

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

Held on 29th July 2021 at 2 pm
Via Microsoft Teams

MINUTES

Present	Ahluwalia, Jag	(JA)	Non-executive Director
	Blastland, Michael (Chair)	(MB)	Non-executive Director (Chair)
	Fadero, Amanda	(AF)	Non-executive Director
	Graham, Ivan	(IG)	Deputy Chief Nurse
	Hall, Roger	(RH)	Medical Director
	Hodder, Richard	(RHo)	Lead Governor
	McCorQuodale, Chris	(CM)	Deputy Chief Pharmacist & Staff Governor
	Palmer, Louse	(LP)	Assistant Director for Quality & Risk
	Raynes, Andy	(AR)	Director of Digital & Chief Information Officer
	Wilkinson, Ian	(IW)	Non-executive Director
In attendance	Howard-Jones, Lorraine	(LH-J)	Deputy Director of Workforce and OD
	Patrick Redhead, Onika	(OPR)	EDI Manager
	Shillito Elizabeth	(ES)	Matron for Cardiology
	Stephens, Teresa	(TS)	Executive Assistant (Minute Taker)
Apologies	Jarvis, Anna	(AJ)	Trust Secretary
	Monkhouse, Oonagh	(OM)	Director of Workforce and Organisational Development
	Posey, Stephen	(SP)	Chief Executive Officer
	Rudman, Josie	(JR)	Chief Nurse and DIPC
	Seaman, Chris	(CS)	Quality Compliance Officer (Minute taker)
	Webb, Stephen	(SW)	Deputy Medical Director and Clinical Lead for Clinical Governance

Discussion 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 above were noted.		
2	DECLARATIONS OF INTEREST		
	There is a requirement that those attending Board Committees raise any		

Agenda Item		Action by Whom	Date
	<p>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. • 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 Reviewer for CQC Well Led reviews. • Amanda Fadero as a Trustee of Nelson Trust, a charity predominantly supporting recovery from drug and alcohol addiction with expertise in trauma informed care for women; Associate Non-Executive Director at East Sussex NHS Healthcare Trust. 		
3	<p>COMMITTEE MEMBER PRIORITIES</p> <ul style="list-style-type: none"> • The Chair invited Committee members to share suggestions for directorate presentations every quarter, with specialist areas of the Trust invited to present to the Committee in between. Ideas shared: • Data analytics. • Wellbeing. • Inequality. Deputy Medical Director SW to provide an update to the next Committee. • Improvement methodology linked to quality impact assessment on efficiency programmes. This was discussed at the Committee previously and an update was requested. LP to discuss with Mike Bates. • Committee members to send TS further suggestions. TS to draft a list of invitations. • The Committee discussed the direction on quality that might be taken by the ICS and noted that the new Chief Nurse, Maura Sreaton, would be the Trust lead and could bring updates to future meetings. The Chair expressed concern that the ICS could set its own quality objectives, thus impinging on the Trust's quality agenda. • IG stated that at the inaugural meeting of the Steering Group, the ICS acknowledged the need to avoid duplication where possible, and aim 	<p>SW</p> <p>LP</p> <p>TS</p>	<p>End Aug 2021</p> <p>End Aug 2021</p> <p>End of Aug 2021</p>

