

The Shrewsbury and Telford Hospital NHS Trust

Clinical Quality and Safety Committee
Thursday 20th January 2011 at 2.00 pm in
Paediatric Seminar Room, PRH

Summary notes

In the absence of approved minutes from the January Committee meeting the following summary notes have been made to brief the Trust Board on key themes and issues from the Committee.

Terms of reference

The Committee made final amendments to its Terms of reference in preparation for Board discussion in January. Any comments or amendments to the TOR will be brought back to the February Committee.

Clinical /safety walkabout

The Non exec Directors had visited a ward area on the Telford site (ward 10) the chair will summarise the key points from the visit for follow up and these will be captured in the minutes of the Committee. The one hour prior to each Committee will include a ward review.

Patient Story

The Committee had agreed that listening to a patient story at the beginning of each Committee was an essential component to the Committee's work to establish the tone of having the patient at the centre of our work.

The Committee heard two stories from the Trust's lead for Vulnerable Adults which outlined the care provided by Trust staff which had concerned relatives but when reviewed by the safeguarding panel had not been upheld, but the case demonstrated the need for effective communication and reassurance for families of vulnerable adults. The second story demonstrated the events of a patient with whom there were concerns and a referral was made by Trust staff supported by the Trust lead. The Committee noted the positive actions from Trust staff and asked for Helen to pass on their thanks. The Committee will follow the theme of vulnerable adults through their work program.

National Reports and Enquiries- recommendations

This document has been circulated by the West Midlands SHA following their work on tracking a wide range of recommendations made over the last 2-3 years and that need to be considered by each NHS organization. The Chief Nurse outlined that we need to use the essence of this tool and ensure that we have a trust specific document that we can use as a Committee to track the implementation of these recommendations. A revised Trust specific plan will be brought back to the next Committee grouping together the themed recommendations. The Committee will review how they audit this process.

Four keystones to Quality

A draft document from the Burdett Trust was provided for the Committee to review best practice in the context of Quality & Safety. The document included expected Board agenda items and some helpful checklists for Chairs to consider. The Committee agreed that when the final published document is available then this should be shared with the full Board and in the meantime can be used to influence the development of a Quality Improvement Strategy and to be used when reviewing our Quality Account.

Chief Nurse to bring back a paper to the February meeting to outline the process for developing this Quality Improvement Strategy.

Quality and Safety –ward reviews

A paper outlining a process whereby the Chief Nurse and senior nurses have been reviewing care provision in ward areas was shared with the Committee. This outlined 22 visits to different ward areas and some of the issues arising from this. The Committee agreed that this approach was exactly what they needed to receive and review and asked for this to be part of a monthly report which will support emerging trends and issues with regard to care delivery.

Serious Incident Policy

An updated and amended policy was presented for consideration by the Committee, minor changes were requested and will be made prior to the Board approval in February Board.

Pressure sore review

A report was received from the Head of Nursing which outlined the overarching action plan to support improvements in tissue viability. The ongoing monitoring of this will be through a revised IPR/ Quality report at each Committee.

HSMR

A paper outlining the work being undertaken within the Trust was presented and the Committee asked for further discussion when the Medical Director was back from leave.

Theatre action plan

The revised action plan was not provided as this had not been completed to a level of satisfaction with further work being requested. This will be presented at February's meeting.

Quality process review with PCT

The Chief Nurse provided an overview of the Quality review meetings with the PCT and outlined the links required for both the PCT and the Trust to formally identify the assurance to their Boards of the quality and safety work being undertaken. The Committee agreed that copies of the monthly meetings with the PCT should be shared (with the Committee) for information and then links with clinical concerns raised can be followed through in the work programme.

AOB

Chief Nurse requested to draft a NED protocol for ward visits, which will come back in draft form to the February meeting.

Peter Vernon

Chair of the Quality and Safety Committee