

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

Held on 17 December 2020 at 2 pm
Via Microsoft Teams

MINUTES

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
	Hall, Roger	(RH)	Medical Director
	Hodder, Richard	(RH)	Lead Governor
	Jarvis, Anna	(AJ)	Trust Secretary
	Monkhouse, Oonagh	(OM)	Director of Workforce and Organisational Development
	Raynes, Andy	(AR)	Director of Digital & Chief Information Officer
In attendance:	Seaman, Chris	(CS)	Executive Assistant (Minute taker)
Apologies	Posey, Stephen	(SP)	Chief Executive Officer
	Rudman, Josie	(JR)	DIPC
	Wilkinson, Ian	(IW)	Non-Executive Director
	Webb, Stephen	(SW)	Deputy Medical Director and Clinical Lead for Clinical Governance

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.

Agenda Item		Action by Whom	Date
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: <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 		

Agenda Item		Action by Whom	Date
	<p>to Bristol University's Centre for Research Quality and Improvement.</p> <ul style="list-style-type: none"> • 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. <p>There were no new declarations of interest declared.</p>		
3	<p>COMMITTEE MEMBER PRIORITIES Today's priority was considered to be the dynamic changes to the regional COVID-19 infection rate.</p>		
4	<p>MINUTES OF THE PREVIOUS MEETING – 26 November 2020</p>		
	<p>The Quality & Risk Committee approved the minutes of the previous meeting held on the 26 November 2020 and authorised these for signature by the Chair as a true record.</p>	Chair	
5	<p>MATTERS ARISING AND ACTION CHECKLIST PART 1 (201126) There were reviewed and updated.</p>		
6.1	<p>QUALITY</p>		
6.1.1	<p>Quality & Risk Management Group (QRMG) Exception Report This was received by the Committee and there were no items for escalation. The Chair noted the number of RIDDOR reportable incidents; the Assistant Director of Quality & Risk considered the higher number was because of improved capture of information and subsequent reporting where the RIDDOR threshold was reached. Confirmation was awaited on whether work related COVID-19 sickness absence was RIDDOR reportable.</p>		
6.1.1.1	<p>QRMG Minutes (201110) The minutes were received by the Committee.</p>		
6.1.2	<p>Fundamentals of Care Board (FoCB) There were no items for escalation from the FoCB however the Acting Chief Nurse confirmed that review of the fundamental standards continued, and the draft report of the recent mock CQC inspection held in November was currently with Dr Grove, Consultant in Palliative Care, for comment and would be available at the January meeting. There had been recent informal communication with the appointed CQC Liaison Officer with the next formal catch up due in January.</p>		

Agenda Item		Action by Whom	Date
6.1.2.1	Minutes of FOCB (200923) These were received by the Committee.		
6.1.3	Executive Led Environment Round Report This item was deferred to quarter 4, 20/21. The Acting Chief Nurse advised that these rounds continued. Discussion followed on future NED engagement with these rounds and it was agreed that consideration would be given to this in line with Infection Control and COVID-19.		
6.1.4	Regional Health Inequalities Report This was due January 2021.		
6.2	PERFORMANCE		
6.2.1	Performance Reporting/Quality Dashboard It was noted that the incorrect PIPR reports had been shared with meeting papers. The Acting Chief Nurse shared the correct version of PIPR on screen. There was no narrative to PIPR this month in line with COVID-19 surge workload. Post meeting note: The correct version of PIPR was shared following the meeting.		
6.2.1.1	PIPR Safe – M08 Safe had dipped to amber from green during November due to three hospital acquired pressure ulcers, grade 2 and above and a rise to 4.7% of falls per 1000 bed days in November. Both could be mitigated by the high acuity and frail patients on the 5 th floor; there was no cause for undue concern. Discussion centred on a general aggregate of the overall level of patient acuity at Royal Papworth. It was confirmed that the Safecare Live model recorded patient acuity 3 times a day and the Acting Chief Nurse would consider how this could best be reflected in the data as a metric for observing possible relationships with incidents. Safer staffing remained green with 91.3% and 97% for days and nights respectively.		
6.2.1.2	PIPR Caring – M08 Caring had remained at green.		
6.2.1.3	PIPR People, Management & Culture (PMC) – M08 This had seen a change from red to amber during November.		
6.2.2	Monthly Ward Scorecards: M08 This was not available at the time of meeting.		
6.3	SAFETY		
6.3.1	Serious Incident Executive Review Panel (SIERP) minutes (201117, 201124, 201201, 201208) The SIERP minutes as outlined above were received by the Committee. There had been no serious incidents reported in November.		
6.3.2	Mycobacterium abscessus update This paper was received by the Committee. The Acting Chief Nurse advised that the newly formed Oversight Committee chaired by the Director of Infection Prevention and Control would be attended by both respiratory and transplant colleagues. The first meeting of the new format will be Jan 2021. Ongoing M.Abscessus would be approached via business as usual divisional governance structures. Further updates: <ul style="list-style-type: none"> • A second lung transplant patient had sadly died as a consequence of infection by M.Abscessus. • Detailed epidemiological study of each affected patient supported by the PHE, was anticipated to be completed by March 2021 and would take equal priority to COVID-19 based research. Executive 		