Agenda Item		Action by Whom	Date
	<p>to create standardised reporting.</p> <ul style="list-style-type: none"> • RHo advised that he would be meeting with the outgoing Chair next month and report any findings to the next Committee meeting. • The Committee noted that the ICS was in its early stages and that, with the appointment of a new Chair, its agenda might change. • JA advised that, with the dissolution of the CCGs, eventually RPH and other Acutes would not report into a third party, but would report into an organisation of which they are constituent members. • The Committee agreed on the importance of the Trust understanding its priorities to influence and inform the ICS quality agenda. • The Committee noted that the total CCG income was circa 14%. • Specialist commissioning, such as Ekman transplantation and ECMO, will remain a national exercise. • The Committee requested that the new Chief Nurse report on arrangements and potential implications of ICS on the Trust's quality agenda at a future meeting. 	MS	Oct 2021
4	MINUTES OF THE PREVIOUS MEETING – 21st June 2021		
	The Quality & Risk Committee approved the minutes of the previous meeting held on the 24 th June 2021 and authorised these for signature by the Chair as a true record.		
5	MATTERS ARISING AND ACTION CHECKLIST PART 1 21st June 2021 There were no outstanding actions.		
6.1	QUALITY		
6.1.1	Quality & Risk Management Group (QRMG) Exception Reports The pre-circulated document was noted by the Committee.		
6.1.1.1	Quality & Risk Management Group (QRMG) Exception Report The pre-circulated document was received by the Committee, with points to note as follows: <ul style="list-style-type: none"> • The Committee noted and discussed the reference to deteriorating patients in the minutes and were advised that Nurse Consultant Judith Machiwenyika is the clinician leading on the work, reporting to QRMG. • The Committee noted under 6.5 of the minutes: 'Mechanisms for capturing telephone/email advice – go live confirmation date', that progress had stalled since the last meeting and requested clarification. It was informed that ongoing issues with the Trust's bleeper system had led to discussions concerning the potential use of mobile phones, which is being explored by the Digital Team. The Trust is currently working with two suppliers on a prime and subcontractor arrangement, with the paging system belonging to the subcontractor. The Digital Team are working through the technicalities to resolve the issues, with a meeting featuring all parties, scheduled for the beginning of August. The Committee noted the potential information governance issues that the use of mobile phones would raise, and noted that mobile phones are the potential risk mitigation for the current risk of bleeper failure. 		
6.1.2	Fundamentals of Care Board (FOCB) Exception Report No report available.		

Agenda Item		Action by Whom	Date
6.1.2.1	<p>Minutes of Fundamentals of Care Board (FOCB) The Committee noted that the meeting due to be held on 14th July 2021 had been cancelled.</p>		
6.1.3	<p>Executive Led Environment Round Report (deferred from last meeting) The Committee noted the pre-circulated document and noted that recommendations in the report were modest.</p>		
6.1.4	<p>Infection Prevention Control Annual Final Report 2021-2021 The Committee discussed the pre-circulated document that had been presented to the July Board meeting, with points to note as follows:</p> <ul style="list-style-type: none"> • The Committee expressed surprise that the Trust’s privacy score (in the PLACE audit results section) was below national average, but was informed that the scoring used did not fit the methodology of the building. The issue has been raised and the scoring matrix will account for this on the next assessment. • The Committee agreed that the report was excellent, but noted that it could do more to reflect the following: <ul style="list-style-type: none"> ○ Where the areas of concern are; ○ Is there anything troubling infection control matters at the Trust? ○ Where the residual risks currently sit, other than Mycobacterium. • The Committee requested that the next report should consider a forward view and cover: <ul style="list-style-type: none"> ○ What is the Trust’s forward plan in terms of ambition? ○ Where is the Trust’s quality improvement? • The Committee discussed the incidents of C. diff, and noted that the number of incidents had not decreased since the hospital’s move to the new site. • The Committee was advised that some of the infection control data had been impacted by COVID, in particular in Critical Care, and that the numbers should begin to balance out. It was noted that the recent Infection Prevention and Control Committee meeting had discussed the issue and noted that the numbers are improving, which was expected in correlation with decreasing COVID. • The Committee noted that surgical site surveillance was a good example of where the Trust had seen a peak in surgical site infections, which may have correlated to the move period and changing process. Numbers are heading in the right direction and mitigating measures have been put in place. • RH was asked whether, presuming that the broad spectrum antimicrobial use has gone up for numbers of these patients in the last period, this had had an adverse effect of C. diff. RH advised that very few had been acquired within the Trust. • The Committee noted that there has been an increase in the prevalence of C. diff in the community. • The Committee noted that the Trust had moved from one well managed environment to another and agreed on the importance of not unintentionally giving the impression that the environment will manage the infection risks rather than good practice. 		

