**NHS**
**Royal Papworth Hospital**
**NHS Foundation Trust**

**Quality & Risk Committee (Part 1)**
**(Sub Committee of the Board of Directors)**
**Minutes of Meeting held on Tuesday 22<sup>nd</sup> January 2019 at 2pm**
**Board Room, CTBI Building**

**Present:**

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| BUCKLEY, Carole | Assistant Director of Quality & Risk | CB |
| HALL, Roger | Medical Director (attended at 15.27) | RH |
| RUDMAN, Josie | Chief Nurse | JR |
| ZIMMERN, Ron (Chair) | Non-Executive Director | RZ |

**Attending:**

| | | |
|---|---|---|
| GRAHAM, Ivan | Deputy Chief Nurse | IG |
| JARVIS, Anna | Trust Secretary | AJ |
| MONKHOUSE, Oonagh | Director of Workforce and Organisation Development | OM |
| WEBB, Stephen | Consultant Anaesthetist | SW |
| RAYNES, Andrew | Director of IM&T | AR |

**Present:**

| | | |
|---|---|---|
| SEAMAN, Chris | Minute Taker | CS |

**1.** **Welcome and Apologies for Absence**
- The meeting commenced at 1405 hrs and the Chair welcomed the Committee members to the meeting.
- Apologies were received from Nick Morrell, Richard Hodder and Cheryl Riotto.

**2.** **Declarations of Interest**
There were no declarations of interest.

**3.** **Ratification of Minutes**
The minutes of the meeting held on the 20<sup>th</sup> November 2018 were agreed as a true and accurate record. It was noted that the job titles of JR and IG should be recorded as Chief Nurse and Deputy Chief nurse at future meetings.

**DECISION: The Committee ratified the minutes of the meeting held on 20<sup>th</sup> November 2018.**

**4.** **Matters Arising**
Please refer to the Action checklist for outstanding actions – these were reviewed and updated. \\Resource\papworth\shared\Board of Directors Reports\Quality & Risk Committee\2019 Meetings\190423\Item 4 - Q&R Action Checklist following 190122 (Part 1).docx

**5.** **Quality**

**5.1** **Patient Safety/Effectiveness of Care**

Quality and Risk reports were circulated and the following items were highlighted and/or discussed:

**5.1.1** **The Quality Exception Report**

The information in the report was noted by the Committee highlighting the following:

**Clinical Practice Committee (CPC)** – concerns were raised regarding communication of decisions from CPC and the robustness of the process. The process of ratification of new procedures has been refreshed and is more open and transparent to encourage innovation. There are no formal minutes of this virtual group (chaired by RH) but there are e-mail trails of each application and decision which are reported to QRMG. The Chair requested that the CPC provide an annual report to Q&R for transparency.

**SI Update**

There are 2 new SIs all now under investigation:
- SUI-WEB28752 – Potential Breach of IRR 2017
- SUI-WEB29215 – Potential avoidable death – cardiology patient with untreated prolonged QT syndrome

There are 3 further completed SI reports included in the papers for information:

**5.1.1a** SUI-WEB28071 – Delay in accepting PPCI Referral

OM queried whether any training was required for the individual who made the error of judgement. CB reported that, following consideration no training issues were highlighted on this occasion, and the individual was a highly effective practitioner. It was agreed that this type of consideration should be evidenced in future reports.

**5.1.1b** SUI-WEB28342 – Patient sustained hypoxic brain injury – incorrect T-piece used.

IG expressed surprise that the MHRA are not considering a change to packaging as two different items have similar packaging. It emerged that both were stored next to each other and the incorrect one was selected. It was suggested that NHS England should be contacted to issue a national PSA.

**5.1.1c** SUI-WEB28194 – Grade 4 pressure ulcer in CCA.

Family have raised concerns about the pathway of care. Some care delivery problems highlighted in terms of compliance with recommended turning regime. Incident has been used to inform recent training with the Education team/CCA sisters/Matron/Safeguarding all working together to improve care.

