

Chairpersons Report

Chairpersons Name	Tony Warne		
Committee Name	Q&S Committee		
Date of Meeting	11.01.17		
Name of Receiving Committee	Trust Board		
Date of Receiving Committee meeting	January 2017		
Strategic Items for referral to Trust Board	It had been agreed that the Committee would escalate to Trust Board: <ul style="list-style-type: none"> • MAU / Lowton staffing issues • Talksafe 		
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 H&S presentation and annual report				
2. The death audit summary				
3. The Talksafe initiative				
4. The Medicine Management report				
5. The Duty of Candour report				
Details of the top three risks identified during the course of the meeting and initials of primary member of staff actioning				
1.	Staffing issues			
2.	Multiple impact of increased activity levels			
Attendance at the meeting (please highlight):	Excellent (well attended) X	Acceptable (some apologies)	Unacceptable (quorate)	Unacceptable (not quorate)

Was the agenda fit for purpose and reflective of the Committees terms of reference?	Absolutely
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Narrative report of the key issues of the meeting
<p>The H&S presentation both provided assurance on the activity that has been undertaken and how a number of risks had been addressed. In the main this was a very positive report although there was a disappointing report about the number of sharps related injuries, an incidence rate that appears stubbornly difficult to reduce. However it was good to note the successful embedding of a devolved system of responsibility.</p> <p>The Infection Control report noted the emerging problem of pressure on side rooms, these are normally prioritised for the care of patients at the end of their life, and may not always be available for the care of those with CDT.</p> <p>The Medication Management report once again showed that improvements were continuing to be made. Of particular note was the evidence presented around how systems problems were now being picked up very quickly and issues being resolved at pace.</p>
Key outcomes from the reports taken at the meeting
<p>There was a thread running through the reports and discussions that illustrated a need for a more informed and focused discussion on the changing nature of demand and positioning in the local health economy and the WWL relationship with the wider GM health and social care economy. This issue has</p>

Chairman: Robert Armstrong

Chief Executive: Andrew Foster CBE

reviewed June 2016, next review June 2017

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been flagged to be discussed at the full Trust Board.

A second issue flagged to the full Trust Board was over the continuation and extension of the Talk Safe initiative. Whilst the committee received a very good report and proposition, it was crucial that there is a demonstrable commitment made by the WWL Executive to support the initiative.

Agreed actions from the meeting	Name of primary lead for the actions
T Warne to discuss potential presentations for February and March with P Law	T Warne / P Law
C Alexander to report back to the Committee on STEIS 2016-33079 at the April meeting	C Alexander
A report on Talksafe and a plan for implementation to be taken to the Board meeting in February for discussion	C Greenhalgh
A brief paper on sharps injuries to be taken at the Q&S Committee	P Law

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**MINUTES OF A MEETING OF THE QUALITY AND SAFETY COMMITTEE HELD
ON WEDNESDAY 11th JANUARY 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	√										
Mary Fleming, DOP	√										
Rob Forster, DoF	√										
Pauline Law, DON	√										
IN ATTENDANCE											
Gillian Edwards, Associate DoF	√										
Lynda Hancock, Minutes	√										
David Evans, Associate Director of E&F	√										
Stephen Dobson, Head of IM&T	APOLS										
Tracy Joynson, 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										
Cathy Stanford, Governance Lead for Maternity & Child Health	APOLS										
Allison Edis, Deputy Director of Nursing	√										
Martin Farrier, Associate Medical Director	√										

In attendance: S Curran (DDoP Surgery), G Masterman (Deputy Chief Pharmacist, Governance), L Atherton (Health & Safety Manager), A Simm (Governance Facilitator,

Medicine), C Greenhalgh (Head of Quality Improvement), R Nelson (Consultant Microbiologist), L Barkess Jones (Deputy Director of Infection Prevention and Control), L Farnworth (Governance Facilitator, Specialist Services), M Farrier (Associate Medical Director)

1. HEALTH & SAFETY ANNUAL REPORT PRESENTATION

L Atherton was in attendance to give a presentation to the Committee with regard to the Health & Safety (H&S) Annual Report.