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	<ul style="list-style-type: none"> The Committee acknowledged that the Infection Prevention and Control Team was meticulous in monitoring cases and IG stated that he was very comfortable with the Trust's scrutiny over infection issues. The Committee noted that the Trust continues to hold scrutiny panels regarding incidents of C. diff with external infection control experts from the CCG. Lessons learnt are fed back to clinical teams. The Committee asked whether the Trust would experience any relaxation in infection control as COVID eases, and whether its infection control is too rigorous in that it constrains activity. The Committee was informed that IG is challenged appropriately on infection control and prevention measures and that processes in place are appropriate. For example, the Committee was informed that the Trust has retained restricted visiting through a booking process. Should a concern be raised that controls are too stringent, the Infection Prevention and Control team or the Specialist Nurse will visit the area concerned and make bespoke arrangements if appropriate. IG related how he balances this question with the processes in place. The Committee was reminded that the Trust has had no nosocomial incidents since April 2020, and that its compliance rate remains very impressive. The Committee was given an open invitation to join a future Infection Prevention and Control Committee meetings. 		
6.1.5	<p>Patient Safety Data Report</p> <p>The Committee noted the pre-circulated document with discussion as follows:</p> <ul style="list-style-type: none"> The Committee noted that the falls rate had increased slightly, but that this is being monitored and remains low. The Committee noted a theme of falls following issues with leads and questioned whether wireless monitoring or telemetry was feasible. ES (Matron for Cardiology) advised that the advantage of telemetry is wireless monitoring and therefore reducing the risk of falls; and also enhanced privacy and dignity for the patients as they are not restricted by wires restricting their movement. ES advised that she had been working to progress telemetry and there was a risk on the Trust Risk Register (Risk ID 2175, Telemetry observation monitoring (extreme risk 16), but that implementation on the new site was not straightforward. AR informed the meeting that Wi-Fi research was undertaken before moving to the new site and that capacity equates to a 160,000 stadium. ES, advised that the Deputy Director of Digital had advised that the Wi-Fi would require a system upgrade to be able to cope with the level that would be drawn upon it if using telemetry. This will be discussed further in a future telemetry meeting as it requires a substantial capital expenditure. The Committee agreed that they would be supportive of this project progressing for patients and thanked ES for her work on this so far. 		
6.2	Patient Experience		
6.2.1	Patient Story – presented by Elizabeth Shillito, Matron		

Agenda Item		Action by Whom	Date
	<p>Matron Elizabeth Shillito (ES) presented the patient story, with points to note as follows:</p> <ul style="list-style-type: none"> • The patient had suffered a cardiac arrest and had been successfully resuscitated. However, it was discovered later that they had got a respect form with DNAR order in place. • The patient was transferred early June from Hinchingsbrooke Hospital and went through the usual check in with the nursing and medical team, and also by a TV nurse specialist. • The patient was being monitored for consideration of TAVI and was in RPH for several days when they began to deteriorate. On the Saturday, the patient deteriorated further and was reviewed on the morning ward round where it was decided that they would require a central venous catheter and to be commenced on dopamine. • The ward round took place at 10:00 in the morning, but the CVC was not placed until 19:00. The dopamine was started at 23:00 and at 23:30 the patient suffered from nausea and vomiting. At 23:40, the patient became bradycardic and then unresponsive. This was shortly followed by a cardiac arrest. • ES was night matron that evening and so attended the arrest, that was well co-ordinated. • Lorenzo was consulted in order to retrieve the patient's notes whilst the arrest was in progress. • Output was achieved and the patient was transferred to coronary care. At that point, staff discovered that the patient had a ReSPECT form in place (indicating DNAR) from their previous hospital, but that it had not been reviewed or updated within Lorenzo on transferral to Royal Papworth Hospital. • The on-call consultant was notified and a decision was made that the patient should not receive any further escalation. The patient died peacefully about half-an-hour later. • The Committee was informed that a number of actions had been taken and reviewed from this incident. A team brief was instigated following this arrest and the Committee noted that the nursing staff in situ were badly affected by the situation as resus had been initiated whilst a DNAR order was in place. • The Committee noted that confusion had been caused as no discussion had taken place on handover. Both of the medical staff on duty, the SHO and the Registrar were unaware of the patient's DNAR request. • The incident occurred on a Saturday and there are generally less medical staff available and the ward had been busy, which might have accounted for the delay in the CVC insertion. • Lessons learnt from this incident include: ReSPECT statuses are highlighted on the ward handover, ReSPECT has become a buzz word in cardiology to encourage conversations and learning, ReSPECT has been included in the Nursing Message of the Week so has been discussed more widely across the Trust, and training has been increased on the Learning Zone. Discussions have taken place with some of specialist nurses, particularly within cardiology, and with cardiology advanced clinical practitioners regarding training to enhance competency in undertaking ReSPECT conversations. Additionally, the department has a 'leave it in a jar' intervention in the staff room. 		

