

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

Held on 25 June 2020 at 2pm
via Microsoft Teams

MINUTES

Present	Ahluwalia, Jag	JA	Non-executive Director
	Blastland, Michael (Chair)	MB	Non-executive Director
	Buckley, Carole	CN	Assistant Director of Quality & Risk
	Graham, Ivan	IG	Deputy Chief Nurse
	Hodder, Richard	RH	Lead Governor
	Jarvis, Anna	AJ	Trust Secretary
	Monkhouse, Oonagh (until 1445 hrs)	OM	Director of Workforce & Organisational Development
	Raynes, Andy	AR	Director of Digital and Chief Information Officer (CIO)
	Riotto, Cheryl (from 1420)	CR	Head of Nursing
	Rudman, Josie	JR	Chief Nurse
	Seaman, Chris	CS	Executive Assistant (Minute taker)
	Webb, Stephen	SW	Associate Medical Director and Clinical Lead for Clinical Governance
	Wilkinson, Ian	IW	Non-executive Director
Apologies	Hall, Roger	RH	Medical Director
	Pollard, Kate	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		
	<p>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:</p> <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 freelance journalist reporting on health issues and as an advisor to Bristol University's Centre for Research Quality and Improvement Josie Rudman, Partner Organisation Governor at CUH; Executive Reviewer for CQC Well Led reviews and Vice Chair of 		

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	<p>the Cambridgeshire and Peterborough Joint Clinical Group</p> <ul style="list-style-type: none"> • 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. <p>There were no new declarations of interest declared.</p>		
3	MINUTES OF THE PREVIOUS MEETING – 28th May 2020		
	The Quality & Risk Committee approved the minutes of the previous meeting and authorised these for signature by the Chair as a true record.		
4	MATTERS ARISING AND ACTION CHECKLIST PART 1 (200528) These were reviewed and updated.		
4.1	Review of Transplant Declines There were 12 declines of organs in Q4 due to logistics compared to 17 declines in Q3. The main reason for declines was due to a lack of CCU beds. As it was difficult to read too much into the trends in the current environment the Committee decided to retain this as an agenda item next month.		
5.1	QUALITY		
5.1.1	QUALITY EXCEPTION REPORTS		
5.1.1.1	<p>QRMG Exception report</p> <ul style="list-style-type: none"> • M.Abscessus update – further cases had been highlighted relating to the period before mitigations were put in place. The time delay in declaring further positive cases was linked to the long incubation period of the mycobacteria. The Trust would be writing to Public Health England to ask for genetic testing and was undertaking Duty of Candour with all patients involved. One further request for the use of bedaquiline as a treatment option had been received and was being considered by the Clinical Practice Committee. One formal complaint had been received and a copy of the final serious incident review report had been released to the complainant. <p><u>Discussion:</u> The Chief Nurse advised that countless water testing had been undertaken before and after the outbreak. On handover of the hospital some mycobacterium in the water had been noted however these were not typed and testing for M.Abscessus was not mandated. Unfortunately these samples were not still available. The recently published study on air flow had proved to be reassuring.</p>		
5.1.1.2	SUI-WEB There were no new serious incidents reported in the last month.		
5.1.1.3	QRMG minutes (200620)		

