

Chairpersons Report

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|---------------------------------------------|---------------|---------|----------------------------|
| Chairpersons Name | Tony Warne | | |
| Committee Name | Q&S Committee | | |
| Date of Meeting | 10.05.17 | | |
| Name of Receiving Committee | Trust Board | | |
| Date of Receiving Committee meeting | May 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

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|-------------------------------------------------------------------------------|
| 1. The Nursing, Midwifery and AHP Strategy |
| 2. Identification and notification of a pipeline risk around Biochemistry |
| 3. The positive work being undertaken by the Harm Free Care Board |
| 4. The Medicines Management report |
| 5. The Fundamental Standards report and compliance around dignity and respect |

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

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|----|--------------------------------------------------------------------------------------------|---------|
| 1. | Biochemistry staffing issues | RM |
| 2. | Documentation concerns | PL / AE |
| 3. | The clinical language / terminology used in reports to families | CA |
| 4. | Concerns around the long term effectiveness of the ventilation system in the barn theatres | DE |

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|-----------------------------------------------|---------------------------------------|------------------------------------|-------------------------------|-----------------------------------|
| 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? | Completely |
|-------------------------------------------------------------------------------------|------------|

Narrative report of the key issues of the meeting

It has been the case for a large number of recent Q&S committee meetings that often reports are presented on a specific topic or area, but when presented the discussion takes account of a much broader set of issues. This was the case in a number of reports at this meeting. Some of the detail of these are set out below. But an example was the pipeline risk identified from REMC concerning the biochemist workforce. This described a shared service that was teetering on the edge of failing due to difficulties in recruiting the appropriately trained workforce. Whilst this was in part a national issue – in the main the pipeline risk illustrated the need to have effective processes for escalating risks arising from third party providers that may impact upon services we provided to Wigan residents. These issues of communication, shared decision making, planning and accountability illustrated in this case are likely to increase as GM service reconfiguration gathers pace.

This agenda item and others in a similar vein also surfaced the tension of how reports are best presented. The guiding principles for committee meetings note that we assume that participants have read the reports and papers, so that those presenting these are not required to take the meeting through every point. However, what was demonstrated at this meeting was there is a fine line between achieving pace of business through succinctness and brevity and risking not having the critical issues surfaced. This was a point raised by the Trust Board Chair at the end of the meeting. The point was acknowledged and it was agreed to keep a watchful approach to this at future meetings.

Key outcomes from the reports taken at the meeting

Risk Register/Tracker – these were in transition and work was ongoing with establishing a feeder link to the HIS

Chairman: Robert Armstrong

Chief Executive: Andrew Foster CBE

data bases. Current presentation cumbersome to use and might result in some issues not being identified correctly. Assurance was given that this was a live issue and work was progressing at achieving full integration of the feeder systems for more effective reporting and joined up information gathering, analysis and reporting.

A Pipeline Risk around the local biochemistry workforce was identified – more information was required on the possible mitigation actions and the issue to be raised with the GM Workforce Board.

StEIS report was noted – but an accompanying investigation report revealed a style of writing that didn't reflect the family involved would read the words – action required to ensure our WWL values are transposed into a more humanised narrative.

Harm Free Care – showed documentation still to be an issue, and falls prevention/reduction had plateaued. Note that in relation to documentation, there may well be an inequitable workload issue in play rather than a compliance problem. This issue to come back to a future Q&S meeting.

Barn Theatre report was light on detail and analysis. Whilst assurance was gained over business continuity planning for the next round of validation testing, more information was required over the medium /long term implications of the theatres being fit for purpose. A more detailed report to come back to the Q&S meeting.

Medicines Management Report – emergent evidence of improvements linked to the introduction of HIS - indications of ongoing work addressing potential safety issues alerts being communicated across the Trust.

CQC Standards Report (Dignity and Respect) – good to see full compliance with all standards

Infection Prevention and Control – new surveillance requirements will add to the workload challenges of a small team – resources being investigated and outcomes to be brought back to Q&S if necessary.