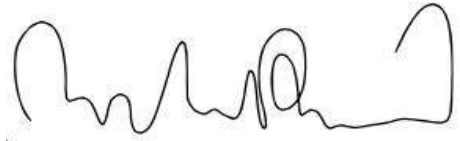
Agenda Item		Action by Whom	Date
	<ul style="list-style-type: none"> The Committee noted that the team had required support after the incident and thanked ES for her sensitive presentation of the patient story to the meeting. The Committee asked whether the patient's family were informed and whether they were present at the patient's death or whether, due to COVID restrictions, they were unable to attend. The Committee was informed that after the initial cardiac arrest, the Registrar informed the family that the patient's heart had stopped, the patient had been given medication and their heart had restarted and they had been transferred to coronary care. The family was advised to come in to the hospital, but the patient passed away approximately ten minutes before they arrived. However, the family were able to spend some time with the patient to say goodbye. Full disclosure has been given to the family and a family liaison has been working with them. The Committee noted that the patient story had impacted work that has been undertaken on ReSPECT throughout the Trust and been included in a recent internal mock CQC inspection. Lessons learnt include: the knowledge that a ReSPECT form does not automatically indicate that the patient does not require resuscitation, but that communication should take place with regard to the patient's wishes and documenting and communicating a resuscitation decision is part of that. The Committee noted that one of the questions raised as part of the debriefing process was whether the staff did the right thing in starting CPR at the time. Could they be criticized? It has been agreed that the staff acted correctly in starting immediate CPR because they were not aware of the DNAR request. The Medical Director advised the Committee that a ReSPECT form completed in advance of admission to the Trust in a DGH setting with what looks like an intractable problem, may not be the same one that gets filled after the transfer as treatment may be proposed that might have palliative potential. RH stressed the importance of a ReSPECT conversation following treatment discussion at the Trust, and that the ReSPECT communication should follow them when discharged from Papworth. If a ReSPECT form is still in place, the patient needs a paper form that follows them and initiates discussion with the new receiving hospital or facility in the community in partnership with the patient. 		
6.2.2	End of Life Steering Group Draft Minutes (6th May 2021) The Committee noted the draft minutes.		
6.2.3	Patient & Carer Experience Group Draft Minutes (12th April 2021) The Committee noted the draft minutes.		
6.2.4	Patient & Public Involvement Committee Draft Minutes (17th May 2021) The Committee noted the draft minutes.		
6.3	PERFORMANCE		
6.3.1 6.3.1.1	Performance Reporting/Quality Dashboard PIPR Safe – M03		

