

PATIENT SAFETY, QUALITY & RISK COMMITTEE

**Minutes of the Patient Safety, Quality & Risk Committee
Tuesday, 28 July 2015 13.30 hrs – 15.00 hrs
Shrodells Executive Meeting Room, Shrodells Building
Watford General Hospital**

Chair:	Mahdi Hasan (MH)	Chair
Present:	Gill Balen (GB) Phillip Bircham (PB) John Brougham (JB) Helen Brown (HB) Tracey Carter (TC) Ginny Edwards (GE) Lisa Emery (LE) David Gaunt (DG) Lynn Hill (LH) Kevin Howell (KH) Phil Townsend (PT) Mike Van der Watt (MVW)	Chair, Patients' Panel Associate Director, Quality Governance Non- Executive Director Director of Transformation Chief Nurse & DIPC Non-Executive Director Chief Information Officer Divisional Director Unscheduled Care & Associate Medical Director for IT Deputy Chief Executive Director of Environment Non-Executive Director Medical Director
In attendance:	Paul Cartwright (PC) Paul Da Gama (PDG) Sylvia Gomes (SG) Fiona Scott-Finnigan (FSF) Scott Johnston (SJ) Lyndsey Smith (LS) Sally Tucker (ST) Angela White (AW)	Non-Executive Director Director of Workforce Matron, Neonatal Services Clerk, PA – Quality Governance Head of Midwifery & Gynaecology Deputy Chief Pharmacist Deputy Director of Transformation Head of Nursing Unscheduled Care
Apologies:	Jane Brown Martin Keble Jac Kelly Alistair King Jeremy Livingstone Helena Reeves Don Richards	Senior Partnership & Community Development Officer, Healthwatch Hertfordshire Chief Pharmacist & Divisional Manager Clinical Support Chief Executive Divisional Director Medicine Divisional Director - Surgery Interim Director of Communications Chief Financial Officer

MEETING MINUTES

	Action	Who	When
17/01	<u>Chairman's Introduction</u>		
	The Chair welcomed all present to the meeting and introductions were made.		
17/02	<u>Apologies for absence</u>		
	As recorded above.		
17/03	<u>Declarations of Interest</u>		
	PT asked members of the Committee if they had any additional interests to declare to those entered on the register. None raised.		
17/04	<u>Minutes of the Last Meeting</u>		
	Minutes of meeting held on 23 June 2015 were approved as an accurate record.		
17/05	<u>Action Log from Meeting held on 23 June 2015</u>		
	Action Log was reviewed. The updates on actions were considered and signed off.		
17/06	<u>Draft Safety & Quality Committee Terms of Reference</u>		
17/06.1	TC asked the Committee to review the draft terms of reference for the newly established Safety & Quality Committee to commence in September and come back to TC with comments/suggestions before the September meeting. This committee replaces the Patient Safety, Quality & Risk Committee.	All	September 2015
Performance			
17/07	<u>Quality & Safety Report</u>		
17.07.1	TC asked the committee to note detail in the report around the area of complaints. Upon a review of the complaint process TC advised that there has been an overall increase in complaints. Maureen Walton has recently joined the Trust as Complaints Manager and is arranging to train the complaints team in a new triage system for complaints which will be reported from August.		
17.07.2	LH advised that she has been made aware of a complaint that has been dealt with out of Trust process. LH asked how often this is occurring and what is being done to address it. PB advised that the complaints process is being reviewed with a paper due to be discussed at the next Executive Team meeting. A workshop is planned with the complaints team for the new process before being brought to the Divisions. HB advised that an overall review of the Quality Governance team has been conducted to assess roles and responsibilities. In turn each of the Divisions have been asked to assign a senior lead accountable for Quality Governance and to confirm arrangements for complaints.	Helen Brown. Tracey carter	September 2015

	Action	Who	When
	<p>MH advised that there is a need for more clarity and transparency as to how the process should work. MH asked that HB comes back to the committee with assurance as to how the process has been set up and how it is working. HB and TC will lead on this work.</p> <p>GE advised that it is important for the committee to understand how many complaints are being replied to within 20 days, what the themes and issues are around the learning and how that learning is turning to improvement.</p>	Philip Bircham	September 2015
17.07.3	C-Difficile – TC advised that a link between patients has been identified with a particular bay on a particular ward. A deep clean has been conducted in that area. The trust is conducting an overall review of all C-Diff cases back to last year. The Trust has kept the Public Health, CCG and TDA informed.		
17.07.4	MVW asked the committee to note that the Trust's patients with VTE are well below the national average.		
17.07.5	<p>Pressure Ulcers – TC advised that since the last quarter of last year, there has been a 40% reduction in grade 2 and a 60% reduction in grade 3 pressure ulcers and the Trust is on its way to achieving a 80% reduction target in the Pressure Ulcer action plan.</p> <p>PB will contact Maxine McVey to include Pressure Ulcer data for future reports to cover the previous 12 months.</p>	Philip Bircham	September 2015
17.07.6	PC suggested that a summary page is included for future Quality & Safety reports.	Philip Bircham	September 2015
17/08	<u>Integrated Performance Report (IPR)</u>		
17.08.1	LE advised that the intention of the report is to be presented at various sub-committees and the Safety & Quality Committee which addresses KPIs particularly in relation to safe effective caring. LE suggests that in future the report is disseminated on a monthly basis to appropriate colleagues with the appropriate detail and discussed at sub-committees.		
<i>Patient Experience</i>			
17/09	<u>Serious Incident (including Never Events) Summary Report Month 3</u>		
17.09.1	MvDW advised that following a recent never event in which a nasogastric tube was misplaced, a new nasogastric tube policy for patients who are unable to have an aspirate has been put in place.		
17.09.2	The overall number of SIs has been reduced with 10 overdue. A number of SIs are with the CCG for review.		
17/10	<u>Clinical Audit & Effectiveness Report Quarter 1 2015/2016</u>		
17.10.1	PB advised that Jacqueline Smith, Head of Assurance and Compliance is now in post. The paper details local, national, NICE and NCEPOD audits currently being undertaken by the Trust and compliance. PB advised that a Clinical Audit Strategy is being put together envisaged for completion around September/October.		
17/11	<u>Infection Prevention & Control/Hygiene Code Paper</u>		
17.11.1	TC asked the committee to note the paper which details management of infection control over Quarter 3 and 4 and compliance with the hygiene code. The hygiene code has		

