

## QUALITY, SAFETY & PATIENT EXPERIENCE COMMITTEE Minutes of the meeting held on Monday 20th February 2017 at 12.00pm in the Boardroom

<u>Member</u>		<u>Attendance</u>	<u>Apologies</u>
Mr Andrew Higgins	Non-Executive Director		
Mrs Alison Kelly	Director of Nursing & Quality		
Mrs Sian Williams	Deputy Director of Nursing & Quality	$\square$	
Mr Ian Harvey	Medical Director		
Sir Duncan Nichol	Chairman		
Mr Tony Chambers	Chief Executive		$\square$
Mrs Rachel Hopwood	Non-Executive Director		$\square$
Mrs Ros Fallon	Non-Executive Director (Chair)		$\square$
Dr Chris Green	Director of Pharmacy		
Dr Amer Rehman	Divisional Medical Director – D&PS		$\square$
Mrs Ruth Buckley	Interim Radiology Service Manager	$\square$	
Mr David Semple	Divisional Medical Director – Planned Care		
Ms Carmel Healey	Head of Nursing – Planned Care		$\square$
Ms Julie Fogarty	Head of Midwifery – Planned Care		
Dr Martin Sedgwick	Divisional Medical Director – Urgent Care	$\square$	
Mrs Karen Rees	Head of Nursing – Urgent Care	$\square$	
Ms Alex Holroyd	In Patient Lead Therapist		$\square$
Mrs Trish Reilly	Head of Informatics Engagement		$\square$
Mrs Frankie Morris	Acting Deputy Chief Finance Officer		$\square$
Mrs Sue Hodkinson	Director of HR & OD		$\square$
Mrs Ruth Millward	Head of Risk & Patient Safety		$\square$
Mr Michael Spry	Clinical Improvement & Assurance Manager		
Mrs Liz Whitelaw	Theatre Pathway Manager		

In attendance: Robert Cheetham, Clinical Information Analyst (for agenda item 5)

Fiona Gordon, Matron, Planned Care (for Carmel Healey)

Mary Crocombe, PA (minute taker)

1.	Apologies	<u>Action</u>
	Apologies were received from Rachel Hopwood, Ros Fallon, Tony Chambers, Sue Hodkinson, Alex Holroyd, Carmel Healey, Trish Reilly, Frankie Morris, Amer Rehman and Ruth Millward.	
2.	To receive and approve the minutes of the Quality, Safety & Patient Experience Committee held on 16 <sup>th</sup> January 2017	

Quality Improvement Committee, which in turn would feed into QSPEC.

## 6. North of England Dashboard

Mrs Kelly presented NHS England's North of England Quality Dashboard for Acute and Specialist Trusts for January 2017. The report showed the Trust's position benchmarked with peers across the patch. An 'amber' rating meant the Trust was a statistical outlier, however for SHMI the Trust was within the 'as expected' range. At the CQC Engagement meeting Mr Harvey had informed them that this was not a true reflection. Will also be raising with the Commissioners at the next contracting meeting.

## 7. Neonatal Review

Mr Harvey gave a verbal summary on the current position with the Neonatal Review. The Report following the invited external review by the RCPCH had now been published and included 20 recommendations, some of which had already been completed. One of the recommendations related to an in-depth secondary mortality review, and a third independent Neonatalogist had carried this out. The Trust had also had permission from the Coroner to speak to the Pathologists at Alder Hey. A meeting has been arranged to review all the case reviews with the Paediatricians and Network, and following this, meetings with the parents concerned will be set up to discuss the individual cases. The Trust had also been invited to a meeting with Specialist Commissioning later this week to discuss the Review. The documentation from the Review had also been shared with the Coroner and Deputy Coroner. Mr Higgins asked where the recommendations would be received and what the Committee could expect. Mr Harvey replied that the Team were in the process of developing an Action Plan, a draft of which would be received here next month. Mrs Kelly added that from a nursing perspective, the Paediatric Nursing Team had looked at the staffing element of the Review and that will also be included in the action plan. The plan will go the Divisional Governance Board and feed up into QSPEC and ultimately the Board of Directors. The Plan will be reviewed monthly to monitor progress. The Trust will also need to consider the Network's view on how Units are going to be configured.

## 8. Never Events

Mrs Kelly suggested discussing agenda items 8, 9 and 14 together. Following the Never Event in December and then another in January (retained swab), there were a number of pieces of work looking at Never Events, NatSSIPs and the WHO checklist. Mrs Kelly had asked the Risk & Patient Safety Team to pull together all the actions to share with the Divisions, to look at the actions required, whether they agree or disagree with them, and how to get engagement to take the key actions forward. Papers will be drafted and sent to Divisional colleagues to discuss at a local level. Mr Harvey reported that he had met with Mr Semple, Mrs Whitelaw and Mr Monk to discuss WHO compliance in detail. Mr Monk was drawing up options re. the culture in Theatres, on the back of a pilot undertaken a couple of years ago. Mr Higgins asked members if they felt that this Committee, as a subcommittee of the Board, had sufficiently challenged practices and culture as a whole. Also did the Committee receive tangible evidence of improvement where it is needed or that issues had been resolved. Mr Higgins, Mrs Kelly and Mr Harvey had met to discuss how QSPEC could be developed and agreed that from April the Committee would be seeking assurance rather than reassurance, and be more challenging. Members agreed that Radiology was a good example to use as they had been challenged in the past and the culture of the department had dramatically improved. Mrs Kelly advised that in light of recent events, significant scrutiny of the Trust was being undertaken by Regulators.