

Meeting of the Quality & Risk Committee (Part 1)
(Sub Committee of the Board of Directors)
Quarter 4, Month 3

Held on 26th March 2020
2.00 – 4.00 pm
Fifth floor, rooms 5 & 6

MINUTES

Present	Josie Rudman	(JR)	Chief Nurse
	Dr Roger Hall	(RH)	Medical Director
	Stephen Posey	(SP)	Chief Executive
By Telephone	Dr Stephen Webb	(SW)	Associate Medical Director and Clinical Lead for Clinical Governance
	Michael Blastland	(MB)	Non-executive Director (Chair)
	Carole Buckley	(CB)	Assistant Director of Quality & Risk
	Dr Jag Ahluwalia	(JA)	Non-executive Director
	Professor Ian Wilkinson	(IW)	Non-executive Director
	Oonagh Monkhouse	(OM)	Director of Workforce & Organisational Development
	Andy Raynes	(AR)	Director of Digital and Chief Information Officer
In Attendance	Anna Jarvis	(AJ)	Trust Secretary
	Chris Seaman	(CS)	Executive Assistant (Minute taker)
Apologies	Ivan Graham	(IG)	Deputy Chief Nurse
	Richard Hodder	(RH)	Lead Governor
	Kate Pollard	(KP)	Quality Compliance Officer

Agenda Item	For	Action by Whom	Date
1	APOLOGIES FOR ABSENCE		
	The Chair opened the meeting and apologies were noted as 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: <ul style="list-style-type: none"> Michael Blastland as Board member of the Winton Centre for 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 		

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	<p>freelance journalist reporting on health issues and as an advisor to Bristol University's Centre for Research Quality and Improvement</p> <ul style="list-style-type: none"> • Josie Rudman, Partner Organisation Governor at CUH; Executive Reviewer for CQC Well Led reviews and Vice Chair of the Cambridgeshire and Peterborough Joint Clinical Group • Roger Hall as a Director and shareholder of Cluroe and Hall Ltd, a company providing specialist medical practice activities. • 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. • 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. 		
3	MINUTES OF THE PREVIOUS MEETING – 27 February 2020		
	These were not available at the time of the meeting.		
4	MATTERS ARISING AND ACTION CHECKLIST PART 1 (200227) These were not available for review at the time of the meeting.		
5.1	QUALITY		
5.1.1	QUALITY EXCEPTION REPORTS		
5.1.1.1	<p>QRMG Exception report</p> <p>This was presented by the Assistant Director of Quality & Risk. The highlights were:</p> <ul style="list-style-type: none"> • Downward trajectory in WHO checklist compliance. To further understand the reasons for this a more detailed data validation exercise was being undertaken. Data was collected digitally so data collection fields would be reviewed to ensure correct sources were being targeted. Technical solutions included consideration of mandatory fields and hardwiring of processes to ensure correct and systematic input of data. Theatre Matron was also undergoing a further initiative to ensure Theatre staff were fully cognisant of the WHO check list responsibilities. • Internal audit patient experience report – discussed at 8.1.1. • New coded risks on the system – discussed at 6.2. • ID2505: COVID-19 If the Trust has to change practice due to the spread of Coronavirus (COVID) then the Trust, staff, patients and visitors may be affected. To mitigate the risk of waiting patients, assurance was given by the Chief Nurse that all patients up to a 30 week wait continued to be actively reviewed and that all emergency patient pathways remained active. The Medical Director confirmed that the Trust was carefully balancing the risk across all patient groups however it must be accepted that the overall risk burden to all patients might increase. 		

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5.1.1.2	SUI-WEB There were none.		
5.1.1.3	QRMG minutes (200211) These were received by the Committee. The Assistant Director of Quality & Risk advised that a procedure and action flow chart for long waiters had been drafted and a risk clarification would be assigned to waiting patients.		
5.1.1.4	QISG minutes No QISG meetings had taken place since the last Committee meeting.		
5.1.2	FUNDAMENTALS OF CARE BOARD (FOCB)		
5.1.2.1	FOCB Exception report The Chief Nurse advised that the CQC had suspended all inspections for the foreseeable future and that inspectors had returned to clinical practice.		
5.1.2.2	Minutes of FOCB (200304) These were not available		
5.1.3	Executive Led Environment Round Exception Report There was no report for the Committee to consider.		
5.2	PERFORMANCE		
5.2.1	Performance Reporting/Quality Dashboard		
5.2.1.1	PIPR summary M11 The M11 PIPR reports were received by the Committee. The Chief Executive advised that there would not be a new suite of papers created for the Coronavirus but that the PIPR and BAF would remain the key tools with which to update changes in risk profile and the journey through the Coronavirus pandemic; Quality and Risk would continue to monitor patient safety and challenging decisions concerning the pandemic, as expected. The Chair remained assured the Trust were taking appropriate action to be as sure as it could that there were no underlying problems in relation to Serious Site Infections (SSIs); Caring remained healthy, signed-posted by the Care Hours per Patient Day ratios, and a recovery in the Friends and Family test had been seen. Assurance that the Trust commenced the next phase of the COVID pandemic from strong positions both within the Safe and Caring sectors was noted. Dr Jag Ahluwalia enquired, with the exception of the potential care area capacity shortage, whether there were any areas of concern that might compromise the care of COVID +ve patients, for example, VTE. The Medical Director gave assurance that all patients would be given the appropriate thrombo-prophylaxis treatment.		
5.2.1.2	PIPR Safe M11 This was received by the Committee.		
5.2.1.3	PIPR Caring M11 This was received by the Committee.		