She thanked the Committee for giving her the opportunity to present. She reflected on the past history of WWL in relation to H&S and noted that pre-2008 the Trust had not been in a strong position with a prosecution and improvement notices from the Health & Safety Executive (HSE). Since this time, a lot of work had been undertaken to improve the position and L Atherton highlighted a few examples of this.

She felt that 2015/16 had been a good year for H&S and highlighted the following points:

- Divisions achieved 75% compliance in relation to safety inspections
- 487 members of staff attended training since it was introduced
- 80 H&S support visits completed since they were introduced
- Quarterly H&S performance reports were produced and were well received by the Divisions

L Atherton went on to highlight the challenges for the coming year:

- The role and functionality of the Occupational Health & Safety Committee and the Divisional meetings
- The continued issues around injuries from dirty sharps despite the good work of the working group
- The perception of H&S as being burdensome. This needed to be as second nature to the organisation as hand hygiene
- Procurement processes in identifying hazardous substances in use within the Trust

L Atherton felt that the Committee could help to support raising the profile of H&S; this was an important subject morally, financially and legally.

L Atherton noted that there had been an upward trend in offences prosecuted by the HSE as well as an increase in the fines imposed. She emphasised the importance of the Trust being aware of this and testing against prosecutions in other areas to highlight any gaps or weaknesses in practice. She noted that it was possible that there could be more cases brought against Trusts for corporate manslaughter in the future.

She encouraged the Board of Directors and Senior Management to review the contents of the Leading Health & Safety at Work document produced by the HSE. She felt that undertaking the checklist within this would be a good way to test the strength of the H&S management systems in place.

She noted the H&S team's keenness to develop a closer working relationship with the Q&S Committee and advised that the H&S team were a resource to be utilised by the whole organisation for advice and guidance.

T Warne thanked L Atherton for a comprehensive report. The Committee had felt it important to invite her to present the report and bring it to life. He felt the presentation had been very informative and provocative. He invited questions from those present.

R Armstrong agreed that the presentation had been very informative and felt that the contents needed consideration by the Board, perhaps by way of refresher training. He noted that the healthcare sector was high risk and it would be important to balance these risks to enable the delivery of the best patient outcomes possible. He felt the presentation had been very thought provoking.

S Arya advised that he had learned much from the presentation. He agreed that healthcare professionals could sometimes perceive H&S to be an additional burden but agreed that this needed to be part of regular processes. He was particularly concerned at the increasing dirty sharps injuries and advised that he would discuss this with P Law.

M Fleming congratulated the H&S team on a brilliant job and noted that they were a very limited resource for the whole Trust. She had been pleased to note the high level of compliance with H&S inspections, particularly in Medicine, but noted that there was not the same level of assurance around actions. She felt this needed to be on DQEC agendas. L Atherton advised that this was picked up at the Divisional H&S groups.

R Forster felt it was as important to keep employees safe as patients and felt the culture of H&S needed to be embedded. He suggested that a connection was made between H&S and the Talksafe initiative.

J Lloyd noted that the 75% compliance with H&S inspections was very low compared to industry and felt this needed to be focused on. Good assurance could be taken from the quarterly H&S reports being received by the Divisions and it was pleasing to hear that work was being done from this.

T Warne thanked L Atherton again for an excellent presentation and report.

2. COMMITTEE CHAIR'S OPENING REMARKS

T Warne welcomed all to the meeting and wished everybody a Happy New Year. He was pleased to see such good attendance at the meeting and introductions were made around the table.

He felt that the Committee was now beginning to be very effective in terms of collecting relevant information around issues which enabled for effective questioning around cause and effect.

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 14.12.16

The minutes were agreed to be an accurate record.

6. MATTERS ARISING

a. Action log from 14.12.16

Action updates were received and noted.

b. Work plan 2016/17

The work plan was received and noted.

There were no presentations scheduled for February or March. T Warne would discuss this outside the meeting with P Law.