Agenda Item		Action by Whom	Date
	<p>this issue.</p> <ul style="list-style-type: none"> IG recommended that Wayne Hurst, Head of Nursing for Cardiology who leads of VTE, attends the next Quality & Risk Committee meeting to give the Committee assurance. TS to invite to the next meeting. CMc stated that the original thirty patient audit metric looked for evidence that a VTE risk assessment had been undertaken, whereas methodology now looks at the completion of the form. Before, if prophylactic medication had been prescribed, it would have been counted in the audit, whereas now it does not as it depends on the form. Additionally, it was noted that samples in the old methodology had been targeted at patients who had a longer stay, whereas now the assessments are undertaken on a wider cohort. The Committee discussed what the appropriate target ought to be for assessment, and agreed that 100% might not be feasible due to the cohort of patients. The Committee noted that there was no further update available on the Never Event reported to the last meeting. 		2021
6.3.1.3	<p>PIPR People, Management & Culture – M03 The Committee noted the pre-circulated document.</p>		
6.3.2	<p>Monthly Ward Scorecards: M03 The Committee noted the pre-circulated document.</p>		
6.4	<p>SAFETY</p>		
6.4.1	<p>Serious Incident Executive Review Panel (SIERP) (210622, 210629, 210706, 210720) minutes The pre-circulated minutes noted above were received by the Committee.</p>		
6.4.2	<p>Learning from Deaths Q4 report 20/21 and Annual Report 20/21 The pre-circulated reports were noted by the Committee.</p>		
6.4.3	<p>Patient Safety Data: M03 Ward and Department Scorecard v16 June 2021 The Committee noted the pre-circulated document, deferred from the last meeting.</p>		
7	<p>RISK</p>		
7.1	<p>Board Assurance Framework Report This was accepted by the Committee.</p>		
7.2	<p>Emerging risks There were none to report.</p>		
8	<p>WORKFORCE</p>		
8.1	<p>Workforce and OD Director Report: Compassionate and Collective Leadership Programme including Equality, Diversity and Inclusion: OPR joined the meeting. LH-J and OPR led the Committee through the pre-circulated paper, with points to note as follows:</p>		

Agenda Item		Action by Whom	Date
	<ul style="list-style-type: none"> • The Committee was updated on the progress of the Compassionate and Collective Leadership programme that was rolled out in July 2019, leading with diagnostic work to identify the culture of the Trust. • Eight priorities were identified to focus on in phase 2 of the project, one of which was to review the values of RPH to ensure they reflect feedback from staff about what is important in the new working environment and implement a behaviour framework. • At the beginning of July 2021, the new values and behaviour framework was launched. • A Compassionate and Collective Leadership Programme Steering Group has been established to oversee the embedding of the values and behaviours framework and the implementation of actions to address other priorities identified in phase 1 of the programme. The Steering Group will provide quarterly reports to the Quality & Risk Committee. • The Committee noted that the Steering Group is focusing on actions outlined in the report, including developing and planning staff development interventions on the values and behaviour framework, a reciprocal mentoring programme, and supporting health and wellbeing at work through the launch of the Health and Wellbeing intranet pages. The latter mirrors the national people plan agenda and includes work required to ensure the safety of staff whilst at work, including: up-to-date policies and practices that aim to keep staff from physical and mental harm at work, infection prevention and control, COVID safety, effective provision of occupational health and wellbeing services and staff immunisation programmes. • The Committee was informed that OPR had recently been substantially appointed as Head of Equality, Diversity and Inclusion (EDI) to provide sustainable expertise and capacity to progress this priority and ensure that the Trust meets compliance in this area. • The Committee noted the list of activity over the last quarter that was outlined in the report. • The Committee noted that the EDI programme was linked to the new Trust values. • The programme also reflects the East of England region's comprehensive Anti-Racism Strategy which sets out a programme of work at regional, system and individual Trust level. • The Committee noted that the Trust EDI plan will be finalised over the next couple of months and the Anti-Racism Strategy and 2021 WRES and WDES report and action plans will be presented to the August Committee meeting and then to the September Trust Board meeting. • The team is working on a communications plan and are working to ensure that staff understand that this is a transformative plan that will take time to move forward and will require commitment to change. • The Committee discussed a recent BBC report on the NHS that highlighted that conversations around EDI were taking place fifty years ago, and that this has underscored the importance of the work being undertaken now. • AF reflected that the programme is impactful because of the simplicity of the message and its integration into the Trust values. AF also stated that she had attended the launch on Monday 26th July and had been very impressed with the openness of the conversations 		

