

**Women & Children's Care Governance Board**  
**PLANNED & URGENT CARE**  
**18<sup>th</sup> June 2015**  
**2pm Conference room A**  
**Minutes**

Members	Attendance	Representative
<b>Planned Care</b>		
Jim McCormack (JMCC) - Consultant O&G/Risk Lead for Gynae (Chair)	Present	
Sara Brigham (SB) – Consultant O&G/Risk Lead for Obstetrics	Apologies	
Julie Fogarty (JCF) - Maternity Pathway Manager / Head of Midwifery (Deputy Chair)	Present	
Kathie Grimes – CLS Manager/Deputy Head of Midwifery	Present	
Carmel Healey (CH) - Pathway Manager /Head of Nursing Planned Care	Present	
Jo Davies (JD) – Consultant O&G	Present	
Lorraine Dinardo (LD) – Consultant O&G	Apologies	
Geraint Jones – Head of Complaints & PALS	Apologies	
Gwenda Jones – ANC Manager	Apologies	
Jean Fisher – ANC Manager	Apologies	
<b>Urgent Care</b>		
Stephen Brearey (SBr) – Consultant Paediatrician/Lead Clinician for Neonates	Apologies	
Ravi Jayaram (RJ) – Consultant Paediatrician/Lead Clinician for Children's Services	Present	
Ann Martyn – Acting Lead Nurse for Children's Services	Apologies	
Debbie Peacock (DP) – Risk and Patient Safety Lead	Apologies	Nicky Brown
Jane Evans	Apologies	
Caroline Burchett – Paediatric Research	Apologies	
Nicola Kearsley- O&G Research	Apologies	
Habeeb Braimo - BPM	Apologies	
Alison Kelly - Director of Nursing, Quality and Environment	Receives all minutes as Executive Lead	
<b>Meeting Chaired by Julie Fogarty</b>		
Minutes taken by: Anne Mason		

Item	Key points & actions	Owner
1.	<b>Welcome and Apologies</b> Jackie Hughes, Debbie Peacock, Lorraine Dinardo, Steve Brearey, Jane Evans, Ruth Millward, Anne Murphy	
2.	<b>Previous Minutes/Follow up Actions</b> Minutes amended and agreed as an accurate record JH to attend next month's meeting DP to check incidents have been followed up and resolved – next meeting JVR action plan almost complete RJ confirmed Paediatric Infectious diseases guidance received and adjusted. DP to follow up NCEPOD as nothing received in past few months	

Action		
8.	<p><b><u>Obstetric Secondary Review Action Plans</u></b></p> <ul style="list-style-type: none"> <li>• Datix <b>Child A</b> JCF and JMc reviewed 31wk twin death of 1 twin, complex case where mother had <b>Irrelevant &amp; Sensitive</b> – documentation was excellent, multi-disciplinary working was excellent, clear reviews, precise management plans, and excellent escalation from midwifery to medical staff when there were concerns. No issues with any element of care provided. Will be subject to Neonatal review and will be discussed at Perinatal mortality review meeting. Appropriate Obstetrically and well managed case.</li> <li>• Datix <b>I&amp;S</b> JF, KG and SB completed OSR for still birth in labour– from that recommendations have been made – currently awaiting commission of level 2 investigation as above</li> </ul>	
Action		
9.	<p><b><u>Systems Reviews/Other Action Plans</u></b></p> <ul style="list-style-type: none"> <li>• Anti D action plan – audit action plan – updated and complete</li> <li>• Action Plan CQC Outlier Puerperal Sepsis – final action plan received and all actions now embedded in practice. KG informs there will be 10 sets of notes audited per month and codes checked – this will be an ongoing process. Will be revisited on RHD as an update.</li> </ul>	
Action		
10.	<p><b><u>Claims and Complaints/ PALS</u></b></p> <ul style="list-style-type: none"> <li>• Not due – reports to be quarterly.</li> </ul>	
Action		
11.	<p><b><u>Audit</u></b></p> <ul style="list-style-type: none"> <li>• None</li> </ul>	
Action		
12.	<p><b><u>NICE Guidelines</u></b></p> <ul style="list-style-type: none"> <li>• None</li> </ul>	
Action		
13.	<p><b><u>NCEPOD</u></b>  New Received – None  Ongoing – None  Closed – None</p>	
Action	<b>DP to follow up as none received in the past few months</b>	<b>DP</b>
14.	<p><b><u>W&amp;C Safety &amp; Quality</u></b></p> <ul style="list-style-type: none"> <li>• JD provided update – summary from May meeting as June’s meeting cancelled. Main focus of the group being the quality and Care Metrics. How we learn from complaints, claims and incidents. Aggregated report is very useful clinically but needs to be more specific to Women &amp; Children’s and include more detailed clinical learning.</li> <li>• The quarterly incident trend analysis report provides notification of near misses and trends in no/low</li> </ul>	