Royal Papworth Hospital
NHS Foundation Trust

Meeting of the Quality & Risk Committee (Part 1)
(Sub Committee of the Board of Directors)
Quarter 3, Month 2

Held on 26 November 2020 at 2 pm
Via Microsoft Teams

M I N U T E S

Present	**Ahluwalia, Jag**	**(JA)**	**Non-executive Director**
	Blastland, Michael (Chair)	**(MB)**	**Non-executive Director (Chair)**
	Buckley, Carole	**(CB)**	**Assistant Director of Quality & Risk**
	Graham, Ivan	**(IG)**	**Acting Chief Nurse**
	Hodder, Richard	**(RH)**	**Lead Governor**
	Jarvis, Anna	**(AJ)**	**Trust Secretary**
	Monkhouse, Oonagh	**(OM)**	**Director of Workforce and Organisational Development**
	Posey, Stephen	**(SP)**	**Chief Executive Officer**
	Powell, Sarah	**(SP)**	**Deputy Clinical Governance Manager**
	Raynes, Andy	**(AR)**	**Director of Digital & Chief Information Officer**
	Salmon, Craig	**(CSal)**	
	Seaman, Chris	**(CS)**	**Executive Assistant (Minute taker)**
Apologies	**Hall, Roger**	**(RH)**	**Medical Director**
	Riotto, Cheryl	**(CR)**	**Retiring Governor**
	Rudman, Josie	**(JR)**	**DIPC**
	Webb, Stephen	**(SW)**	**Associate Medical Director and Clinical Lead for Clinical Governance**
	Wilkinson, Ian	**(IW)**	**Non-Executive Director**

Discussions did not follow the order of the agenda however for ease of recording these have been noted in the order they appeared on the agenda.

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1	**APOLOGIES FOR ABSENCE**		
	The Chair opened the meeting and the apologies were noted as listed above.		
2	**DECLARATIONS OF INTEREST**		
	There is a requirement that those attending Board Committees raise any specific declarations if these arise during discussions. The following standing Declarations of Interest were noted: • Michael Blastland as Board member of the Winton Centre for		

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	Risk and Evidence Communication; as advisor to the Behavioural Change by Design research project; as member of the oversight Panel for the Cholesterol Treatment Trialists' Collaboration, as a freelance journalist reporting on health issues and as an advisor to Bristol University's Centre for Research Quality and Improvement. • Andrew Raynes as a Director ADR Health Care Consultancy Solution Ltd. • Jag Ahluwalia as: CUH Employee, seconded to Eastern Academic Health Science Network as Chief Clinical Officer; Programme Director for East of England Chief Resident Training programme, run through CUH; Trustee at Macmillan Cancer Support; Fellow at the Judge Business School – Honorary appointment and am not on the faculty; Co-director and shareholder in Ahluwalia Education and Consulting Limited; Associate at Deloitte and Associate at the Moller Centre. • Ian Wilkinson as: Hon Consultant CUHFT; Employee of the University of Cambridge; Director of Cambridge Clinical Trials Unit, Member of Addenbrooke's Charitable Trust Scientific Advisory Board, Senior academic for University of Cambridge Sunway Collaboration and Private Health Care at the University of Cambridge. • Stephen Posey in holding an Honorary contract with CUH to enable him to spend time with the clinical teams at CUH; Chair of the NHS England (NHSE) Operational Delivery Network Board; Trustee of the Intensive Care Society; Chair of the East of England Cardiac Network and an Executive Reviewers for CQC Well Led reviews. There were no new declarations of interest declared.		
3	**COMMITTEE MEMBER PRIORITIES** Today's priority was considered to be developments in the Mycobacterium abscessus investigation following the Incident Management Team meeting on 25 November 2020 with PHE and NHSE/I (detailed at item 6.3.2)..		
4	**MINUTES OF THE PREVIOUS MEETING – 29 October 2020**		
	The Quality & Risk Committee approved the minutes of the previous meeting held on the 29 October 2020 and authorised these for signature by the Chair as a true record.	Chair	
5	**MATTERS ARISING AND ACTION CHECKLIST PART 1 (201029)** There were reviewed and updated.		
6.1	**QUALITY**		
6.1.1	**Quality & Risk Management Group (QRMG) Exception Report** This was presented by the Assistant Director of Quality & Risk. She corrected the error that there were in fact only six Serious Incidents reported to the CCG during Q2, not seven. She confirmed that a themed review of these would be undertaken, along with moderate harm incidents, specifically cross referencing incidents involving deteriorating patients. It was further suggested by the Committee that the themed review should extend over the last 12 months and that near misses could be looked at with the same level of detail. It was potentially troubling that preventative measures were put in place only for a similar incident to potentially occur again in a few months' time. Further assurance was required that learning was embedded and that the Trust remained ahead		

