

**Notes from the LAS Clinical Quality, Safety and Effectiveness Committee (CQSEC)  
held on Tuesday 22 January 2013**

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This is one of the 'alternate' meetings held to review claims made by patients and staff, clinical near miss incidents and reports from sub-groups, rather than reports from the East, West and South Areas, and Control Services and Clinical Governance.

A substantial part of the meeting, at the beginning, was given over to an informative update on the clinical governance of HEMS (helicopter emergency medicine service), which was given by Dr Anne Weaver, Consultant in Emergency and Lead Clinician in Pre-hospital Care. She explained that the service was on call 24-7. It deals with trauma cases, often involving necessary invasive procedures at the scene. All the doctors involved are employed by St Barts as the service is attached to that hospital. The service therefore is part of CQC's assessment of St Barts, but is registered anyway by the CQC for transportation, including air transport. In the last year doctors and paramedics attended 1920 trauma cases, 619 of which were by air. Anne went into detail about the number of doctors, how they are carefully recruited, their extensive backgrounds and experience, how paramedics are selected for this particular type of work, and how doctors and paramedics are trained together so as to ensure they work as teams. There is rigorous appraisal and if staff do not perform well enough they are assigned elsewhere or leave. The service wants a second helicopter (which it hopes to get via charitable fund-raising) to avoid the usual four-week period when the helicopter is being serviced and is not available. A question was asked whether the service was thinking of extending its remit beyond trauma patients to include medically ill patients, and the answer was 'not yet'.

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Claims resulting from staff injuries caused at work, public liability claims and those regarding inquests taken to the Coroner (under Rule 43) have been dealt with, some via the LAS's legal team. A recurring theme was the malfunction of hydraulic tail lifts which ultimately can be lowered manually. Given this has been happening for some time, requests were made for the three-year trend figures to see whether this malfunctioning has increased or decreased over time. Data to come.

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There were 272 accidents in the quarter ending 30 September 2012. The top five frequent causes of accidents were: hitting parked vehicles; hitting properties (unspecified); the ambulance being hit while parked; during overtaking; changing lanes. The costs incurred for the same quarter were £384k compared with the previous quarter up to June 2012 of £449k. No harm to patients recorded.

The top three near miss events were reported to CQSEC at the request of the Learning from Experience Group, together with a report of the action taken to minimise the risk of these types of incidents. The Learning from Experience Group is analysing the trends and findings.

Missing equipment issues were added to individual CPI reports in October 2012 and caused a massive rise in reporting. The LAS cannot ascertain any patient harm for the majority of these incidents (i.e. none recorded) and therefore these were classified as near misses. The top three were missing equipment; device failure; communication incidents. There were 210 incidents of multiple items of equipment reported as missing between Ap and Nov 2012, and there were 459 items of equipment identified. Out of the 210 incidents:

- 83.3% BM Kits were missing
- 63% Pulse Oximetry probes were missing
- 45.4% Tympanic Thermometers were missing.

Of the incidents where an item was missing, the usual recovery was another crew being on scene and the item was used from the other vehicle. Investigations to reduce these risks are

under way and include root cause analysis and a review of levels of reported incidents. Reporting back is expected at next 'alternate' meeting.

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An update report on infection prevention and control was presented, which did not include multiple use of blankets. Steve Lennox explained that this was being looked at in the Learning from Experience Group and he wants to put the item under 'missing equipment'. The LAS states that when they ask staff/check there is no multiple use, but Steve also states that the LAS continues to be told there is. No doubt the Learning from Experience Group will be reporting further on this.

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Safeguarding: The LAS has very recently appointed someone who will lead on adult safeguarding. All that was reported at this meeting was that the LAS is looking again at whether the contract for commissioned taxis accommodates compliance with the guidance for regulated activity, and that at the recent CQC inspection the LAS was compliant with core safeguarding standards. The CQC inspection was described as "quite a nice experience" and the LAS and CQC apparently have faith in the actions following the findings that some standards had not been met fully. Actions have to be implemented by April 2013.

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The report on controlled drugs (CD) showed that there were no ongoing losses of morphine following re-packing Technician Drug Bags. The CD safes are being converted to 'modernise' the storage system and make them 'card readable' only. The work is not expected to interfere with normal working practices.

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There are numerous clinical audit projects under way spanning 2010-2012. Seven actions are incomplete and have exceeded their due date. Extended end dates have been issues. When asked how confident the LAS is that these new dates will be met the answers were rather vague, with the implication that a wide range of divisions/units is involved and each has been issued with the dates.

Attached to the report was an update on clinical research, most of which the LAS is involved in rather than owning or leading it. Two look particularly interesting. **Administration of analgesia to patients who are cognitively impaired.** 12 LAS staff have been recruited to the study and the data analysis is now complete. The findings are to be submitted for a dissertation to City University – no-one knows when this will be 'published' by the LAS because it is a university dissertation and sponsored by City University. I have asked for a copy when it is available. The other is **Equality of Service to non-English speaking callers.** The study aims to investigate whether there is a significant difference between the speed of key information being received and responded to concerning non-English speaking 999 callers and English speaking ones. The data collection began in only Oct 2012. As above, I've asked for a copy of the findings in due course. One Andrew Heward is the Chief Investigator on this one and as it is sponsored by the LAS it ought to be available sooner than the dissertation, though an end date has not been finalised as this appears to be a relatively new piece of work.

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The clinical risk register shows virtually everything on track and relevant risks are reportedly being monitored closely by the relevant sub-committee.

The next meeting is in March: date tbc

AC-D  
28.1.13