

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

Held on 30th April 2020
2.00 – 4.00 pm
First Floor, Room 4 via MS Teams/Telephone

MINUTES

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

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 freelance journalist reporting on health 		

Agenda Item	For	Action by Whom	Date
	<p>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 MEETINGS – 27th February and 26th March 2020		
	The Quality & Risk Committee approved the minutes of both meetings and authorised these for signature by the Chair as a true record.		
4	<p>MATTERS ARISING AND ACTION CHECKLIST PART 1 (200326)</p> <p>The Chair noted that most items had been deferred because of the operational response to COVID19 including the Clinical Audit Annual Plan Progress Report and the Hospital Optimisation update and that these would come back to the agenda at an appropriate point.</p> <p>The Chair noted that one outstanding action had been to explore whether there could be guidelines to govern the protocol for diabetic patients and asked the Medical Director whether the response provided by the Deputy Chief Pharmacist was adequate so that the action could be closed. The Medical Director confirmed that the response was adequate and that the action could be closed as there was little further that could be done at this point because of the response to COVID19.</p> <p>Dr Ahluwalia observed that patients with diabetes as a co-morbidity were at higher risk as a result of COVID19 and whilst not challenging the decision that this matter could be closed, he did want to ensure that the Trust was working to improve anything that it could do for this patient group.</p>		
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 Chair noted that the majority of issues included in the exception report were included on the agenda as substantive items. He noted that the measures for maintaining M&M reviews were on the agenda and had no further questions on the serious incident reports, but found that actions arising from SIs were complementary.</p>		
5.1.1.2	<p>SUI-WEB33927 - Delay in diagnosis of Mesothelioma</p> <p>The Committee noted the level 2 incident report relating to SUI-</p>		

Agenda Item	For	Action by Whom	Date
	WEB33927.		
5.1.1.3	<p>QRMG minutes (200310, 200414-virtual) The Committee noted the draft minutes from the QRMG on the 10 March 2020 and the virtual update from the 14 April 2020. The Associate Director for Quality & Risk advised that the virtual review and update had been circulated to members as the full Committee had not met but this provided full detail for the QRMG Committee. She advised that the Quality and Risk Committee were also able to access any of the supporting data referenced on request if required.</p>		
5.1.1.4	<p>Interim measures for surgical Morbidity & Mortality (M&M) meetings The Associate Director for Quality & Risk advised that the Surgical M&M meeting had reviewed how it would continue to operate throughout the pandemic response as it was unable to continue to meet to undertake its usual responsibilities. A taskforce had been established and this paper set out the interim measures in place to maintain the review process. Patient summaries and a newsletter had been prepared and circulated as agreed which had been well received. The Director of Workforce & Organisational Development asked whether a similar approach was being put in place for other disciplines. The Associate Medical Director and Clinical Lead for Clinical Governance advised that Critical Care M&M meetings were continuing weekly but that other areas had yet to put in place yet. The Committee asked him to confirm that arrangements for M&M review meetings were being put in place across all specialities.</p> <p>Dr Ahluwalia noted that whilst M&M meetings reviewed hospital deaths, he asked about review of deaths on the waiting list. It was noted at this point that there was a later paper on the agenda relating to harm on the waiting list. All patients on waiting lists had been subject to review. There had been changes taking place that saw patients moving from surgical to non-surgical pathways as a result of the pandemic. The Medical Director noted in particular that the IHU surgical group scrutinised patients on a daily basis and this had resulted in some increases in percutaneous pathways balanced by a reduction in surgical interventions.</p> <p>Further discussion followed on the heightened risk across all patient groups and that the process of assessing risks for waiting patients would change as a result of COVID which would have an impact on how patients were treated in the longer term. The Chair sought assurance that the Trust had the right systems in place to understand the trade-offs that were involved in the delivery of services for COVID and non-COVID cases and the risks to those patients waiting for care. The Chairman noted that the position on risk would always be dynamic and that we may in future need to assess and manage COVID risk in the same way as we assess and manage CDiff and MRSA.</p> <p>The Chief Executive noted that the experience within RPH mirrored the message in recent regional discussions in which the language had moved from recovery to the 'new reality' to describe the change in state of the NHS.</p> <p>Director of Workforce & Organisational Development noted that the</p>	SW	