Agenda Item		Action by Whom	Date
	<p>taking place.</p> <ul style="list-style-type: none"> The Committee congratulated OPR on her role and the work undertaken so far and supported that the work was integral and essential to the Trust's activity and stated that it looked forward to receiving progress updates. <p>OPR left the meeting</p>		
9	GOVERNANCE		
9.1	<p>SIRO Report Q1 21/22 The Committee noted the pre-circulated document, and congratulated the team on their commitment.</p>		
10 10.1 10.2	<p>ASSURANCE Internal Audits: There were none to report. External Audits/Assessment: There were none to report.</p>		
11	POLICIES		
	<p>The Committee acknowledged that each proposed policy and procedure had been discussed at the relevant speciality committee meeting and ratified before being presented to the Quality & Risk Committee meeting. The Committee requested that all future policies and documents presented to the Committee should indicate the Committees/Meetings groups at which they have been discussed and ratified, the changes recommended by said meetings, and whether these have been actioned. Relevant information to be added to agenda.</p>	action	
11.1	<p>Cover paper for DN570 RA Smart Card Procedure This was received by the Committee.</p>		
11.1	<p>DN570 RA Smart Card Procedure DN570 was ratified by the Committee.</p>		
11.2	<p>Cover paper for DN307 Safeguarding Adults Policy This was received by the Committee.</p>		
11.2	<p>DN307 Safeguarding Adults Policy DN307 was ratified by the Committee. AF to discuss with AJ the name of the Safeguarding NED.</p>		
11.3	<p>Cover paper for DN575 Endoscopy and Trans-oesophageal Probe Policy This was received by the Committee.</p>		
11.3	<p>DN575 Endoscopy and Trans-oesophageal Probe DN575 was ratified by the Committee.</p>		
11.4	<p>Cover paper for DN383 Point of Care Testing (POCT) Policy This was received by the Committee.</p>		
11.4.	<p>DN383 Point of Care Testing (POCT) Policy DN383 was ratified by the Committee.</p>		

Agenda Item		Action by Whom	Date
11.5	Cover paper for DN100 Blood transfusion Policy June 2021 This was received by the Committee.		
11.5	DN100 Blood transfusion Policy June 2021 DN383 was ratified by the Committee.		
12	RESEARCH AND EDUCATION		
12.1	Research		
12.1.1	Minutes of Research & Development Directorate meeting (27th May 2021) The Committee noted the minutes that had been deferred from last month's meeting.		
12.2	Education		
12.2.1	Education Steering Group minutes There were none.		
12.2.2	Education update (M1 only) The Committee noted the pre-circulated document.		
12.2.3	Clinical Education Strategy The Committee noted and ratified the pre-circulated document, and requested that its appreciation was given to Jon Lonsdale and team for the work undertaken.		
13	OTHER REPORTING COMMITTEES		
13.1	Escalation from Clinical Professional Advisory Committee There was nothing to report.		
13.2	Minutes of Clinical Professional Advisory Committee (17th June 2021) These were accepted by the Committee.		
13.2	Minutes of Safeguarding Committee (4th June 2021) The Committee accepted the minutes of the Safeguarding Committee.		
14	ISSUES FOR ESCALATION		
14.1	Audit Committee There were no issues for escalation.		
14.2	Board of Directors There were no issues for escalation.		
15	ANY OTHER BUSINESS There was no further business.		
15.1	Consideration of future agenda focus. This had been discussed in Agenda item 3, above. The Chair thanked IG on behalf of the Committee for his recent stepping up as Acting Chief Nurse and then again more recently for covering the interim position between JR leaving and Maura Sreaton starting. The meeting closed at 4pm.		
	Date & Time of Next Meeting: Thursday 26th August 2021 at 2.00-4.00 pm, via Microsoft Teams		



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Signed

.....26th August 2021
Date

Royal Papworth Hospital NHS Foundation Trust
Quality & Risk Committee
Meeting held on 29th July 2021