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5.2.1.4	PIPR People, Management & Culture (PMC) M11 The increase in medical appraisals was received positively along with the upward trend of improved mandatory training compliance, although it was to be noted that the latter had since been paused whilst training was concentrated elsewhere.		
5.2.2	Monthly Ward Scorecard: M10 This was not available at the time of the meeting.		
5.3	SAFETY		
5.3.1	Serious Incident Executive Review Panel (SIERP) minutes (200220, 200225, 200303, 200210) The SIERP minutes were received by the Committee. The Chair acknowledged that Serious Incident investigations remained as thorough as ever. The Assistant Director of Quality and Risk advised that SIERP would continue to meet throughout the pandemic but that meetings would be held virtually.		
5.3.2	Patient Safety Data report This quarterly reported was received and discussed by the Committee. The Chair asked the Committee to consider if there were any systemic stress signs with medication incidents and some elements of safety. The Medical Director did not feel this was the case; the Associate Director of Quality and Risk asked the Committee to note that there had been no increase in the severity of harm in any area (with the exception of pressure ulcers, the changes in which was due to different reporting criteria from Autumn 2019). Dr Jag Ahluwalia commented that whilst statistical process control captured normal variability, improved narrative could provide alerts to anomalies. If data did not move outside normal background variation, reassurance could be gained. Action: It was decided to further this discussion outside of the meeting.	CB/JA	
6	RISK		
6.1	Board Assurance Framework Report This was presented in its entirety to the Committee by the Trust Secretary who advised, that with the exception of any additions or amendments to the report arising out of both today's Performance and Quality and Risk Committees, it would be presented to the Board at the beginning of April. The Chair suggested that the overall financial risk appetite should go up and the staff engagement appetite should go down. The Director of Workforce and Organisational Development considered the biggest risk was to staff engagement with the use of Personal Protective Equipment (PPE). She considered this was a complex issue outside of the Trust's control; although the Trust continued to adhere to national guidance, some external bodies had contradicting this, leading to increased staff anxiety and confusion. She confirmed that whilst a risk had been added around this aspect, this would be reviewed again given the pace of progression of national PPE issues. Action: OM to review staff engagement risk.	OM	
6.2	New Risks graded 12+ This report was received by the Committee.		

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7	GOVERNANCE		
7.1	<p>Clinical Governance during pandemic</p> <p>The Assistant Director of Quality and Risk presented the paper outlining the core clinical governance activities that would continue, and those that would be suspended for the duration of the pandemic. She updated that:</p> <ul style="list-style-type: none"> NICOR had recommended that data continue to be collected although would not be published at individual unit level. National guidance from the Chief Coroner advised that inquests should continue where possible, with remote evidence giving. More detailed local advice was expected. The Associate Medical Director and Clinical Lead for Clinical Governance also advised that the Medical Examiner service had been temporarily suspended. The Trust had chosen to continue with the collection of F&F data as it was considered a good early indicator of changing trends. This would continue for as long as possible. Complaints collection for quarters 4 and 1 had been suspended although this would continue to be collected locally. <p>She also gave assurance that the Governance and Risk team would have adequate capacity to monitor new patient pathways related to the pandemic crisis with the same standards and methods of approach, albeit remotely.</p>		
8	ASSURANCE		
8.1	Internal Audits		
8.1.1	<p>8.1.1 Patients' Experience Audit</p> <p>This report was well received by the Committee. The Assistant Director of Quality and Risk reported that the audit had been extremely thorough and based on evidence only. This report will be reflected in PIPR.</p>		
8.2	External Audits/Assessments		
8.2.1	<p>CCA Peer Review</p> <p>A peer review had been carried out recently and the report now received. The Chief Nurse advised that the critical care unit was currently working in a very different way to that at the time of the peer review in light of the Coronavirus pandemic, and so therefore proposed that review of this report should be postponed. This was agreed.</p>		
9	POLICIES AND PROCEDURES		
9.1	<p>DN108 Information Governance Policy</p> <p>The Director Of Digital and Chief Information Officer advised that DN108 and DN260 had been both been approved by the Information Governance Steering Group and awaited ratification by Quality and Risk. DN108 was ratified subject to the following:</p> <ul style="list-style-type: none"> Page 8 of 9: monitoring table to be more precise on how system and practice changes, and lessons learned would be shared. Consideration to the inclusion of a statement of affirmation on the value of patient research and the desire to maximise the utility of this information. 		
9.2	<p>DN260 Records Policy Management</p> <p>DN260 was ratified subject to the following:</p> <ul style="list-style-type: none"> Inclusion of statement on the clinical governance of visiting 		

