

Chairpersons Report

Chairpersons Name	Tony Warne		
Committee Name	Q&S Committee		
Date of Meeting	08.02.17		
Name of Receiving Committee	Trust Board		
Date of Receiving Committee meeting	February 2017		
Strategic Items for referral to Trust Board	None		
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 CREWS presentation
2. The emerging understanding around the causes for the increase in mortality
3. The scope of REMC
4. CQC and the proactive action being taken around the changes in inspection regime
5. The report and work being undertaken around sharps injuries
6. Always Events report

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

1.	The increasing mortality levels and the need for actions to be taken	CA
2.	REMC – how risks that don't come via the formal process could be recognised	RM

Attendance at the meeting (please highlight):	Excellent (well attended) X	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

The CREWS presentation provided a glimpse into a possible future of data supported decision making, performance monitoring and operational planning – it also provoked a great deal of discussion over the compatibility of systems and how these needed to be managed in order to reduce confusion, focus training and ensure data analytics became part of business as usual. However, it was great to see a 'home grown' innovation of such quality and foresight. The potential was huge and more work was required to scope out the pilot and roll out of the system.

Once again the mortality data was at the centre of much debate – the committee's discussion usefully moved the focus to action and understand what we were doing in addressing the issues. A mortality Group is to be convened and will report back to Q&S in due course.

In a packed meeting with some high quality reports being presented, two other areas should be noted – the REMC deep dive provided much information on activity and the scale and pace of this committees work was fully acknowledged. Arising from the discussion was a sense that Q&S might benefit from more fully understanding the processes involved – evidence gathering, decision making, prioritisation, identification and so on of potential risk issues. The second call out was a verbal report on a recent Leadership Walkabout to the CDW. Christine Parker Stubbs (NED) noted that CDW was increasingly not being used as original intended and set up to do; there was a great team evident, but at times the demands resulted in struggles in delivering the quality of service; and staff wanted to be more involved in the change processes that were impacting upon the service provided. It was agreed that these issues be followed up outside of the Q&S meeting.

Chairman: Robert Armstrong

Chief Executive: Andrew Foster CBE

Key outcomes from the reports taken at the meeting

Always Events Report – continue to move in the right direction, including Night time Always Events
 Sharps Up-date – more detail was provided as to performance in this area. It was noted there was still some compliancy to be seen; new technology and techniques not being used and that at time those injured were injured through the actions of a third party (inappropriate disposal techniques). Resolved to adopt a ‘name and train’ approach and to report back in the Spring.
 National Safety Standard (Invasive Procedures) – noted that significant progress has been made in implementation of the standards, particularly in Theatres and Radiology.
 CQC Regulation – Consultation – WWL to use CQC Assure and CREWS data to inform a response.

Agreed actions from the meeting	Name of primary lead for the actions
P Law / S Arya to convene a working group to consider mortality and the actions to be taken with an update on progress back to the Committee in April	P Law / S Arya
A peer review from another, similar, better performing organisation to be arranged	P Law / S Arya
R Mundon would give consideration to the concerns raised by the Q&S Committee and report back to the next meeting on a way to address these	R Mundon
C Alexander to provide a progress update on NATSSIPS to the June meeting	C Alexander

**MINUTES OF A MEETING OF THE QUALITY AND SAFETY COMMITTEE HELD
ON WEDNESDAY 8th FEBRUARY 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	√									
Dr Sanjay Arya, Interim MD	√	√									
Christine Parker Stubbs, NED	√	√									
Prof Tony Warne, NED (Chair)	√	√									
Robert Armstrong, Chairman	√	√									
Richard Mundon, Director of Strategy	√	√									
Alison Balson, Workforce Director	√	√									
Jon Lloyd, NED	√	APOLS									
Mary Fleming, DOP	√	APOLS									
Rob Forster, DoF	√	√									
Pauline Law, DON	√	APOLS									
IN ATTENDANCE											
Gillian Edwards, Associate DoF	√	√									
Lynda Hancock, Minutes	√	√									
David Evans, Associate Director of E&F	√	APOLS S Clancy									
Stephen Dobson, Head of IM&T	APOLS	-									
Tracy Joynton, Governance Lead Surgery	APOLS	√									
Gill Smith, Governance Lead SS	√	√									
Lesley Boyd, Governance Lead Medicine	√	√									
Claire Alexander, Associate Director of Governance and Assurance	√	√									
Linda Sykes, Governor	√	√									
Deborah Pullen, Compliance Lead	√	√									
Head of Nursing (on rotation)	JP /AB	D Lee									
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									

In attendance: L Atherton (Health & Safety Manager), A Cheesman (Head of Professional Practice) and S Curran DDOP Surgery

1. 'CREWS' QUALITY AND PERFORMANCE FRAMEWORK PRESENTATION

A Cheesman and M Singleton were in attendance to present this to the Committee. A Cheesman advised that this was part of P Law's vision to create a ward accreditation scheme to be in place from the new financial year.