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	These were received by the Committee.		
5.1.1.4	QISG Minutes There were none.		
5.1.2	FUNDAMENTALS OF CARE BOARD (FOCB) This Board had been suspended on account of the pandemic.		
5.1.3	Executive Led Environment Rounds These had been suspended on account of the pandemic.		
5.2	PERFORMANCE		
5.2.1	Performance Reporting/Quality Dashboard		
5.2.1.1	COVID-19 Performance Report The Committee received this and thanked those involved for the detailed report and noted not only the impressive outcomes but the relatively average young age of patients treated for COVID-19 at Royal Papworth. <u>Discussion:</u> The Associate Medical Director and Clinical Lead for Clinical Governance confirmed that age had not been a limiting factor for transfer to Royal Papworth. COVID-19 patients were referred to the Trust through two routes: 1. ECMO pathway, and 2. COVID respiratory assessment route. Age was confirmed to be a scoring factor in the decision making process for accepting ECMO patients, however was only part of the decision making process. In general younger patients and those more likely to benefit from the expertise at Royal Papworth had been referred. It was accepted that age could have been a limiting factor for neighbouring hospital prior to referral, however Royal Papworth would not accept patients who had current limited treatment options imposed by their local teams. All decisions to accept or turn down referrals had been taken by the Clinical Decision Cell. The Chief Nurse confirmed that follow up of discharged ECMO patients would be undertaken via the normal ECMO follow up service but wider regional follow up for those on the respiratory pathway, to enable learning from interventions, would need to be commissioned by the local Clinical Commissioning Group (CCG). She confirmed that the Trust had offered its services to the CCG.		
5.2.1.2	C.Diff update to PIPR The Deputy Chief Nurse presented this paper to the Committee and explained that national reporting requirements to report sanctioned and non-sanctioned incidents was no longer necessary as there was a consideration nationally that targeting C.Diff had reached its optimum effectiveness. This change in reporting would be reflected on PIPR. He reported that the CCG had praised the Trust's decision to continue with scrutiny panels despite this decision.		
5.2.2	Monthly Ward Scorecard: M02 This was noted by the Committee.		
5.3	SAFETY		
5.3.1	Serious Incident Executive Review Panel (SIERP) minutes (200526, 200602, 200609, 200616) The SIERP minutes as stated above were received by the Committee. The Chair commended the exceptional quality of the reporting.		
5.3.2	Patient Safety Data This report was received by the Committee noting that an increase in pressure ulcers had been expected given The challenges with staffing the increased size of the unit, and the acuity level of the patients, meaning they were at more risk of developing pressure ulcers. It was		

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	<p>noted that a number of patients had been admitted with existing pressure ulcers.</p> <p>No specific trends with falls were seen and a fall in medication incidents was noted; it was considered that this could be a reflection of the reduction of routine ward inpatient activity in comparison to higher numbers of patients in Critical Care where medications would be administered intravenously and checked by numerous professionals. A discussion on presenting this data proportionate to activity followed and the Associate Director for Governance and Risk agreed to investigate this further. She did confirm that this data was presented and reviewed by the Medicines Safety Group.</p>		
5.3.3	<p>Learning from Deaths Annual Report 19/20</p> <p>The annual report was presented by the Associate Medical Director and Clinical Lead for Clinical Governance; he extended thanks to Sarah Powell, Deputy Clinical Governance Manager, for her input to this paper. He summarised the comprehensive processes for the review of inpatient deaths which now included the post of Medical Examiner, new to Royal Papworth. He reported a similar number of deaths in comparison to last year with no unexpected findings. Lessons learnt were highlighted and reviewed through SIERP along with the monitoring of specific action plans.</p> <p>He stated that learning from deaths occurring outside Royal Papworth following transfer could be improved and hoped that the strong relationships forged through the regional Medical Examiner network would support this. The Trust Secretary suggested that the new prescribed format of annual reports might assist with data collection.</p>		
6	RISK		
6.1	Board Assurance Framework Report		
6.1.1	<p>BAF Board Report</p> <p>This was presented by the Trust Secretary. The increase to BAF 858 (EPR benefits) was noted and had been discussed at Performance Committee earlier in the day.</p>		
6.1.2	<p>BAU Risks 12+</p> <p>This was received by the Committee.</p>		
7	WORKFORCE		
7.1	<p>COVID-19 Workforce Risk Assessment process and Appendix 1</p> <p>This was presented by the Director of Workforce & Organisational Development and aimed to update the Committee on the work undertaken to discharge the Trusts' responsibilities under Health and Safety legislation and Public Health England guidance.</p> <ul style="list-style-type: none"> • Staff Risk Assessment process was ongoing with 65% of staff having responded. • Of the BAME community 60%, in comparison to 68% of the white community, had responded. More encouragement of BAME staff to engage with the process was required. • Data showed that lower banded staff had a lower completion rate. A higher concentration of BAME staff fell into this category. • As a higher % of lower bands had been redeployed into Covid +ve areas it therefore followed that a higher % of BAME staff were involved. The Committee considered whether this might be reflected in the higher national death rate of people from BAME backgrounds. 		

