

Chairpersons Report

Chairpersons Name	Tony Warne		
Committee Name	Q&S Committee		
Date of Meeting	12.04.17		
Name of Receiving Committee	Trust Board		
Date of Receiving Committee meeting	April 2017		
Strategic Items for referral to Trust Board	There were no items for escalation but the Committee noted the strategic issues raised in relation to emergency laparotomy patients.		
Items for escalation?	Yes	No x	If yes, to which Committee

Please detail up to 3 key successes or achievements discussed at the meeting

1. The overall positive outcome of the CCG unannounced visit to the Taylor Unit
2. The progress made with the establishment of the Mortality Working Group
3. The identification and escalation of the pipeline risk around documentation

Details of the top three risks identified during the course of the meeting and initials of primary member of staff actioning

1. The risk identified around documentation and CQC compliance
2. Mortality data

Attendance at the meeting (please highlight):	Excellent (well attended) Yes	Acceptable (some apologies)	Unacceptable (quorate)	Unacceptable (not quorate)
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Was the agenda fit for purpose and reflective of the Committees terms of reference?	Yes
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Narrative report of the key issues of the meeting

There was an excellent presentation that whilst focussing on emergency laparotomy foregrounded a number of issues of importance in the ever increasingly turbulent operating environment. These included issues around HT and securing future medical staff training; transport issues; community care/acute sector relationship; and clinical decision making and heroic interventions. As GM health provision moves to greater specialisation these are all issues requiring informed discussion and challenge.

A well evidenced report from the Quality Champions initiative was received. However the example showcased perhaps belied a slow-down in the levels of cross trust / cross discipline engagement. Medical staff in particular were under represented in this work. Andrew Foster and colleagues to consider a re-launch of this excellent initiative perhaps to include projects that reflected the changing nature of health care provision.

There were two reports of unannounced visits by the CQC and CCG – both independently highlighted that at times our attention to record keeping was not where it should be – there was an emergent issues around ensuring that as systems move across to HIS that checks are made that the system fully replaces the paper system.

It was agreed that the proposed internal 'CQC' visit planned for June should go ahead and it should focus on all the areas of compliance required in the previous and expected reports from CCG and CQC.

Key outcomes from the reports taken at the meeting

The revised BAF was a much improved and more useful assurance tool – discussion to be moved to the latter part of the Q&S meeting.

Safe-Guarding processes might still be improved and an external review has been commissioned.

Audit programme – impressive range of clinical audits agreed

Chairman: Robert Armstrong

Chief Executive: Andrew Foster CBE

Mortality Group – ToR agreed and first meeting to report back at next Q&S
 StEIS Report – noted that there had been an actual increase within the year 32 incidents from 22 in previous period –despite this very disappointing up-turn, there were no issues of concern raised over the possible causes. Linked to this were two cases reported in recent Coroner’s Inquests where the Coroner’s decision on the deaths had been shaped by the action plans described by WWL staff in response to the incidents, and showed the importance of perpetration and support of staff who may be called to provide evidence.

Agreed actions from the meeting	Name of primary lead for the actions
M Fleming to look at the operational issues raised in relation to the care of emergency laparotomy patients for report back to the Committee	M Fleming
C Alexander to review the quorum definition for Q&S to build in flexibility in relation to MD / DoN attendance	C Alexander
The BAF scoring item to be moved to the end of the agenda	L Hancock
D Pullen to complete the arrangements for an internal inspection in line with the Committee comments	D Pullen
C Alexander to consider aligning the CCG evidence template to the Q&S work plan	C Alexander
P Law / A Edis to consider the potential for NW collaboration in relation to the new Supervision of Midwives model	P Law / A Edis
A risk assessment to be undertaken around the gaps identified in the implementation of the new Supervision of Midwives model	S Orchard
C Alexander to include improvement of the benchmark position on the ToR	C Alexander
The group to consider the invitation of external parties to the meetings	C Alexander
R Mundon to raise awareness of the group at the Healthier Wigan Partnership Board meeting	R Mundon
An update on the inconsistencies between SSNAP published data and the Trusts stroke data to be provided at the next meeting	A Edis