The first part of this was the development of a ward app which would give wards / departments a real time holistic view of quality and performance. This information would be available by way of a large touchscreen. It was noted that the wards currently had whiteboards but these were not always up to date and did not necessarily tell the full story.

The idea around this had been pitched at a Dragons Den session but had not received funding at the time. Since then the Trust had been using data more and more with touchscreens introduced in A&E and theatres enabling the access to live data. Giving access to real time data was invaluable and it was felt that the next logical step would be to provide this to wards. The next part of the journey would be to also start to pull together and triangulate information from CQC, Health Assure and Leadership Walkabouts to form a more complete picture. A demonstration of the ward app was given to the Committee.

The next step would be for a pilot on one ward per Division from March / April for feedback. A full scale plan would be drawn up dependant on this.

T Warne thanked both for an excellent presentation and invited questions from those present.

C Parker Stubbs thanked both for an excellent and informative presentation. She noted that there was a lot of effort involved in producing such an app and felt this was a great base to start from. She was concerned that this might potentially be an added burden for staff that were already busy and wondered whether it would be possible for the app to flag to staff the important things that needed immediate consideration. M Singleton agreed that, with an increasing amount of information for staff to monitor, the time was approaching for a move to reporting by exception. This was not currently possible with the ward app as standards, trajectories and targets needed to be agreed first. A Cheesman noted that there would need to be a cultural change driven by the leaders of the organisation.

A Edis noted that part of the overall vision was to look at the current utilisation of the Quality Matrons and to potentially assign one to look at the information from this app to assist the Divisions and Ward Managers. She also noted the need to pick up 'Sign up to Safety' as part of this.

A Foster thought that the app was excellent and needed to be pursued but he wondered whether it was the best use of resources to put electronic boards on wards when the information could be accessed via a computer. M Singleton advised that the boards wouldn't be specific to the app and could be used for other purposes just as a PC could.

R Forster thought that the concept was great but felt that, at this stage, there was not enough ward specific information and a danger of information overload. He felt it would be more useful to provide a condensed amount of key information. He also felt that the information should mirror the Board report so that there was a consistent view between ward and Board.

C Alexander felt that the app had great potential but was in a very early stage. She queried whether support could be offered from the PMO around this. She noted that it was more than a nursing and governance app.

S Arya felt that the app was fantastic and a step in the right direction. He fully supported this moving to a pilot.

R Armstrong noted his support. He felt it would be important to prioritise requirements for the app based on the available resource. He wondered if there were opportunities to work with partners.

A Balson felt the opportunities around the app were endless but she cautioned that there would need to be a clear purpose for its use and that there would need to be engagement of the staff.

T Warne thanked A Cheesman and M Singleton for a very successful presentation that had produced a good level of challenge and discussion. He felt that both had demonstrated the behaviours and values of the Trust well. He felt the app offered an exciting opportunity for the Trust but consideration needed to be given to the various steps in development. He would speak to M Singleton separately about the possibility of academic input into the app.

2. COMMITTEE CHAIR'S OPENING REMARKS

T Warne welcomed all to the meeting. He noted that P Law would be absent from the meeting due to the birth of her grandchild and offered best wishes and congratulations on behalf of the Committee. He further shared his recent family experiences of Orthopaedic treatment in various parts of the country.

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 11.01.17

The minutes were agreed to be an accurate record.

6. MATTERS ARISING

a. Action log from 11.01.17

Action updates were received and noted.

b. Work plan 2016/17

The work plan was received and noted.

7. BAF SCORING

Achieve HSMR of no more than 87 / SHMI of no more than 100

A Foster noted that, as anticipated, HSMR data for the Trust continued to be poor. There was a current average of 35-40 patient deaths per week which was a significant increase on previous numbers. The majority of these patients had been brought into the

hospital to die but, nonetheless, A Foster felt there was a need for the Trust to scrutinise itself and to put actions in place to address this trend. He didn't believe that the BAF scorings should increase at this stage but acknowledged that this was a serious issue for the Trust.

R Armstrong felt that action needed to be taken to address these issues. He felt it would be important to take learning from other organisations that were achieving below 100 in the same circumstances as WWL.