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	of the opportunities to avoid further similar themed incidents. The Committee also requested that qualitative narrative should be added Quality & Risk annual report. The Acting Chief Nurse reflected that work related to the hospital at night had positively impacted the level of incidents and that learning from the hospital at night huddles were being considered for during the day. The Chief Executive added that this conversation was exactly the type of challenge the Trust needed to consider and wholeheartedly endorsed the discussion.		
6.1.1.1	**SUI-WEB33115 Final Report** This was noted by the Committee.		
6.1.1.2	**QRMG Minutes (201013)** The minutes were received by the Committee and it was noted that Patient Safety Rounds had been paused again until after the New Year, in view of the current pandemic situation, with a further review due at QRMG on 12 January 2021		
6.1.1.3	**Q2 2021 Quality & Risk Report** Risk 2313 on page 24 of the report, was discussed. The Acting Chief Nurse did not consider this was of material concern as it was linked to the rebuilding of Critical Care rosters. The Director of Workforce and Organisational Development considered there was further process work to be completed because of the recent turnover of staff however with the appointment to the new position of Lead Nurse of an individual experienced with rosters, and the new Welfare post, she felt that considerable progress had been made. The benefits of the structural changes would go some way to reducing the risk rating along with the improvement on the stability between the balance of staffing during days and nights. VTE Risk Assessments (page 8) – Although the required compliance of 95% had been achieved, the Chair questioned whether the narrative matched the results in the table as there had been a slight reduction in compliance across the last four quarters. The Assistant Director of Quality & Risk agreed to investigate. The Director of Digital reported that work continued with DXC to influence a resolution for the completion of VTE risk assessments and considered that despite the slight reduction recent education had had a positive impact on staff as the last month in the audit had seen 100% compliance. The Deputy Clinical Governance Manager confirmed that the sample size for the VTE audit was 30 patients only. Dr Alhuwalia questioned whether the high risk COVID-19 patient group was included in this sample. As this patient group was recorded in a separate system it would be recorded in this report in the future.		
6.1.1.4	**Q2 Divisional & Business Unit Reports** These were accepted by the Committee.		
6.1.1.5	**New Risks for QRMG (201106)** New risks were noted by the Committee.		
6.1.1.6	**Surgical Mortality & Morbidity monitoring** In August the Committee had asked for clarification on the data reported in PIPR for cardiac surgery mortality and also requested if further work could be undertaken to look at the rates compared with other, past cases of high acuity. It was it was understood however that comparisons might be difficult. The Deputy Clinical Governance Manager presented this paper to provide assurance for potential concerns raised by internal versus external monitoring. A monthly morbidity review by surgeon and		

