

Quality and Risk Committee – 23rd April 2019

Quality & Risk Committee (Part 1)
(Sub Committee of the Board of Directors)
Minutes of Meeting held on Tuesday 23rd April 2019 at 2pm
Upper Lecture Theatre

Present:

BLASTLAND, Michael	Non-Executive Director	MB
BUCKLEY, Carole	Assistant Director of Quality and Risk (left at 1542 hrs)	CB
HALL, Roger	Medical Director (left at 1542 hrs)	RH
LINTOTT, Susan	Non-Executive Director (Chair)	SL
RUDMAN, Josie	Chief Nurse	JR

Attending:

GRAHAM, Ivan	Deputy Chief Nurse	IG
HODDER, Richard	Lead Governor	RH
JARVIS, Anna	Trust Secretary	AJ
MONKHOUSE, Oonagh	Director of Workforce and Organisation Development	OM
RAYNES, Andrew	Director of Digital and Chief Information Officer	AR
RIOTTO, Cheryl	Head of Nursing and Staff Governor	CR
WEBB, Stephen	Associate Medical Director and Clinical Lead for Clinical Governance (left at 1542 hrs)	SW

Present:

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

1. Welcome and Apologies for Absence

- The Chair welcomed those present to the meeting. Introductions were given from around the table.
- Apologies were received from Nick Morrell, Non-Executive Director.

2. Declarations of Interest

Susan Lintott for positions held within the University of Cambridge.

3. Ratification of Minutes

The minutes of the meeting held on the 22nd January 2019 were agreed as a true and accurate record.

DECISION: The Committee ratified the minutes of the meeting held on 22nd January 2019.

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\190528\Item 4 - Q&R Action Checklist following 190423 \(Part 1\).docx](\\Resource\papworth\shared\Board of Directors Reports\Quality & Risk Committee\2019 Meetings\190528\Item 4 - Q&R Action Checklist following 190423 (Part 1).docx)

Quality and Risk Committee – 23rd April 2019

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 exception report was noted by the Committee. The Assistant Director of Quality and Risk informed the committee that the report covers Q3 report. It includes summaries for completed SIs and highlights five new SIs now under investigation. There was considerable discussion concerning SUI-WEB30174, a never event, misplaced NG tube in PTE patient. An X-ray confirmed the placement of the tube; as articulated in the SI report a member of staff failed to notice the end of the tube; the feed was started and the tube was blocked with 3mls given; however, the patient was not harmed. Basic failures in the checking procedure allowed the incident to happen. There is a comprehensive action plan on VTE; however, a mandatory field on Lorenzo will be introduced so that the rest of the checks cannot be completed until the mandatory VTE checks have been done. It was agreed this step is the only way to mandate compliance. The Chief Nurse will liaise with IT (E Gorman/C Gerrard) and agree a timeline for the systems changes to be completed within the year.

5.1.1a SUI-WEB28752 – the report was noted by the Committee.

5.1.1b SUI-WEB29215 - the report was noted by the Committee.

5.1.1.1 Q3 Quality and Risk Report

The report was noted by the Committee.

5.1.1.2 Directorate & Business Unit reports Q3

The report was noted by the Committee.

5.1.1.3 Quality and Risk Management Group Minutes (190108, 190212, 190312)

The information in the minutes was noted.

5.1.1.4 Quality Improvement Steering Group Minutes

There had been no meetings since the last Quality and Risk Committee.

5.1.2 Patient Safety Incident Report

The information in the report was noted.

5.1.3 Mortality Board Draft Minutes (192291)

The information in the minutes was noted.

5.1.4 Quality Improvement Assessment Reports (QIA)

The March 2019 report was noted by the Committee

5.1.5 Draft Quality Account Report

The deadline for the final version for the auditors was the week commencing 20.04.19, with presentation at the Board on 23.05.19.

