Brighton and Sussex NHS
University Hospitals

Report from the Safety and Quality Committee meetings held on 26 January and 2 February 2012

Purpose

To summarise the proceedings of the Safety and Quality Committees held on 26 January and 2 February 2012.

26 January

An Extraordinary meeting of the SQC was held on 26 January to discuss the Mid-Staffordshire Public Inquiry, the minutes of which are attached.

2 February

Key issues discussed included**:**

1. **Ward safety checklist:** The Deputy Chief of Safety for Medicine screened a short film featuring an interview with a patient whose husband died last year following an undiagnosed bilateral pulmonary embolism. This film and a second one featuring the ward round of Dr Bayliss have been commissioned to support the roll-out of the ward safety checklist, which has already taken place on most of the wards in the Barry Building, HIV medicine and gynaecology. Obstetrics are currently designing their version of the checklist. Rollout at the Princess Royal Hospital is the next phase of the project.

2. **Efficiency Programme:** A process for the scrutiny of new efficiency programmes has been agreed. The process has been put in place to assure the committee that any new initiatives do not compromise safety and quality. The Chief Nurse and Medical Director assured the committee that the current programmes that they lead did not have any negative impact. The Project leads will be asked to attend the Committee to respond to questions where there are perceived safety concerns.

3. **IRMER (Ionising Radiation (Medical Exposure) Regulations) CQC Improvement Notice Update:** Following an incident where a patient received a greater than prescribed (but not harmful) dose of radiation during the course of their radiotherapy treatment, the IR(ME)R inspector visited the hospital and a CQC Improvement Notice was issued. The Hospital's Radiation Safety Committee has developed an action plan in response to the Improvement Notice, and we have since had confirmation that the requirements therein have been complied with. All relevant policies and protocols have been amended and actions completed.

4. **Safety and Quality Scorecard:** The scorecard was reviewed and further refinements proposed regarding data on clinical incidents for ease of assessing numbers of incidents resulting in harm.

5. **Incident Reporting:** A paper on incident reporting was discussed and the recommendations in the paper were agreed. These recommendations are aimed at maximising the learning from incidents and improving the feedback mechanism to staff.

6. **Safety Ombudsman:** The Safety Ombudsman presented a new joint initiative with the Director of Human Resources aimed at promoting positive behaviours when all staff enter a clinical area.

7. **Safety Bulletin Medicine:** The Deputy Chief of Safety for Medicine was congratulated on the excellent safety summary that he distributed to staff in January.

Recommendation to the Board

The Board is recommended to note the contents of this report.

Richard Hawkins
Chairman, Safety and Quality Committee
21 February 2012