Agenda Item		Action by Whom	Date
	<p>Directors had recently approved full-time support for this.</p> <ul style="list-style-type: none"> Intensive engineering and water safety solutions had been maintained. Although PHE data showed a hint of a peak after the hospital move with a tailing off, it was too early to take reassurance from this. A patient information letter for those waiting for lung transplantation was currently with the Trust's lawyers. It was intended that this would be sent out to patients by the transplant team as an introduction to ongoing individual risk benefit analysis discussions with the individuals. A more general letter to a wider group of patients, eg, those awaiting heart transplants or who were immunocompromised was also being considered. The Clinical Decision Cell (CDC) had posed the question to the Clinical Ethics Committee (CEC) on how much information and to whom should be given. <p>Discussion and comment: this was led by oversight from Dr Alhuwalia, Chair of the CEC.</p> <ul style="list-style-type: none"> CEC benefited from good attendance of a wide range of clinicians involved in the direct care of this vulnerable patient group who were at an additional risk burden from M.Abscessus. Balance of allowing patients access to understand the risks of mycobacterium abscessus in order to facility autonomous decision making, versus the risks of causing undue alarm and panic. It was deemed extremely important to maintain the long term relationship of trust with patients by sharing appropriate degrees of information so that patients were not unnecessarily frightened by the facts. Approach of communication should be graded in terms of the information given, however letters customised by individual care teams should be initiated immediately to allow for conversations with transplant patients to be undertaken in a timely manner. Further education for consultants in preparation for queries and patient conversations would be considered by the Medical Director however the CEC, whilst accepting the conversation content was difficult and challenging, did not consider this was an ethical challenge and that trust should be place in the clinical teams to do the right thing. <p>Outcome: the report from the CEC to the CDC would be received and graded letters which would be more informative rather than alarming, would be issued to individual patient groups.</p> <p>The Director of Workforce and Organisational Development advised that a draft letter was ready to go out to staff and recipients would be selected using the existing risk assessment process.</p>		
6.3.3	<p>Patient Safety Data</p> <p>This report was received by the Committee, however there was some discussion on the medication safety incidents and the interpretation of changes. It was agreed to invite the Deputy Chief Pharmacist, Chris McCorquodale to present the Trust Pharmacy Dashboard at Quality & Risk to provide contextual information to assist the Committee's understanding of potential incidents. The Trust Secretary announced that Chris McCorquodale had recently been elected as a Staff Governor and suggested that he be invited to attend Quality & Risk as the governor</p>	AJ	

Agenda Item		Action by Whom	Date
	representative. The Committee was in agreement.		
6.3.4	Learning from Deaths Q2 report 20-21 This report was unavailable (the report was in progress at the time of the meeting papers) and would be presented in January 2021.		
7	RISK		
7.1	Board Assurance Framework Report		
	The Committee noted the contents of this report. The Trust Secretary advised that BAF 684 (failure to release staff to undertake educational activity due to workload) would be returned to local areas for continued monitoring and that the R&D risk was now on hold. With these exceptions she reported that there was no movement with Committee risks this month.		
7.2	New Risks graded 12+ This report listed all risks graded at a residual risk rating of 12 or above that had not previously reported to this Committee, a summary of which had previously been presented to QRMG for review. Some of these risks had earlier 'opened' dates but would have been at a lower grading previously so would not have been seen at Committee. These were all noted by the Committee.		
8	WORKFORCE		
8.1	GMC Survey Report 2020 This was received by the Committee. It was specifically a pandemic focused survey and whilst it gave a favourable report it was noted that only 47% of trainees had engaged with this survey; some caution may therefore be necessary on the degree of assurance it provided. Comparison with other centres was also included to provide context.		
8.1.1	Appendix 1 – GMC Trainee Survey See 8.1.		
8.1.2	Appendix 2 – GMC Trainer Survey See 8.1.		
8.1.3	Appendix 3 – GMC Trainee Survey Comparison See 8.1.		
8.2	Vaccination update The Director of Workforce and Organisational Development reported that some higher risk staff had received the vaccine at either CUH or NWAFT and that communications between Trusts remained good. Regionally, GP practices were beginning to administer the vaccine with larger hubs awaiting set up. Recruitment to the latter was ongoing with regional discussions about releasing NHS staff balanced against the requirements for hospital surges. She reported that Royal Papworth had participated by releasing some staff however the greater surge the hospital experienced, the less capacity there would be to support the vaccination campaign. The next phase of in-house planning to provide a vaccination hub on site had been stepped back up.		
9	GOVERNANCE		
	There were no items for discussion.		
10	ASSURANCE		
10.1	Internal Audits: There were none.		
10.2	External Audits There were none.		
11	POLICIES		
11.1	DN449 Patient Access Policy cover paper		