5.1.5.1 Quality Accounts Quality and Risk Scrutiny

There was a page turning exercise, with the following comments:

- 2.2 The Chair queried the amount of detail that the Board received. The Chief Nurse confirmed that the Board has sight of complaints but Quality and Risk only escalated issues. Numbers are reflected in the Papworth Integrated Performance Report.
- 19/20 priorities will build on the work achieved on 18/19 priorities.
- Page 7: Mr Blastland asked to see the data behind the assertion that there had been a 35% improvement in preventing falls on Mallard. It was agreed that further explanation would be helpful and that the data points were recorded as a rolling average.
- Page 39 – The Chair commented that the table was not easy to read.
- Page 41 – SEPSIS – Education on SEPSIS continues regularly across the TRUST building on the national CQUIN set a few years ago.
- Page 46 – Patient Safety incidents – a good culture of reporting with low harm continues.
- Page 51 – Safer Staffing Initiative – The Chief Nurse recommended that this section be removed from the report as the information is provided in the Annual Report.

Quality and Risk Committee – 23rd April 2019

- Page 52 – Patient Safety Rounds – Listening to and reassuring patients as well as staff to be included.
- Page 77 NHSE CQUIN for Cardiac Clinical Network should read Green as RAG status.

5.2 Patient Experience

5.2.1 Patient and Carer Experience Group (PCEG) (190121)

The minutes of the 19 January meeting were noted. The Deputy Chief Nurse reported that the PCEG held 15.04.19 was well attended with excitement and energy for the move much in evidence. A positive update was received from the Transplant Group and the feedback from Patient Advice and Liaison Service re volunteers was encouraging. There was nothing of concern for escalation.

5.3 Performance

5.3.1 Performance Reporting Quality/Dashboard

5.3.1.1 PIPR Month 11

The Committee noted that the PIPR presented was for month 11.

5.3.1.2 PIPR Safe Section M12. Safe was rated as Amber due to the Never Event in month 12.

5.3.1.3 PIPR Caring section M12 Caring was rated Green. The Deputy Chief Nurse reported that a new Safe Care Live module is to be launched when the new eRostering manager, who starts in May, is in post at the new site, which will give more evidence on care hours per patient day. Patient buzzers monitoring will be available in the new Papworth, and the frequency and response time will also be monitored when the new Static Systems reporting is available.

5.3.2 Monthly Scorecards - Month 12 2018/19

The data in the monthly ward scorecard was accepted. Scorecards will be displayed on the Know How Well You're Doing boards in the new Papworth.

5.4 Safety

5.4.1 Medicines Optimisation Strategy 19-20

The Strategy, which had previously been presented to the Board, was noted by the Committee.

5.4.2 Infection Prevention and Control Annual Report 17/18

The previous year's report was presented for information only.

6 Risk

6.1 Board Assurance Focus (BAF):

6.1.1 BAF Risks for Quality and Risk Committee

The Committee noted the information in the report.

6.1.2 BAF Tracker 100411

The Committee noted the information in the BAF tracker. There was no movement in overall risks this month in either the numbers or grading of risks. The Trust Secretary confirmed an open risk is one already established and open on the BAF. The decision to include or remove from the BAF is taken at Executive Director meetings and recommended to the Board. New risks graded 12 and above are highlighted to this Committee.

6.2.1 Corporate Risk Register Summary Report

The Committee noted the information in the report. The risks were discussed and reviewed; narrative on why individual risk levels have changed was requested and will be included in future reports. The Assistant Director of Quality and Risk agreed to provide the narrative. It was noted that the score for ID2088 did not add up. The error would be corrected.

6.2.2 Corporate Risk Tracker

This paper was not available.

Quality and Risk Committee – 23rd April 2019

7. Governance

7.1 Senior Information Responsible Officer Report Q3

This report was accepted by the Committee.

7.2.1 Fundamentals of Care Board Exception Report

This report was accepted by the Committee.

7.2.2 Minutes of Fundamentals of Care Board (190119, 190213, 190312)

These were accepted by the Committee.