ACTION: T Warne to discuss potential presentations for February and March with P Law

7. DEATHS AUDIT SUMMARY 2016

T Warne congratulated M Farrier on an excellent document which the Committee had received and noted. An extensive presentation and discussion had taken place at the last meeting which had resulted in some follow up actions. This presentation would now be taken to Board for discussion given its importance.

R Armstrong felt the paper provided some very good learning. He noted the importance of working together as a borough to tackle some of the issues that were currently being seen.

M Farrier advised that he was working with the CCG on a 30 day audit which he would share with the Committee when complete.

C Parker Stubbs noted the reference to the HIS effect and queried what had happened with regard to this. M Farrier advised that it had been around concerns at the omission of VTE when HIS had gone live. This was a short lived issue and had now been resolved and the position recovered and improved upon.

S Arya noted the tiredness and low morale of front line staff in the Medicine Division. He noted that more patients were being brought into hospital to die, even though it was not their preferred place of death. There had been an 11% increase in admissions from care homes and issues with the number of patients staying in the organisation longer than 30 days due to the shortages of beds in the community. He noted that these were borough wide issues.

T Warne agreed and noted that the Board needed to give consideration to these issues and what it meant for the future.

8. BAF SCORING

HSMR / SHMI

In terms of HSMR, M Farrier noted that this was currently at 101.3 for the year. He advised that the figure had increased but this had been expected due to the number of deaths in the summer months. A great deal of analysis had been undertaken around this to understand what had happened and appropriate actions had been taken. He noted that the score was within the acceptable range although the Trust strove for the figure to be lower. He felt that, given the continued pressures and the ongoing issues around the frail, elderly population, it would be unlikely for the Trust to achieve the score of 87 that it had set out to achieve at the beginning of the year. He felt it was important to note that whilst there had been a high score of 124 in August, this had reduced to 101 in September.

In terms of SHMI, the data was unchanged. The WWL data was high but was on the border of the normal range and was the same as it had been for the past 2 / 3 years.

Following in depth discussion, it was agreed by the Committee that the score for the HSMR objective 'Achieve HSMR of no more than 87' should be increased to 20. It was

agreed that it was unlikely that the Trust would achieve this objective by year end given the continued pressures in the hospital and issues in the borough. However, it was noted by all that the Trust would continue in its work to find solutions with local health economy partners to the current issues thereby ensuring safe, appropriate care for its patients.

With this in mind, it was agreed to also increase the SHMI score to 16 as it was similarly unlikely that the Trust would achieve the objective of SHMI of no more than 100.

C Alexander advised the Committee that there would be a new format for the BAF in the next financial year.

9. RISK ESCALATIONS FROM REMC AND RISK TRACKER

The risk tracker was received and noted.

a. LOWTON AND MAU RISK ESCALATION

L Boyd presented this escalation to the Committee. She noted that this had initially been for the Workforce Committee but it was felt, given the safety implications, appropriate to go to Q&S Committee. There were a number of vacancies on the two wards with 2 further members of staff leaving in the next few weeks. There had also been an increase in the number of datix incidents reported. The wards were under immense pressure and this was a real concern for the Division and Trust as a whole.

A Edis noted that actions being taken around workforce and the establishment review would hopefully bring improvements. Consideration was being given to looking at innovative ways of staffing including the use of nurse associates and the development opportunities for band 6s. She noted that these were high pressure areas with the most acute patients and staff got tired quickly. It would be important to also look at other mechanisms to support staff.

A Balson noted that attempts had been made to put mindfulness and other initiatives in place, particularly targeting the assessment areas, but staff couldn't be released due to pressures.

P Law noted that, whilst the staffing review had identified that these areas needed some extra staff, there was still the issue of being able to fill the vacancies.

It was noted that there were beginning to be similar issues on other wards, Ince and Winstanley wards in particular.

T Warne felt that there was not much that the Committee could do at this time but to acknowledge the issues raised. He felt it would be appropriate to escalate this matter to the Board.

The Committee supported this course of action.

b. StEIS REPORT / SERIOUS INCIDENTS IN MONTH

D Pullen advised that 4 new incidents had been uploaded since December and details of these were contained within the report. There had been CQC involvement in the case of the death of a 6 year old child.