BAF – completed as last agenda item.

| Agreed actions from the meeting | Name of primary lead for the actions |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| L Boyd / Division of Medicine to check and provide further assurance to the Committee that the data uploaded to SSNAP National Audit was correct and matches that reported in the Division of Medicine and to the CCG | L Boyd / Div. of Medicine |
| The Quality Account report to be added to the work plan for receipt by the Committee | L Hancock |
| A Balson to flag (at GM level) biochemistry staff as a shortage occupation R Mundon to lead on getting sight of an action plan and milestones which would be reported back to Q&S / Trust Board as appropriate (Biochemistry staffing) | A Balson R Mundon |
| An update on the work being done to mitigate documentation concerns to come to the September Committee | A Edis |
| D Evans to lead on providing the Committee with assurances around the plans that would be put in place should the next revalidation exercise fail. This would be for report back in June or July | D Evans |
| G Smith to feedback actions from the Morbidity and Mortality Group for the Committee's information | G Smith |

**MINUTES OF A MEETING OF THE QUALITY AND SAFETY COMMITTEE HELD
ON WEDNESDAY 10th MAY 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 | | | | | | |
| Christine Parker Stubbs, NED | √ | √ | √ | √ | √ | | | | | | |
| Prof Tony Warne, NED (Chair) | √ | √ | √ | √ | √ | | | | | | |
| Robert Armstrong, Chairman | √ | √ | √ | APOLS | √ | | | | | | |
| Richard Mundon, Director of Strategy | √ | √ | √ | √ | √ | | | | | | |
| Alison Balson, Workforce Director | √ | √ | √ | APOLS VMcManus | √ | | | | | | |
| Jon Lloyd, NED | √ | APOLS | √ | √ | √ | | | | | | |
| Mary Fleming, DOP | √ | APOLS | APOLS D Evans | √ | √ | | | | | | |
| Rob Forster, DoF | √ | √ | √ | APOLS G Edwards | √ | | | | | | |
| Pauline Law, DON | √ | APOLS A Edis | √ | APOLS A Edis | √ | | | | | | |
| IN ATTENDANCE | | | | | | | | | | | |
| Gillian Edwards, Associate DoF | √ | √ | √ | √ | √ | | | | | | |
| Lynda Hancock, Minutes | √ | √ | √ | √ | √ | | | | | | |
| David Evans, Associate Director of E&F | √ | APOLS SC | √ | √ | √ | | | | | | |
| Stephen Dobson, Head of IM&T | APOLS | - | - | - | - | | | | | | |
| Tracy Joynson, Governance Lead Surgery | APOLS | √ | APOLS | - | - | | | | | | |
| Gill Smith, Governance Lead SS | √ | √ | √ | √ | √ | | | | | | |
| Lesley Boyd, Governance Lead Medicine | √ | √ | √ | √ | √ | | | | | | |
| Claire Alexander, Associate Director of Governance and Assurance | √ | √ | APOLS | √ | √ | | | | | | |
| Linda Sykes, Governor | √ | √ | √ | √ | √ | | | | | | |
| Deborah Pullen, Compliance Lead | √ | √ | √ | √ | √ | | | | | | |
| Head of Nursing (on rotation) | JP/AB | D Lee | JP | S Orchard | F Hindley | | | | | | |
| Cathy Stanford, Governance Lead for Maternity & Child Health | APOLS | √ | √ | √ | √ | | | | | | |
| Allison Edis, Deputy Director of Nursing | √ | √ | √ | √ | √ | | | | | | |
| Martin Farrier, Associate Medical Director | √ | - | - | - | - | | | | | | |
| Pam Green, IM&T | - | APOLS MS | √ | APOLS MS | √ | | | | | | |

In attendance: Lynda Barkess-Jones – Associate Director of Infection Control, Amanda Cheesman – Associate Director of Nursing for Professional Practice, Gary Masterman – Deputy Chief Pharmacist for Governance, Anil Gambhir – DMD Specialist Services

1. PRESENTATION: NURSING, MIDWIFERY AND AHP STRATEGY

P Law opened the meeting by presenting the Nursing, Midwifery and AHP Strategy. The strategy had been launched this week as part of Nurses' Week.

