

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

**Held on 28 May 2020 at 2pm**  
**Third Floor, Room 1 via MS Teams/Telephone**

**MINUTES**

|                  |                                   |           |   |
|------------------|-----------------------------------|-----------|---|
| <b>Present</b>   | <b>Ahluwalia, Jag</b>             | <b>JA</b> | <b>Non-executive Director</b>   |
|                  | <b>Blastland, Michael (Chair)</b> | <b>MB</b> | <b>Non-executive Director</b>   |
|                  | <b>Buckley, Carole</b>            | <b>CN</b> | <b>Assistant Director of Quality &amp; Risk</b>                             |
|                  | <b>Graham, Ivan</b>               | <b>IG</b> | <b>Deputy Chief Nurse</b>   |
|                  | <b>Hall, Roger</b>                | <b>RH</b> | <b>Medical Director</b>   |
|                  | <b>Jarvis, Anna</b>               | <b>AJ</b> | <b>Trust Secretary</b>  |
|                  | <b>Monkhouse, Oonagh</b>          | <b>OM</b> | <b>Director of Workforce &amp; Organisational Development</b>               |
|                  | <b>Pollard, Kate</b>              | <b>KP</b> | <b>Quality Compliance Officer</b>   |
|                  | <b>Raynes, Andy</b>               | <b>AR</b> | <b>Director of Digital and Chief Information Officer (CIO)</b>              |
|                  | <b>Riotto, Cheryl (from 1420)</b> | <b>CR</b> | <b>Head of Nursing</b>  |
|                  | <b>Rudman, Josie</b>              | <b>JR</b> | <b>Chief Nurse</b>  |
|                  | <b>Seaman, Chris</b>              | <b>CS</b> | <b>Executive Assistant (Minute taker)</b>                                   |
|                  | <b>Wilkinson, Ian</b>             | <b>IW</b> | <b>Non-executive Director</b>   |
|                  |                                   |           |   |
| <b>Apologies</b> | <b>Hodder, Richard</b>            | <b>RH</b> | <b>Lead Governor</b>  |
|                  | <b>Webb, Stephen</b>              | <b>SW</b> | <b>Associate Medical Director and Clinical Lead for Clinical Governance</b> |

| Agenda Item | For  | Action by Whom | Date |
|-------------|--|----------------|------|
| <b>1</b>    | <b>APOLOGIES FOR ABSENCE</b>   |                |      |
|             | <p>The Chair opened the meeting and apologies were noted as above.</p> <p>He suggested that perhaps the best use of Committee time would be to receive the majority of papers without comment, to enable focus on new risks associated with COVID-19 around hospital reconfiguration, staff exposure, patient prioritisation, overall risks to Trust objectives from new demands/restricted capacity etc. The Committee was in agreement with this approach.</p> |                |      |
| <b>2</b>    | <b>DECLARATIONS OF INTEREST</b>  |                |      |
|             | <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"> <li>Michael Blastland as Board member of the Winton Centre for Risk and Evidence Communication; as advisor to the</li> </ul>   |                |      |

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|----------------|---|----------------|------|
|                | <p>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</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Roger Hall as a Director and shareholder of Cluroe and Hall Ltd, a company providing specialist medical practice activities.</li> <li>• 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.</li> <li>• 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.</li> </ul> |                |      |
| <b>3</b>       | <b>MINUTES OF THE PREVIOUS MEETING – 30<sup>th</sup> April 2020</b>   |                |      |
|                | The Quality & Risk Committee approved the minutes of the previous and authorised these for signature by the Chair as a true record.   |                |      |
| <b>4</b>       | <b>MATTERS ARISING AND ACTION CHECKLIST PART 1 (200430)</b><br>These were reviewed and updated.   |                |      |
| <b>5.1</b>     | <b>QUALITY</b>  |                |      |
| <b>5.1.1</b>   | <b>QUALITY EXCEPTION REPORTS</b>  |                |      |
| <b>5.1.1.1</b> | <p><b>QRMG Exception report</b></p> <p>The following discussion took place:<br/>Mandatory requirement on Lorenzo for VTE risk assessment – this had been escalated, as the lack of a mandatory field remained an ongoing barrier to maintaining compliance. The Director of Digital and CIO explained that unless there was agreement from other users for this adaptation, this upgrade request was unlikely to be granted. He confirmed that he continued to liaise with the service provider to exert influence on the wider community, however unless majority agreement was acquired a more robust internal process would be required to increase compliance. Dr Ahluwalia suggested that support through NHS England, using the COVID-19 pathway as a lever, could be solicited to provide weight to this Lorenzo improvement. The Director of Digital agreed to investigate this approach.</p>   | AR             |      |
| <b>5.1.1.2</b> | <p><b>Q4 and Annual Summary Q&amp;R report 19/20</b></p> <p>The Committee noted and accepted this report.</p> <p>The Associate Director of Quality and Risk confirmed that the Bereavement Service had been running smoothly throughout the pandemic due to the Royal Papworth PALS teams co-ordinating processes with the CUH service. She confirmed that the intention to bring the service back in-house would be re-invigorated when events</p>   |                |      |

