



## Emergency Medicine CSC

## Clinical Governance Steering Group

## MINUTES

Meeting date and time	Wednesday 1st December - 12.00 to 13.30
Location	MAU Seminar Room

Present:	<h1>Code A</h1>
Apologies:	

Item	Details	Action
1.	<b>Apologies</b> Agreed as above.	
2.	<b>Previous Minutes</b> Accepted	
3.	<b>Terms of Reference</b> New updated copy sent to all. AF has requested for all to check please and let her know if anything is wrong.	AF
4.	<b>Matters arising</b> `Appraisal Rates =79.1% <ul style="list-style-type: none"> <li>• 81.3% ED</li> <li>• 78.5% MAU</li> <li>• 91% - Dr's</li> <li>• 74% - Nursing</li> <li>• 88% - Admin</li> <li>• <b>Target is 100%</b></li> </ul> AF suspects under-reporting - SG thought Dr's up to date - DZ said not the case. SG will chase, as some new consultants. SG asked BG to send her figures split. AF asked BG to provide updated figures to each meeting.	BG  SG BG AF

	<p><b>Training</b> is confusing – Essential training = Periodic Compliance – 76% 53% MAU 42%ED SG some training done but not updated <b>We compare as average.</b> Meet up and unpick training systems in bid to make clearer/user friendly or change to day course. NP to e-mail AF to set up meeting.</p>	NP
5.	<p><b>Divisional / CSC Risk Register</b></p> <p><b>Ambulance Queue:</b> SG says high risk problem – AF said queue will always happen – can only make as safe as possible SG IG AG to discuss DZ MAU also.</p> <p><b>Mayor Incident Plan</b> Initial Response In and out of department = SG Queue all day common place, no space in major for what we have without an incident. Lack of ED Clinical Space. SG Foot print too big too far apart = Major and Resus should swap. More nursing staff being interviewed.</p> <p><b>Patients Absconding from Ward;</b> shortage of F2's, SG bare minimum below Southampton who operates with 23 we have much less. DZ shortage last year was a problem and didn't work.</p> <p><b>Port safe</b>– lack of space – workroom standard Waiting room – half its original size DZ standing room only due to new Resus.</p> <p><b>Delay in CRB Checks</b> IG said having to make Dr's and Nurses work supervised as checks taking months. BG will look in to.</p> <p><b>Pandemic Plan</b> – New Resus, Pandemic still possible ED Sedation – SG Policy Requirements not always possible. Risk is 'for not complied with' conscious sedation Set-Guidelines – SPR or Consultants - Process already set-up works?</p> <p><b>Triage:</b> ED patients – OK</p> <p><b>Manage Minor injuries Fracture</b> OK</p> <p><b>Medical Patients Surge 1-</b> No surge policy. SG and IG to revisit. <b>Paeds Head Injuries</b> = Not to follow all guidance, SG not NICE compliant unable to scan OH – Close to NICE guidelines – Bev Cannon was re-visiting but has now left the hospital.</p> <p><b>Bariatric Patients:</b> Ambulance staff should alert for larger patients – Straight to MAU? SG Discussion needed for Prophylaxis. SG Do not use on if under 24hours. AF to discuss at next MAU meeting.</p>	<p>AF SG IG</p> <p>BG</p> <p>SG IG</p>
6.	<p><b>External visits / audits / NCEPOD / inspections (outcomes/recommendations)</b></p> <p>Nothing to report</p>	

7.	<p><b>Safety Alert notifications and progress against compliance</b></p> <p>Nothing to report</p>	
8.	<p><b>Divisional / CSC Policies / guidelines/</b></p> <p>Nothing to report</p>	
9.	<p><b>Information Governance</b></p> <p><b>Incident:</b> Fax notifying death of patient sent to wrong person – not complying with Safe Haven Policy  Fax should be used only if no other way – follow guidelines  IG we fax every death to Coroner – Discuss with Coroner.  M/B will talk to Sue Skye.  Notices to be placed on each fax machine</p> <p><b>Pals People</b> –Alerted us that staff is discussing patients whilst in Costa Coffee thus Confidentiality issues. SG will send out e-mails.</p>	<p>IG  M/B  DZ</p> <p>SG  AF</p>

### Care Quality Commission Essential Standards of Quality and Safety

10.	<p><b>Involvement and Information</b></p> <p><b>Mock Care quality Visit;</b> Team of people half day in Jan. WW and AF will e-mail and feedback in Feb meeting.  WW will send information to AF.</p> <p><b>Complaints:</b> Oct Good 6 – Nov not so good 12 - target is 3 per month</p> <p><b>Incidents:</b> Sept Report - No red incidents, 60 total CSC- 4 amber year-to-date 84 slips trips falls. ED Security only 1.  AF The need to report staff assaults both verbal and physical in ED and MAU  IG will record and report for the next 2 months.  NP says should record near misses too.  AF said fill in incident reports for all.</p> <ul style="list-style-type: none"> <li>• <b>HAIS Numbers</b> ; MRSA screening – Vital Pac achieved 100%  Path lab 85-86%</li> <li>• <b>Hand Hygiene Audit</b> 90% (next Audit Mau do Ed, and vice versa)</li> <li>• <b>Falls:</b> (Sept) Static grade 3+2 Pressure Ulcer 5 – although present on admission.  4 Medical errors</li> </ul> <p><b>WW stated Dramatic Reduction – AF Agreed.</b></p> <p><b>Single Sex:</b> 85 Breaches reported – 77 Clinical justified. New Guidance  AF will discuss with J Davis and will report back next meeting.</p>	<p>AF</p> <p><del>WW</del></p> <p>IG</p> <p>AF</p>
11.	<p><b>Suitability of Staffing</b></p> <p><b>MAU</b> No vacancies</p> <p><b>ED</b> Recruiting</p> <p><b>Complaint Procedure</b> – 50% reduction required (poor customer care) =  John Lewis Training to be carried out</p>	

	<p><b>Complaint De-escalation Training</b> – Raise with J/D Feedback  AF will see all CSC Patient Experience Group Task and Finish Meeting with possible patient rep also. NP will ask about Training and report back.  WW will alert AF of possible patient reps.</p>	NP WW
12.	<p><b>A.O.B</b></p> <ul style="list-style-type: none"> <li>• <b>Safeguarding</b> WW – specific incidents in future action plan</li> <li>• <b>Bariatric</b> in ED next time</li> <li>• <b>D&amp;V</b> in cubicles</li> <li>• <b>Floor Replacement-</b> NP said has been agreed with workers that alternative route to x-ray and scan will always be available – work to those areas will be between 10pm and 6am.</li> <li>• [Code A] Project Lead – Any problems contact them.</li> <li>• <b>Plaudits</b> – Give to DZ who will collate Mau and Ed.</li> <li>• IG said gives to [Code A] (secretaries) – DZ will collect and send.</li> </ul>	DZ
	<p><b>Date of Next Meeting: Wednesday 5<sup>th</sup> January 2011 12.00 – 13.30hrs in MAU Multifunction Room</b></p>	