Professor Jane Cummings launched the 'Leading Change, Adding Value' framework in 2016 with the directive that this was adapted by Directors of Nursing to fit into individual organisations. CCGs were given the responsibility of ensuring that this was implemented. WWL had taken time to do this, undertaking extensive consultation with staff. The strategy firmly placed healthcare professionals as the people that would drive change. It was not a standalone document and linked with all key documents locally, regionally and nationally. It would form part of the PDR process and would be owned by staff. The Professional Advisory Board had approved the document and would monitor its implementation. Corporate QEC and Q&S Committee would be informed of progress by exception.

A number of events would be taking place as part of Nurses' Week including a celebration event that had taken place on Monday, stands and walkabouts by the corporate nurses.

T Warne thanked P Law for her presentation and invited comments from those present.

The Committee were in agreement that the strategy was an excellent document and fully endorsed its use. It was noted that it was a living document that would continue to evolve.

T Warne congratulated all involved in the production of the strategy. P Law particularly noted the hard work of A Cheesman and the Professional Practice Nurses.

2. COMMITTEE CHAIR'S OPENING REMARKS

T Warne welcomed all to the meeting and noted the challenges of the very busy agenda.

He noted that it would be International Nurses' Day on Friday and it was also Mental Health Awareness Week, which would provide an emphasis on people living with mental health issues thriving rather than only surviving.

He further noted that he had attended a National Trauma Conference and provided some feedback from this.

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 12.04.17

The minutes were agreed to be an accurate record.

6. MATTERS ARISING

a. Action log from 12.04.17

Action updates were received and noted.

Care of Emergency Laparotomy Patients

M Fleming reported that she had met with the clinical leads and a pathway had been designed for high risk patients. This was currently out for comments but it was hoped that this would be implemented by the 5th June.

Stroke data

At the last meeting, it had been identified that there were discrepancies between SSNAP stroke data and the Trusts data. L Boyd advised that SSNAP data reported everything that was coded as stroke, whilst the Trust data provided for the CCG only reported on three specific codes as requested by the CCG. She noted that work was being undertaken in the directorate to make continued improvements to stroke care. A further update around this would be taken at the June / July meeting as there still remained some concern as to why there was a discrepancy.

ACTION: L Boyd / Division of Medicine to check and provide further assurance to the Committee that the data uploaded to SSNAP National Audit was correct and matches that reported in the Division of Medicine and to the CCG

b. Work plan 2017/18

The work plan was received and noted. It was agreed to add the Quality Account report to the work plan.

ACTION: The Quality Account report to be added to the work plan for receipt by the Committee

c. ToR

The amended ToR were received and approved.

This had been amended to provide some flexibility for the Medical Director and Director of Nursing to send a representative to the meeting in their absence and still enable a quorum.

7. RISK ESCALATIONS FROM REMC AND RISK TRACKER

The risk tracker was received and noted.

a. Review of Corporate Risk Register

R Mundon noted that the risk tracker and corporate risk register (CRR) circulated were reflective of the March position. A further meeting had taken place in April and the tracker / CRR would be updated to reflect those discussions. He noted that the April meeting had been positive with the removal of a few long standing risks such as the Limes Building and the financial risk. He felt that, overall, the number of corporate risks were coming down which provided a better position for the Trust going forward.

He further noted the escalation of a pipeline risk around Biochemistry staffing which would be discussed next on the agenda.

J Lloyd noted that there appeared to be no risks around Healthier Together / GM or the locality and queried whether these were picked up. R Mundon advised that the Audit Committee had tasked REMC with considering the addition of these. However, it was often difficult to describe the risks effectively and he also

noted that the Strategy Committee would specifically consider such risks as these.

C Alexander added that the Trust also had the BAF which incorporated the strategic risks. Work would be undertaken in terms of linking the BAF with the Corporate Objectives via the Datix system.

b. Biochemistry staffing risk

C Stanford presented this risk which had been escalated from REMC as a pipeline risk. She noted that the risk was around a potential loss of service due to staffing issues experienced in the shared pathology service. Salford hosted the service so were responsible for taking actions to mitigate. It was noted that plans were in place: locums would be recruited in the short-term, two new posts would be created in the medium-term and the long-term plan would be to develop trainees.

