

1. Apologies

Apologies were received from Duncan Nichol, Martin Sedgwick, Tony Chambers, Ian Harvey, Sue Hodgkinson, Carmel Healey, Rob Howorth, Alison Swanton and Michael Spry.

2. To receive and approve the minutes of the Quality, Safety & Patient Experience Committee held on 15th June 2015

Mr Semple asked for the minute regarding Planned Care Divisional Assurance on page 3 to be amended to read '**intrapartum still birth**'. Subject to this amendment, the minutes were agreed as a true and accurate record.

3. Matters Arising**Review of Action Log**

Members reviewed the Action Log.

Patient Flow Policy Trust Wide 2015

Mrs Townsend presented the revised Trust-wide Patient Flow Policy (previously the Bed Management Policy). The Policy had been reviewed and revised via a Task & Finish Group including representatives from Planned Care, Urgent Care, Clinical Site Co-ordinators and Infection Control. It now included a number of flow charts for Infection Control processes, identifying outliers, managing 12 hour waits, revision of escalation triggers and opening additional capacity. Members asked for clarification around the Planned Care tracker and gave Mrs Townsend a number of amendments/additions i.e. including GAU hours (9-5). Members asked how this Policy fitted in with the strategic work taking place with the wider health economy. Mrs Townsend explained that this was a more practical guide on what to do on a day-to-day basis, up to the point of reaching 'black' alert and then escalated to our external health economy partners. Mrs Townsend confirmed the Policy had been shared with the Quality Lead for our Commissioners.

Morecombe Bay Kirkup Report – Trust Action Plan

Dr Brearey presented an update on the Trust's response to the Kirkup Report. Original feedback had been given at the April meeting and the report now included an update on actions taken since then. A clinical summit had been held in Warrington on 6th July at which the unanimous consensus was that there was a case for change and neonatal services could not be viewed in isolation from other services, particularly maternity and general/specialty paediatrics. The Trust is well placed strategically to continue and improve its maternity/neonatal/paediatric services, however the current Divisional structure may hinder this. Colleagues continue to work across both Planned and Urgent Care Divisions with two sets of Managers and Matrons, who manage separate finance streams. There is usually no paediatric representation at the Urgent Care Divisional Board. Medical staffing concerns are agenda items but do not include paediatric medical staffing problems. A business case for new Consultant Paediatric posts has been drafted and is currently with the Divisional Director for review. With regards to neonatal nurse staffing, a business case is being drafted by the NNU Manager with a number of options including an Advanced Neonatal Nurse Practitioner role, improved Registered Nurse: Band 4 nurse ratio. Mrs Kelly asked the Division to not only consider what is required locally, but also strategically. Mr Higgins thanked Dr Brearey for his update and asked for a further update on the 'open' items. Mrs Kelly asked for it to be a regular Divisional agenda item in order to have robust conversations, in order to bring an Action Plan with Leads and timescales back to QSPEC in a couple of months.

10. Sign up to Safety – Quarterly Progress Report: April-June 2015

Mrs Millward presented a Q1 progress report on the six Sign up to Safety work streams. Progress has been made, however not all work streams have progressed in line with the initial timeframes and this has been mainly due to the unsuccessful bid for incentivized funding. Alternative sources of funding are being explored, but in the meantime there has been excellent engagement from staff, with over 300 pledges made. To help raise the awareness of patient safety within the organisation, the Trust has launched a video of staff and CCG colleagues explaining what they do to help keep patients safe. During the next quarter will be liaising with HR& OD to develop a safety culture survey for use across the organisation.

11. SUI update and other incidents

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

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Overview of Patient Safety Incidents – September 2014 to March 2015

Mrs Millward presented an overview of ongoing patient safety incident reviews as at 30th June 2015. Those new in month included a stillbirth, 2 failure of follow up arrangements (Dermatology and ENT), and 3 Grade 3 and 2 Grade 4 pressure ulcers. The report of the external review of the Breast Services was still awaited and there were still a significant number of open action plans. The Trust has six months to close these action plans or transfer the risk onto the risk register. I&S

I&S
The final paper presented was a thematic review of patient safety incidents during September 2014-March 2015. During this period there had been 17 Level 2s and 9 Level 1s. The broader themes identified from these map over to the Trust's Sign up to Safety framework.

12. Risk & Patient Safety Annual Report – April 2014 to March 2015

Mrs Millward presented the Risk & Patient Safety Annual Report which updated the Committee on progress during 2014/15 and informed members of the key objectives for 2015/16. The risk objectives for 2014/15 had been RAG rated and all had been achieved or partly achieved. Significant progress had been made across all areas of risk management during the past year including significant investment to progress the Datix system as well as training 22 staff in Root Cause Analysis. For 2015/16 21 objectives had been set including making the Risk Register more robust with action plans and timeframes, and moving Business Continuity plans into Datix.

13. How are we doing?

Safer Staffing - 98.7%

Falls – 3 in July

Pressure Ulcer - Lucy Parry, Matron in Planned Care, will be taking over the corporate Lead for Pressure Ulcers. There had been 1 Grade 4 hospital acquired pressure ulcer in July

Friends & Family Test – 15.5%. May see a dip next month due to a problem with printing the cards from the company who supply them.