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	procedure gave the Committee assurance that outcomes at RPH were excellent and compared well with others. She explained the challenges to exact comparisons with the national database as this was behind RPH with reporting; the latter included emergencies whereas the national database excluded these, therefore the comparison was not like for like. The Chair was concerned that a rising raw [crude] mortality rate displayed as raw data on PIPR would not distinguish between a performance concern or a change in acuity and requested consideration on how this might be reflected in PIPR so that underlying performance was clear to not only the Board but to external audiences. It was agreed that this would be considered outside of Committee and that Mr Nashaf should be involved in discussions. It was also agreed that when the national data was published the Deputy Clinical Governance Manager would submit this to the Committee for review.	SP/SW	Jan 21
6.1.2	**Fundamentals of Care Board (FoCB)**		
6.1.2.1	**Report of Mock CQC held 2201026** The Acting Chief Nurse reported that this had not been yet been completed (the report was being written at the time if the meeting) due to other priorities however he gave assurance that the CQC Fundamental spot audits were being maintained and reported through CPAC and FoCB with the most recent a review of Regulation 10 Dignity and Respect.		
6.1.2.2	**Minutes of FOCB (200923)** These were received by the Committee.		
6.1.3	**Regional Health Inequalities Report** The original request from the Committee in August was to further understand the spread of referrals across the region to ascertain whether there was a biased selection process at referral that did not meet the needs of the population. The Committee was reassured by the report presented by Craig Salmon, Head of Business Intelligence & Analytics, that there were no apparent social inequalities of outcomes, however inequality of access to treatment was still much of an enigma. As a receiving tertiary service it was challenging to reconcile RPH data with that of referral services and to be assured that there was not an unintended bias at an early stage of the referral pathway, preventing equal access to RPH services. It was agreed that CSal would interrogate current available data with the support of Digital colleagues and that a gap in the ethnicity data of patients which had been identified, should also be investigated with the support of the Director of Workforce and Organisational Development to consider opportunities to improve collection of ethnicity data.	CSal/AR	Jan 21
6.1.4	**Quarterly Digital Update** This report, which highlighted recent and new digital developments related to quality and risk was presented to the Committee by the Director of Digital & Chief Information Officer (CIO). The following initiatives were highlighted: • PatientAide – a patient portal designed for access by patients on their own tablet/smartphone was being used in a test environment by 10 RSSC patients. • Fysicon – a system for monitoring implants allowing the scanning of barcodes to transfer data from the patient to a medical record had gone live on 11 November 2020. The CIO advised that these were part of the digital portfolio in which		

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	projects were prioritised and monitored with oversight from the Chief Medical Information Officer, the Chief Nursing Information Officer, representatives from Pharmacy, Allied Health Professionals in conjunction with Digital and final sign off with a certificate of conformity by the CIO. The Committee should take assurance that the process for ensuring safety and quality was robust.		
6.2	**PERFORMANCE**		
6.2.1	**Performance Reporting/Quality Dashboard**		
6.2.1.1	**PIPR Safe – M07** This was noted by the Committee.		
6.2.1.2	**PIPR Caring – M07** This report was noted by the Committee. It was noted that the number of compliments now included all those made via Friends & Family test.		
6.2.1.3	**PIPR People, Management & Culture (PMC) – M07** This report was noted by the Committee. The high level of agency use was noted in comparison with the reduction in the use of bank shifts. The Director of Workforce and Organisational Development advised that the data should be used with caution as the complexity of staff utilisation during COVID had made the data more involved; re-opening up hospital capacity ahead of recruiting staff had created an unstable picture. She advised there was a further need to address the use of overtime as opposed to bank but that this would be about changing behaviours and breaking long established habits. She wished it to be recorded that it was an historic moment for the nursing vacancy rate to be below 5%.		
6.2.2	**Monthly Ward Scorecards: M07** This was noted by the Committee.		
6.3	**SAFETY**		
6.3.1	**Serious Incident Executive Review Panel (SIERP) minutes (201020, 201027, 201103, 201110)** The SIERP minutes as outlined above were received by the Committee.		
6.3.2	**Mycobacterium abscessus update** The Acting Chief Nurse updated the Committee on the outcome of the meeting held with PHE and NHSE/I on 25 November. This had been attended by representatives with an expertise or interest in M.Abscessus or relatedness and was arranged as an external review. A presentation was given outlining the efforts and actions of the Trust to date to investigate the outbreak. The outcome of the meeting could be summarised as below: • It was acknowledged that the Trust had undertaken extensive efforts to both identify the cause of the outbreak and had mitigations in place to minimise future acquisition of M Abscessus in vulnerable patients. The cause of the outbreak however, although likely to be the water, was unproven. • Neither of the external partners had been able to suggest further additional steps to be taken by the Trust. • The Trust agreed to communicate with potential lung transplant recipients as part of an enhanced consent process. The Trust would also write to NHBT and NHSE to update them and to encourage them to communicate with other lung transplant centres alerting them to the potential risk for their own patients. • PHE agreed to lead a detailed epidemiological analysis and NHSE/I committed to help resource this. The Chief Executive was of the opinion that RPH had been open and		

