

| Meeting: Clinical HODs Meeting | | THIS WAS NOT A FULL MEETING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|---------------------------------|--------|--------|------------|----|----|----|------------|---|---|---|------|---|---|----|---------------------|--------|--------|--------|-----------|----|----|----|--|----|----|----|--|--|
| Date: 11 th August 2025 | | Time: 13.30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chair : Alex R AR | | Minutes: Lynn Jackson | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Present: Alex Rudkin - AR, Tracy Christmas – TC; Dr Gabrielle Tamura-Rose – GTR ; Dr Naomi Collins – NC; Francis Quinon – FQ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apologies: Rebecca Trower - RT; Karen Cook - KC; Maura Flint - MF; Shahlaa Walsh - SW; Diana Bromboszcz -DB; Julie Ford - JF; Penny James - PJ; Sara Mosalam - SM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Agenda item | Discussion | Actions & by whom | Anticipated date for completion | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Review of previous minutes | Leaflet for SC paracetamol produced by Shahlaa Walsh Subcutaneous Paracetamol info leaflet | SW – SC paracetamol now fully in use in ward | Sept 25 to review audit log | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Matters Arising | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Topic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Infection Prevention | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical Devices | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medicine Management | From SW: e-prescribing systems all seem to be linked to NHS except Ashtons. Other system available but does not connect with pharmacy service . Other doctors mainly use ashtons – mixed reviews about e-works | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Incidents & Accidents/RCA's | <table border="1"> <thead> <tr> <th>IPU</th> <th>May 25</th> <th>Jun 25</th> <th>Jul 25</th> </tr> </thead> <tbody> <tr> <td>Admissions</td> <td>13</td> <td>12</td> <td>18</td> </tr> <tr> <td>Discharges</td> <td>4</td> <td>7</td> <td>3</td> </tr> <tr> <td>RIPs</td> <td>9</td> <td>6</td> <td>15</td> </tr> <tr> <td>Occupancy (10 beds)</td> <td>92.26%</td> <td>67.00%</td> <td>75.48%</td> </tr> <tr> <td>Incidents</td> <td>21</td> <td>18</td> <td>12</td> </tr> <tr> <td>Monthly average no. of incidents (2022-2024)</td> <td>21</td> <td>16</td> <td>16</td> </tr> </tbody> </table> | IPU | May 25 | Jun 25 | Jul 25 | Admissions | 13 | 12 | 18 | Discharges | 4 | 7 | 3 | RIPs | 9 | 6 | 15 | Occupancy (10 beds) | 92.26% | 67.00% | 75.48% | Incidents | 21 | 18 | 12 | Monthly average no. of incidents (2022-2024) | 21 | 16 | 16 | | |
| IPU | May 25 | Jun 25 | Jul 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Admissions | 13 | 12 | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Discharges | 4 | 7 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RIPs | 9 | 6 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Occupancy (10 beds) | 92.26% | 67.00% | 75.48% | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Incidents | 21 | 18 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Monthly average no. of incidents (2022-2024) | 21 | 16 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

May 2025

Pressure ulcers (incl. MASD) during admission (n=2), pressure ulcers (incl. MASD) on admission (n=1), patient falls (n=2), CD medication incidents (n=4; 1 x omission of CLONAZEPAM , 1 x wrong dose of PREGABALIN, 1 x documented stock count of PREGABALIN incorrect, 1 x CNS prescribing request of MORPHINE near miss), Non-CD medication incidents (n=2) constitute 52% of reported clinical incident numbers in May 2025 due to larger report of other clinical incidents that included 4 x Clin Admin/ACC documentation omissions that lead to potential CPCT contact near misses; 3 x network/EMIS or connection issues; 2 x discoveries of an illegal substance in patient's possessions and 1 x IPU staffing below optimal level.

Learnings from May incidents include:-

Learning from a CD omission
Vigilance in reading prescription charts or writing notes
Informing the patient of an error
Importance in checking allergy information before prescribing
Reflecting that a RA should be undertaken to inform decision-making that would lead to reduced staffing on the IPU.
Data from the Medicare system supports responsiveness and , in turn, the falls management process.
Incident review supports prevention and management of pressure ulcers.
Revision to CD policy to account for illegal substance discovery
Re-enforcement of ACC checking each other's comms logs to ensure accurate recording onto the CPCT Triage calls list
Clinical Admin leads added to DATIX investigation roles
Night staff prioritisation of attending to patient needs

June 2025

Pressure ulcers (incl. MASD) during admission (n=3), pressure ulcers (incl. MASD) on admission (n=0), patient falls (n=2*), CD medication incidents (n=1; 1 x wrongful administration of OXYCODONE ORAL SOLUTION: Non-CD medication incidents (n=3) constitute 50% of reported clinical incident numbers in June 2025 due to continuing higher report of other clinical incidents that included 1 x network/EMIS issue; 2 x IPU staffing issues owing to late withdrawal of bank cover; 1 x incorrect entry on the patient record; 1 x delayed in contact due to details being incorrectly captured; 1 x admission cancellation due to omission of full staffing information at point of decision to admit and 1 x instance of a bed bug discovery.

