

QUALITY, SAFETY & PATIENT EXPERIENCE COMMITTEE

Minutes of the meeting held on Monday 14th December 2015 at 12.00pm in the Boardroom

Member		Attendance	Apologies
Mr Andrew Higgins	Non-Executive Director (Chair)	<input checked="" type="checkbox"/>	
Mrs Alison Kelly	Director of Nursing & Quality	<input checked="" type="checkbox"/>	
Mrs Sian Williams	Deputy Director of Nursing & Quality	<input checked="" type="checkbox"/>	
Mr Ian Harvey	Medical Director		<input checked="" type="checkbox"/>
Sir Duncan Nichol	Chairman	<input checked="" type="checkbox"/>	
Dr Elaine McMahon	Non-Executive Director		<input checked="" type="checkbox"/>
Mr Tony Chambers	Chief Executive		<input checked="" type="checkbox"/>
Mrs Rachel Hopwood	Non-Executive Director	<input checked="" type="checkbox"/>	
Dr Chris Green	Director of Pharmacy		<input checked="" type="checkbox"/>
Dr Amer Rehman	Divisional Medical Director – D&PS	<input checked="" type="checkbox"/>	
Mrs Linda Williams	Radiology Manager	<input checked="" type="checkbox"/>	
Mr David Semple	Divisional Medical Director – Planned Care	<input checked="" type="checkbox"/>	
Ms Carmel Healey	Head of Nursing – Planned Care		<input checked="" type="checkbox"/>
Ms Julie Fogarty	Head of Midwifery – Planned Care	<input checked="" type="checkbox"/>	
Dr Martin Sedgwick	Divisional Medical Director – Urgent Care	<input checked="" type="checkbox"/>	
Mrs Karen Rees	Head of Nursing – Urgent Care		<input checked="" type="checkbox"/>
Mrs Alison Swanton	Head of Joint Therapies		<input checked="" type="checkbox"/>
Mr Rob Howorth	Assistant Director of IM&T	<input checked="" type="checkbox"/>	
Mrs Jennie Birch	Deputy Chief Finance Officer		<input checked="" type="checkbox"/>
Mrs Sue Hodgkinson	Director of HR & OD	<input checked="" type="checkbox"/>	
Mrs Ruth Millward	Head of Risk & Patient Safety	<input checked="" type="checkbox"/>	
Mr Michael Spry	Clinical Improvement & Assurance Manager (Clinical Audit)		<input checked="" type="checkbox"/>

In attendance:

Dr Gillian Brearton, Consultant Haematologist/Clinical Lead for Cancer (for agenda item 4)

Helen Thomas, Lead Cancer Nurse (for agenda item 4)

Sioned Brown, Business Performance Manager, Urgent Care (for agenda item 5)

Miss Liz Redmond, Consultant Breast Surgeon (for agenda item 6)

Richard Baird, Divisional Medical Director (for agenda item 7)

Hayley Cooper, Risk & Patient Safety (for agenda item 7)

Jane Lush, Matron, Planned Care (representing Carmel Healey)

Mary Crocombe, PA to Director of Nursing & Quality (Minute taker)

1. Apologies

Apologies were received from Elaine McMahon, Tony Chambers, Ian Harvey, Carmel Healey, Karen Rees, Jennie Birch, Chris Green, Alison Swanton and Michael Spry.

Action

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