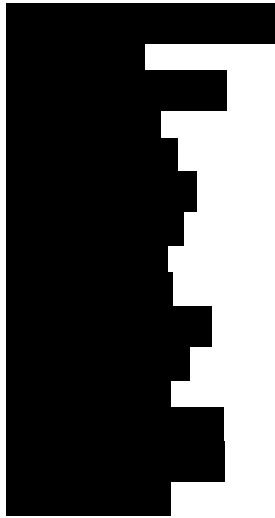


Confirmed
Quality and Patient Safety Group
Notes from the meeting held on Thursday 11th August 2022

Present:



- Deputy Chief Nurse (DCN)
- Head of Risk and Governance (HORG)
- Divisional Nurse Director, Neurosurgery (DND-Ns)
- Risk Manager (RM)
- Lead Nurse Infection Prevention & Control/Tissue Viability(LNIPC)
- Theatre Manager (TM)
- Divisional Manager, Neurosurgery (DM-Ns)
- Transformation and Project Manager (TPM)
- Clinical Director, Neuroradiology (CDN)
- Radiology, Directorate Manager/AHP Lead (RDM)
- Clinical Lead For Education, Risk & Governance (CLER)
- Deputy Divisional Nurse Director, Neurology (DND-Ne)
- Practice Educator (PE)
- Associate Director of Operations (ADO)
- Clinical Business Manager, Neurology (CBM)

Apologies



- Clinical Governance Lead – Neuroradiology (CGL)
- Lead Pharmacist, Neurosciences (LP)
- Quality Manager & Freedom to Speak Up Guardian (QMFSUG)
- Physiotherapy Lead Acute Neurosciences
- Deputy Divisional Nurse for Neurology (DDD-Ne)
- Divisional Manager, Neurosurgery (DM-Ns)

No.	Item
1	Apologies
1.1	Apologies were received as above
2	Notes from Previous Meeting held on 9th June 2022
2.1	The minutes of the previous meeting were agreed as a true and accurate record
3	Matters Arising and Action Log
3.1	The following actions were noted as closed:-
3.2	10/2/22 – 4.2 – Transgender Records 9/6/22 – 4.3 – QPSG TOR 9/6/22 – 9.3/9.4 – Policies for approval 9/6/22 – 12.1 - AOB
3.3	Please refer to action log for ongoing actions.
4	QPSG TOR
4.1	It was agreed that there was sufficient medical representation noted in the TOR for the meeting.

No.	Item
4.2	██████ had received the new nursing team titles, which would be added to the TOR.
4.3	██████ to send updated TOR to ██████ who would send to Quality Committee for ratification.
5	Quarterly Reporting
5.1	Falls The falls workplan had been reviewed and agreed for the next 12 months. A stocktake of all falls equipment had been completed and all equipment on Chavasse ward would be centralised.
5.2	A monthly analysis of falls had been undertaken followed by sharing and learning across the ward managers. A monthly MDT Falls Prevention Steering Group meeting continued to take place.
5.3	The annual Falls Prevention Awareness Day was held in July with good attendance and positive sharing and learning. A national falls awareness week was also due to be held in September.
5.4	Re-engagement had commenced with external groups across the Cheshire and Merseyside Falls Group. Falls statistics had been reviewed as part of the IPR, per 1000 bed days. This data has shown that falls has neither increased or decreased, and they would continue to monitor.
5.5	Infection Prevention Control The Trust were in a strong position with regards to MRSSA, with only 1 case since April 2022. CDT was on track, with one case which would be appealed with Commissioners in relation to the care received prior to repatriation.
5.6	Ecoli is a concern and is expected to exceed trajectory if this continued in the same way - nearly all of the themes related to urosepsis with or without a catheter. The new way of carrying out investigations for IPC ones seems to be working with more focus than before.
5.7	The first meeting had taken place for the gram negative workstream which was ongoing and would look at procurement of what we buy, training, external liaison and SLAs we may or may not have in place.
5.8	██████ noted that catheters had been chosen to move forward with in relation to competencies and that it would be good to see where we are in terms of reductions and whether those competencies are out there. A project plan was in place around this with the Transformation Team, which would take a while to setup, looking at interventions and what happens following that.
5.9	Tissue Viability There had been no hospital acquired pressure ulcers during June or July. There is an issue around device related pressure damage, and although not reported externally, we are required to monitor our rates. They are currently looking to source alternative fixing devices as the majority relate to NG tubes.
5.10	The first draft is complete for the formulary, which has been allocated by ██████ and will be a large piece of work with procurement and ward areas to streamline down.

