

Agenda item: 17/24 b

PATIENT SAFETY, QUALITY & RISK COMMITTEE

Minutes of the Patient Safety, Quality & Risk Committee
Tuesday, 6th January 2015 13.15 hrs – 13.45 hrs
West Herts Meeting Room, Willow House
Watford General Hospital

Chair:	Mahdi Hasan (MH)	Chair
Present:	Jackie Ardley (JA) John Brougham (JB) Ginny Edwards Lisa Emery (LE) Lynn Hill (LH) Martin Keble (MK)	Director of Governance Non- Executive Director Non-Executive Director Chief Information Officer Deputy Chief Executive Chief Pharmacist
In attendance:	Paul Cartwright (PC) Sheila Marsh (SM) Phil Townsend (PT)	Non-Executive Director Clerk, Executive Assistant to Chief Nurse & DIPC Non-Executive Director
Apologies:	Gill Balen Jane Brown Tracey Carter Samantha Jones Alistair King Antony Tiernan Dr Mike Van der Watt (MVDW)	Chair, Patients' Panel Senior Partnership & Community Development Officer, Healthwatch Hertfordshire Chief Nurse & Director of Infection Prevention & Control Chief Executive Divisional Director Medicine Director of Corporate Affairs and Communication Medical Director

MEETING MINUTES

	Action	Who	When
11/01	<u>Chairman's Introduction</u>		
	The Chair welcomed all present to the meeting. He explained that due to the reduced length of the meeting, Committee members had been invited to forward any comments relating to the previously circulated papers. It was noted that comments had been received from Gill Balen, Chair Patients' Panel and Jane Brown, Senior Partnership & Community Development Officer, Healthwatch Hertfordshire.		
11/02	<u>Apologies for absence</u>		
	As recorded above.		
11/03	<u>Declarations of Interest</u>		
	MH asked members of the Committee if they had any additional interests to declare to those entered on the register. None declared.		
11/04	<u>Minutes of the Last Meeting</u>		
	Minutes of meeting held on 6 th November 2014 were agreed as an accurate record.		
11/05	<u>Review of Action Log</u>		
	No comments received. Approved.		
<i>Patient Experience</i>			
11/06	<u>Serious Incident Summary Report</u>		
	Previously circulated and noted.		
11/07	<u>Quality & Safety Report</u>		
	Previously circulated and noted. The question of the content of the report was raised and it was confirmed its purpose was as a supporting assurance report and should be read in conjunction with the Integrated Performance Report which was the de facto document.		
11/08	<u>Risk Register Review</u>		
	Previously circulated and noted.		
11/09	<u>DoLs Retrospective and Prospective Audit</u> <u>Identified as main discussion item</u>		
11/09.1.	JA presented the paper the purpose of which was to review the processes of Mental Capacity Assessments DoLs applications in WHHT. She explained that a prospective audit of notes to review the current documentation standards across the Trust for assessing the mental capacity of patients whose capacity may be compromised as a result of confusion delirium or dementia had been undertaken. A further audit was undertaken retrospectively to compare the results of the prospective audit with the processes and known DoLs applications made within the Trust.		

	Action	Who	When
11/09.2	The two audits undertaken had highlighted that liaison between staff and the Safeguarding Lead Nurse relating to DoLs applications was good; however this could not always be evidenced in the documentation. Staff were not always printing and filing the copies of the appropriate forms which had been electronically sent through to the Safeguarding Lead Nurse.		
11/09.3.	JA acknowledged that DoLs was only one part of the record keeping process, and the broader issue of poor documentation generally was raised. She reported that poor record keeping was often identified as a significant contributory factor when conducting investigations of serious incidents.		
11/09.4	GE enquired what plans were in train to improve all round record keeping. JA indicated that a paper outlining actions to be taken was being developed and would be progressing through the governance process before being considered at PSQR. Following discussion, and in recognition of the length of time for papers to progress through the governance process, it was agreed that MVDW and TC would circulate a supplementary e-mail to committee members indicating the three top actions already being carried out in the improvement programme. An action plan to accompany the Record Keeping/Documentation paper would also be developed.	Mike Van der Watt/Tracey Carter	Jan'15
11/09.5	The vital importance of good record keeping was acknowledged and the need to nurture within the Trust a culture of discipline towards ensuring correct documentation in patient notes as these were the only lasting records of what happened to a patient.		
11/09.6	JA reported that 2 sessions relating to mock inquests had been arranged to instruct and support staff in the correct format when completing documentation. LH noted that Capsticks also ran courses relating to good clinical documentation of patient notes. Following discussion it was suggested that TC should link with the University to reinforce the importance of correct record keeping to student nurses as part of their learning.	Tracey Carter	Jan '15
11/10	<u>End of Life Care</u>		
	Previously circulated and noted.		
11/11	<u>Medicines Optimisation Report</u> <u>Identified as Main Discussion Item</u>		
11/11.1	MK presented the paper which provided information about progress with the medicines optimisation strategy, key performance indicators, and short and medium term priorities.		
11/11.2	He drew attention to the results of the June 2014 audit which had indicated a significant improvement in that 91% (previously 82%) of medicines were reconciled by pharmacy within 24 hours of admission and 99% (93% previously), within 72 hours. It was noted that the standard of 70% compliance within 24 hours was identified in NICE/NPSA joint alert in 2007.		
11/11.3	MK recognised that the TTA pathway still needed improvement, but work was ongoing with Alistair King in order to achieve this.		

	Action	Who	When
11/11.4	The safe storage of medicines in clinical areas was raised and discussed, with MK assuring the committee that if a cupboard lock was found to be broken, then it was considered a risk and dealt with immediately. An action plan relating to timescales for improving the siting of lockable medicine cabinets to be developed in liaison with Estates department and subsequently to be discussed and monitored at the Quality & Safety Committee.		
11/11.5	LH requested that MK circulate post meeting further detail on item 3.1 (The top 5 medicines reported were morphine, enoxaparin, insulin, paracetamol and co-amoxiclav)	Martin Keble	Jan '15
Reporting Groups			
11/12	<u>Minutes of Quality & Safety Group & Escalation Report</u>		
	Previously circulated and noted.		
11/13	<u>Minutes of Patient Experience Group & Escalation Report</u>		
	Previously circulated and noted.		
11/14	<u>TLEC Escalation</u>		
	Not taken.		
Any Other Business			
11/15			
11/15.1	JB wanted to acknowledge that the Risk Register had significantly improved and JA agreed that the Divisions had worked incredibly hard to achieve this.		
Administration			
11/16	<u>Draft PSQR Agenda for meeting to be held on 3rd February 2015</u>		
	Noted		
Date of Next Meeting			
	Date: Tuesday, 3 rd February 2015 Time: 13.15 hrs - 14.45 hrs Venue: Lecture Theatre 2, MEC, WGH		

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