Quality & Risk Committee (Part 1)
(Sub Committee of the Board of Directors)
Quarter 2, Month 3

Minutes of Meeting held on Wednesday 2nd October 2019 at 2.00 pm
Meeting Room 6, Fifth Floor

Present:		
BLASTLAND, Michael	Non-Executive Director (Chair)	MB
BUCKLEY, Carole	Assistant Director of Quality and Risk	CB
HALL, Roger	Medical Director	RH
MORRELL, Nick	Non-Executive Director	NM
POSEY, Stephen	Chief Executive Officer	SP
RAYNES, Andy	Director of Digital and Chief Information Officer	AR
WEBB, Stephen	Associate Medical Director and Clinical Lead for Clinical Governance	SW
Attending:		
JARVIS, Anna	Trust Secretary	AJ
POLLARD, Kate	Quality Compliance Officer	KP
MAKINGS, Ellie	Medical Examiner	ME
Present:		
SEAMAN, Chris	Executive Assistant to the Chief Nurse and Minute Taker	CS

Action

1 **Apologies for Absence**

Apologies were received from Susan Lintott, Non-Executive Director, Jag Ahluwalia, Non-Executive Director, Josie Rudman, Chief Nurse, Ivan Graham, Deputy Chief Nurse, Richard Hodder, Lead Governor, Oonagh Monkhouse, Director of Workforce and John Syson, Deputy Director of Workforce.

2 **Declarations of Interest**

- 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 and as a freelance journalist reporting on health issues.
- Roger Hall as a Director and shareholder of Cluroe and Hall Ltd, a company providing specialist medical practice activities.
- Andrew Raynes as a Director ADR Health Care Consultancy Solution Ltd
- Nick Morell as Acting CEO Morphogenics Biotech Company from 1 April 2018 and as a member of the Regent House of the University of Cambridge.
- Stephen Posey as Chair of the NHS England (NHSE) Operational Delivery Network Board and as Chair of East of England Cardiac Clinical Network.

There were no new declarations of interest.

3 **Ratification of Previous Minutes Part 1**

The minutes of the meeting held on the 20th August 2019 were agreed as a true and accurate record. It was noted that the radiology reports referred to at **5.1.1.5** had not been circulated. These will be circulated in due course.

DECISION: The Committee ratified the minutes of the meeting held on 20th August 2019.	

4 Matters Arising

Please refer to the action checklist – these were reviewed and updated.

With reference to the following minute at item 13 – *A new body, the Joint Clinical Group, of which Josie Rudman is Deputy Chair, had been set up to bring together clinicians from across the Strategic Transformational Partnership to discuss their areas of work to help prioritise pathways that may need redesigning in order to improve patient experience, reduce duplication or maximise efficiency* - the Chair questioned whether this Committee should have sight of the minutes and/or decisions taken by the Joint Clinical Group (JCG) and how involved we should be. The Medical Director commented that this Committee should be totally involved as the JCG was tasked with difficult decisions driven by deficit, and this would necessarily involve decisions which may encroach on quality. It was agreed that when recommendations or decisions are made by the JCG, the Royal Papworth members of this group would feed back into the relevant Trust Committee as appropriate.

5.1 Quality

5.1.1 Quality Exception Reports

5.1.1.1 Quality and Risk Management Group (QRMG) Exception report

The report was presented by Carole Buckley, the Assistant Director of Quality and Risk. Discussion focused on

- **Lorenzo R&R Results**: it was reported that the In Tray system on Lorenzo was not functioning effectively, with 100s of results remaining unauthorised. The Director of Digital identified this as both a training and a system optimisation issue. R&R is a new process and staff need to become as familiar with accessing and clearing their In Tray as they are at accessing, for example, their e-mail In Box. Digital was currently working with DXE to make it easier for staff to identify the results that need action. He confirmed that some results had been sent to wrong Consultants if patients had changed clinician. He also identified that the Trust Electronic Staff Record system must be kept up to date with staff movements to ensure the flow of results through to correct individuals for authorisation on the R&R function.
- **Compliance with VTE Assessment**: As the Trust continued to fall below the expected compliance rate for VTE assessment for patients on admission (NHSI Target 95%), there was a discussion on whether the Committee should authorise funding (£6,000) for an early software release, mandating the completion of the VTE Risk Assessment field prior to being able to prescribe. It was agreed that the early release should be funded, but in the first instance, the Director of Digital should approach DXE for a free of charge release in the interest of good working relationships.
- **Recommendations following investigations of SUIs**: In response to a query from the Chair, the Assistant Director of Quality and Risk confirmed that the recommendations made following an investigation were translated into action plans by relevant areas and monitored by Business Units, and then presented at QRMG every month until the incident was closed. It was acknowledged that some recommendations would not be achievable but that mitigation of the risks would be considered.