No.	Item
5.11	The out of hours infected wounds pathway has been agreed and was awaiting procurement to stock the areas appropriately.
5.12	SNT had discussed celebrating our position in relation to pressure ulcers and to look at the percentage in reduction for each area to keep momentum going across all clinical areas.
5.13	LNIPC raised issues in relation to patient safety and the use of VACs (negative pressure wound therapy). There is a deficit within the ward areas which had been addressed on numerous occasions and would be raised again with the support of the divisions. This also related to discharge planning and ensuring support systems are in place in the community for these patients. A VAC SOP was due to be completed around this.
5.14	Medication Safety ██████████ new Pharmacy Safety Lead, would be attending Sharing and Learning forum the following week to gather the thoughts of the group in relation to medication safety. Any themes, trends and incidents coming from the Medication Safety Group would then form the basis for medication safety, and they were looking to deliver this by holding a study day.
5.15	This would be taken forward with ██████ following her attendance at Sharing and Learning along with support from the pharmacy team. Now that ██████ is in post benefits and improvements should become evident. It was important that ██████ role focussed on both doctors and nursing staff with the Chair asking the divisions to feed this back to their Clinical Leads to ensure they are aware.
6	Weekly Safety Meeting TOR
6.1	The Weekly Safety Meeting had been formalised and the group approved the TOR.
7	Neurosurgery Risk Report and Risk Register
7.1	An Executive Summary of the Neurosurgery Risk Register was presented. There were 13 risks in total with a rating of 12 and above, 1 new risk and all risks were in date. Those risks with the highest rating were noted within the report. All risks would continue to be monitored at the monthly Neurosurgery Divisional Risk and Governance meetings, with particular emphasis placed on gaps and actions identified to mitigate those gaps.
7.2	██████████ would check whether Risk 873 relating to an increase in CPE cases should be on the Trustwide Risk Register rather than just specific to Neurosurgery.
7.3	Both Risk 21 and Risk 220 are showing as out of date – ██████ would pick this up with Estates Manager for an update around timelines.
7.4	Risk 856 could now be removed
7.5	Risk 867 – ██████ would update that this risk is specific to theatre staff
7.6	Risk 735 had been extended for 3 months and would then look to reduce or remove.
7.7	There had been a change to the format of the Risk Register which reflects the work carried out over the past couple of months and the group were thanked for all of their work in achieving improvements and progress which was clear to see. Work would continue and improve further in the future.
8	Incident , CAS & Risk Management Report
8.1	The report provided an overview of incident and risk activity across the Trust for June - July

No.	Item
8.2	<p>2022. This included a breakdown of incidents by severity, division, location & category, new risks and closed risks.</p> <p>Overall incident reporting statistics demonstrate an increase in figures between June and July 2022. There had been an increase in incidents relating to Violence and Aggression, with main area relating to physical abuse/violence – patient on staff. Dott ward incidents had also seen an increase in incident reporting during the time period, also mainly relating to violence and aggression. ██████ noted that a business case had gone to Board for a full time Personal Safety Lead who would co-ordinate training and manage and arrange all of the MDT meetings on the wards which would hopefully lead to improvements in those numbers.</p>
8.3	<p>There were 7 GAF entries which continue to be monitored and reviewed on a quarterly basis by the Thematic review group and Quality Committee.</p>
8.4	<p>A total of 6 new risks were reported on Datix during April and May 2022 and all approved at the appropriate divisional risk and governance meetings and 20 risks were closed on Datix during the same period.</p>
8.5	<p>The LNIPC noted that a cluster review for covid was outstanding – there is an incident management SOP for covid – however due to a change in guidance, all of the things that they would have looked at previously are no longer relevant and therefore they have not actually taken any investigations on cases as there is nothing to benchmark them against. ██████ noted as there was no national guidance around carrying out an investigation in relation to covid, as long as any clear lapses are looked at and documented on the incident report this SOP could be closed.</p>
9	<p>Policies Status Report</p>
9.1	<p>The report provided an overview of all outstanding policies across the Trust.</p>
9.2	<p>Having reduced outstanding policies to 27, they had risen again to 97. Following a significant push, this had decreased to 59 and controls are in place with 6 monthly reminders for those outstanding along with the weekly reminders.</p>
9.3	<p>██████ suggested that due to the high number of outstanding policies, this should be escalated to look at how committees are managing this. It was noted that committees do not currently hold a list of SOP guidelines or policies that they are responsible for. ██████ was liaising with ██████ around an agenda item being included at committees for outstanding policies and procedures. This required approval at Audit committee as it is an agenda change. ██████ would also pick this up with ██████ and ██████ to push this forward.</p>
9.4	<p>Following a query around the process of communication once a policy has been through the relevant group, ██████ confirmed that the author is responsible for notifying the risk department and the communications team. A communications update would also be provided through the divisional risk and governance groups with a reminder of those out of date policies and the process to follow to sign them off.</p>
9.5	<p>██████ would liaise with ██████ around those out of date polices that relate to medication to look at whether this needs escalating for further support through the Pharmacy line manager and check whether this is included on their risk register.</p>
10	<p>Policies for Approval</p>
10.1	<p>The following policy was presented and approved by the group.</p> <ul style="list-style-type: none"> • Point of Care Testing (POCT)

No.	Item
11	CQC Regulations 2022-2023 – update on progress
11.1	The CQC are still in the process of looking at how they would undertake the reviews. There had been mock reviews undertaken internally by the divisions and plans had been updated following this.
12	Sub Committee Chairs reports:-
12.1	Falls Steering Group ██████████ would chase this up for minutes to be sent to future meetings.
12.2	Nutrition and Hydration The governance of these meetings was under review, and notes of the meetings would be available going forward
13	Any Other Business
13.1	There was no other business

Date and time of the next meeting – Thursday 13th October 2022