R Mundon advised that this was not currently on the risk register. Discussions had taken place with Salford at Exec level and it had been agreed that it would be important to continue to identify potential risks in shared services for escalation.

A Foster noted that, if this was a shortage occupation, it needed to be flagged to GM level via A Balson.

C Alexander felt it would be important to strengthen the governance arrangements around shared services to ensure that risks such as these were picked up effectively. C Parker Stubbs noted that there had been agreement on the need for this at the first of the NW Sector Shared Services Board meetings that had taken place yesterday.

The Committee felt it would be important to see the action plan in place to address this and the milestones. R Mundon agreed to lead on this and to report back to Q&S / Trust Board as appropriate.

ACTION: A Balson to flag biochemistry staff as a shortage occupation

R Mundon to lead on getting sight of an action plan and milestones which would be reported back to Q&S / Trust Board as appropriate

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

C Alexander advised that this had been escalated to Q&S Committee from F&I Committee. A full report with a plan from the Divisions concerned would come back to the meeting in June.

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

D Pullen advised that there had been 3 incidents reported to StEIS in April. In relation to the report which had gone beyond its deadline, D Pullen reported that the draft had been to ESC last week and would be reviewed again this week before being submitted to the CCG.

e. *StEIS 2016/33079 and CQC letter of intent update*

The final report from this incident was received and noted by the Committee. Work would continue to implement the action plan.

J Lloyd felt that the language / terminology in reports such as these could be worked on to make them less clinical and more empathetic, particularly as they were shared with families.

D Evans provided a brief update to the Committee in relation to a break in over the weekend at Christopher Home. The E&F team were taking all measures to increase the security of the building.

8. DEEP DIVE OF COMMITTEE MINUTES: HARM FREE CARE BOARD

A Edis presented the minutes from the Harm Free Care Board and highlighted the key areas of discussion. She noted that the work of the Board focused on reducing harms. The ToR had recently been widened to include MEWs, the escalation of MEWs and documentation concerns. She noted that there was a significant amount of scrutiny and challenge at the meetings. The Responsible Officer had agreed to attend future meetings which would be a positive addition.

There were a number of work streams underway in relation to documentation concerns and the Committee felt it should have sight of progress around this. It was agreed to bring an update back to the Committee in September.

ACTION: An update on the work being done to mitigate documentation concerns to come to the September Committee

9. DRAFT ANNUAL GOVERNANCE STATEMENT (AGS)

C Alexander presented the draft AGS to the Committee for comment. It was noted that this had also been presented at the recent Audit Committee meeting. Comments / feedback were invited from those present before the end of the week.

10. ASSURANCE REPORT: WRIGHTINGTON BARN THEATRES

D Evans noted that F&I had recommended that a report was taken to Q&S Committee to provide assurance that patient safety had not been affected by the recent issues in relation to the ventilation system in the new barn theatres.

It was noted that whilst there had been operational challenges as a result of the issues, there had been no negative impact on patient safety. L Barkess-Jones confirmed that any affected patients had been put onto intensive monitoring and to date there had been no issues reported. These patients would continue to be picked up as part of surveillance processes.

The E&F team continued to monitor the ventilation system in conjunction with the infection control team. It was still not possible to identify the source of the original issues but the E&F team would be preparing well in advance of the next revalidation exercise to ensure that this went as smoothly as possible. The Specialist Services Division were also working on the business continuity plan for the testing period.

T Warne thanked D Evans and L Barkess-Jones for the assurances around patient safety. He felt that the Committee could feel assured that patients had not been adversely affected. He was pleased to note that the Division was preparing for the next round of testing but noted the concerns of the Committee should the next revalidation fail. He noted the need for further assurance around plans should this be the case. D

Evans agreed to lead on an action to pull this together in conjunction with others. This would be reported back to the Committee in June / July.