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	<ul style="list-style-type: none"> • NHSE&I were considering moving into a performance management mode imposing a time frame for completion of all risk assessments. • More staff communication to be considered to provide reassurance for those who may be anxious that the personal outcome of this exercise might result in a career changing decision. • Further plans to mitigate risk to be reviewed with support for staff to adapt or change roles if necessary. • Opportunities across the STP within Covid-free 'green' operating sites may be available if redeployment of some staff within Royal Papworth could not be considered. • The process was an important Health & Safety consideration for both employer and employee and those who hadn't responded would be followed up with due regard to the fine line between supportive and punitive given. <p>Other workforce data showed that vacancy/turnover rates were healthy and that sickness absence was lower than normal with a 2% reduction in short term sickness absence. It was noted, however that establishment increases were likely so this position might be short lived.</p>		
8	GOVERNANCE		
8.1	<p>Clinical Ethics Group (CEG) Terms of Reference (ToR) The CEG currently reported to the Clinical Decision Cell (CDC) however would report to Quality and Risk when the CDC was stood down. The Terms of Reference had been approved by CDC and also reviewed by the Trust's lawyer. The Quality & Risk committee suggested an amendment to the ToR to ensure that rationing decisions were only considered when regional resources were exhausted, not just at Royal Papworth. The guidance paper on CRITCON Level 4 had been approved by CDC and was available on request. A second paper on the ethical framework for reopening services would be submitted to Quality & Risk next month. A page footer to the latter document stating that advice should not be quoted out of context was advised. <u>Discussion:</u> It was noted that the membership of the CEG had attempted to accommodate a balance between a reasonable range of views, against being too unwieldy by including every clinical and corporate area. Patient engagement would be considered by the Living with Covid group and was an active part of the Patient and Public Involvement and Patient and Carers' Experience groups; this would not be within the remit of the CEG. It was noted that the ToR had been formatted to the Trust style and a document number would be assigned. The CEG ToR were ratified by the Committee.</p>		
9	ASSURANCE		
9.1	Internal Audits		
9.1.1	<p>Risk Management Audit Paper and Appendix 1 The Committee should be aware that the report had, in the first instance, included a high priority recommendation in relation to Risk Management. Following discussion with the auditors and further review of the evidence, without the need for the submission of further evidence, this was rated as a medium priority. Actions were identified for completion by the end of March 2021 with a need for individual committees to understand better the consequences of their responsibilities on the management of their risks and the recognition of</p>		