3 further incidents had been reported following the circulation of the report. These were around a patient fall, the Norovirus outbreak and a delay to theatre.

It was noted that, this year, 27 incidents had been submitted to STEIS compared to 22 last year.

The CCG had closed investigations around the baby found in A&E and a ward closure due to the CDT outbreak.

c. STEIS 2016-33079 CORRESPONDENCE WITH THE CQC

It was noted that this incident had been around the death of a 6 year old child. The Committee received and noted the communications that had taken place with the CQC.

T Warne noted that there was still work to be done on the investigation and felt it would be better to wait for a complete picture before the Committee discussed this. C Alexander agreed with this suggestion but had wanted to share the communication so far with the Committee.

C Alexander would look to bring a full report to the meeting in April and agreed to update on progress in the interim.

C Alexander went on to provide a brief update on the recent media coverage in the Daily Mail. The Daily Mail had expressed an interest in re-running the stories on End of Life Care. P Law was in discussion with the Editor and reporter.

ACTION: C Alexander to report back to the Committee on STEIS 2016-33079 at the April meeting

10. TALKSAFE

C Greenhalgh presented the report to the Committee. She provided some background on the Talksafe initiative for those that were not aware of it. She noted that there had been an improvement as a result of the introduction of the initiative and there was an opportunity around further funding for the next 12 months to embed this fully across the Trust.

T Warne thanked C Greenhalgh for her paper and noted that it requested the support of the Committee in taking this forward.

A Balson noted that she was supportive of the initiative in principle but had some concerns around the practicalities of fitting this in with other initiatives. She was concerned that there could be potential for confusion. She also had some reservations about making this mandatory for all Band 6s and above given that the Trust already struggled with compliance for mandatory training. She felt that if this was going to be fully implemented, it needed the full commitment of the organisation.

R Forster felt the initiative was excellent and that the Trust should embrace it. He was supportive of it forming part of mandatory training. He felt that was an excellent opportunity to support the H&S agenda.

J Lloyd advised that he was convinced that this should be taken forward although there were some practicalities to be managed. He noted that he had seen this system work effectively in high hazard industry. He noted that the data capture element of the process was weak but the funding would cover the development of an easy to use, intuitive system to do this.

S Arya also noted his support but echoed the concerns raised by A Balson.

R Armstrong noted that it was clear that there was an appetite to take this forward and suggested that this went to the February Trust Board for discussion. The Board would also want to see a realistic plan for implementation.

This suggestion was supported by the Committee.

ACTION: A report on Talksafe and a plan for implementation to be taken to the Board meeting in February for discussion

11. INFECTION PREVENTION AND CONTROL UPDATE PAPER

L Barkess-Jones and R Nelson were in attendance to present this paper to the Committee.

L Barkess-Jones advised that it had been an extremely challenging year for the Trust. She noted that the CDT trajectory of 19 had been breached. This was not unusual in the region with 3 other Trusts having breached and 4 further Trusts advising that they would not meet their trajectory by year end.

L Barkess Jones advised that the Trust was very often running above 95% capacity on the main site and this was heavily influencing infection control. She noted that the majority of CDT cases were coming in via Medicine as the Division was seeing more patients and their co-morbidities were more complex than previously seen. There was also a lot of pressure on side rooms making it difficult to isolate patients. However, despite these difficulties, L Barkess-Jones was pleased to note that there had not been any cases of cross infection. The pull on side rooms was significant with these being occupied mostly by patients receiving end of life care and unfortunately this was preventing CDT patients from being isolated in a timely manner. Due to pressures, Pemberton ward was no longer being used as an isolation ward. All of this had been exacerbated by the outbreak of Norovirus. The Infection Control team were taking a back to basics approach and were doing their utmost to stay on top of the situation. She was not aware as yet what the trajectory or conditions for next year would be.

P Law noted that, whilst it had indeed been challenging in terms of infection control, there had only been 3 lapses in care. She advised that this was excellent in an organisation experiencing such throughput. She agreed that the side rooms were a significant issue and she had commissioned MIAA to undertake a stock take of side room and their utilisation. She advised that she was also giving consideration to cohorting patients receiving end of life care onto a bay to free up side rooms.

