

**Patient Safety, Quality and Risk Sub Committee
Thursday 12 September 2013
Estates Meeting Room, Watford General Hospital**

Present

Mahdi Hasan	Interim Chair, Chair of meeting
Sam Jones	Chief Executive
Dr Michael Van der Watt	Medical Director
Jackie Ardley	Interim Chief Nurse
Louise Gaffney	Director of Strategy and Infrastructure
Dr Anthony Divers	Divisional Director, Clinical Support Service
Dr E. Quist-Therson	Divisional Director, Women's and Children's Division
Nilofer Dawoodani	Assurance Coordinator

Item		Action
01/13	<p>Apologies Alistair King, Divisional Director, Acute Medical Care Division, Robin Douglas Non-Executive Director, Patricia Duncan Asst Director Clinical Governance & Risk, Pooja Sharma Risk and Patient Safety Officer, Paul Jenkins Director of Performance and Partnerships, Mark Vaughan Director of Workforce, Dr Howard Borkett-Jones Director of Postgraduate Medical Education and Phil Townsend Non-Executive Director.</p>	Accepted.
02/13	<p>Declaration of Interests None declared.</p>	None
03/13	<p>Chair's Introduction MH noted this was the second meeting of the Committee and he had asked for an action log to follow up the actions. JA advised Trust action log template should be used. MH also mentioned that the members of the meeting should have a clear understanding that the aim of the Committee is to provide assurance to the Board on matters of patient safety, quality and risk.</p> <p><u>Other Matter discussed</u></p> <ul style="list-style-type: none"> SJ suggested that the next PSQR meeting should be held for October 2013. MH agreed with the suggestion. The meeting discussed the time and day of the meeting. It was agreed that the meeting time should be moved to 9.15 am to not clash with the "Onion" meeting timing. Also MVDW to examine options of day/time for the meeting that would allow a better attendance from the clinicians. AD mentioned that he was not circulated the papers of the PSQR. 	<ul style="list-style-type: none"> Mark Jarvis MJ (Company Secretary) to add the action log for the next meeting in October 2013 MJ to arrange the meeting in October 2013 MJ to arrange next meeting in October 2013 and, with MVDW, set up schedule for future meetings. MJ to ensure all committee

		members are on the papers distribution list.
02/03	<p>Minutes Of The Previous Meeting</p> <p>The group agreed that the minutes of the previous meeting were accurate</p>	<ul style="list-style-type: none"> • None
02/04	<p>Matters Arising</p> <p>MH wanted an update on arrangements for patient representation on this committee. This remains an outstanding action and needs to be followed up.</p>	<ul style="list-style-type: none"> • SJ & JA to advice on patient representation in the next PSQR meeting in October 2013.
02/05	<p>Committee Terms of Reference – to agree revisions discussed at July meeting.</p>	
02/06	<p>Nursing Reports:</p> <p>a. Paediatric Nursing Establishment Review: JA presented a paper which had been reviewed by the TLEC. JA advised that the overall staffing levels were safe, but there was a challenge for Band 7- supervisory role. TLEC is examining the care pathway and how additional funding or provision from divisional budgets can be made. The chair emphasised that the members should be clear on understanding what safe patient care is and then structure the operations based on the trust ability to deliver service and then consider the financial implications and alternative available. JA advised that a structured annual review for nursing staffing level for 2013-14 has been done but a further work is required. EQT requested that the review should also include areas where activity is stable. MH emphasised that the nursing level planning should be based on ensuring safe patient care and then reviewing how those staffing levels will be financed. In this context, MH emphasised that good risk management systems should be operated to understand the correct balance between quality and cost and a culture change is to be managed to have these understood and operated by the full depth of the organisation.</p> <p>b. Nurse Establishment Recruitment JA advised that the Trust's review of nursing establishment identified the need for an additional 130 nurses to have nursing cover that that conforms to the recommendation in the Mid Staffordshire Report. The winter pressure planning has identified an additional 30 nurses to meet the anticipated increase in activity. JA advised that an external agency has been appointed to help with recruitment of 150 nurses and the scheduled completion date is January 2014 (this is additional to our internal on-going internal recruitment). The agency has assured 300 candidates (from Spain) at interview level who meet the essential requirements. Thereafter WHHT will conduct final interviews and</p>	<ul style="list-style-type: none"> • JA to provide update in the next PSQR meeting in October 2013 • JA to provide update in the next PSQR meeting in October 2013

