure.</p> <p>Questions:</p> <p>Iain C – on the complications, does this mean a need for a high care bed for the procedure, but Dr Babu suggests this would be very low numbers, but it could be necessary but most scoping will require the need for a stand by bed. Iain also mentioned the training issue, Dr Babu and Prof Chauhan will be trained of site.</p> <p>Code A added that just two as trained staff made sense for the small</p>	Dr Suresh Babu @ 1400	

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	<p>numbers for the procedure, Dr Babu added that SUHT would send to us for the procedures.</p> <p>Code A mentioned documentation also for governance and data for the procedure.</p> <p>NM for action – to discuss with CoS.</p>	
20	<p>Any Other Business:</p> <p>A) Code A raised the potential future requirements for the CA or Med Tech to administer injections, being brought to Governance? NM agreed that it would need to.</p> <p>B) All Leads agreed that Case notes and patient paperwork is currently in a bad state and is time consuming for doctors and nurses.</p>	
	Date of Next Meeting 6 February 2014	