7.3 Minutes of Serious Incident Executive Review Panel (SIERP): (190125, 190129, 190205, 190212, 190219, 190226, 190305, 190319, 190326, 190402, 190409)

These minutes were accepted by the Committee.

7.4.1 Changes to Terms of Reference (TOR) Quality and Risk Committee.

The changes to the TOR were accepted by the Committee. It was noted that two NEDs are required to ensure that the meeting is quorate.

7.4.2 TOR Quality and Risk Committee

These were presented for information.

8 Assurance

8.1 Internal Audits

There were no internal audits reports.

8.2 External Audits/Assessment

There were none presented.

9 Policies & Procedures (large volume due to hospital move).

9.1 ST007 – Dementia Strategy. This policy had expired as it had originally been written up to the original move date. The Deputy Chief Nurse had reviewed the policy as it was required in the documentation to be presented to the Care Quality Commission as part of the Provider Information Request. The Strategy had been extended for one year, which had been noted on the cover page. The Strategy had been brought before this Committee for ratification; the Deputy Chief Nurse gave assurances that the content remained applicable and that the action plan had been reviewed as required.

9.2 DN091 Medicines Management Policy. The policy was ratified by the Committee. It was noted that this had been recommended for approval at the Quality and Risk Committee by the Drugs and Therapeutics Committee.

9.3 DN752 Biosimilar Medicines Policy. The policy was ratified by the Committee. It was noted that this had been recommended for approval at the Quality and Risk Committee by the Drugs and Therapeutics Committee.

9.4 DN375 Waste Management Policy

DN057 Security Policy

DN322 Fire Policy

DN513 Business Continuity Policy

DN575 Endoscopy Policy

DN654 Water Safety Plan

These policies were all ratified by the Committee. All had been presented to the Estates and Facilities Business Unit Meeting.

9.5 DN706 Sharps policy

This policy was ratified by the Committee.

9.6 DN153 Being Open Policy

DN195 Complaints Policy

ST015 Volunteer Strategy

These policies were ratified by the Committee. All had been presented to QRMG.

9.7 DN156 Smoke Free Policy

DN156 brings Royal Papworth into line with the Cambridge University Hospital's policy on smoking. It was noted that the logo was out of date. This policy was ratified by the Committee.

Quality and Risk Committee – 23rd April 2019

9.8 DN433 BAF Policy

This policy had been submitted to the Audit Committee; however, no changes had been recommended by the Audit Committee at this stage. Responsibility for escalation, therefore, would remain with this Committee. The escalation pathway would be reviewed in six months' time. The policy was ratified by the Committee.

10 Research and Education

10.1 Research

10.1.1 Research and Development Directorate (R&D) Minutes (190111)

The Committee noted the information in the minutes. R&D would be a focus of the next Quality and Risk meeting.

10.2 Education Steering Group minutes

There were no minutes available.

11 Committee Member Concerns

There were no members' concerns.

12 Any Other Business

12.1 Structure of Future meetings

The structure of future meetings was discussed. Meetings will move to a monthly frequency. A quarterly forward planner would be prepared, which the Chief Nurse would discuss with the Associate Medical Director and Assistant Director of Quality and Risk outside this meeting. Discussion took place on the overlap of the Performance Committee with Quality and Risk. It was acknowledged that the TOR of all committees should be reviewed in consultation with the Executive Directors. A quarterly clinical audit presentation would be reinstated at Quality and Risk.

12.2 DN270 – Safeguarding Children and Young Adults

A change to the policy had been made whereby the notification of a child death would now be submitted electronically. Other changes were in line with national guidance. These changes had been approved at Safeguarding Committee on 18 April and would be presented to QRMG for information. A policy document would be circulated with these minutes.

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.

Date of next meeting: Tuesday 28 May 3rd Floor Seminar Rooms

.....
Signed – Susan Lintott, Chair

.....
Date

Quality and Risk Committee Meeting held on 23rd April 2019