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|----------------|---|----------------|------|
|                | allowed and confirmed that PALS had capacity to do this.  |                |      |
| <b>5.1.1.3</b> | <p><b>Q4 Directorate &amp; Business Unit Q&amp;R reports</b><br/>The Committee noted and accepted this report.</p> <p>A significant increase in surgical site infections (SSIs) since moving to the new hospital was noted by the Chair. The Chief Nurse outlined the following interventions:</p> <ul style="list-style-type: none"> <li>Steering group led by Philippa Clarke, Tissue Viability Nurse, had refocused attention with the introduction of extra infection prevention control measures and a refresher for all staff on the essentials.</li> <li>Detailed action plan auditing theatre activity and staff footfall through the theatre suite at any one time.</li> <li>Consideration of airflow in theatres and the different environment.</li> <li>Good multidisciplinary engagement.</li> </ul> <p>Either the measures put in place in response to COVID-19 or the extra focus of attention had had a positive impact and the situation had eased, resulting in an improved rate of SSIs. The Deputy Chief Nurse interestingly noted that the last spike of SSIs was during a period of organisation transformation when Lorenzo was introduced.</p> |                |      |
| <b>5.1.1.4</b> | <p><b>SUI-WEB32645 M.Abscessus Outbreak</b><br/>The Committee accepted the final report. The Associate Director of Quality and Risk reported that duty of candour had been completed with all transplant patients involved; the remaining patients' duty of candour work was ongoing. The Chair applauded the diligence and thoroughness of the investigations undertaken as a result of this incident.</p>   |                |      |
| <b>5.1.1.5</b> | <p><b>QRMG minutes (200512-virtual)</b><br/>These were accepted by the Committee.</p>   |                |      |
| <b>5.1.2</b>   | <p><b>FUNDAMENTALS OF CARE BOARD (FOCB)</b><br/>This Board had been suspended on account of the pandemic.</p>   |                |      |
| <b>5.1.3</b>   | <p><b>Deferral of Quality Accounts</b><br/>The Committee noted that these had been officially deferred for publication until 15 December 2020.</p>  |                |      |
| <b>5.2</b>     | <b>PERFORMANCE</b>  |                |      |
| <b>5.2.1</b>   | <b>Performance Reporting/Quality Dashboard</b>  |                |      |
| <b>5.2.1.1</b> | <p><b>PIPR summary M01</b><br/>This had been unavailable at time of circulation of committee papers.</p>  |                |      |
| <b>5.2.1.2</b> | <p><b>COVID-19 Performance Report</b><br/>This had been unavailable at time of circulation of committee papers.</p>   |                |      |
| <b>5.2.2</b>   | <p><b>Monthly Ward Scorecard: M01</b><br/>This was noted by the Committee.</p>  |                |      |
| <b>5.3</b>     | <b>SAFETY</b>   |                |      |
| <b>5.3.1</b>   | <p><b>Serious Incident Executive Review Panel (SIERP) minutes (200428, 200505, 200512, 200519)</b><br/>The SIERP minutes as stated above were received by the Committee.</p>  |                |      |
| <b>5.3.2</b>   | <p><b>National Safety Thermometer Submission</b><br/>The Chief Nurse confirmed that this data submission was no longer required, with data for pressure ulcers, falls, VTE and healthcare-associated infections routinely collected using alternative data sources. Further NICE guidance was expected, but was delayed due to the focus on COVID-19. She confirmed that a dedicated scrutiny panel for falls</p>   |                |      |

