

Chairpersons Report

Chairpersons Name	Tony Warne		
Committee Name	Q&S Committee		
Date of Meeting	14.06.17		
Name of Receiving Committee	Trust Board		
Date of Receiving Committee meeting	June 2017		
Strategic Items for referral to Trust Board	Biochemistry staffing risks		
Items for escalation?	Yes X (as above)	No	If yes, to which Committee

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

1. A good level of assurance provided in relation to the management of outpatient backlogs
2. The discussion around the Quality Champions – this was a huge asset to the Trust
3. The Mortality Working Group feedback and the engagement of external partners
4. Continued good progress being made on Kirkup recommendations

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

1.	The risk around Biochemistry staffing which would be escalated to Board	
2.	Concerns around reporting processes and staff feeling able to report	
3.	The lack of Health Education England funding for professional development	

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?	Very much so
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Narrative report of the key issues of the meeting

Mortality Working Group – this group had now met and extended the membership to a number of external agencies, which was acknowledged as being a helpful development. However, despite it being good to note the group had met, concern was expressed about the pace of work planned and clarity over what was to be explored, when and by whom. However, overall the Q&S committee welcomed the positive nature of the report.

Risk Tracker – one unintended outcome of the recent cyber-attack had been a paper based consideration of all risks, which was reported as resulting in a more comprehensive review of the risks identified. Two issues in particular were highlighted – improvements to DNACPR and reductions to outpatient backlogs.

Mortality Update – report showed some concern over fluid administration – which was being addressed – and also the 10 standards the Trust Board needed to be sighted on.

Kirkup Action Plan – good progress continues to be made – ambition is to move from being a responsive service in terms of quality improvement to a more proactive quality service. Training was acknowledged to be an issue, but was being addressed in a systematic way.

Key outcomes from the reports taken at the meeting

As well as the outcomes noted above, other key outcomes included:

End of Life Care – it was noted that the cases reported on were historic cases and that the Q&S committee remained confident that the changes generated by these cases and work to improve EoLC were positive and an improvement. The committee agreed with the option recommendation to engage an external expert to review our current arrangements.

BAF scoring – it was acknowledged that the process must be something more comprehensive than simply

Chairman: Robert Armstrong

Chief Executive: Andrew Foster CBE

reviewing the scores on the doors. These scores must prompt action plans where the score doesn't change, and the overall BAF scores need to be considered with mitigation evidence at the full Trust Board.

Quality Champions – a good report – outcomes to include how we better present the work of the Trust as a quality improvement organisation. It was noted what a huge asset to the Trust the champion and the work they do was.

Agreed actions from the meeting	Name of primary lead for the actions
B Gallagher to look into the concerns raised around the achievement of the breast screening reporting target and feedback to R Mundon	B Gallagher / R Mundon
A Balson to make contact with the HR function at Salford to discuss the staffing issues and actions further	A Balson
C Alexander to consider the possibility of including a Governor representative on the Mortality Working Group	C Alexander
C Alexander to consider whether there was any correlation between A&E pressures, bed occupancy and mortality	C Alexander
The CQC report to be added to the work plan for the next meeting	L Hancock
A presentation on the RESPECT document to be scheduled for a future meeting	L Hancock
C Alexander to look into whether there was a correlation between DNACPR and mortality and to consider the Borough wide approach to the use of the RESPECT document	C Alexander
C Alexander and team to arrange for an independent review as per Committee agreement with the addition of a system review	C Alexander

**MINUTES OF A MEETING OF THE QUALITY AND SAFETY COMMITTEE HELD
ON WEDNESDAY 14th JUNE 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	APOLS	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	√	√	√	APOLS					
Mary Fleming, DOP	√	APOLS	APOLS D Evans	√	√	√					
Rob Forster, DoF	√	√	√	APOLS G Edwards	√	APOLS G Edwards					
Pauline Law, DON	√	APOLS A Edis	√	APOLS A Edis	√	APOLS A Edis / LBJ					
IN ATTENDANCE											
Gillian Edwards, Associate DoF	√	√	√	√	√	√					
Lynda Hancock, Minutes	√	√	√	√	√	√					
David Evans, Associate Director of E&F	√	APOLS SC	√	√	√	√					
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	√	√	√	√	√	APOLS P Gregory					
Deborah Pullen, Compliance Lead	√	√	√	√	√	APOLS					
Head of Nursing (on rotation)	JP / AB	D Lee	JP	S Orchard	F Hindley	JP / DL					
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	√	APOLS MS					
Paul Howard, Trust Board Secretary	-	-	-	-	-	√					
Shaun Curran, DDoP Surgery	-	-	-	-	-	√					

