

QSPEC Dashboard – Mrs Kelly presented an overview of the suggested new measures to be included in the QSPEC Dashboard. Members were asked if there was anything else they would like included or removed. Any exception areas will then form the background to discussions that will take place at the meeting. It was hoped to have the new Dashboard ready for the January meeting.

8. Discharge to Assess – Deferred to the next meeting.

A Swanton

9. The Mortality Review process

Mrs Kelly presented the report on behalf of Mr Harvey. The mortality review process introduced in 2013 involved all deaths being reviewed by Teams comprising a Consultant and Senior Nurse and quarterly Mortality Review reports are received by the Board or Directors. There has been significant slippage in the timeliness of the reviews due to the intensity of the process so it has been agreed that the review process should be amended to be more practical and user friendly. This will be helped by more timely data received through HED clinical benchmarking data. The new process will firstly involve the Medical Director reviewing all deaths from two weeks before using the current protocol. Areas of concern are referred back to the treating team. Secondly, cases in which HED has assessed a low risk of mortality (<10%) under HSMR will be reviewed by the review group teams in addition to any cases that the Medical Director feels need further scrutiny after the initial 'filter' review and team feedback. A quarterly detailed report will then be received by QSPEC and as an element of the Integrated Performance Report for the Board of Directors. Mrs Hopwood asked who would undertake the first 'filter' in Mr Harvey's absence. Mrs Kelly replied that support for the Medical Director role is currently being looked at.

I Harvey

10. Patient Information and Consent Policy & Consent Form for Intimate Examinations

As Mr Evans was unable to attend due to clinical commitments, Mrs Millward gave a brief overview of the changes to the Trust's Patient Information & Consent Policy. These included cross referencing the Safeguarding Adults Policy for adults who are not competent to give consent. Following a scoping exercise earlier in the year on patient information leaflets, those referred to in the Policy are EIDO patient information leaflets. Consent to Treatment protocol for Children's Services is also included as an Appendix. A separate patient consent form for intimate examination (under anaesthetic) by a medical student had also been produced. Mr Semple asked for confirmation that the Liverpool School of Medicine had changed their guidance on intimate examination under anaesthetic as he was not aware of this change. Members agreed that this needed to be checked as a matter of urgency and if there had been a change then the relevant document from Liverpool should be sent to all Clinicians by Professor Wardle and Mr Evans. Ms Fogarty asked for it to be sent to Kathie Grimes as well. Mrs Hopwood asked if the revised policy covered privacy when taking consent and Mrs Millward replied that although this was not always practical for emergency cases that something more specific could be added for elective cases. Finally Mr Higgins asked for Mr Evans to be invited to the January meeting to have a wider discussion around Consent in general.

R Millward

11. Neonatal & Stillbirth Review

Ms Fogarty presented a review of neonatal deaths and stillbirths at the Trust during January to November 2015. It had been recognised that there had been an increase during the period and therefore a panel was set up to independently review all of the cases again on an individual basis to identify any common themes or trends and lessons to be learnt. The Trust had historically had low rates of stillbirths and neonatal deaths when compared to other similar Trusts in the Region. The latest MBACE report also supports this with the Trust's rates being up to 10% lower than the average rates for similar Trusts. All of the cases had had previous multi-disciplinary review in the form of Perinatal Mortality/Morbidity Review, Obstetric Primary/Secondary Review and Level 1 / 2 NPSA Review. The Review Team had also included an external reviewer who had felt that the Trust's review process was extremely robust and open and transparent. The Review had found that although there had been an increase, many related to fetal abnormality or prematurity and that the care given wouldn't have changed. The Report will now be received at the Women & Children's Governance Board where the action plan will be monitored until it is completed. The Actions regarding CTG may not be complete by the review date as CTG Telemetry may not be in place until

2017 due to the procurement process. Mrs Kelly thanked Ms Fogarty and the Team for the report and the assurance it had provided to the Committee.

12. SUI update and other incidents

Overview of ongoing Patient Safety Incident Reviews reported to StEIS 2014/15 as monitored by CCG as at 30th November 2015

Mrs Millward presented an overview of ongoing patient safety incident reviews as at 30th November. A number of those reported to StEIS in 2014/15 remained open due to the timeframes being extended due to the publication of NatSSIPs. The Action Plan for NatSSIPs will be received at the January QSPEC meeting and then at the CCG in February which will then allow the SI Action Plans to be closed.

Overview of ongoing Patient Safety Incident Reviews reported to StEIS: I&S as monitored by CCG as at 30th November 2015

For 2015/16, there were only two new in month – a CDI related death and a grade 3 pressure ulcer due to urinary catheter inserted in the community. This had been discussed at the CCG SI Panel and a joint review will take place with CWP. This had also been reported as a low level safeguarding concern. Again a number of extensions had been requested due to workload and the work required around the NatSSIPs action plan. Mrs Hopwood raised concerns that one of the ongoing reviews dated back to June 2015 (2015/20010 – Grade 3 pressure ulcer), and that there was no date for completion. Mrs Millward replied that the deadline given to the Specialty and Team concerned had been September and they were aware that this was significantly overdue. Mrs Lush agreed to chase this up with the Team.

J Lush

Overview of Patient Safety Incident Reviews – April-August 2015 – Received and noted.

13. CQC – update

Mrs Millward gave a verbal update on the Trust's preparation for its CQC Inspection. Currently collating the second set of evidence requested by the CQC.

14. Sign up to Safety – Quarterly progress report – July-September 2015

Members received an update on the progress of the six Sign up to Safety workstreams during Quarter 2 2015. The unsuccessful bid for incentivized funding has made progress to date a challenge, and alternative sources of funding are being explored to support the work streams. For workstream 5 (improve safety in the requests for radiological investigations), incident data has demonstrated an increase in actual and near-miss incidents. The department is working with IRS to further review the procedures in place and a site visit is expected in December 2015.

15. Aggregated CCI Report April 2015 – September 2015

The aggregated learning from Trust-wide claims, complaints, incidents and Coroner's Inquests for the period April to September 2015 was received. All serious incidents are subject to a formal investigation process and discussed at the weekly Executive Serious Incident Panel. This identifies those incidents which have the potential for further action through the complaints or claims process or through HM Coroner's Inquest. There is regular triangulation of trends and issues of concern highlighted through incidents, claims and complaints processes. Mrs Hopwood asked about the 17 clinical negligence letters of claim where there was only prior knowledge of 4 of these, and for an explanation to be added to explain why this was the cases e.g. not captured on Datix, and explain what actions have been taken.

R Millward

16. Revised Safeguarding Adults Policy – Members approved the revised Safeguarding Adults Policy.

17. Risk Management Strategy & Operational Policy – Members approved the amended Risk Management Strategy and Operational Plan. This had been amended to include current escalation