**MINUTES OF A MEETING OF THE QUALITY AND SAFETY COMMITTEE HELD
ON WEDNESDAY 12th APRIL 2017 AT 9.30AM AT TRUST HEADQUARTERS**

PRESENT	2017										
	11 01	08 02	08 03	12 04	10 05	14 06	12 07	13 09	11 10	08 11	13 12
Andrew Foster, CEO	APOLS	√	APOLS	√							
Dr Sanjay Arya, Interim MD	√	√	√	APOLS A Abbasi							
Christine Parker Stubbs, NED	√	√	√	√							
Prof Tony Warne, NED (Chair)	√	√	√	√							
Robert Armstrong, Chairman	√	√	√	APOLS							
Richard Mundon, Director of Strategy	√	√	√	√							
Alison Balson, Workforce Director	√	√	√	APOLS VMcManus							
Jon Lloyd, NED	√	APOLS	√	√							
Mary Fleming, DOP	√	APOLS	APOLS D Evans	√							
Rob Forster, DoF	√	√	√	APOLS G Edwards							
Pauline Law, DON	√	APOLS A Edis	√	APOLS A Edis							
IN ATTENDANCE											
Gillian Edwards, Associate DoF	√	√	√	√							
Lynda Hancock, Minutes	√	√	√	√							
David Evans, Associate Director of E&F	√	APOLS SC	√	√							
Stephen Dobson, Head of IM&T	APOLS	-	-	-							
Tracy Joynson, Governance Lead Surgery	APOLS	√	APOLS	-							
Gill Smith, Governance Lead SS	√	√	√	√							
Lesley Boyd, Governance Lead Medicine	√	√	√	√							
Claire Alexander, Associate Director of Governance and Assurance	√	√	APOLS	√							
Linda Sykes, Governor	√	√	√	√							
Deborah Pullen, Compliance Lead	√	√	√	√							
Head of Nursing (on rotation)	JP/AB	D Lee	JP	SO							
Cathy Stanford, Governance Lead for Maternity & Child Health	APOLS	√	√	√							
Allison Edis, Deputy Director of Nursing	√	√	√	√							
Martin Farrier, Associate Medical Director	√	-	-	-							
Pam Green, IM&T	-	APOLS MS	√	APOLS MS							

In attendance: Dr Sean McAfee – Consultant Anaesthetist, Mr Marius Paraoan – Consultant General and Colorectal Surgeon

1. PRESENTATION: CARE OF EMERGENCY LAPAROTOMY PATIENTS

Dr S McAfee and Mr M Paraoan were in attendance to give a presentation to the Committee on the care of emergency laparotomy patients.

This was a very high risk group of surgical patients and WWL mortality rates were currently higher than average. WWL undertake around 10-15 laparotomy cases per month with most of these cases performed on patients between the age of 70-79. These patients were generally very sick with a high chance of mortality and the team at WWL were seeking to make improvements in the care for such patients.

It was felt that there needed to be greater awareness and education across the pathway, starting in the community. Early intervention in acute abdominal cases was crucial. It was noted that the service would eventually be centralised at Salford but in the meantime steps needed to be made to improve the service. It was further noted that, even when the service was centralised, there would still be patients attending WWL that would require some form of intervention / management before transfer.

T Warne thanked both for their presentation and invited questions from the Committee.

M Fleming noted that she was often informed of delayed responses from the anaesthetic and surgical teams when requested by A&E. She queried whether it would be possible to build flags into the HIS system to help identify acute abdominal patients in a more timely way. She also queried whether the delays associated with getting patients to Salford would offset the delays experienced by patients at WWL currently. S McAfee agreed that there were often delays seeing patients in A&E and this was due to staffing issues. He noted that if the Consultant Surgeon and Consultant Anaesthetist were in theatre there could be delays. This would only be remedied by separate provision for this.