Rebecca Lyon, DDoP Specialist Services	-	-	-	-	-	√						
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In attendance: Lesley Hadley – Directorate Manager for Therapy Services, Barry Gallagher – Biochemistry Services Manager, SRFT

1. BIOCHEMISTRY STAFFING RISK ACTION PLAN

T Warne noted that this item would be taken at the start of the meeting as Barry Gallagher, Biochemistry Services Manager from SRFT, was in attendance specifically to discuss the item.

R Mundon noted that this risk had been escalated from REMC at the last meeting and concerned staffing issues in the PAWS service. The Committee had been keen to understand more around the risk, the actions being taken and whether this needed to be escalated further. B Gallagher was in attendance to provide an update on the actions being taken to mitigate the issues. He advised that recruitment was a significant concern with 8 vacancies within the team currently but he emphasised this was not peculiar to the PAWS service and was a national issue. Some of these vacancies would be covered by use of additional locum staff and the appointment of a substantive team member but this would remain a risk given the use of locums. The Committee were also informed of the recruitment of 6 trainees that would be developed in order to fill the gaps. Work was also being undertaken to look to improve the retention of staff.

R Mundon noted that the Committee had been concerned particularly around the risk to the timeliness of pathology results. He queried whether the actions taken would address these concerns. M Fleming noted that this was specifically around the achievement of the breast screening targets. B Gallagher noted that he was not aware of these issues but would look into this and report back to R Mundon.

A Balson felt there was more work to be done in relation to a deep dive into staffing and reasons for leaving. She also felt there were opportunities to be considered in relation to apprenticeships. She would make contact with the HR function at Salford to discuss further.

T Warne thanked B Gallagher for attending the meeting and reporting on the actions being taken.

The Committee agreed that it was appropriate for the Board to have sight of this risk given the potential impact on the breast screening target.

ACTION: B Gallagher to look into the concerns raised around the achievement of the breast screening reporting target and feedback to R Mundon

A Balson to make contact with the HR function at Salford to discuss the staffing issues and actions further

2. MORTALITY WORKING GROUP FEEDBACK

S Arya had sent apologies to the meeting so C Alexander provided the Committee with feedback from the Mortality Working Group.

The group had met for its inaugural meeting on the 1st June. The meeting had been well attended with a good level of clinical engagement. There had also been a number of stakeholder organisations in attendance including AQUA, Public Health and the CCG GP Lead. AQUA had provided some very useful analysis in relation to WWL mortality in comparison to a similar Trust and Public Health had similarly provided analysis of the

population changes in Wigan. Public Health had made a number of recommendations within their report, including a review of deaths due to sepsis, renal failure and lung cancer, which were currently being undertaken. A Borough wide mortality summit was planned, to be convened by the CCG and Public Health.

C Alexander went on to note that the number of deaths in hospital had dramatically reduced in April and May. It was hoped that this trend would continue into June.

The Committee agreed that there was further work required to adequately explain the deterioration in the HSMR figures but welcomed the update on the early progress being made.

C Alexander would give consideration to the possibility of including a Governor representative at the meeting and whether there was any correlation between A&E pressures, bed occupancy and mortality.

ACTION: C Alexander to consider the possibility of including a Governor representative on the Mortality Working Group

C Alexander to consider whether there was any correlation between A&E pressures, bed occupancy and mortality

3. COMMITTEE CHAIR'S OPENING REMARKS

T Warne welcomed all to the meeting.

4. APOLOGIES

As noted in the table above.

5. DECLARATION OF INTERESTS

There were no interests declared.

6. MINUTES OF THE Q&S COMMITTEE MEETING 10.05.17

The minutes were agreed to be an accurate record.

T Warne asked all Committee members to give consideration to the comments made at the last meeting in relation to ensuring that laptops were used only to follow the business of the meeting. He also noted that presenters should make the assumption that papers had been read and that a detailed introduction of the papers would not be necessary.

7. MATTERS ARISING

a. Action log from 12.04.17

Action updates were received and noted.

