Wrightington, Wigan and Leigh NHS Foundation Trust

Chairpersons Report

Chairpersons Name	Tony Warne		
Committee Name	Q&S Committee		
Date of Meeting	13.09.17		
Name of Receiving Committee	Trust Board		
Date of Receiving Committee meeting	September 2017		
Strategic Items for referral to Trust Board			
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 internal inspection of A&E
2. The patient safety annual 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.	The inability to implement the pro-forma for patients under police escort	
3.	The increased number of PFD notices	
4.	The challenges in relation to C diff	
5.	The delays in sending discharge letters	

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?	Yes it was – although this being the first meeting after the August break, it was a packed agenda.

Narrative report of the key issues of the meeting
There was no presentation at this meeting – but there was extensive discussion on two issues from the Matters Arising agenda item – the first was an up-date on the discharge letter situation. Assurance was taken that action had been put in place to assess and respond to any risk to patients being harmed due to the missing discharge letters. The local GPs were reported to have been very supportive of WWL's approach and there had been a good response so far to the checks made. There were no reports of patients coming to harm. A further 3 cohorts of patients possibly affected were also identified during this process. A full report will be coming to the next Trust Board meeting – which would address the cost to GPs, report on the internal investigation and update on the action plan. It was clear that colleagues had worked hard to mitigate the harm, had ensured transparency of action, and wanted to learn from the situation so as to avoid future re-occurrences. The 2nd issue was the risk posed by an increase in the numbers of patients presenting with C difficile infections. We were close to our target for the year. An excellent report capturing the contributory factors that may have precipitated this rise was tabled and discussed. A robust action plan is in place which the committee took great assurance from. It was noted that neighbouring Acute Trusts were also reporting a rise in C difficile cases. The committee also received the Annual Patient Safety Report, which showed positive improvements in the reporting of incident reporting across the Trust and we are now in the top 10% NRLS rating. There was recognition that we might be able to improve how we learn the lessons from 'near misses'.

The final discussion to note was on the Internal Review of A&E services. There was a large number of things to celebrate which the committee recognised as being a tremendous achievement given the demands placed upon the service, and those who work both in the department and in other parts of the Trust. There were also some areas that will require improvement. An action plan to address these was being developed, and it was noted that the methodology used for the internal inspection mirrored the revised draft CQC key lines of enquiry. It was noted that improvements to the physical environment that would help improve patient flow, patient safety and experience were now top of the capital planning programme.

Key outcomes from the reports taken at the meeting

BAF Scoring – Two risks were (mortality & infection control trajectories) were showing evidence of improvement, and were closely linked in some elements, but both score were retained as 20. One risk (clinical variation) was reduced to 16 in response to the progress being made in reducing drug costs.

There had been a steady rise in the number of PFD notices received, which would be monitored. Action had been achieved in all but one of the existing PFD notices, and the outstanding PFD (Joint risk assessment with GMP) was now unacceptably overdue resolution. CEO to follow up with counterparts in GMP, CCG and Wigan Council.

Fundamental Standards – Staffing – this was a very re-assuring report from a processes point of view. There was an important discussion around sustaining a capable and knowledgeable workforce. It was noted that CPD was beginning to be an issue due to the withdrawal of funding from HEE. It was suggested that the Workforce Committee might want to consider what an investment plan for meeting this gap could look like and in so doing, consider how competitive this might make us to the future workforce seeking differentiation in choosing employment/employers.

Agreed actions from the meeting	Name of primary lead for the actions
The Associate Director of Governance and Assurance to prepare a report for the Board of Directors in relation to the delayed patient discharge letters which considers: the reasons for the delay, the impact on GP colleagues and further support that could be provided and the long term solution to the issue	The Associate Director of Governance and Assurance
A detailed report on the internal development of standards for invasive procedures to be provided at the next meeting	The Associate Director of Governance and Assurance
The Chief Executive to undertake further follow up with regard to the approval by Greater Manchester Police of the pro-forma for patients under police escort	Chief Executive

NHS
Wrightington, Wigan and Leigh
NHS Foundation Trust

MINUTES OF A MEETING OF THE QUALITY AND SAFETY COMMITTEE HELD ON 13 SEPTEMBER 2017 AT 9.30AM AT ROYAL ALBERT EDWARD INFIRMARY, WIGAN LANE, WIGAN, WN1 2NN