A Abbasi thanked both for a great presentation. He queried whether the team had looked at what WWL's neighbouring Trusts were doing to perform better. S McAfee advised that he didn't know what was being done differently but he did believe that WWL needed to have the right staff in place to identify sick patients and to insist on a senior review. M Paraoan also noted that there was a possibility that the data could be skewed and that the data only compared outcomes rather than processes. M Fleming advised that she would take away an action to look at the resourcing around the emergency theatres. She also noted the need to make patient flags a priority for the HIS team once the system was live in A&E.

C Parker Stubbs noted that WWL was not performing as well on patients in the older age category and wondered whether WWL was operating on patients that were too high risk. S McAfee noted that there were some very difficult decisions associated with this surgery and these were decisions that could only be made by the multi-disciplinary team in conjunction with the patient and family.

A Foster noted that there were two sets of issues connected with this. There were operational matters which WWL could resolve and which M Fleming had agreed to take forward. There were also strategic issues around Healthier Together. He noted that the data presented supported the case for centralisation but queried whether the delay from transferring patients to Salford would outweigh the delay in care at WWL. S McAfee noted that it was possible that care from a centralised service could be better but also felt that it was possible to significantly improve care at WWL without moving the service.

R Mundon advised that it was likely that patients would not begin to be transferred until at least January 2020. This was a considerable distance away and it would be important for WWL to continue to drive forward improvements in the meantime. He also noted that, even after this point, there would be patients arriving at WWL requiring emergency

interventions whilst waiting for transfer. It would be important to have pathways and processes developed for this.

M Singleton agreed that it would be important to have flags for this as a priority for incorporating into the HIS system. It would also be necessary in the future to look at how the systems of WWL and Salford could interact to provide a single patient record for clinicians.

M Paraoan advised that it would be possible to improve the position at WWL but a multi-disciplinary team approach was needed; it would not be possible for the surgical team to improve this alone.

T Warne thanked both for an excellent presentation and discussion which had certainly raised awareness amongst the Committee members. M Fleming had agreed to lead on the operational issues raised and the Committee would look forward to an update in due course.

ACTION: M Fleming to look at the operational issues raised in relation to the care of emergency laparotomy patients for report back to the Committee

2. COMMITTEE CHAIR'S OPENING REMARKS

T Warne noted that the airline industry was often pointed towards as an exemplar of quality and safety but the recently publicised incident on United Airlines demonstrated that, even with the best systems in place, human behaviours could still have a negative impact.

T Warne noted that, by the strict definition of quorum on the Committee ToR, the meeting was not officially quorum. The ToR called for either the Medical Director or Director of Nursing to be present. However, he noted that both the Medical Director and Director of Nursing had excellent representation at the meeting and he was satisfied that this would be more than adequate to conduct the meeting. C Alexander would review the ToR to enable more flexibility around the definition of quorum.

ACTION: C Alexander to review the quorum definition for Q&S to build in flexibility in relation to MD / DoN attendance

3. APOLOGIES

As noted in the table above.

4. DECLARATION OF INTERESTS

There were no interests declared.

5. MINUTES OF THE Q&S COMMITTEE MEETING 08.03.17

The minutes were agreed to be an accurate record.

6. MATTERS ARISING

a. Action log from 08.03.17

Action updates were received and noted.

b. Work plan 2017/18

The work plan was received and noted.

c. CQC Fundamental Standards plan

The plan was received and noted. The timings of the reports were reflected on the work plan.

d. Committee Effectiveness report

The Committee Effectiveness report was received and noted and would now go to Audit Committee for review.

T Warne reflected that the tone of the meeting had changed over the recent years and had become more inclusive. He gave credit for this to all those involved in the meetings and those producing reports.

7. BAF SCORING

To deliver safe, high quality, effective, evidence-based patient care

C Alexander noted that this was the new format BAF and the new objective for Q&S monitoring over the next year. S Arya and P Law had identified 3 key risks to the delivery of the objective and these would be scored by the Committee going forward.

Failure to achieve an improved benchmarked position for mortality

A Foster advised that the latest official data for HSMR was from December but he was aware from internal work that there had been a high level of mortality for the past 9 months. The increased pressures on unscheduled care had contributed significantly to this along with the increased morbidity of patients and the delays in the transfers to care homes. Internal work continued including the creation of a mortality group which would begin to meet in June.