A Balson noted that CDT was not a good experience for patients and felt there was a need to tell the whole story around mortality, morale and infections and the impact on patients and the residents of Wigan to Wigan Leaders.

R Armstrong noted that next year's Board objectives should focus on delivery rather than targets.

R Forster noted that there had been significant improvement in infection control over the years. He agreed that careful consideration needed to be given to objectives for next year to ensure that they were deliverable.

C Parker Stubbs expressed her concern that there was no immediate solution to the issues being experienced. R Armstrong noted that the move to a block contract with the CCG offered real opportunities to make a real change to the system.

L Sykes felt that the Trust could be maximising opportunities to ask for public and patient involvement.

T Warne again thanked L Barkess-Jones and R Nelson for their report.

12. COMMITTEE MINUTES DEEP DIVE: HEALTH AND SAFETY

A Edis took the Committee through a deep dive of the Occupational Health & Safety Committee. She noted that the meeting had become more strategic in nature and helped to align H&S objectives across the organisation and to steer the work of the Divisions. She went on to advise the Committee of the highlights from the discussions.

T Warne thanked A Edis for a very comprehensive report. He suggested that the Committee might wish to consider the lack of progress with sharps injuries at their next meeting. P Law felt it would be useful for the Q&S Committee to receive and brief paper on sharps.

ACTION: A brief paper on sharps injuries to be taken at the Q&S Committee

13. MEDICINE MANAGEMENT REPORT ON KEY INCIDENT THEMES

G Masterman presented the report to the Committee and drew out the key highlights. The Trust continued to maintain good levels of reporting for medication incidents which were mostly no harm (92%). These were in line with national expectation. WWL was now 13th out of 136 acute Trusts for reporting and 2nd in the region.

T Warne thanked G Masterman for an excellent report with a great level of detail.

L Boyd noted that there continued to be issues with items dropping off HIS. G Masterman advised that he would be happy to look into this if specific examples could be provided.

M Fleming felt the report was great. She queried whether the increase in CDTs was linked back to the increased use of antibiotics. G Masterman advised that this was picked up by the point prevalence audits.

M Fleming also noted the increasing use of FP10s to enable the early discharge of patients. She wondered if that would impact on the checks made by Pharmacy before patient discharge. G Masterman advised that it would impact on this but he would expect community and retail pharmacists to review prescriptions. He advised that he would still have visibility of any incidents related to this but would expect that FP10s would be used for simple discharges only.

T Warne again thanked G Masterman for an excellent report

14. CQC FUNDAMENTAL STANDARDS REPORT: DUTY OF CANDOUR

C Alexander advised that this report had last been presented in December 2015 and a number of actions had been undertaken following the presentation of this. A lot of improvements had been made and strong systems were in place, however, there was still work to be done.

T Warne thanked C Alexander for her report.

J Lloyd felt that the Committee could take a good level of assurance from this.

15. ASSURANCE AND ESCALATION FRAMEWORK

C Alexander advised that this had been to Q&S previously and had originated from a Deloitte review undertaken in 2013. The purpose of the paper was to outline the escalation processes in an aggregated summary. Changes to the report were highlighted in red.

The Committee approved the document.

16. ITEMS RECEIVED BY THE COMMITTEE FOR INFORMATION

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

17. STRATEGIC ISSUES FOR REPORT

It had been agreed that the Committee would escalate to Trust Board:

- MAU / Lowton staffing issues
- Talksafe

18. ANY OTHER BUSINESS

There were no further items for consideration.

19. KEY SUCCESSES / RISKS

Key successes were identified as:

- The H&S presentation and annual report
- The death audit summary
- The Talksafe initiative
- The Medicine Management report
- The Duty of Candour report

Key risks were identified as:

- Staffing issues
- Multiple impact of increased activity levels

20. COMMITTEE EFFECTIVENESS FEEDBACK

T Warne thanked all Committee members for the contributions and patients during what had been a very busy meeting.

21. DATE AND TIME OF NEXT MEETING

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