	Action	Who	When
	recently been updated by the Department of Health which will be reviewed.		
17/12	<u>Medicines Optimisation Annual Report, 2014/15</u>		
17.12.1	LS advised the annual report provides an update on progress against the medicines optimisation strategy and action plan. Challenges remain around the safe storage of medicines, which is being addressed under Test your Care. Challenge remains around omitted medicines which are being addressed in the CQC action plan.		
Governance and Leadership			
17/13	<u>Risk Register Review update / SI Review</u>		
17.13.1	HB advised that work has continued on the Trust's risk register and the intention is to bring the corporate risk register to the next Safety & Quality Committee and Integrated Governance & Risk Committee. A series of review and challenge sessions has been conducted across the Divisions focusing on risks scored at 15>. This process reduced the number of risks down from 185 to circa 27. The focus now is to ensure controls and actions are in place and a mechanism in place for regular review. All Divisions are currently reviewing risks scored at 10 and 12 to be discussed at next Risk Review Group in August. ST and HB have attended Divisional Governance meetings to assist in embedding the risk review process. The newly updated Datix system with improved functionality and reporting capabilities is helping to assist this process.		
17.13.2	A risk management handbook, leaflet and risk management procedure are being developed for review and approval at the Integrated Governance & Risk Committee (IGRC) in August.		
17.13.3	Integrated Governance & Risk Committee (IGRC) – HB advised that the Committee will focus on the corporate risk register. Every risk on the corporate risk register has a lead Executive Director. Risks that are identified upon receipt of the CQC report will be added to the risk register.		
17.13.4	SI review – ST presented to the committee a paper on the findings of a review into the Serious Incident procedure within the Trust. The review was undertaken in collaboration with Kathy French, Deputy Director of Nursing, at Herts Valleys Clinical Commissioning Group. Kathy has assisted the Trust in formulating an action plan which is currently being finalised. The Trust will undertake some joint work with the CCG, particularly in regards to the sign off process and to gain cohesiveness with Trust policies.		
17.13.4	GE raised concerns around the number of action plans within the Trust. HB advised that the new PMO due to start imminently will be tasked with identifying the action plans and how to manage and where possible consolidate them.		
17/14	<u>WHHT response to NHS investigations into matters relating to Jimmy Savile</u>		
17.14.1	TC presented report which details work undertaken by Trust based on findings and recommendations from the Lampard Report. TC advised that the Trust's wards are locked which helps to enable staff to monitor people coming in and out and staff are encouraged to challenge where necessary to prevent tail gaiting. The Trust's VIP policy has also been reviewed. All		

	Action	Who	When
	VIPs are supervised.		
17/15	<u>Neonatal SI Review</u>		
17.15.1	SJ advised that the Women's and Children's Services Division is planning to arrange with the Royal College of Paediatricians for an external review into neonatal deaths that have occurred in the Trust in the past year. Three of these have been reviewed through the Trust's clinical governance process and one is in progress. An internal review was conducted overseen by Sylvia Gomes. Two cases are currently be investigated by the Coroner. SJ advised the group of the findings of this review on each of the cases and commonality between the cases. TC advised that the time scale for completion of the external review is currently being negotiated which is envisaged to be end of the year. TC advised that actions are being put in place on the basis of the review and will be included in the Maternity Improvement Plan. All four cases have been reviewed through the Trusts Serious Incident process.		
17/16	<u>National Children's Inpatient Results (Picker and CQC – 2014)</u>		
17.16.1	TC advised that there has been significant improvement since 2012 and Trust is awaiting ranking.		
	<i>Policies</i>		
17/17	<u>Policy for safeguarding adults from abuse</u>		
17.17.1	TC asked the committee to note the policy for assurance and that it is in line with national policy.		
	<i>Reporting Groups</i>		
17/18	<u>Quality & Safety Group Chair's Summary</u>		
17.18.1	Paper noted.		
	<i>Any other business</i>		
17.19.1	MH concluded that this meeting was its last in its current form. The next meeting will be as the Safety and Quality Committee in September.		
	<i>Administration</i>		
	The Committee noted the draft agenda for Safety & Quality Committee meeting to be held on 22 September 2015.		
	<u>Date of Next Meeting</u>		
	Date: Tuesday, 22 September 2015 Time: 11.30 hrs - 13.00 hrs Venue: Shrodells Executive Meeting Room		