*Note one of the two falls in June 2025 led to a 93 year old patient being sent to SHH A&E due to c/o pain in thigh post-fall whereupon a # nof femur was diagnosed. Patient died post-surgery the following day. Investigation showed compliance with expected practice. AAR awaited.

| | | | |
|-------------------------------------|--|--|--|
| | <p><u>Learnings from June incidents include:-</u> Diligence in observing the 5Rs of medication administration Learning from a non-CD wrong drug administration Affirmation of compliance with expected practice following discovery of POD Post-falls incident reviews confirm compliance with expected practice. Staffing information fully integrated into admission decision making process Reinstatement of crisis cover and review of agency CVs for staffing contingency to existing bank provision on the IPU. IPC practice review requirement to ensure linen brought in from home is washed before its use on the IPU. Incident review supports prevention and management of pressure ulcers.</p> <p><u>July 2025</u> Pressure ulcers (incl. MASD) during admission (n=3), pressure ulcers (incl. MASD) on admission (n=4), patient falls (n=0), CD medication incidents (n=1; 1 x wrong dose administration of OROMORPH (1MG INSTEAD OF 2,5MGS) Non-CD medication incidents (n=0) constitute 75% of reported clinical incident numbers in July 2025. Other clinical incidents included 1 x bed sensor equipment issue; 2 x near miss follow ups re CPCT contact and a bereavement; 1 x IT application access issue.</p> <p><u>Learnings from July incidents include:-</u> User training on windows desktop opening of Apps Reminder to IPU re correct procedure to follow on receipt of OOH calls so that CPCT follow-up ensues Faulty leads supplied for Medicare system replaced Reminder that bereavement call is not appropriate in ALL circumstances Individual reflective discussion on RGN CD administration practice with IPU Lead Incident review supports prevention and management of pressure ulcers x 5/1 2 being reviewed still by IPU lead Noting that podiatrists should not be categorising wounds and this should be done by authorised staff</p> | | |
| <p>Complaints & Compliments</p> | <p>Compliments captured in the Excellence Registry Evidence of Excellent Practice.xlsx</p> <p>One clinical complaint via VOICES return in July 2025 that was not upheld.</p> | | |

| | | | |
|---|---|--|--|
| Health & Safety | | | |
| New Policies/ Guidelines | | | |
| Documentation/ EMIS | | | |
| Audit/Research | <p>Francis presented - IPU</p> <ul style="list-style-type: none"> • Medicare Systems Event Analysis 2025 SEE ATTACHED • Workload Intensity Trends Jun 2024 to Feb 2025 SEE ATTACHED | | |
| Education/Training Reflective Forums | | | |
| Recruitment/ Staffing | <p>MEDICAL</p> <p>Changeover with GP trainees – we said goodbye to our two trainees – Theo Moss and Jasmine Patel after 6 months last week and welcome Dr Nicole Gill from today. Nicole will be with us Mondays and Tuesdays until February 2026.</p> <p>Shortlisting for Clinical fellow role – 4 day a week medical post to start from September until August 2026, at which time we will welcome our new consultant Dr Katie Taylor. Katie is currently doing a locum post with us three days a week during August.</p> | | |
| CQC/PIR | | | |

| | | | |
|------------|--|-------|---------|
| | | | |
| AOB | | | |
| | <p>Tracy _CHC request impacting Triage and working capacity</p> <p>Lynn will set up Teams link for future meetings</p> | LJ/IT | Sept 25 |

DATE OF NEXT MEETING:

Monday, September 22, 2025 1:30:00 PM

Monday, November 3, 2025 1:30:00 PM

Monday, December 15, 2025 1:30:00 PM

Monday, January 26, 2026 1:30:00 PM

Monday, March 9, 2026 1:30:00 PM

Meeting ID: 856 3859 2795

Passcode: 976968