Members' attendance record		11.01.17	08.02.17	08.03.17	12.04.17	10.05.17	14.06.17	12.07.17	13.09.17	11.10.17	08.11.17	13.12.17
Mr R Armstrong	Chair	✓	✓	✓	A	✓	✓	A	✓			
Dr S Arya	Medical Director	✓	✓	✓	A	A	A	✓	✓			
Mrs A Balson	Director of Workforce	✓	✓	✓	A	✓	✓	A	✓			
Mrs M Fleming	Director of Operations and Performance	✓	A	A	✓	✓	✓	✓	✓			
Mr R Forster	Director of Finance and Informatics / Deputy CEO	✓	✓	✓	A	✓	A	✓	✓			
Mr A Foster	Chief Executive	A	✓	A	✓	✓	✓	A	A			
Mrs P Law	Director of Nursing	✓	A	✓	A	✓	A	✓	✓			
Mr J Lloyd	Non-Executive Director	✓	A	✓	✓	✓	A	✓	✓			
Mr R Mundon	Director of Strategy	✓	✓	✓	✓	✓	✓	A	✓			
Mrs C Parker Stubbs	Non-Executive Director	✓	✓	✓	✓	✓	✓	✓	✓			
Prof T Warne	Non-Executive Director (Committee Chair)	✓	✓	✓	✓	✓	✓	✓	✓			

Key: ✓: attended | A: apologies sent | ×: did not attend | --- not a member of the council at the date of the meeting

In attendance

Mrs A Ahmed – A&E Matron

Dr S Ahmed – A&E Consultant

Ms C Alexander – Associate Director of Governance and Assurance

Mrs L Barkess Jones – Associate Director of Infection Prevention and Control

Mrs L Boyd – Governance Lead for Medicine

Mrs A Edis – Deputy Director of Nursing

Ms G Edwards – Associate Director of Finance

Mr D Evans – Associate Director of Estates and Facilities

Mrs R Gerrard – Infection Control Assistant Director

Mrs P Green – Acting Associate Director of IM&T

Mrs L Hancock – Corporate Services Administrator

Mrs F Hindley – Head of Nursing for Specialist Services

Ms J Hovington – Trust Solicitor

Mr P Howard – Trust Secretary

Mrs D Lee – Head of Nursing Unscheduled Care

Dr R Nelson – Consultant Microbiologist

Mrs J Prescott – Head of Nursing for Surgery

Mrs D Pullen – Compliance Lead

Mr J Rowland – Obstetrics and Gynaecology Consultant

Mrs G Smith – Governance Lead for Specialist Services

Mrs C Stanford – Governance Lead for Maternity and Children's Services

Mrs L Sykes – Public Governor for Leigh

1. Committee Chair's opening remarks

The Chair welcomed all to the meeting and opening introductions were made.

2. Apologies for absence

Apologies for absence were noted as indicated in the attendance record above.

3. Declarations of interest

There were no opening declarations of interest.

4. Minutes of the last meeting

The minutes of the Quality and Safety Committee meeting held on 12 July 2017 were agreed to be a true and accurate record.

5. Matters arising

a. Actions from the last meeting

Completed actions from the Quality and Safety Committee meeting held on 12 July were received and noted.

The Director of Strategy advised that a report would be submitted to the Board of Directors meeting in September providing an update on the escalated risk in relation to Biochemistry staffing.

The Director of Nursing advised that the changes to the supervision of Midwives had been referred to the Workforce Committee with a paper to be presented at the September meeting.

b. Work plan for 2017/18

The work plan for 2017/18 was received and noted.

c. Clostridium *difficile* (C *difficile*) update

Dr R Nelson, Mrs L Barkess Jones and Mrs R Gerrard were in attendance for this item.

The Director of Nursing provided a verbal update to the Committee outlining the current position with regard to C *difficile* infections. This was accompanied by a tabled paper which would be circulated electronically following the meeting.

The Trust had recorded 16 cases of C *difficile* infection year to date against a trajectory of 19. Contributory factors to this figure included: an increase in frail and elderly patients, high temperatures on the wards during the summer period and high bed occupancy rates. There was no indication of cross infection. To date, there had been one case attributable to a lapse in care although some Root Cause Analysis (RCAs) investigations were yet to be finalised. It was noted that this was an issue shared across the region with the Trust performing favourably in comparison with other Trusts in the area. All appropriate action was being taken to mitigate further infection.