5.1.1.2 QRMG Minutes (190813)

The contents of the minutes were noted.

5.1.1.3 SUI-WEB31119 – Retained guidewire: It was concluded that this incident was an example of the impact of human factors on a highly skilled and well-functioning

team, leading to vulnerability of distraction and error by an individual undertaking a repetitive task. Key learning: to visualise the removal of the guidewire and not rely solely on the verbal cues and also to visualise guidewire prior to disposal of sharps.

5.1.1.4 SUI-WEB30910 - Delay in responding to Mindray Alarm: The Associate Medical Director confirmed that work was being done across the wards to remove alarms that were not necessary, to optimise the urgent alarms. It was acknowledged that some were hardwired to alarm at a certain level. Both the Medical Director and Associate Medical Director stated that alarms should be an adjunct to clinical observation and on this occasion there was evidence of good clinical observation. The Assistant Director of Quality and Risk confirmed that training on alarms for clinical appropriateness had been given.

5.1.1.5 Quality Improvement Steering Group (QISG) Minutes
There had been no further QISG meetings since the last Quality and Risk Committee.

5.1.1.6 CCG Quality Dashboard
An exercise to map what is currently supplied to the CCG in other formats would be undertaken to see if the statutory requirements were already being met. This would eliminate the need for the duplicate submission of data on the dashboard.

5.1.2 Fundamentals of Care Board (FOCB)

5.1.2.1 An exception report was not available as the September FOCB meeting had been cancelled awaiting the final outcome of the CQC inspection.

5.1.2.2 Minutes of Fundamentals of Care Board
There were none available.

5.1.3 Executive Led Environment Round Report
In the absence of the Chief Nurse, the Associate Director for Quality and Risk explained that the current weekly timetable had proved unsustainable with Executive Director availability. Given there is currently no intelligence from other rounds (eg, Matrons/Patient Safety/OCS) that there were specific issues, it was agreed to reduce these to monthly rounds for the next quarter, to be reviewed in December 19. It was also agreed that a framework of indicators detailing what to inspect would be helpful to ensure quality consistency was achieved. **EDs**

5.2 <u>Performance</u>

5.2.1 Performance Reporting Quality/Dashboard

5.2.1.1 Papworth Integrated Performance Report Summary (PIPR) Month 05 2019/20
This report was in the shared folder for information.

5.2.1.2 PIPR Safe – Month 05 2019/20
The safe staffing fill rate for registered nurses remained red (81.5%) for days and green (90.4%) for nights. In some wards, days and nights fell short of the desired 90% fill rate aimed for. Not all bed were currently used however the staffing roster templates assumed all beds were in use, resulting in a fill rate below 90%. This month's report showed an improved position on the previous month, with fewer wards showing a monthly fill rate under 90%. Care Hours Per Patient Day (CHPPD) was used as another measure to monitor safe staffing. This took into account patient numbers against staffing numbers. CHPPD levels in all areas remained healthy. The Chair initiated a discussion based on his concerns that any area within

Safe might flag as red but the Board would not be sighted on this due to the average score currently reported. The Chief Executive Officer said he believed that this would be addressed by the implementation of SafeCare Live; a presentation of which would be given at Board on 3rd October 2019. He also added that the staffing fill rate calculation would be reviewed as part of the annual establishment review.