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|----------------|--|----------------|------|
|                | was being considered.  |                |      |
| <b>5.3.3</b>   | <p><b>Antimicrobial Stewardship Report 19/20</b></p> <p>This was received by the Committee. The Chair reflected that the expectation about the reduction in the use of antimicrobials and the Trust's ability to achieve target, was not addressed in this report. The Chief Nurse reported that we had reviewed our own processes which had resulted in improved practice with the prescription of antimicrobials but conceded that this was not necessarily in line with the national ask. Chair considered that the report should be more specific if the Trust did not expect to achieve the national target. The Chief Nurse commented that discussion on this should be undertaken when CQUINS are negotiated.</p>   |                |      |
| <b>5.3.4</b>   | <p><b>Learning from Deaths 19/20</b></p> <p>This had not been available at the time of the meeting and would be presented next month.</p>  |                |      |
| <b>6</b>       | <b>RISK</b>  |                |      |
| <b>6.1</b>     | <b>Board Assurance Framework Report</b>  |                |      |
| <b>6.1.1</b>   | <p><b>BAF Board Report</b></p> <p>This was received by the Committee.</p>  |                |      |
| <b>6.1.2</b>   | <p><b>Paper on National IPC BAF for COVID-19</b></p> <p>The self-assessment tool had been provided by NHS England to assist Trusts provide assurance of infection prevention and control measures implemented in response to the COVID-19 pandemic were effective in ensuring the safety and welfare of patients, visitors and staff and that risk was considered and mitigated before services resumed.</p>   |                |      |
| <b>6.1.2.1</b> | <p><b>IPC BAF report for COVID-19</b></p> <p>The Infection Prevention Control and Microbiology teams had collated the evidence to date and would continue to do so until all highlighted sections were compliant.</p>  |                |      |
| <b>6.2</b>     | <p><b>COVID-19 risks as at 200520</b></p> <p>The current and possible future risks related to COVID-19 were discussed at length. The highlights of discussion were as follows:</p> <ul style="list-style-type: none"> <li>• COVID-19 risks were reviewed regularly in Command and Control, (at least twice a week).</li> <li>• Turnaround time of patient screening results was variable (currently allowing 72 hours) therefore patients were treated under purple precautions if status unknown. The service was currently coping however review may be needed when services were reopened.</li> <li>• For patients undergoing surgical procedures, screening would be undertaken at a preadmission clinic to limit surgery cancellation due to unknown status.</li> <li>• Increased numbers of patients on ECMO (Extra Corporeal Membrane Oxygenation) had and would continue to create a new demand on services, which in turn would increase work force challenges when reintroducing services. Cheryl Riotto reported that at least <math>\frac{2}{3}</math> of footfall within CCA is still COVID +ve, with currently 14 of the 20 COVID-19 patients on ECMO. She clarified that ECMO patients required a minimum of 1 experienced ICU nurse, a supernumerary ECMO specialist and up to 6 to perform a manual handling procedure.</li> <li>• Some redeployed staff had been released back into all areas; staffing was reviewed daily jointly by the Duty Matron and</li> </ul> |                |      |

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|             | <p>Operational Management, however the rate limiting factor of releasing staff from redeployment was the time spent on ECMO. It was acknowledged that COVID-19 ECMO patients experienced a longer time course. This had created protracted periods of uncertainty in reviving other services in addition to the length of staffing redeployments.</p> <ul style="list-style-type: none"> <li>• New baseline for volume of ECMO service was expected to be around 8 (previously 3-5); this would add to staffing demands.</li> <li>• Requirement for social distancing would reduce clinical activity in all areas.</li> <li>• Reintroduction of services could possibly be compromised by future regional and national demands.</li> <li>• Living with COVID-19 Steering Group formed to consider all potential new demands and to map pathways of services for the immediate future.</li> <li>• CDC (Clinical Decision Cell) was responsible for clinical strategy. The Medical Director gave an overview of 4 service groups: <ul style="list-style-type: none"> <li>○ Surgery – would be difficult to return to volume previously achieved and what was desired.</li> <li>○ Cardiology – demands on service expected to grow as large/specialist centres could be mandated to undertake work otherwise undertaken by District General Hospitals.</li> <li>○ Respiratory – service expected to grow to support weaning programme for organ failure.</li> <li>○ Critical Care – ECMO service expected to grow.</li> </ul> </li> <li>• It was recognised that challenging ethical choices would have to be made in the future, balancing risk against the benefits for all patient groups and staff. The Chief Nurse advised that Executive Directors met regularly to consider the prioritisation of the reintroduction of services and to agree the difficult tactical and ethical decisions. Decisions would be informed by the Clinical Ethics Committee and the CDC.</li> </ul> |                |      |
| <b>7</b>    | <b>GOVERNANCE</b>  |                |      |
| 7.1         | <b>Update on 19/20 CQUINs</b><br>This was received by the Committee.   |                |      |
| <b>8</b>    | <b>ASSURANCE</b>   |                |      |
| 8.1         | <b>Emergency Planning – COVID-19 update</b><br>This was received by the Committee. Chair acknowledged the clear overview given in the timeline of events. The Quality Compliance Officer reported that a series of debrief sessions would be conducted to facilitate shared learning and best practice.  |                |      |
| 8.2         | <b>QIA Assurance Report</b><br>This was received by the Committee.   |                |      |
| 8.3         | <b>Internal Audits</b>   |                |      |
|             | There were none.   |                |      |
| 8.4         | <b>External Audits/Assessments</b>   |                |      |
|             | There were none.   |                |      |
| <b>9</b>    | <b>POLICIES AND PROCEDURES</b>   |                |      |
| 9.1         | <b>Paper and DN015 Infection Prevention &amp; Control</b><br>DN015 was ratified by the Committee.  |                |      |
| 9.2         | <b>Paper and DN708 Digital Acceptable Use Policy</b><br>The Director of Digital and CIO gave assurance that the revised policy   |                |      |