Given the high mortality rates, the Committee agreed to retain the opening score proposed of 25.

Failure to achieve infection control trajectories

The Committee noted that the pressures on the hospital system were also impacting on the infection rates.

A Edis noted that the Trust would be required to capture much more data this year. There had been a reduction in resources for community infection control so this would increase the burden on the Trust in terms of monitoring and surveillance. There had been a case of CDT already this month and a further potential case that was being investigated. The increased acuity and dependency of patients was making them more susceptible to infection. The Trust would need to focus on maintaining its internal standards.

Given the issues raised in relation to infection control, the Committee agreed to retain the opening score proposed of 20.

Failure to reduce clinical variation and drug costs by 10%

This risk needed further development and would be completed when S Arya returned from leave. The Committee did not score on this occasion.

A Abbasi noted, however, that work had commenced on clinical variation with 4 specialties selected for review.

It was agreed for future meetings to move this item to the end of the agenda.

ACTION: The BAF scoring item to be moved to the end of the agenda

8. RISK ESCALATIONS FROM REMC AND RISK TRACKER

The risk tracker was received and noted.

R Mundon advised that a risk would be escalated next month around the biochemistry and pathology service; there was an issue around the number of biochemists available.

He further noted that REMC had been working to identify pipeline risks and one such risk around documentation had been formally escalated to Q&S this month as it was felt to be an emerging issue.

C Parker Stubbs noted the financial risk around achieving the forecast position for 16/17 and queried whether this had now been removed. R Mundon agreed that this was no longer a risk and would be formally removed at the next REMC.

C Parker Stubbs also noted the risk around missing syringe drivers and queried whether this was something that the Committee needed to be concerned about. D Evans advised that this risk had been around a syringe driver that had gone home with a patient and had then been utilised in the community without being appropriately maintained. It had since been returned to the Trust and been part of a serious incident. Work was being undertaken with community partners to reduce the risks around this in the future.

a. Risk escalation from REMC re: documentation

D Pullen advised that this had been escalated to the Committee as a pipeline risk. She noted that the CQC had expressed concerns at recent engagement meetings around documentation issues at the Trust which were deemed to be above those seen at other providers. More recently, the CQC inspection in March had identified issues around PEWs and Safeguarding proforma documentation. The risk had not been fully considered by REMC but it had been felt important to escalate this meanwhile.

T Warne was concerned at the potentially vulnerable position that individual professionals could be in due to documentation issues. It was essential to have the correct documentation in case of serious incident. He was also concerned at the apparent gap between the move from paper to the HIS system and wondered whether a retrospective review was possible to fill in the gaps.

R Mundon advised that this was a very new risk that required proper assessment. REMC had been concerned by this and felt it needed to be shared. In depth discussions would take place at the next REMC meeting.

A Edis wanted to provide some assurance to the Committee that issues had been picked up immediately when identified and actions put in place. In terms of patient care plans, there was now over 90% compliance and the standard of commentary on HIS had been flagged by P Law and S Arya to relevant staff. The HIS team and the quality nursing team were looking at the necessary actions to cover the risks.

A Foster noted that much of the risk was around human behaviour and queried what was being done around compliance. A Edis agreed and noted that, whilst the aim was for a fair culture, it was important that repeated poor behaviours were addressed. She noted that this was about individual professional accountability and issues would be escalated and managed as appropriate.

D Pullen felt it important to note that CQC concerns around documentation had been raised prior to the HIS implementation.

T Warne thanked R Mundon and D Pullen for the early warning around this risk and the Committee would look forward to a further report in due course.

b. STEIS report / serious incidents in month

D Pullen reported that there had been 3 incidents reported to STEIS in March. In the course of 16/17 there had been 32 STEIS reportable incidents compared to 22 in the previous year.