Stroke data

L Hadley attended the meeting to clarify the disparity between CCG reported data on stroke and the SSNAP data. She noted that SSNAP data reported on the whole stroke pathway unlike the CCG data which only reported on the 90% stay element and was in relation to a smaller cohort of patients. She advised that the Trust had been discussing with the CCG the possibility of moving to use of the SSNAP data as this provided better, more holistic assurances around the quality of service but this had not been agreed. M Fleming would discuss this further with L Hadley outside of the meeting.

b. Work plan 2017/18

The work plan was received and noted.

C Alexander anticipated that the CQC report would be available for the next meeting. This would be added to the work plan.

ACTION: The CQC report to be added to the work plan for the next meeting

8. RISK ESCALATIONS FROM REMC AND RISK TRACKER

The risk tracker was received and noted. There were three risks for escalation this time: DNACPR, Biochemistry staffing and Taylor Unit. DNACPR and Biochemistry staffing were on the agenda this time for discussion but the Taylor Unit risk would return in due course once further information was available.

R Mundon noted that, due to availability, there wouldn't be a REMC in June.

a. DNACPR escalated risk

C Alexander reported that, as a result of poor audit results and incidents, a Task and Finish Group had been implemented to look into DNACPR. There had been a good level of engagement and a number of actions had been taken. There had been 2 further audits undertaken since with improved results although there continued to be some concerns around the validation and documentation of DNACPR decisions. She noted that there had been changes to DNACPR nationally and regionally and RESPECT (Recommended Summary Plan for Emergency Care and Treatment) had been released for rollout to replace individual organisational DNACPR arrangements. WWL would be implementing this over the next 6 months but would continue to review the DNACPR processes in the meantime. A presentation on the RESPECT documentation would be arranged for a future Q&S Committee meeting.

P Gregory felt that it would be useful for the Governors also to be made aware of this.

R Mundon queried whether there was any correlation between DNACPR and mortality. C Alexander would look at this.

The Committee thanked C Alexander for the update and noted the need to ensure that consideration was given to the use of this across the Borough.

ACTION: A presentation on the RESPECT document to be scheduled for a future meeting

C Alexander to look into whether there was a correlation between DNACPR and mortality and to consider the Borough wide approach to the use of the RESPECT document

b. Escalation from F&I Committee: Outpatient follow up backlog in Ophthalmology, Paediatrics and Cardiology

S Curran noted that this had been escalated from F&I Committee after concerns had been noted in relation to back logs in certain specialties.

In terms of Paediatrics, a number of actions were being taken. Recruitment of staff was underway; there had been a Consultant led review of patients and discussions were taking place with partner organisations to put in place triage for patients with learning difficulties. There was significant assurance that the backlog would start to reduce following this.

In terms of Ophthalmology, S Curran advised that issues had been exacerbated by staffing issues but there was a long term plan for a non-clinical staffing model which would assist with this. The specialty was happy that the actions would manage the issues.

In terms of Cardiology, M Fleming reported that a clinical review had been undertaken to provide assurance that there were no patients at risk as a result of delays. Additional slots had been identified for outpatients and a new Consultant was starting imminently. There was a good level of assurance around this.

The outpatient backlog would continue to be monitored via F&I Committee.

c. Verbal update on serious incidents in month by exception / StEIS report

C Alexander reported that there had been 3 StEIS incidents since the last report. She advised that each would be fully investigated.

9. DEEP DIVE OF COMMITTEE MINUTES: QUALITY CHAMPIONS

A Foster noted that the Quality Champion initiative had been in place for 5 years and had become one of the Trusts greatest assets with nearly 400 members of staff involved. He advised that the Quality Champion Committee took place monthly and received progress updates from Quality Champion projects with the aim of providing encouragement and support. There had been concerns recently that the initiative was losing momentum so the Quality Improvement team were looking to arrange a re-launch with a conference in September.

The Committee were in agreement that this was an important initiative and were pleased to note the efforts to re-launch. It was agreed that it would be important to consider the promotion of the projects and A Balson noted that this would be picked up as part of the new PR strategy.

10. SEC Q4

C Alexander presented the report to the Committee and noted the following key points:

- The report from the CQC unannounced inspection had not yet been received – all information requests had been actioned
- There was a corporate risk around violence and aggression with a 30% increase on incidents in 16/17. This may have been due to an increase in awareness
- There had been an increase in the number of formal complaints
- There had been a quarterly increase in the number of A&E complaints
- Improvements on Rainbow Ward had been acknowledged by the CQC
- Complaints responses had been at 91% for the quarter
- The Trust were HSJ finalists for the patient safety awards
- Labour ward achieved 1st out of 8 Trusts for Friends and Family test with 100% recommendation

The Committee thanked C Alexander for her update and D Pullen for an excellent report.