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|---------------|---|----------------|------|
|               | <p>reflected recommendations specific to COVID-19. Subject to minor revisions DN708 was ratified by the Committee:</p> <ul style="list-style-type: none"> <li>• Single page of Do's and Don'ts to be included.</li> <li>• Reference should be made to other Trust policies to support both sections on social media and working from home.</li> <li>• Wording at section 3.1 to be reviewed for clarity.</li> <li>• Additional clarity on the acceptable access to internet sites in view of a recent disciplinary. (AR to liaise with OM).</li> </ul>  |                |      |
| <b>9.3</b>    | <b>Paper and DN195 Complaints Policy</b><br>DN195 was ratified by the Committee.  |                |      |
| <b>10</b>     | <b>RESEARCH AND EDUCATION</b>   |                |      |
| <b>10.1</b>   | <b>Research</b>   |                |      |
| <b>10.1.1</b> | <b>Minutes of Research &amp; Development Directorate meeting</b><br>There were none.  |                |      |
| <b>10.2</b>   | <b>Education</b>  |                |      |
| <b>10.2.1</b> | <b>Education Steering Group (ESG) minutes</b><br>There were none.   |                |      |
| <b>11</b>     | <b>OTHER REPORTING COMMITTEES</b>   |                |      |
| <b>11.1</b>   | <b>Escalation from Clinical Professional Advisory Committee</b><br>The Chief Nurse had circulated a late paper demonstrating safe staffing across the pandemic in CCA. Despite CHPPD (Care Hours Per Patient Day) being below the expected level in CCA this was mitigated by national surge figures, ad hoc redeployment and Essential Care Teams. The Chair was assured that safe staffing had been maintained under the testing conditions and congratulated the teams on their achievements.  |                |      |
| <b>11.2</b>   | <b>Safeguarding Committee (Minutes from 200403)</b><br>It was noted this meeting had been postponed due to the pandemic. The Deputy Chief Nurse gave assurance that the Safeguarding Team Leads continued to meet as a group and the Safeguarding Lead for the Trust had engaged with regional colleagues and responded as required throughout the pandemic. He reported that the Safeguarding Committee would resume meetings moving forward.  |                |      |
| <b>12</b>     | <b>WORKFORCE</b>  |                |      |
| <b>12.1</b>   | <b>Q1 Pulse Survey Feedback</b><br>The Director of Workforce & Organisational Development presented the results of the survey; this had posed topical questions related to the pandemic. She noted the reduction in the percentage of staff feeling that their well-being had been given less consideration. She surmised that this could be related to the reduction in manager/staff 1-1s in the current crisis but that there was also a perceived lack of compassionate response from some managers. Access for staff to improved mental health support was being considered in the recruitment of an in-house psychologist supported by the Charity. Further training for line managers was also being considered. Mention was made of the excellent support provided by Anthony Gill, Chaplain, to both patients and staff during the pandemic. |                |      |
| <b>12.2</b>   | <b>Staff Risk Assessment Process</b><br>The Director of Workforce & Organisational Development reported on the latest guidance from NHSI for workforce risk assessments in the light of COVID-19, especially for those workers from a BAME background. This was being launched on 1 June by an external consultancy; it was intended that all staff would be reassessed during  |                |      |

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|-------------|--|----------------|------|
|             | the first two weeks of June.   |                |      |
| <b>13</b>   | <b>HOSPITAL OPTIMISATION UPDATE</b><br>Programme suspended due to COVID-19.          |                |      |
| <b>14</b>   | <b>ANY OTHER BUSINESS</b><br>There was no further business.                          |                |      |
| <b>15</b>   | <b>COMMITTEE MEMBER CONCERNS</b><br>There were no concerns to report.                |                |      |
| <b>16</b>   | <b>ISSUES FOR ESCALATION TO:</b>   |                |      |
| <b>16.1</b> | <b>Audit Committee</b><br>There were no issues for escalation.                       |                |      |
| <b>16.2</b> | <b>Board of Directors</b><br>There were no issues for escalation.                    |                |      |
|             | <b>Date &amp; Time of Next Meeting:</b><br><b>Thursday 25 June 2020 2.00-4.00 pm</b> |                |      |

The meeting finished at 3.46 pm

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Signed

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Date

**Royal Papworth Hospital NHS Foundation Trust**  
**Quality and Risk Committee**  
Meeting held on 28 May 2020