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	clinicians and their access to Royal Papworth's digital patient records under point 6.		
9.3	Cover Paper for DN794 Trust wide Prisoner Policy The Chief Nurse presented this to the meeting. DN794 was an amalgamation of separate prison policies and their application to the hospital's PFI contract. It was noted that the Safeguarding Committee has approved this policy.		
9.3.1	DN794 Trust wide Prisoner Policy This was ratified by the Committee.		
10	RESEARCH AND EDUCATION		
10.1	Research The Medical Director advised the Committee that the Trust had suspended all non COVID-19 research activity. National guidance mandated that antiviral drugs to combat virus could only be given as part of a clinical trial. Royal Papworth had signed up to the RECOVERY trial which was investigating several treatments and the first patient had been recruited on 25 March. The Research and Development team had since established a 24/7 presence and were to be congratulated for their dedication to this vital process. Professor Ian Wilkinson advised of a prophylaxis trial for health care professionals on the front line. Funding had been secured and efforts to expedite review of this were ongoing. This would be a biomedical campus-wide initiative and already had excellent engagement from Public Health England. Dr Smith, Dr Rintoul and Vikki Hughes had been exceedingly proactive and Dr Smith would join the campus-wide prioritisation group.		
10.1.1	Minutes of Research & Development Directorate meeting There were none.		
10.2	Education The Chief Nurse advised that all universities had suspended their courses. Registration for the temporary staff bank was available to 3 rd year nursing students and it was hoped to extend this to AHPs and other groups. Anglia Ruskin University had withdrawn all its 1 st and 2 nd year students prior to the national guidance to register with temporary staffing so not all students were currently registered. There was a fast track recruitment process in place to support this. Many other education programs had also been suspended. Bedside training being provided to upskill staff had been exceptional and all critical care nurses currently had a shadow. The Chair congratulated staff on how so many had stepped up to the challenges.		
10.2.1	Education Steering Group (ESG) minutes (none) There were none.		
11	OTHER REPORTING COMMITTEES		
11.1	Clinical Professional Advisory Committee (Minutes from 200220) These were not available at the time of the meeting.		

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11.2	<p>Safeguarding Committee (Minutes from 200207) These were received by the Committee. Dr Jag Alhuwalia stressed the importance of following chaperoning policies. The Chief Nurse advised that staff awareness had been heightened by increased display of posters referencing the chaperoning policy in all clinical areas.</p>		
12	WORKFORCE		
12.1	<p>Pandemic Risks</p> <ul style="list-style-type: none"> • Staff absence – this was being managed by a risk assessment process with almost 300 staff now self-isolating. Trying to balance the broad national guidance on who was at risk, whilst mitigating risk was a balancing exercise. Categorisation of reasons had proved challenging however work to provide further clarity was ongoing. Everyone was conscious of the growing burden on the remaining number of staff. • Redeployment of staff – nursing staff were already being deployed to the right areas safely and the medical model was also being considered to move staff to the areas of increased need. Managers had been asked to review workforces and submit requirements so redeployment could be administered centrally. • Recruitment – this continued as usual however an extra advert for temporary staff to undertake other roles such as reception, admin, portering, etc had been listed. The Director of Workforce and Organisation Development assured the committee that the fast track recruitment process was safe. • Volunteers – it was unclear at this stage how volunteers were being utilised. Contact with the Patient and Advisory Liaison Service was required. • Staff support initiatives – mental and emotional health was very important and lessons learned from previous trauma situations were being reviewed. Staff hubs around the hospital had been set up as a secure space for time away from the front line. The Chief Nurse had created a video on PPE guidance and Trust policy to provide reassurance to staff that national guidelines were being followed despite news of deviations by various professional bodies. She was clear that any deviation to PPE use from national guidelines was not allowed unless authorisation was sought through her. • Communications - staff were supported by a comprehensive daily COVID-19 briefing from Gold Command. The normal weekly briefing had moved to a video format. The Assistant Director of Quality and Risk informed the meeting this had been well received by her team. The Director of Workforce and Organisation Development was conscious, however, that a check with staff to see if this offered what they needed was required. She gave credit to the tremendous role the small Communications team had played so far in this pandemic; this echoed by the Chief Executive. 		
13	<p>HOSPITAL OPTIMISATION UPDATE The Chief Nurse advised that this project had been paused during the current pandemic.</p>		
14	COMMITTEE MEMBER CONCERNS		

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	There were none.		
15	ANY OTHER BUSINESS There was no further business. Dr Jag Alhuwalia extended his thanks to all Executives and Trust staff for their continued hard work and efforts during this challenging time.		
16	ISSUES FOR ESCALATION TO:		
16.1	Audit Committee There were no issues for escalation.		
16.2	Board of Directors There were no issues for escalation.		
	Date & Time of Next Meeting: Thursday 30th April 2019 2.00-4.00 pm, First Floor, Room 4		

The meeting finished at 3.13 pm

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Signed

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Date
Royal Papworth Hospital NHS Foundation Trust
Quality and Risk Committee
Meeting held on 26 March 2020