C Alexander suggested the establishment of a focus group to specifically look at the actions to be taken.

The idea of a focus group on mortality was supported by the Committee. S Arya advised that he and P Law would work together to put this in place. It was suggested that representatives from partner organisations should be included on the group.

A Balson further suggested that a peer review by a similar organisation with a similar demographic would be useful. This was also supported by the Committee.

The Committee agreed with the recommendation to retain the scores whilst acknowledging the significant issues around mortality.

ACTION: P Law / S Arya to convene a working group to consider mortality and the actions to be taken with an update on progress back to the Committee in April

A peer review from another, similar, better performing organisation to be arranged

8. MORTALITY Q3 UPDATE

C Alexander noted that this report was brought to the Committee every quarter and provided a summary of activity being undertaken around mortality. In Q3, 5 deaths had been recorded on the StEIS system which was the highest number since the start of these reports. 2 of the deaths had been investigated and there had been some concerns raised; these would soon be subject to inquest. She noted the launch of the National Mortality Review Programme in 2016. This was in the early stages and consideration was being given as to how the requirements could be implemented.

T Warne felt that there was an opportunity for the new mortality working group to look at the preparations around this. S Arya agreed that a standardised way of reviewing mortality across the Trust was required and could be considered as part of the work of the group.

9. RISK ESCALATIONS FROM REMC AND RISK TRACKER

The risk tracker was received and noted.

a. HIS NURSING RISK ASSESSMENT ESCALATION

C Alexander advised that this had been sat on the risk register at a score of 20 for a period of 3 months. The risk was around difficulties of nurses completing accurate risk assessments on HIS. Actions had been taken and a proposal would be made at the next REMC to reduce the risk score.

T Warne thanked C Alexander for the update and noted that it would be useful for the Committee to see examples of how the risk had been managed.

b. **StEIS REPORT / SERIOUS INCIDENTS IN MONTH**

The StEIS report was received and noted. D Pullen advised that no further incidents had been added since the last meeting.

c. **STEIS 2016-33079 AND CQC LETTER OF INTENT UPDATE**

C Alexander provided an update to the Committee around this incident which was in relation to issues in PECC and the death of a child. She advised that she would be meeting with the lead investigator that afternoon and support had been arranged from Bolton. An update would be provided to the CQC at the engagement meeting later in the week.

10. PFD UPDATE

C Alexander provided the Committee with an update around the PFD that had been received due to concerns in relation to communication between specialties. The PFD had recommended the review of policies and procedures. A response had been returned to the Coroner and excellent support had been provided from clinicians. It was noted that there had not been an impact on the care of the patient concerned but it was acknowledged that communications between clinicians could be challenging. A guidance note had been prepared in relation to shared care and this would be circulated throughout the Trust to remind clinicians of their responsibilities.

11. COMMITTEE MINUTES DEEP DIVE: REMC

R Mundon advised that the meetings took place monthly and were well attended. All Divisions were represented and full discussions took place around the risks on the corporate risk register. Scores were interrogated fully and escalated if there was felt to be a need to do so. REMC also discussed a pipeline of risks from the Divisions.

T Warne noted that it was clear from the minutes that a wide range of activities were being reviewed by the Committee. This was impressive. He queried what evidence base was drawn upon to gain assurance and to produce the scorings. R Mundon advised that the scorings were initially undertaken by the Divisions by way of risk assessment. The Committee reviewed at each meeting the new actions that had been undertaken rather than reviewing the full evidence base again. He advised that the types of evidence varied from risk to risk.

R Armstrong noted that the Limes building was on the risk register and had been for some time at a score of 20. He queried whether such risks, that were dependant on unavailable capital, could be better managed. R Mundon advised that Divisions did try to manage risks by alternative means but in this instance, the entry on the risk register maintained visibility and ensured prioritisation when capital became available.

R Forster noted that issues around the new Wrightington theatres were not on the risk register. He felt that these should be on there and wondered if the Committee did any pro-active searching for such risks. R Mundon noted that this risk had not worked its way up from the Division but periodically the Committee had discussions around items that were not on the risk register.

R Armstrong felt that this highlighted an intelligence issue and felt that something as important as this should have been flagged quickly for inclusion.

T Warne thanked all for an excellent deep dive which had given a clear understanding of the scope of work. There was a query around whether the right processes were in place to make the flagging of risks as effective as they could be.

R Mundon would give consideration to the concerns raised by the Q&S Committee and report back to the next meeting on a way to address these.