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	transparent and was keen to share experiences and research with other organisations, in particular the planned 48 new hospitals. The Committee expressed opinion that it felt well informed and that the Trust had been exemplary in its openness. Of concern however, a further lung transplant patient had since been diagnosed as colonised with the organism, who had been treated after all mitigations had been put into place. There had been a recent incident with the routine changing of shower head filters which could have impacted on vulnerable patient bed spaces however it was too early to say whether this was related to the incident. Duty of candour would be undertaken and a time line of the patient's journey was being mapped. In addition to patients, it was recognised that some staff may also be impacted by the outbreak so targeted communications to appropriate staff were also planned.		
6.3.3	**Annual Pressure Ulcer Report 19/20** This was accepted by the Committee.		
6.3.4	**Covid-19 Pressure Ulcer and Skin Audit** The Acting Chief Nurse gave background to this report by commenting that despite how exceptionally sick some patients were, he was delighted that there had been no high grade pressure ulcers reported. The maintenance of skin integrity despite the constant turning, proning and moving of patients was remarkable; this opinion was mirrored by Dr Ahluwalia. For those patients referred with skin injuries already in place, dialogue with the referring hospital had been important as patient history was a considerable part of the tissue viability assessment. Every pressure ulcer would be reported via Datix which had a root cause analysis facility to investigate the details of each individual ulcer. Pressure Ulcer scrutiny panels were held to discuss avoidability and/or lapses of care.		
7	**RISK**		
7.1	**Board Assurance Framework Report**		
	The Committee noted the contents of this report. The Trust Secretary reported that there was no movement with Committee risks this month.		
8 **8.1**	**WORKFORCE** **Staff Wellbeing and Safety** This report provided an update to the Committee on the following and was presented by the Director of Workforce and Organisational Development: • Workforce Risk Assessment Review – The Trust had a statutory duty to protect the health and safety of staff however following the request of a number of staff in the high risk category who wanted to return to their normal roles, a further review was undertaken. The expert internal advisory panel had to consider whether enabling high risk staff to work in purple and orange areas would allow exposure to unacceptable levels of risk. The panel concluded that if staff so wished, the purple and orange pathway areas could be a suitable working environment for those staff with a red risk assessment provided mitigations were in place. This had been thought through painstakingly and with risks carefully considered. The Director of Workforce and Organisational Development wished for the Committee to be sighted that RPH was an outlier on this as most other local Trusts had followed guidance that red risk staff should not be in the workplace; CUH		