The Committee received and noted the contents of the report and recognised this to be a key risk for the organisation which would require appropriate focus over the coming months.

Dr R Nelson, Mrs L Barkess Jones and Mrs R Gerrard left the meeting.

6. Risk management

a. Risk tracker

The risk tracker from the Risk and Environmental Management Committee (REMC) was received and noted by the Committee.

The Director of Strategy highlighted the key changes within the report including a number of risks that had been de-escalated at the last REMC meeting. It was advised that a risk around violence and aggression would be escalated to the October Committee meeting.

The Committee received and noted the contents of the report.

b. Update on delayed discharge letters

The Associate Director of Governance and Assurance provided a verbal update to the Committee with regard to a Strategic Executive Information System (StEIS) incident involving a delay in sending patient discharge letters.

It had been identified that a number of patient discharge letters had been delayed in being sent to the General Practitioners (GPs) between May 2017 and August 2017. This had resulted from a problem within the Hospital Information System (HIS). Appropriate actions had been taken in response, including a full review of the delayed letters and consultation with GPs regarding necessary patient follow up actions. The Information Management and Technology (IM&T) team had also instituted daily monitoring to ensure there were no further letters delayed. The incident would be referred to REMC and a report submitted to the Board of Directors. It was further noted that Internal Audit had been asked to undertake a full review of the HIS system.

The Committee received and noted the contents of the report and thanked all staff involved in responding to the incident. It was requested that the report to the Board of Directors considered: the reasons for the delay, the impact on GP colleagues and further support that could be provided and the long term solution to the issue.

ACTION: Associate Director of Governance and Assurance

c. Risk escalations from REMC

Quality of documentation

The Associate Director of Governance and Assurance presented a report to the Committee which provided an overview of the actions being undertaken in response to this risk.

The Committee received and noted the contents of the report.

Majors' waiting room

Mrs A Ahmed and Dr S Ahmed were in attendance for this item.

The Governance Lead for Medicine and the Head of Nursing for Unscheduled Care presented a risk escalation in relation to the increasing pressures on the majors' (Accident and Emergency) waiting room.

The risk had been scored at 20 due to the potential risk to patient safety, quality of care and performance. Actions to mitigate had been implemented and it was noted that work to reconfigure the A&E department and relieve capacity issues was underway.

The Committee received and noted the contents of the report. The risk would continue to be monitored via REMC.

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

The Compliance Lead presented the StEIS report to the Committee.

There had been two new StEIS incidents reported since the last meeting and a Never Event involving wrong site surgery during a dermatology procedure. All incidents were being fully investigated.

The Committee received and noted the contents of the report.

e. NatSSIPs (National safety standards for invasive procedures) update

The Associate Director of Governance and Assurance provided a verbal update to the Committee with regard to NatSSIPs and the work to develop internal standards to prevent the occurrence of Never Events.

It was noted that this was a considerable piece of work that had been ongoing for some time. A meeting of the governance team had been arranged to review progress and a more detailed report would be brought to the next meeting.

Action: Associate Director of Governance and Assurance

The Committee received and noted the contents of the report. It was suggested that consideration could be given to seeking learning from local health / LIFT centres and to the sharing of resources with neighbouring Trusts.

7. Legal update

PFD (Prevention of Future Death) notices

The Trust Solicitor presented a report to the Committee which provided updates on actions being taken in response to PFD notices.

There continued to be a delay implementing a pro-forma for patients attending under police escort as approval from Greater Manchester Police (GMP) had not been confirmed. It was agreed that this should be followed up by the Chief Executive with further escalation as required.

Action: Chief Executive

Concerns had been raised by the Coroner in relation to the timely transfer of a patient between Wigan and Salford hospitals. A number of initiatives had been implemented in response and regional consideration was being given to a standardised transfer policy.

The Trust had received two further PFD notices following the circulation of the report. Responses and action plans were being prepared and would be provided at the next meeting.

The Committee received and noted the contents of the report.

8. CQC

a. CQC report following unannounced visit in March

The Associate Director of Governance and Assurance provided a verbal report to the Committee detailing the outcome of the Care Quality Commission (CQC) unannounced visit covering A&E and Paediatrics in March 2017.