ACTION: D Evans to lead on providing the Committee with assurances around the plans that would be put in place should the next revalidation exercise fail. This would be for report back in June or July

11. MEDICINE MANAGEMENT REPORT

The Medicine Management report was received and noted by the Committee. G Masterman provided the key highlights from the report. Good progress continued to be made with medicines management.

M Fleming had been pleased to note the use of HIS to assist with medicines management. She felt this was a good news story.

P Law felt that the report was excellent but felt that more could be included in relation to the prescribing of antibiotics and infection control given the increase in CDTs.

A Foster queried whether there was any pattern in the loss of controlled drugs. G Masterman advised that the loss of controlled drugs was very rare and was mostly due to poor recording.

R Mundon noted that the report flagged up potential safety issues that were not necessarily related to medicine. It would be important to ensure that these were passed on as appropriate. He also queried how the pharmacy team were able to influence the broader patient pathway. G Masterman advised that this was a challenge as there wasn't a clear reporting process across the community but the pharmacy team made every effort to monitor.

R Forster noted that a commitment had been made to provide a more private area for dispensing of medicines in pharmacy. This was being progressed.

T Warne thanked G Masterman and team for an excellent report.

12. CQC FUNDAMENTAL STANDARDS REPORT: DIGNITY AND RESPECT

The report was received and noted. A Edis noted that WWL had self-assessed as being compliant in relation to dignity and respect.

The Committee were pleased to note the report.

13. INFECTION PREVENTION AND CONTROL: NEW REGULATIONS

L Barkess-Jones was in attendance to present the report to the Committee. The paper highlighted the national changes that were being introduced in terms of infection control surveillance. This would bring additional challenges to the Infection Control team due to the increased reporting / investigative requirements. There could be potential resource implications as a result.

The report also provided the Committee with assurance that, despite the increased level of infection in the Trust, WWL continued to perform well in comparison to other Trusts in the region. It was important to note that, whilst WWL had exceeded the CDT trajectory of 19, there had only been 3 lapses of care.

T Warne thanked L Barkess-Jones for an excellent report and the Committee would look forward to further updates as the year progressed.

14. BAF SCORING

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

Failure to achieve an improved benchmarked position for mortality

The Committee noted that the mortality data had not changed since the last meeting. The Mortality Group would be meeting for the first time on the 1st June. It was suggested and agreed that the score should remain at 25.

Failure to achieve infection control trajectories

The Committee had received and noted the paper prepared by the Infection Control team. It was noted that the deep clean schedule had been postponed due to operational pressures. It was suggested and agreed to keep the score at 20 for now until the deep cleans could be re-instated.

Failure to reduce clinical variation and drug costs by 10%

S Arya was not present at the meeting on this occasion but it was noted that he had commenced work on clinical variation by identifying key specialties for focus. It was suggested and agreed to retain the opening score of 20.

15. ITEMS RECEIVED BY THE COMMITTEE FOR INFORMATION

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

T Warne had noted discussions in the Specialist Services DQEC Chairs report around actions being taken by the Morbidity and Mortality Group. He felt it would be useful for the Committee to have some understanding around these actions at a future meeting.

ACTION: G Smith to feedback actions from the Morbidity and Mortality Group for the Committee's information

16. STRATEGIC ISSUES FOR REPORT

T Warne felt that there were a couple of key points to mention at the Board which he would draw out in his chairs report.

17. ANY OTHER BUSINESS

There were no further items for discussion.

18. KEY SUCCESSES / RISKS

Key successes were agreed to be:

- The Nursing, Midwifery and AHP Strategy
- Identification and notification of a pipeline risk around Biochemistry
- The positive work being undertaken by the Harm Free Care Board
- The Medicines Management report
- The Fundamental Standards report and compliance around dignity and respect

Key risks were agreed to be:

- Biochemistry staffing issues
- Documentation concerns
- The clinical language / terminology used in reports to families
- Concerns around the long term effectiveness of the ventilation system in the barn theatres

19. COMMITTEE EFFECTIVENESS FEEDBACK

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

20. DATE AND TIME OF NEXT MEETING

This was noted to be on the 14th June 2017, 9.30am, THQ Boardroom.