Agenda Item		Action by Whom	Date
	This was received by the Committee.		
11.1.1	DN449 Patient Access Policy This was ratified by the Committee, however it was noted by the Acting Chief Nurse that the final assurance page was missing from the document. This would be fed back to the document owner.		
11.2	DN323 Medical Gas System Operational Policy cover paper This was received by the Committee.		
11.2.1	DN323 Medical Gas System Operational Policy DN323 was ratified by the Committee.		
11.3	DN139 Risk Management Strategy paper This was received by the Committee.		
11.3.1	DN139 Risk Management Strategy DN139 was ratified by the Committee. The Chair suggested that the policy could benefit from a clearer acknowledgement that the Trust will not always seek to minimise every risk, as risk has to be balanced against other objectives, and all risk - or reducing it - involves trade-offs.		
11.4	DN585 Data Quality Policy cover paper This was received by the Committee.		
11.4.1	DN585 Data Quality Policy DN585 was ratified by the Committee.		
12	RESEARCH AND EDUCATION		
12.1	Research		
12.1.1	Minutes of Research & Development Directorate meeting (201120) These were noted by the Committee.		
12.2	Education The Acting Chief Nurse reported that the Trust remained committed to providing extra educational capacity and continued to work with HEE and medical deaneries. He announced that Dr Nicola Jones had recently been appointed to the new post of Deputy Director of Medical Education.		
12.2.1	Education Steering Group minutes (201120) These were noted by the Committee.		
13	OTHER REPORTING COMMITTEES		
13.1	Escalation from Clinical Professional Advisory Committee (CPAC) The Acting Chief Nurse advised that there were no escalation issues from CPAC held on 16 December 2020.		
13.1.2	Minutes of Clinical Professional Advisory Committee – (201119) These were noted by the Committee.		
13.2	Minutes of Safeguarding Committee (none) The meeting due to be held on 4 December had been postponed until the New Year. The next meeting would be in February 2021.		
14	LIVING WITH COVID-19 The Medical Director reflected on the current status of the slow steady increase following an initial plateau of between 8-12 ECMO patients at Royal Papworth. It now looked like there would be an exponential growth of positive COVID-19 patients in the East of England with the result that elective activity would be stepped down to priority patient groups 1 and 2 (P1, P2). P3 and P4 patients awaiting operations or procedures could be expected to be reviewed in order to create capacity in Critical Care and to relieve pressure on wards to allow for the redeployment of registered nurses and AHPs into Critical Care. A considerable surge of referrals to Royal Papworth was expected, due not only to the rise in COVID-19 patients but due to unprecedented staff sickness absence levels and incidents in other Trusts leading to loss of		

Agenda Item		Action by Whom	Date
	capacity. The Committee needed to be aware of the pressures in all the surrounding geographical areas which may lead to increased capacity at Royal Papworth. He gave his thanks to the forethought of both Workforce and the Nursing Leads for the hospital being as well prepared as it was for this outcome.		
14.1	Minutes of Living with Covid Steering Group (none) There had not been a Living with Covid Steering Group meeting since the last Quality & Risk Committee in November.		
14.2	Infection Prevention Control update The Acting Chief Nurse reminded the committee that the IPC team continued to monitor the Trust against the national IPC COVID-19 checklist and that the Trust remained compliant. In addition the Trust had also assessed itself against the 10 Key Actions. He reported that the new lead nurse for infection control, Kathy Randall had settled well into the team.		
15	ISSUES FOR ESCALATION		
15.1	Audit Committee There were no issues for escalation.		
15.2	Board of Directors There were no issues for escalation.		
16	ANY OTHER BUSINESS		
14.1	<ul style="list-style-type: none"> • The Chair asked Committee members to consider whether it would be possible to create a period of time at each meeting to focus on a particular topic in more detail whilst acknowledging that scrutiny of routine reporting would need to continue. • The Trust Secretary gave notice that Chris Seaman, Executive Assistant was moving to a new role in January and thanked her for her support of this Committee over the last two years; the Chair echoed this with his personal thanks. • The Acting Chief Nurse gave his thanks to the Chair for his contribution to the Committee over the last year. 		
	Date & Time of Next Meeting: Thursday 28 January 2021 2.00-4.00 pm		

The meeting closed at 1514 hrs

.....
Signed

.....
Date

Royal Papworth Hospital NHS Foundation Trust
Quality & Risk Committee
Meeting held on 17 December 2020