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	were also however, allowing some degree of choice. The Committee accepted the opinion of the expert panel. • Covid Vaccination Programme – due to licencing requirements the Pfizer vaccine could only be administered from hubs at CUH and NWAFT, so staff would have to travel to receive the vaccine. Training material and user instructions were still to be distributed. If the Oxford vaccine was rolled out this would be administered at RPH, so for this reason arrangements for the rapid vaccination delivery would remain in place. • Covid Staff Testing Programme – this was due to commence on 30 November 2020 and would be offered to all staff and students based at the hospital along with OCS staff. Daily returns were required by PHE.		
9	**GOVERNANCE**		
9.1	**Staff COVID Testing and Vaccination Data held on Lorenzo.** This was presented by the Director of Digital & Chief Information Officer who expressed concern as the Trust Senior Information Risk Officer (SIRO), that as a national solution to record staff testing and vaccination data was not yet available the compromise would be to use Lorenzo for data storage. Whilst it was understood that all staff signed a confidentiality agreement and should not access ESR unless they had a legitimate care relationship with the data subject, a consent form should be offered to staff allowing consent for their data to be stored on Lorenzo. Dr Ahluwalia expressed his shared discomfort with this solution and suggested that the consent form should be more explicit as if it were a procedural consent form around the risks involved. Dr Ahluwalia would liaise with the Director of Digital outside of the meeting to agree suitable wording on the consent form. The Director of Workforce and Organisational Development agreed to investigate whether staff could be advised that unauthorised record access **would** result in disciplinary action. This data would be subject to a VIP audit in the same way as other VIP records.	JA/AR	Dec 20
10	**ASSURANCE**		
10.1	**Emergency Preparedness update** This report was accepted by the Committee with acknowledgement of the comprehensive information within the document. The Acting Chief Nurse added that the Emergency Planning team continued to work towards improving compliance against the core standards.		
10.2	**QIA Assurance Report M7** This report was noted by the Committee.		
10.3	**Internal Audits: How does the Trust Board assures itself of the on-going compliance against CQC standards.** This report was accepted by the Committee.		
10.4	**External Audits** There were none.		
11	**POLICIES**		
11.1	**DN015 Infection Prevention & Control Policy** DN015 was ratified by the Committee.		
11.2	**DN799 – COVID-19: Infection Control Living with COVID policy** DN799 was ratified by the Committee.		
11.3	**DN289 Health Safety & Wellbeing Policy** DN289 was ratified by the Committee.		
12	**RESEARCH AND EDUCATION**		

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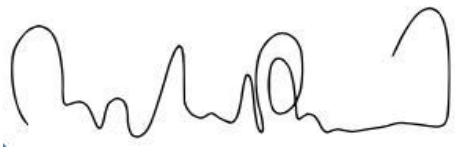
12.1	**Research**		
12.1.1	**Minutes of Research & Development Directorate meeting (201009)** These were noted by the Committee.		
12.2	**Education**		
12.2.1	**Education Steering Group minutes (201120)** These were not available at the time of the meeting.		
13	**OTHER REPORTING COMMITTEES**		
13.1	**Escalation from Clinical Professional Advisory Committee (CPAC)** There were no escalation issues from CPAC held on 20 November 2020. The Chief Nurse informed the Committee that the Florence Nightingale Foundation Clinical Professor of Nursing from the University of Cambridge School of Clinical Medicine had attended the November meeting to present how she had developed research capacity and capability among nurses, midwives and AHPs at CUH and her role on the panel for the NIHR Career Development and Senior Research Fellowship Awards. She had highlighted the opportunities for non-medical research and development across the campus which had been motivational for all those on the call.		
13.1.2	**Minutes of Clinical Professional Advisory Committee – (201021)** These were noted by the Committee.		
13.2	**Minutes of Safeguarding Committee (none)** There had not been a further Safeguarding meeting since the last Quality & Risk Committee meeting.		
14	**LIVING WITH COVID-19**		
14.1	**Minutes of Living with Covid Steering Group (201019)** These were received by the Committee.		
14.2	**Infection Prevention Control update** The Acting Chief Nurse advised that as of 30 November all staff would wear face masks whilst at work rather than face coverings. This could be relaxed if you were sat in a booth or along at your own workstation. This decision had been taken in response to the rising incidence of COVID-19 in the community and the practicalities of observing social distancing in the workplace. He also advised that the IPC team had reviewed the '*Key actions: infection prevention and control and testing'*, published on 17 November 2020 with mitigation/evidence in place for 3 key actions that were not current practice at RPH; this would be submitted to the Board on 3 December 2020.		
15	**ISSUES FOR ESCALATION**		
15.1	**Audit Committee** There were no issues for escalation.		
15.2	**Board of Directors** An update of the Mycobacterium abscessus investigation would be escalated to Board.		
16 **14.1**	**ANY OTHER BUSINESS** There was no further business.		
	Date & Time of Next Meeting: **Thursday 17 December 2020 2.00-4.00 pm**		

The meeting closed at 1558 hrs



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Signed

21 December 2020

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Date

Royal Papworth Hospital NHS Foundation Trust
Quality & Risk Committee
Meeting held on 26 November 2020