The Trust had received notification that the final report would be published imminently. It was positive to note that Paediatrics had been re-rated as 'requiring improvement' while the A&E rating remained unchanged. Areas of focus for the Trust would continue to be level 3 safeguarding training, Paediatric Early Warning Scores (PEWS) documentation and patient records. A communications plan was in place for the release of the report and an action plan would be submitted to the Committee meeting in November.

The Committee received and noted the contents of the report.

b. Changes to the Key Lines of Enquiry (KLOEs)

The Compliance Lead presented a report to the Committee which highlighted the changes that had been made to the KLOEs.

The Committee received and noted the contents of the report.

c. A&E internal inspection report

The Compliance Lead presented a report to the Committee which described the findings of the recently held internal inspection of A&E.

An external representative had participated in the inspection which had proved helpful. Despite the pressures experienced in the A&E department, patient feedback had been positive and there was evidence of good leadership. Areas for further improvement had been identified and would be progressed within the divisions with oversight via the Committee.

The Committee received and noted the content of the report and agreed the need to celebrate the positive points raised within the report.

d. Insight model

The Compliance Lead presented a report to the Committee which set out the details of the new Insight Model replacing the Intelligent Monitoring Reports.

Further updates would be provided to the Committee when available. The CQC Insight report stated that the current composite indicator score was similar to other acute trusts that were more likely to be rated as “Requires Improvement” and the Trust’s composite score was within the middle 50% of acute Trusts. Therefore, if the Trust was to improve its CQC ratings, the composite indicator score needed to improve considerably in the areas identified as “worse” or “much worse”, in light of our overall “Good” rating as published in the CQC report published on 22 June 2016. Divisions had been tasked to consider the “worse” and “much worse” indicators within the report for risk assessment and mitigating actions.

The Committee received and noted the contents of the report.

e. Fundamental standards report: staffing

The Director of Workforce presented the fundamental standards report on staffing to the Committee.

It was noted that the Trust was compliant in terms of processes but there were significant concerns around staffing and training due to the reduction in continuous professional development funding. These concerns were being monitored via the Workforce Committee.

The Committee received and noted the contents of the report.

9. Annual reports

a. Patient safety

The Compliance Lead presented a report to the Committee which provided an overview of the past 12 months activity in relation to the patient safety team.

Positive progress had been made in terms of the number of incidents reported, demonstrating a positive reporting culture. The Trust was now in the top 10% for Improved National Reporting and Learning System (NRLS) reporting. Consideration would be given to how learning from near misses could be shared across the organisation.

The Committee received and noted the contents of the report. The report would be presented to the Board of Directors for final approval.

b. Infection control

The Director of Nursing presented the infection control annual report to the Committee.

A flu outbreak was anticipated this year and it would be important for all staff to take up the vaccination when offered. The Committee and the Board of Directors would receive exception reports with regard to the infections newly requiring surveillance.

The Committee received and noted the contents of the report. The report would be presented to the Board of Directors for final approval.

10. BAF scoring

The Committee discussed the scoring for the risks associated with the achievement of the corporate objective: to deliver safe, high quality, effective, evidence-based patient care.

a. Failure to achieve an improved benchmarked position for mortality

Mortality group meetings, attended by external stakeholders, continued to be held with focus on outlying areas. The number of deaths in hospital had reduced but there was further improvement to be made. Concerns around the use of disparate sets of data had been raised at Clinical Commissioning Group (CCG) and Medical Director level across the region.

The Committee agreed to retain the score at 5 x 4 = 20.

b. Failure to achieve infection control trajectories

In consideration of the challenges outlined in the earlier discussion with regard to C *diff* infections, the Committee agreed to retain the score at 5 x 4 =20.

c. Failure to reduce clinical variation and drug costs by 10%

It was noted that good progress was being made, particularly with regard to the reduction of drug costs.

The Committee agreed to reduce the score to 4 x 4 = 16.

11. Items received by the Committee for information

The Committee received and noted for information the:

- National cancer survey
- National children's and young people's survey
- Medicines management report
- Chairs reports from reporting meetings

12. Key successes and risks

The Committee discussed and agreed the following key successes and risks:

Successes

- The internal inspection of A&E

- The patient safety annual report

Risks

- Staffing issues
- The inability to implement the pro-forma for patients under police escort
- The increased number of PFD notices
- The challenges in relation to C *diff*
- The delays in sending discharge letters

13. Date and time of next meeting

The next meeting of the Quality and Safety Committee will be held on 11 October 2017 from 9.30am at the Royal Albert Edward Infirmary.