D Pullen noted that there had been a reporting breach in relation to STEIS 2017/885. This was disappointing but had been due to the clinical commitments of the lead investigator. Lessons had been taken from this in terms of the feasibility of appointing clinicians to lead investigations given their clinical duties.

c. STEIS 2016/33079 and CQC letter of intent update

C Alexander provided an update to the Committee on the STEIS incident involving the death of a child following admission to PEC. The report and action plan were almost completed. An external view had been sought from Bolton which had been helpful. Whilst learning would be taken from the incident, there had been no particular clinical issues raised. A meeting to discuss the incident with the CQC would be taking place on the 5th May and the inquest was scheduled for the 11th August.

9. CQC AND CCG UNANNOUNCED INSPECTIONS

CQC

D Pullen provided the Committee with an update from the CQC visit that had taken place on the 17th March. Whilst some issues had been raised around PEWs and Safeguarding proforma documentation, there had been recognition of the significant progress that had been made on Rainbow Ward. The staff response to the visit had also been very positive. The team were working on several information requests from the visit.

D Pullen asked for guidance with regard to the Trusts own internal inspection. She queried whether, in light of the CQC visit, the Committee would like the inspection to look at other areas.

The Committee were in agreement that the visit should proceed as originally proposed with an external view. It would be important to work with staff and departments to support them in getting the correct processes and paperwork in place.

CCG

C Alexander advised that there had been an unannounced visit from the CCG to Taylor Unit. This had been to determine the views of the patients, relatives and staff on the unit. On the whole, the visit had been positive with nothing of surprise picked up.

The Committee were pleased to note that the CCG had been quite complimentary of aspects of the service.

ACTION: D Pullen to complete the arrangements for an internal inspection in line with the Committee comments

10. DEEP DIVE OF COMMITTEE MINUTES

a. Quality, Safety and Safeguarding Committee

C Alexander advised that this was a joint meeting with the CCG which was attended by P Law, A Edis, D Pullen, C Alexander and other key members of Trust staff as required. This had previously been held every other month but was now moving to a quarterly schedule. The CCG were also changing their approach in that WWL would have a detailed evidence template to complete as part of this and also an annual validation day. A lot of information was discussed at the meetings but there was significant focus on safeguarding, mortality, coroner's reports and PFDs and end of life care.

T Warne asked for an update on the progress of safeguarding training compliance. A Edis was not aware of the latest figures but noted that she had commissioned an external review of the safeguarding services that would take place later this month. This would consider the working of the teams, the efficiencies that could be made and how resilience could be added.

L Sykes expressed her concerns with regards to the minutes and the action plan. She felt that the minutes did not summarise the discussions well and that some actions had not been drawn out adequately.

T Warne noted that it would be important to look at the CCG evidence template and ensure this was aligned with the Committee work plan. C Alexander would consider this.

ACTION: C Alexander to consider aligning the CCG evidence template to the Q&S work plan

11. CORPORATE CLINICAL AUDIT PROGRAMME

The Committee received and noted the report for information. The paper provided the programme as it currently stood; there were some gaps still to be finalised. It was noted that there was one clinical audit that the Trust was not currently compliant with. This was around inflammatory bowel disease and was due to insufficient resource to collect the data. It was hoped that this issue could be resolved.

12. SUPERVISION OF MIDWIVES UPDATE

S Orchard, the newly appointed Head of Midwifery, was in attendance to provide an update to the Committee in relation to the supervision of midwives. In response to the Kings Fund and Kirkup reports, there had been a recommendation to cease the statutory function of the Midwives Supervisor. This had stopped on the 31st March 2017 but there had been minimal guidance on the way forward and how the new model should be adopted. As a result, there was a gap and it had been agreed by P Law that the current supervisors would continue in place of the next 6 months whilst arrangements were made. Further update would be provided when available.

J Lloyd queried whether there were any concerns around safety during this interim period. S Orchard advised that the team felt assured that safety wouldn't be compromised; the gaps were more around the governance structure and investigations.

R Mundon was concerned at the potential risk around resourcing for this and felt that a proper risk assessment needed to be carried out. He felt it would also be useful to look at what other local Trusts were doing and whether there was potential for NW collaboration.