ACTION: R Mundon would give consideration to the concerns raised by the Q&S Committee and report back to the next meeting on a way to address these

12. CQC: NEXT PHASE OF REGULATION / REVISED INSPECTION SCHEME CONSULTATION

D Pullen presented the consultation document to the Committee. She had previously given a verbal update on the proposed changes and the document had been shared with the Divisions.

13. NATSSIPS

C Alexander presented the paper to the Committee. She advised that this had come to the Trust as part of a Patient Safety Alert and looked to reduce the number of Never Events across all invasive procedures. Two areas were making good progress: Theatres and Radiology but there were issues with procedures that sat outside these two areas and crossed Divisions. Work was being undertaken to group and standardise procedures. Progress was being made but it was a huge challenge.

An update on further progress would come back to the June meeting.

ACTION: C Alexander to provide a progress update on NATSSIPS to the June meeting

14. SHARPS INJURIES

L Atherton was in attendance to present this paper to the Committee. She advised that a sharps working group was in place and a significant amount of work had been undertaken around implementing changes, however, WWL was not seeing a downward trend as an organisation and was an outlier in terms of claims brought as a result of sharps injuries. Next steps in the form of more robust investigations into injuries, increased frequency of working group meetings, encouraging staff to raise concerns around practice and addressing gaps in training were recommended to the Committee.

T Warne thanked L Atherton for her description of the issues and worthy recommendations. He queried why medical compliance was not as it should be and what actions could be taken to address this.

A Cheesman was not certain that increased training would resolve this issue. She felt the issues were behavioural. She suggested that spot assessments of practice might be a good approach.

S Arya suggested the 'Name and train' approach which had been successful in other areas.

R Forster felt that staff needed to take personal accountability and should be asked to sign a form advising that they were aware of the correct technique. The onus would then be on them to act appropriately.

T Joynson noted that a number of the injuries were inflicted due to the actions of a third party. She felt there was something that could be done in terms of involving the person that caused the injury initially.

15. CQC FUNDAMENTAL STANDARDS REPORTS

a. REQUIREMENT TO DISPLAY PERFORMANCE ASSESSMENT

The Committee received and noted the report and were pleased to note full compliance with this fundamental standard.

b. NEED FOR CONSENT

C Alexander advised that it had been difficult to pull the report together given the very broad subject matter. There were some areas where it had been difficult to prove complete compliance but patient interviews had been very positive. Audit results would be shared with the Division.

16. ALWAYS EVENT UPDATE

The report was received and noted. A Edis advised that there had not been much change since the last report in October but was pleased to note improvement in the involvement of patients in the expected date of discharge. Some progress had been made with the 'Good Night Always Events' but the main area of concern remained around the use of mobile phones.

A Foster noted that the results of the real time patient surveys did not align with the improvement seen in involvement in discharge. A Edis advised that a new discharge document had been launched which would hopefully bring an improvement in this.

17. ITEMS RECEIVED BY THE COMMITTEE FOR INFORMATION

The Committee received and noted the Chairs reports of reporting Committees.

18. STRATEGIC ISSUES FOR REPORT

There were no issues for report on this occasion.

19. ANY OTHER BUSINESS

C Parker Stubbs provided feedback from the leadership walkabout that she had attended in A&E. She advised that CDW staff had concerns that the ward was not being used for its original purpose. It was noted that staff were struggling to cope with the pressures of the types of patients coming through. Staff were also feeling less engaged with.

S Arya was not surprised to hear this feedback and noted that CDW was being forced to operate differently due to the pressures on the system.

D Lee advised that work was being undertaken to try to remodel the emergency care pathway and staffing levels were being reviewed. The acuity of patients had changed and staffing was reviewed on a daily basis to ensure that it was sufficient. She was disappointed to hear that staff felt they hadn't been engaged with and would take this up outside of the meeting.

20. KEY SUCCESSES / RISKS

Key successes were agreed to be:

- The CREWS presentation
- The emerging understanding around the causes for the increase in mortality
- The scope of REMC

- CQC and the proactive action being taken around the changes in inspection regime
- The report and work being undertaken around sharps injuries
- Always Events report

Key risks were agreed to be:

- The increasing mortality levels and the need for actions to be taken
- REMC – how risks that don't come via the formal process could be recognised

21. COMMITTEE EFFECTIVENESS FEEDBACK

T Warne thanked all for their participation in what had been some excellent discussions.

22. DATE AND TIME OF NEXT MEETING

This was noted to be on the 8th March 2017, 9.30am, THQ Boardroom.