Agenda Item	For	Action by Whom	Date
	Trust would also have to consider a stratified risk approach to staff working at the hospital along with particular patient cohorts.		
5.1.1.5	Clinical negligence indemnity The Associate Director for Quality & Risk advised that the summary on the extension of the clinical negligence indemnity arrangements had been circulated to the Committee for information and this provided cover for those staff who were working beyond their usual roles or working across organisations as a part of the pandemic response.		
5.1.1.6	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	Minutes of FOCB (200304) The Committee noted the minutes of the Fundamentals of Care Board held on 4 March 2020.		
5.2	PATIENT EXPERIENCE		
5.2.1	Patient Story Initiative suspended due to the pandemic.		
5.2.2	End of Life Steering Group Draft Minutes (200423) It was noted this meeting had been postponed due to the pandemic.		
5.2.2.1	Palliative Care 7 day service/staff increase The Chief Nurse wished the Committee to note that the Palliative Care Team had moved to a seven day service and kept close liaison with the Critical Care Family Liaison Team.		
5.2.3	Patient & Carer Experience Group Draft Minutes (200420) It was noted this meeting had been postponed due to the pandemic.		
5.2.4	Patient & Public Involvement Committee (PPE) Draft Minutes (200210) The Committee noted the draft minutes of the PPI Committee held on 10 February 2020.		
5.2.5	Paper on Essential Care Teams during COVID-19 The Deputy Chief Nurse spoke to this paper prepared by Pippa Hales, Head of Therapies and commended her on her leadership on evolving these teams, latterly assisted by Anne White, Head of Nursing for Strategic Projects. The paper was for information on how the Trust had created these teams as part of the response to supporting patients with symptoms specific to COVID. The teams of 4-5, led by a physiotherapist (due to their specific skills in airway management) consisted of staff across all bands ranging from two to seven and from all professions. They had worked a 24 hour shift pattern on a separate roster. One of the greatest successes had been to deliver essential care to patients and support to CCA staff, whilst offering a good stepping stone for staff moving into the CCA environment. He was unsure how many staff had volunteered however would ascertain precise numbers. The Chief Executive noted he had received positive feedback on these teams, highlighting their camaraderie and their pivotal role in supporting CCA.	IG	
5.3	PERFORMANCE		
5.3.1	Performance Reporting/Quality Dashboard		
5.3.1.1	PIPR summary M12 Whilst not as relevant as in normal circumstances the Committee noted that the RTT curve had shifted to the right. The Deputy Chief Nurse highlighted that staffing which showed RED on the fill rate should be accepted with a note of caution due to the redeployment of staff which		

Agenda Item	For	Action by Whom	Date
	<p>had commenced in March. The Care Hours Per Patient Day (CHPPD) remained green.</p> <p>Following comment that staffing turnover seemed to have steadied, the Director of Workforce & Organisational Development did not wish the Committee to take false assurance, and reported that this was in all likelihood COVID related and was reflected in the slowdown in workforce turnover across all Trusts.</p>		
<p>5.3.1.2</p>	<p>COVID-19 Performance</p> <p>The Chief Nurse spoke to this paper.</p> <ul style="list-style-type: none"> • She highlighted the context, timeline and subsequent surge plans on slides three to five. She highlighted the current picture was that whilst the Trust had surged into zone four, zone three (in the Cath Lab holding bay) had been closed due to environmental factors leading to challenging health and wellbeing issues for staff and hence a less positive experience for patients. • Slide six articulated the part RPH would play in a regional/national role (super surge) which would have added another 100 beds to our footprint, however this was not needed. Work with regional neighbours had however started to build a more flexible workforce based on a model of approximately 25% of the super surge plan. We would expect to double CCA capacity with the addition of the ECMO beds. ECMO capacity currently stands at 20 with a request to surge further to 25. The prohibiting factor to increasing to 25 was the number of ECMO trained staff this would require (20 beds = 100 specialist ECMO trained staff). • Slide 7 highlighted the COVID related issues against the normal PIPR key lines of enquiry plus the addition of equipment and supply chain. • Slide 8 (1 of 2 - Safe) was reviewed by CPAC and reported on reducing staffing in ward areas, whilst maintaining good patient safety and experience and reducing the patient:staff ratio. The super surge model for each zone is also articulated. • Slide 9 (2 of 2 – Safe) demonstrates the continuance with normal governance structures. Data is limited at present however this slide sets out how the Trust had ensured that the patient and family continued to experience as reasonable experience as possible. Visiting for family at the end of life had not been prohibited at any point and the CCA Family Liaison Team (FLT) had been supported by the Digital team in their efforts to maintain connections between patients and their families. In the sad moments when family had not been present at the end of life CCA staff had been the end of life care in the room and linked with families by digital solutions. Results from the Friends and Family test have been 100% over the last few weeks with no COVID related complaints during March. There were 7 other non-COVID related complaints. • Effective and Performance slides demonstrated the contribution of the Trust across the STP in the COVID response. RPH has had continually more COVID +ive patients than elsewhere and the rate of deaths in the hospital had been lower demonstrating positive outcomes for patients. The Clinical Decision Cell (CDC) had helped and supported learning across the patch since its 		