ACTION: P Law / A Edis to consider the potential for NW collaboration in relation to the new Supervision of Midwives model

A risk assessment to be undertaken around the gaps identified in the implementation of the new Supervision of Midwives model

13. UPDATE / TOR FROM THE MORTALITY WORKING GROUP

C Alexander presented the ToR for the Mortality Working Group to the Committee for information. The first meeting would take place in June and the group would meet monthly with a review in 6 months' time. She noted that consideration was being given to undertaking a peer review of the Trusts mortality arrangements. A self-assessment against the requirements of the National Mortality Review Programme led by the Royal College of Physicians would also be undertaken and reported back to the next meeting. The group would be crucial to the delivery of the mortality work. The group would report into the Q&S Committee via chairs reports and the quarterly mortality reports.

M Fleming asked that something around improving the benchmark position was added to the ToR. C Alexander would include this.

R Mundon queried whether this also looked at SHMI and suggested that the membership was looked at to include people that could inform the group on this. C Alexander advised that the group had considered opening the group up to other partners and would need to agree at the first meeting how to do this effectively. R Mundon advised that he would raise awareness of the group at the Healthier Wigan Partnership Board meeting.

ACTION: C Alexander to include improvement of the benchmark position on the ToR

The group to consider the invitation of external parties to the meetings

R Mundon to raise awareness of the group at the Healthier Wigan Partnership Board meeting

14. CQC FUNDAMENTAL STANDARDS REPORT

a. Good Governance

C Alexander noted that this was a wide ranging fundamental standard. Two areas of partial compliance had been identified and linked to existing action plans; these were around documentation as discussed earlier in the meeting and improvement plans for complaints. C Alexander further noted that the CQC had the power to prosecute Trusts for not responding in a timely manner to their requests. C Alexander noted that WWL complied with timescales given by the CQC.

15. QUALITY CHAMPIONS REPORT

The report was received and noted. A Foster advised that there was a lot to celebrate in relation to the Quality Champion work but he was concerned that there seemed to be a falling off of interest from senior management. The Quality Improvement team were

looking to re-launch the programme and to re-engage support to ensure the initiatives continued success.

The Committee noted their full support of this course of action and agreed that it was a very valuable initiative.

16. RECENT INQUESTS WITH CONCLUSIONS OF NEGLIGENCE OR NEGLECT

C Alexander advised that she had felt it pertinent for the Committee to receive information and action plans in relation to two cases which the Coroner had concluded were contributed to by negligence or neglect on the part of the Trust. These had been very serious cases and she wanted to provide assurance to the Committee that action was being taken. A PFD was not given in these cases due to the Trusts recognition of the issues and the action being taken.

T Warne was pleased to note the comprehensive actions being taken and queried whether proper preparation had helped with WWL staff called to the inquest. C Alexander noted that preparation in the lead up had helped and already having the action plan in place had helped significantly. This was practice that needed to be in place for all inquests.

17. ITEMS RECEIVED BY THE COMMITTEE FOR INFORMATION

The Committee received and noted the chairs reports of reporting meetings.

18. STRATEGIC ISSUES FOR REPORT

There were no items for escalation but the Committee noted the strategic issues raised in relation to emergency laparotomy patients.

19. ANY OTHER BUSINESS

The Committee noted that data that had been released by the Sentinel Stroke National Audit Programme (SSNAP) was not in accordance with the Trusts understanding of its stroke performance. This was being reviewed by the Stroke team and an update on this would be brought back to the Q&S meeting in May.

ACTION: **An update on the inconsistencies between SSNAP published data and the Trusts stroke data to be provided at the next meeting**

20. KEY SUCCESSES / RISKS

Key successes were agreed to be:

- The overall positive outcome of the CCG unannounced visit to the Taylor Unit
- The progress made with the establishment of the Mortality Working Group
- The identification and escalation of the pipeline risk around documentation

Key risks were agreed to be:

- The risk identified around documentation and CQC compliance
- Mortality data

21. COMMITTEE EFFECTIVENESS FEEDBACK

T Warne thanked all for their contributions to an excellent meeting.

22. DATE AND TIME OF NEXT MEETING

This was noted to be on the 10th May 2017, 9.30am, THQ Boardroom.