**5.1.1.1** **Q3 Quality and Risk Report**

This was not available at the time of the meeting.

**5.1.1.2** **Directorate & Business Unit reports Q2**

These were not available at the time of the meeting.

**5.1.1.3** **QRMG Minutes (181106, 181204)**

The information in both minutes was noted.

**5.1.1.4** **QISG Minutes (181218)**

The information in the minutes was noted.

**5.1.2** **Patient Safety Incident Report**

The information in the report was noted.

**5.1.3** **Mortality Board Draft Minutes (181120)**

The minutes were agreed. The Mortality Board meets to discuss and review deaths – a new process has been introduced for monitoring and requesting reviews which has allowed better understanding on how individual deaths are assessed.

**5.1.4** **Quality Improvement Assessment Reports (QIA)**

There were no reports available at the time of the meeting. _Post meeting note: this is attached to the minutes for information._

**5.1.5** **Quality Improvement program update**

**5.1.5.1** **QA Priorities**

The Committee agreed the Quality Account priorities in principle. It was agreed that these

would be presented to the Board with more information.  The Chair was keen for the Board to fully understand the positive effects on quality and culture within the Trust (Board Learning Together programme). Quality improvement workshops material will be available so could use this to inform the board.

The 4 agreed priorities are:
- Quality Improvement – staff training and projects
- Safe Hospital Move
- Lorenzo Optimisation
- Leadership and Culture (including recruitment and retention)

AR expanded on Lorenzo Optimisation.  He reported that the Lorenzo Digital Exemplar had been awarded.

**5.1.5.2    QA Time line**
The QA time line was not available at the time of the meeting.  AJ to circulate.

**5.2        Patient Experience**
**5.2.1      Patient and Carer Experience Group (190121)**
Due to changes in personnel the first meeting since June 18 was held recently and was well attended by patient groups.  Attendees included a representative from Healthwatch, who gave an overview of their services and ongoing work to reach out to support groups.

Other topics covered were the Learning Disability Strategy, rapid NSTEMI patient experience survey, volunteers' handbook and the King's Fund document on volunteers.  The new inpatient handbook was also reviewed.  There was good commitment from the group to continue with the meetings.

The Chair reported that he had noted concerning twitter feed from CCA patients.  SW confirmed that some psychological assessments were carried out at follow up clinics for selected CCA patients eg, respiratory ECMO patients, however JR reported that Vicky Carr, CCA Matron and Julie Bracken, TCCA Manager are drafting a proposal for psychological support for critical care patients and staff.  This initiative was supported for pilot in CCA.

**5.3        Performance**
**5.3.1      Performance Reporting Quality/Dashboard**
**5.3.1.1    PIPR**
The Committee noted the information in the report and acknowledged it was the same PIPR that was presented to Board.  CB proposed a change in the monitoring of complaints to recording these per 1000 patient episode.  Green would be 1 or below, Amber between 1 and 2, and Red above 2.  Recommendation to go to Performance Committee.

**5.3.2      Monthly Scorecards - Month 8 2018/19**
The data in the monthly ward scorecards was accepted.

**5.3.3      Workforce Recruitment and Retention Strategy**
**5.3.3.1    Proposed R&R Strategy Action Plan**
The Committee agreed the proposed outline action plan for 19/20 in support of the delivery of the objectives set out in the Strategy.

The Chair commented that he would like to see the offer of the national cardiac check included under the health and well-being section.  OM to consider and explore this further in addition to the existing challenging workload.

It was suggested and agreed that a separate workforce item should be introduced on the agenda for future meetings.

**5.4**     **Safety** There were no points for discussion under this agenda item.

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**ACTION:**

1. **Proposal to Performance Committee to change complaint monitoring on PIPR.**
2. **Consideration of national cardiac checks to be offered to all staff.**

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**6**       **Risk**

**6.1**     **BAF Focus:**

**6.1.1**   **BAF Risks for Q&R**
The Committee noted the information in the report.  It was noted that safer staffing has improved.   It was agreed to keep the risk appetite the same.