Agenda Item	For	Action by Whom	Date
	<p>inception and demonstrated how early in the response we had assisted local partners with the acuity of their patients that they were not accustomed to.</p> <ul style="list-style-type: none"> Slide 14 set out the recovery planning and the role of RPH in terms of living with COVID and the recommencement of pathways that were safe to both staff and patients. 		
5.3.2	<p>Monthly Ward Scorecard: M12 This was noted by the Committee.</p>		
5.4	SAFETY		
5.4.1	<p>Serious Incident Executive Review Panel (SIERP) minutes (200317, 200324, 200331, 200407, 200414, 200421) The SIERP minutes as stated above were received by the Committee.</p>		
5.4.2	<p>SOP Triage Testing & Admission Priority Patients Flowchart (surgical pathway) The Chief Nurse summarised that this pathway was for patients who could not undergo an alternative cardiology or Cath Lab intervention. She reported that other services were working through their pathways and these would be reported via Quality & Risk. There was a discussion on the timeline of the pathway and concern over the delays this might cause. Whilst the pathway was fairly new and currently only one patient was admitted at a time it was expected that throughput would increase once the pathway was embedded. The Medical Director however believed that the resultant delays in the pathways were an inevitable and persisting outcome of COVID-19. The Chief Nurse advised that other emergency pathways, including transplants, had not stopped but that recent public health announcements had seen an increased throughput of activity in the last 10 days. The challenge for the Trust would be to continue with specialist services whilst maintaining separate pathways for COVID and non-COVID patients. The restricting factor to recommencing elective pathways would be staffing numbers as the majority had been redeployed to critical care areas. There was further discussion on the current Trust 5 Year Strategy which became live as of 1st April and how this might become an emergent strategy which changed to circumstances.</p>		
5.4.3	<p>Resilience of PPE stocks during COVID-19 The Chief Nurse presented this paper which gave an update on PPE and the risk assessments that had informed the decisions in difficult times. She advised that this paper would be shared with Staff Side colleagues. With regard to the two main supply issues of gowns and FFP3 masks she announced that the Trust would like to reach a closed loop position with a laundering service in place and not be reliant on the national supply chains. A contingency for a process of commercially washing disposable gowns to reuse those in satisfactory condition had been implemented however the Trust now had a good stock of new reusable gowns which it hoped to start using early in May. The difficult decision to suspend mask fit testing had been taken due to limited supplies of a variety of masks received via the supply chain. The limited supplies of these would have been used up with the fit testing process. Reusable masks and a face fit check had been undertaken instead with the use of a tornado hood as an alternative, although these too had been in short supply. The context of the decision not to fit test had been given to provide assurance in the face</p>		

Agenda Item	For	Action by Whom	Date
	of anecdotal evidence of criticism to move away from fit testing. Resourcing of sufficient tornado hoods continued to enable less reliance on FFP3 masks. The Chair congratulated the Chief Nurse on being able to keep an adequate supply of PPE equipment available in such difficult circumstances. The Chief Nurse reported this had been a team effort in conjunction with the Finance team. She confirmed that the Trust had followed PHE guidance and staff compliance had been excellent with limited inappropriate use of PPE witnessed. Dr Ahluwalia commended the Chief Nurse on the excellent paper and her leadership of the PPE situation throughout the pandemic.		
6	RISK		
6.1.1	Board Assurance Framework Report This was presented in its entirety to the Committee by the Trust Secretary who highlighted the addition of two new risks pertaining to a Regional Super Surge Centre for Critical Care and to PPE. She noted that other key areas had been discussed and reported on, in other updates provided to the Committee. There was a discussion on the level of continued robustness of risk management during the pandemic. It was acknowledged that whilst some risks, eg medicines used for treatments, underwent a very robust risk management process, some of the risks on the register were overdue for review. The Associate Director for Quality & Risk assured the Chair that, whilst some risks might be elevated, there was continued review and scrutiny of the register and of the committees that managed these risks to ensure that appropriate management of risk was maintained. She added that all COVID related risks were currently actively managed by the Command and Control centre.		
6.1.2	New Risks graded 12+ This report was received by the Committee.		
7	GOVERNANCE		
7.1	SIRO report Q4 This was accepted by the meeting. The Chair acknowledged that there were clearly ongoing pressures but the risks appeared to be being managed reasonably well.		
7.2	Terms of Reference: Emergency Preparedness Committee These were ratified by the Committee.		
8	ASSURANCE		
8.1	Internal Audits There were none		
8.2	External Audits/Assessments There were none		
9	POLICIES AND PROCEDURES		
9.1	Surgical RTT Harm Review Quality Assurance Policy This draft policy referred to patient harm whilst on a waiting list and had been discussed earlier in the meeting. Following assurance that harm reviews were being undertaken and stored on Lorenzo the policy was ratified by the Committee with the proviso that an audit of harm reviews was undertaken after an appropriate time. The Chair expressed his gratitude that this work had been undertaken.		
10	RESEARCH AND EDUCATION		
10.1	Research		
10.1.1	Minutes of Research & Development Directorate meeting (200220) The Committee noted the minutes of the R&D meeting held on		