	arrange an extra test for English competency).	
02/07	<p>Hearing the voices of people who use our services</p> <p>JA reported on work in progress to establish systems and a culture where the Trust actively listens to people who use our services in terms of their experience, their carer and families. There will be a method of demonstrating action on the feedback and can be a vehicle for learning and patient and staff engagement.</p>	<ul style="list-style-type: none"> • JA to provide update in the next PSQR meeting in October 2013
02/08	<p>Liverpool Care Pathway/End of Life Care</p> <p>MVDW reported that the Trust will be withdrawing the use of word Liverpool of the Liverpool Care Pathway and instead develop the action plan for local implementation of individualised care plans for end of life patients within WHHT. MVDW and JA had agreed the local approach and guidance for implementation on 1 August 2013. A business case for additional resource is being developed to meet broader end of life care needs of patients in WHHT and is led by Consultant in palliative medicine & lead nurse in palliative care.</p>	<ul style="list-style-type: none"> • MDVW/JA to provide update on business case in the next PSQR meeting in October 2013
02/09	<p>Infection Prevention and Control Update</p> <p>JA reported that the Trust now has an infection control dashboard which is monitored by the infection control committees in each ward. There has been no Trust acquired MRSA BSIs in July, leaving the total for the year 2013/2014 at one against the annual ceiling of zero. JA also reported that an ADIPC is being recruited as a Band 7 position. A temporary arrangement has been put in place whilst this recruitment is taking place and, until then, there is awareness of a risk to both the achievement of the infection control action plan and the Surgical Site Surveillance. (SSI). JA also reported that the mandatory training for the clinical staff is now reviewed annually. MH repeated the need for more clarity that ensures that no staff can operate in the hospital without essential mandatory training such as infection control and patient handling.</p>	<ul style="list-style-type: none"> • JA to provide further update in the next PSQR meeting in October 2013 • JA to advise how clarity is achieved on essential mandatory training.
02/10	<p>Final Report of QA Visit re Colposcopy, St Albans</p> <p>MVDW reported on the QA visit at the Colposcopy unit in St Albans which was undertaken in March 2013. The Trust passed this QA and have good review. A few recommendations were made and an action plan is in place.</p>	None .
02/11	<p>Mortality Report (V)</p> <p>MVDW reported that the NoF audits for 2012-13 were done and there are no changes in the mortality rate and it remained at 50% higher than the national average. Action plan has been agreed.</p>	<ul style="list-style-type: none"> • MVDW to update committee on progress of NoF action plan

	<p>Respiratory bundle was signed off by the division.</p> <p>Mortality rate has dropped in the Trust overall and there are no further alerts.</p> <p>The 2nd 2 monthly audit results will be available in Nov 2013.</p>	
02/12	<p>CQC Compliance Report</p> <p>MVDW presented the CQC compliance report to the committee. MVDW also reported on the latest quality risk profile for the Trust. ND informed the group that the CQC assurance framework needs to be worked on and instead of assurance from outcome lead, committee should have responsibility. The group agreed and it was decided that this should be further discussed in a separate meeting with ND, MVDW and JA.</p>	<ul style="list-style-type: none"> MVDW to provide further update in the next PSQR meeting in October 2013
02/13	<p>Serious Incident Summary Report</p> <p>MVDW gave a brief summary of SI :</p> <p>Although 73 SIs have been reported to the CCG since April 2013, 61 SI cases are progressing through various stages of investigation. Of these:</p> <ul style="list-style-type: none"> 9 are for 2012/2013 and 52 are for 2013/2014. 0 Never Events for 2013/2014 the two declared have been downgraded to SIs: <ul style="list-style-type: none"> 38361 Methotrexate Prescribing Transcription Errors (AMCD) 38625 Misplaced NG tube in resus (AMCD) Of the two Never Events for 2012/2013 one has been downgraded to an SI: <ul style="list-style-type: none"> Wrong Route Chemotherapy via Misplaced NG tube (Surgery) The CCG agreed that 13 HAPUs were unavoidable and no longer SIs. 24 SIs were closed during June, July and August by the CCG. 22 SIs require the submission of evidence of action plan implementation once the actions are complete in order to be considered for closure by the CCG. <p>The report was noted by the group.</p>	None
02/14	<p>Cardiology Referrals: Serious Incident Investigation</p> <p>MVDW mentioned that the 45 day report is in progress and this SI has a Trust wide implication.</p>	<ul style="list-style-type: none"> MVDW to provide update in the next PSQR meeting in October 2013
	<p>Any other business</p> <p>RCA training dates were also confirmed (2nd day training for the first batch in Oct 2013 and 2nd batch 1st day training in Nov 2013 and 2nd day in Dec 2013).</p>	None
	<p>Date of Next Meeting TBC</p>	