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	the timely need for escalation.		
9.1.2	Friends and Family Patient Experience Audit Dr Ahluwalia congratulated the Trust on the positive outcome of this audit. The Deputy Chief Nurse attributed this success to the dedicated work of the Associate Director for Quality & Risk and her teams.		
9.2	External Audits/Assessments		
9.2.1	Dr Foster Paper and Aortic Aneurysm Letter It was noted that the Dr Foster unit at Imperial College routinely analysed data across a wide range of procedures, however their risk adjusted methodology was not sufficiently sophisticated to allow for the complex procedures undertaken at Royal Papworth Hospital. The Alert indicated a higher than average mortality rate for patients with a diagnosis of aortic, peripheral and visceral aneurysms. This had been investigated thoroughly and no issues or trends were identified. <u>Agreement:</u> Following discussion of the review systems already in place it was deemed that these provided adequate assurance. It was agreed, however, that the Quality & Risk Committee would receive an annual summary of disaggregated mortality data split by speciality to provide further assurance of overall mortality.		
10	POLICIES AND PROCEDURES		
10.1	Summary paper for DN178 Independent Non-Medical Prescribing policy and policy This was ratified by the Committee.		
10.2	Summary paper for DN537 Nutrition Policy and policy This was ratified by the Committee.		
11	RESEARCH AND EDUCATION		
11.1	Research		
	Minutes of Research & Development Directorate meeting There were none.		
11.2	Education		
	Education Steering Group (ESG) minutes There had not been a meeting of this group since the last Quality & Risk Committee. The Deputy Chief Nurse gave a verbal update on Clinical Education activity. <ul style="list-style-type: none"> • The support of student nurses and medics had continued during the pandemic. • Students would continue to be considered for placements for safe placements in green pathways and with mitigation in purple pathways. • The Royal Papworth School – preparation of a business case was underway, and details of training already being delivered was being gathered for a prospectus. • The next group of Nursing Assistants to graduate in July were all staying on at Royal Papworth. Nursing Assistants at Royal Papworth would be able to administer all medicines including CDs and IVs; all training and competencies were in place. • ODP and Health Care Scientists apprenticeships were being considered. • Student nurses deployed to Royal Papworth to support the COVID-19 surge had achieved sign off of their final year management competences following their leadership roles in the Essential Care Teams. 		

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	<ul style="list-style-type: none"> The opening up of nursing posts to AHPs within RSSC was under consideration. <p><i>Post meeting note: It should be noted that quarterly education reports are submitted on the first month of every quarter.</i></p>		
12	OTHER REPORTING COMMITTEES		
12.1	Escalation from Clinical Professional Advisory Committee (CPAC) There were no items for escalation this month.		
12.1.2	Minutes of CPAC (200521) These were received by the Committee.		
12.2	Annual Safeguarding Report 19/20 This was received by the Committee. The Deputy Chief Nurse stated that he was reassured to see a gradual improvement in the compliance rate of Level 3 Safeguarding training, with innovative ways to undergo training being considered. A digital platform to deliver online level 3 content was being considered. It was also understood that many staff had undertaken Level 3 training but needed to get their Passport signed off.		
12.2.1	Minutes of Safeguarding Committee (200605) These were received by the Committee.		
13	LIVING WITH COVID-19		
13.1	Minutes of Living with Covid Steering Group (200514, 200521, 200527, 200601, 200608) These were received by the Committee.		
13.2	Infection Prevention Control update The Chief Nurse reported that the recent focus had been on nosocomial infections. Due to the building design at Royal Papworth (single rooms, air exchange levels and ventilation) nosocomial infections had not been evident. The 2 metre social distancing rule remained in place where possible and 19 areas within the hospital had been deemed as 'Covid-secure'. Those staff who were high risk or shielding may be able to return to site if authorisation was given by their clinicians. An Infection Prevention and Control Board had been set up by the regional CCG to inform and promote best practice across the local system. With regard to NHS Track and Trace, if a staff member was contacted but had been equipped with appropriate PPE, the Trust did not require the individual to self-isolate. Day zero, 7 and 14 patient testing was in place to combat nosocomial infections further. Two weekly testing of staff in all areas (on a voluntary basis) was being considered by the local STP.		
14	HOSPITAL OPTIMISATION UPDATE Programme suspended due to COVID-19. The Living with Covid-19 Steering Group had currently taken the place of this. A further discussion on optimisation would be required to ascertain if this should be considered as two projects in the future.		
15	COMMITTEE MEMBER CONCERNS There were no concerns to report.		
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.		
	ANY OTHER BUSINESS There was no further business.		
	Date & Time of Next Meeting:		

Agenda Item	<i>For</i>	Action by Whom	Date
	Thursday 30 July 2020 2.00-4.00 pm		

The meeting finished at 3.27 pm

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Signed

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Date

Royal Papworth Hospital NHS Foundation Trust
Quality and Risk Committee
Meeting held on 25 June 2020