11. MORTALITY Q4 UPDATE

C Alexander reported that in Q4 there had been 2 escalated concerns relating to a patient admitted from the hospice and a patient with a learning disability. These had been fully investigated and no further concerns identified. IV fluids had been identified as a theme and would be taken forward by the Mortality Group. Guidance on learning from deaths had been released by the National Quality Board. The purpose of this was to provide Trusts with a standardised approach to taking learning from deaths. Consideration would be given to WWL's approach to this.

12. HEALTH AND SAFETY CONCERN RAISED WITH HSE

G Smith noted that concerns had been raised directly with the HSE by a member of staff in relation to the use of smoke evacuators in theatres to remove diathermy fumes. She advised that there had been some issues with compliance in using the equipment. Steps were being taken to address these issues and the HSE had been satisfied with the Trust response.

The Committee were concerned to note that a member of staff had felt it necessary to report directly to the HSE rather than the Trust and hoped that the necessary support was in place so that staff felt able to report. G Smith confirmed that she would be working closely with staff to re-emphasise this message.

13. END OF LIFE CARE – EXTERNAL REVIEW

C Alexander advised that, on the completion of the police investigation into 5 specific cases of End of Life Care at the Trust, an external review would be arranged. The team were beginning to plan for this and asked for the Committees support in arranging an independent review of each of the 5 cases to be shared with the individual families.

The Committee confirmed their support for this approach but also noted the need to conduct a systems review in terms of taking forward lessons learned and the Trust ability to conclude long standing complaints.

ACTION: C Alexander and team to arrange for an independent review as per Committee agreement with the addition of a system review

14. CQC ACTION PLAN UPDATE

The update on the CQC action plan was received and noted by the Committee.

15. KIRKUP ACTION PLAN UPDATE

C Stanford provided the Committee with an update on the progress with Kirkup recommendations. Training and development continued to be a key focus as well as working relationships and continuing to promote a culture of reporting.

The Committee was pleased to receive this update and note the ongoing work. A key risk was noted in relation to the cessation of Health Education England funding for professional development. This was a strong concern for the senior nurse management teams and would prove a significant challenge for the future with potential impact on recruitment and retention.

16. BAF SCORING

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

Failure to achieve an improved benchmarked position for mortality

The Committee had received and noted the update from the Mortality Working Group and had taken assurance that appropriate action and discussions were taking place. However, there remained concerns around the mortality data and it was agreed to retain the score at 25.

Failure to achieve infection control trajectories

L Barkess Jones advised that this would be a very challenging year in terms of Infection Control. The Committee agreed to retain the score at 20.

Failure to reduce clinical variation and drug costs by 10%

A Abbasi advised that work continued within the Divisions and was led clinically. Fortnightly meetings were taking place and good progress was being made. The Committee agreed to retain the score at 20.

The Committee felt that there were still issues to resolve in relation to the BAF in terms of providing the Committee with adequate evidence to provide assurance on the risks identified and to enable an informed judgement to be made on scoring. This had also been discussed at Trust Board and an action agreed for further work to be done to address these suggestions.

17. ITEMS RECEIVED BY THE COMMITTEE FOR INFORMATION

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

18. STRATEGIC ISSUES FOR REPORT

It was agreed that the issues raised in relation to the Biochemistry staffing risk would be escalated to the Board.

19. ANY OTHER BUSINESS

There were no further items for discussion.

20. KEY SUCCESSES / RISKS

Key successes were agreed to be:

- A good level of assurance provided in relation to the management of outpatient backlogs
- The discussion around the Quality Champions – this was a huge asset to the Trust
- The Mortality Working Group feedback and the engagement of external partners
- Continued good progress being made on Kirkup recommendations

Key risks were agreed to be:

- The risk around Biochemistry staffing which would be escalated to Board
- Concerns around reporting processes and staff feeling able to report
- The lack of Health Education England funding for professional development

21. COMMITTEE EFFECTIVENESS FEEDBACK

T Warne thanked all for their contributions to an excellent meeting and noted the high quality of the papers.

22. DATE AND TIME OF NEXT MEETING

This was noted to be on the 12th July 2017, 9.30am, THQ Boardroom.