Agenda Item	For	Action by Whom	Date
	20 February 2020.		
10.2	Education		
10.2.1	Education Steering Group (ESG) minutes (200424 virtual) The Committee noted the report from the virtual ESG held on 24 April 2020.		
11	OTHER REPORTING COMMITTEES		
11.1	Clinical Professional Advisory Committee (CPAC) (Minutes from 200220, 200319 and 200416) The Committee noted the minutes and reports from CPAC held on 20 February, 19 March and 16 April 2020.		
11.1.1	Escalation from CPAC The following items had been escalated to the Quality and Risk Committee following dynamic responses to the emergency pandemic.		
11.1.1 i	Medicines preparation – pharmacy update This paper was noted by the Committee.		
11.1.1 ii	Alert team prescribing in CCA The Chief Nurse advised that as all non-medical prescribers were fulfilling roles in CCA it seemed appropriate to transcribe their prescribing rights to this area of work. She assured that they would not be working outside their normal area of remit. The Chief Pharmacist had also approved these changes to their working practices.		
11.1.1 iii	Staffing model during surge This paper was noted by the Committee.		
11.1.1 iv	Cover paper and Appendix A - Guidelines for Perfusion Scientists with ECMO patients This paper was noted by the Committee.		
11.1.1 v	PPE skin damage prevention-management This paper was noted by the Committee.		
11.2	Safeguarding Committee (Minutes from 200403) It was noted this meeting had been postponed due to the pandemic.		
12	WORKFORCE		
12.1	The Director of Workforce & Organisational Development spoke to the People Management and Culture at slide 15 of the COVID-19 Performance paper at 5.3.1.2. <ul style="list-style-type: none"> • Absence: the graphs illustrating absence included all categories of staff (contractors as well as RPH staff) and those in the 'At Risk' and 'Shielded' categories. • Staff Testing: this has been well received and the Trust had also recently taken part in the national study for the testing of asymptomatic staff. There had been a good response to the latter with results awaited. • Rostering: this remained a challenge particularly in CCA with the significant increase in beds and with redeployment of staff. Rostering staff had had to work at speed to keep pace with the dynamic position. Allocate had been drafted in to support a sustainable larger Critical Care function. • Recruitment: this was progressing well with a large response to both temporary and substantive posts. There had been a continuative process of recruitment and selective changes, specifically streamlined processes relating to on boarding and induction would be retained post major incident status. Overseas recruitment had continued with a number of Indian appointments however due to worldwide restrictions on travel, 		

Agenda Item	For	Action by Whom	Date
	<p>start dates were not yet known. Further interviews continued over Skype.</p> <ul style="list-style-type: none"> Health & Well Being: the Risk Assessment process continued to evolve as the impact of COVID on certain at risk categories of staff evolved. This was expected to be a complex process requiring sometimes delicate conversations between Managers and staff. The current focus following national announcements, would be the potential impact on BAME staff, although specific evidence is not yet available to support this. Guidance from NHS Employers had been helpful and work with the Trust BAME lead and staff side would be ongoing. <p>There was further discussion on the aspect that initial guidance for self-isolating or shielding was for a 12 week period however it was accepted that some level of measures would need to be in place for a considerable while to come. It was recognised that this would lead to the need for further open conversations with staff about the management of the risks.</p>		
13	<p>HOSPITAL OPTIMISATION UPDATE Programme suspended due to COVID-19.</p>		
14	<p>COMMITTEE MEMBER CONCERNS There were none.</p>		
15	<p>ANY OTHER BUSINESS The Chair thanked everyone for their efforts during this challenging time and said that in his position as a Non-Executive Director it had been a privileged and amazing to observe everyone's efforts from a distance. Dr Ahluwalia thanked all those involved for the preparation and production of the excellent COVID report sets presented today.</p>		
16	<p>ISSUES FOR ESCALATION TO:</p>		
16.1	<p>Audit Committee There were no issues for escalation.</p>		
16.2	<p>Board of Directors There were no issues for escalation.</p>		
	<p>Date & Time of Next Meeting: Thursday 28 May 2020 2.00-4.00 pm</p>		

The meeting finished at 3.48 pm

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Signed

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Date

Royal Papworth Hospital NHS Foundation Trust
Quality and Risk Committee
Meeting held on 30 April 2020