**6.1.2**   **BAF Tracker 190118**
The Committee noted the information in the BAF tracker.  The committee reviewed the RA and agreed to leave unchanged.

**6.2.1**   **Corporate Risk Register Summary Report**
The Committee noted and accepted the information in the report.

**6.2.2**   **Corporate Risk Tracker**
The Committee noted and accepted the information in the report.

**7.**      **Governance**

**7.1**     **SIRO Report Q3**
This report was not available at the time of the meeting.  It was agreed this would be circulated ahead of the next meeting if there was anything significant to report.

**7.2.1**   **Fundamentals of Care Board TOR**
The purpose of this Board is to ensure the Trust is gathering assurance of preparedness for a CQC inspection and to report to Q&R.  The TOR should be altered to reflect the FOCB minutes should go to Q&R and not the Board.  Exception report to be submitted to future Q&R committees in place of meeting minutes.

**7.3**     **Minutes of Serious Incident Executive Review Panel (SIERP):  181113, 181123, 181127, 181204, 181211, 181218, 181221, 181228**
These were accepted by the Committee.

**7.4.1**   **Update on preparation for EU Exit**
AR reported that the first meeting had reviewed the TOR and guidance from NHSI and DoH. A set of action cards show cased the considerations the group needed to make and actions were mapped against each unit.  AR confirmed that assessment of risks is an agenda item. The Trust has written to all EU staff and is offering an evening Q&R session with legal representation as means of support.

**7.5**     **Annual Assessment Outcomes for 18/19 & Specialised Services Comprehensive Peer Reviews**
JR reported that all specialist services except 1 were rated as satisfactory.  Plymouth hospital has outstanding actions and cannot demonstrate compliance and this therefore affects Royal Papworth's compliance.  The Trust has reached out to Plymouth with support.

**7.5.1**   **Cover Paper for Annual Assessment Outcomes**
The committee noted the contents of the paper.

**7.5.2**   **Letter from NHS England**
The committee noted the contents of the letter.

**7.6**     **Annual Committee Self-Assessment**

**7.6.2**   **Annual Self-Assessment checklist**
The committee noted the contents of the self-assessment checklist.
Following discussion it was agreed that the workforce element did not affect the response to

Point 6 on the checklist 'Are changes to the Committee's current and future workload discussed and approved at Board level?' as Q&R only consider aspects of workforce where it may impinge on quality and safety. Other workforce issues should report through Performance.

**7.6.3    TOR Quality & Risk Committee**

TOR to be amended to reflect the following:

- Fundamentals of Care Board and the Mortality Review Board report into Q&R. (AJ queried whether the Mortality Review Board had its own TOR).
- Required number of NEDs in attendance to be quorate to be amended to 2.
- Recognition of innovation to be added.
- Amendment to reflect the minutes of the Equality and Diversity Steering Group should be submitted to Q&R.

**7.6.4    Committee Attendance record**

The contents of the paper were noted.

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**ACTION:**

1. **Fundamentals of Care Board TOR to be amended to reflect the submission of minutes to Q&R.**
2. **Q&R TOR to be amended to reflect agreed changes.**

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**8         Assurance**

**8.1       Internal Audits**

**8.1.1    CQC Preparedness**

The contents of the internal audit report - Governance and Mock Inspection Arrangements dated 10.01.19 was noted. JR informed the Committee that the action plan associated with the mock CQC inspection in October 2018 was reported through the directorate quality papers.

**8.1.2    Board Assurance**

The contents of the internal audit report - Assurance Framework dated 10.01.19 was noted.

**8.2       External Audits/Assessment**

**8.2.1    Quality in Primary Immunodeficiency Services (QPIDS)**

Following the assessment of the service at Royal Papworth Hospital NHS Trust on 07.11.18 the Trust met all of the required QPIDS accreditation standards, and was therefore awarded QPIDS accreditation for five years.

**9         Policies & Procedures**

**9.1       DN297 Policy for the Management of Medical Devices & Equipment**

This was not ratified as the policy needs to reference DN708 Digital Acceptable Use Policy. This is to be submitted to the Digital Strategy Board before returning to Q&R.

**9.2       DN319 Policy for Administration of Potassium**

This was ratified by the Committee.

**9.3       DN177 v10 Policy for Prescribing of Medicines**

It was noted that this policy had been extensively reviewed in the light of Lorenzo and was ratified by the Committee.

**9.4       DN664 Policy for assessing continuing compliance with CQC Fundamental Standards**

This was ratified by the Committee.

**9.5       DN729 Policy for Provision and Use of Work Equipment Regulations 1998**

This was ratified by the Committee. IG queried the wording about risks being allowed to go out of date. He commented that the Trust would need to be prepared to explain what we were doing about this if challenged and suggested the statement could be neutralised to be

less inflammatory.

**9.6     DN341 Data  Protection Policy**
It was agreed that this policy was not ready for Committee consideration.

**9.7     DN470 Information Security Policy**
This was ratified by the Committee.

**9.8     DN260 Records Management Policy**
It was agreed that this policy was not ready for Committee consideration.

**9.9     Equality and Diversity Policy**
Particular attention was drawn to the Trust Equality Objectives which are set out in Section 7 of this policy.  The Committee approved the policy.  It was noted that the minutes of the Equality and Diversity Steering Group should be submitted to Q&R therefore the Q&R TOR would need to be amended to reflect this.

**10      Research and Education**
**10.1    Research**
**10.1.1  R&D Directorate Minutes (181012)**
The Committee noted the information in the minutes.  The Chair remarked that the attendance at this meeting was disappointing.  The need for a charitable funds application for electronic resources access was highlighted.  The Chair stressed the view that research is part of the Trust as much as clinical care and education and should be embedded in the culture.

**10.2    Education**
**10.2.1  Education Steering Group minutes (181226)**
The Committee noted the information in the minutes.

**10.2.2  Increase in Medical Student capacity**
The Committee approved the increase in Medical Student placements at Royal Papworth Hospital.  Funding is in place.

**11      Committee Member Concerns**
There were no concerns.

**12      Any Other Business**
**12.1    Committee Objectives for 19/20**
This was covered under discussion at 5.1.5.1 Quality Account priorities. Other objectives discussed were:
- Supporting Workforce  & Organisational Development with suitable and adequate reporting lines
- Continual monitoring of cyber risks
- Clinical innovation – add to agenda to allow clinical audit presentations from around the directorates.
- Support the paperlite initiative with highlight reports submitted to Committee only where appropriate.

Other discussions included:
- Celebrating the lower energy usage in the new hospital given the increasing interest in global warming and energy use.  Further discussion with Andrew Selby and EDs recommended with the suggestion of holding the PFI to account given the new hospital is compliant with sustainability standards.
- Whether this committee should be sighted on the important strategic decisions taken by STP on challenging questions, such as, continuation of treatment for various conditions.  JH/RH to discuss at ED and update at next Committee Meeting.  Agenda item required next meeting.

**12.2    TOR Quality & Risk Management Group (QRMG)**
These have been refreshed with minor changes to changes of title and reflection of the monitoring of moderate harm incidents through QRMG.  These were approved.

**13       Issues for Escalation to**
**13.1    Audit Committee**
There were no issues for escalation.
**13.2    Board of Directors**
There were no issues for escalation.

The meeting closed at 3.55pm

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Signed – xxxxxxxx, Chair

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Date

**Quality & Risk Committee** Meeting held on 22<sup>nd</sup> January 2019

| Date | Time | Comments | Venue |
|---|---|---|---|
| **23<sup>rd</sup> April 2019** | **2-4pm** | | **Upper Lecture Theatre** |