There were 2 new serious incidents reported in September:

- **SUI-WEB32356** Potential failure to follow PPCI protocol
- **SUI-WEB32357** Poor compliance with NICE guidance and Trust Policy and Procedure relating to VTE prevention

5.2.1.3 PIPR Caring – Month 05 2019/20

Month 5 had seen a sustained improvement in the Friends and Family Test scores, mainly attributable to the intentional rounding undertaken in Outpatient waiting areas.
The number of compliments had increased. There had been an increase in the number of complaints from six in the previous month, to 12, however there were no consistent trends noted and none were related to issues concerning unsafe patient care.

The Medical Director reported that the recent annual cancer patient survey had evidenced that Royal Papworth was the best in the country. His opinion was that the patient experience reflected in this survey was our performance on the old hospital site. He expressed concerns that the patient experience on the lung cancer pathway could deteriorate due to any one of the following factors:

- The cancer pathway was being shortened therefore high performance within a 28 day period could be severely affected by delays to sequential steps in the pathway.
- PET CT scanning is currently used as a staging tool to ascertain a patient's suitability for a surgical treatment plan. He believed that increased demand as a result of population growth, tracer shortages and administration difficulties at CUH would reduce access.
- Staging of diagnosis by introducing brain MRI scans in place of CT scans would slow down the pathway due to capacity and reporting turnaround times.
- Deterioration in the performance of the histopathology pathway would impact on the overall cancer pathway. Turnaround time of 2 weeks was expected but this was currently one month. This followed a large transformation of the Pathology service which had seen the implementation of shared services between CUH and multiple external providers. He considered that the fragmented nature of some relationships and the lack of co-ordination between multiple teams may all be contributors.
  The Medical Director confirmed that he was already in talks with the CUH divisional lead to discuss what targeted improvements on pathway management could achieve.

The Chair expressed his thanks for an early sight of this issue and it was agreed that this should be escalated to Board.

5.3.1.4 PIPR People, Management & Culture – Month 05 2019/20

The Chief Executive Officer gave an update in the absence of the Director of Workforce.

- Nurse vacancy rates increased overall as a consequence of increased establishments on Level 5, Critical Care and Theatres, with recruitment time to hire increased accordingly.

- There were currently 300 in the recruitment pipeline which reached out as far as March 2020.
- Interest in Health Care Support Worker vacancies had shown a healthy improvement.
- Staff retention rates would be monitored closely as winter approached, when current staff began to experience the longer travelling times to work in winter weather conditions for the first time.
- Compliance with mandatory training should show an improvement as new starters took up their posts, allowing existing staff to be released to undertake overdue modules.
- Monday 7th October would see the launch of the national staff survey.
- Compassionate leadership program continued to progress well with interview/surveys and fact finding ongoing.

5.2.2 Monthly Scorecards - Month 05 2019/20
The scorecard was in the shared folder for information

5.3 Safety
5.3.1 Minutes of Serious Incident Executive Review Panel (SIERP):
The information in the minutes (190813, 190820, 190827, and 190903) was noted.

5.3.2 Patient Safety Data
Falls: The trend across the last two years had shown a gradual reduction of all types of falls; however the increased decline in falls in the Near Miss category over the last three months was noted by the Chair. There was a discussion on whether this might be a reporting trend caused by the use of single rooms as a proportionate decline across all the categories would have been expected. This would be monitored over the next few months. In the meantime it was agreed to include the actual number of falls on the table. **CB**
Pressure Ulcers: The introduction of a new national reporting requirement for the pressure ulcer category of moisture lesions, would likely lead to an overall increase of pressure ulcer incidents.

5.3.3 Mortality Board
5.3.3.1 Learning from Deaths Q1 report 19-20
In line with NHSI guidance the quarterly Learning from Deaths report was received by the Committee.
5.3.3.2 DN682 Mortality Case Record Review Procedure
This was presented to the Committee following recent review and approval at QRMG. The role of the Medical Examiner (ME) had been reflected in this. The Associate Medical Director introduced Ellen Makings as the Trusts' Medical Examiner. Both were confident that the high degree of scrutiny into every death at Royal Papworth Hospital, with the four avenues of investigation (case note review, Morbidity & Mortality meetings, weekly SI meetings and the ME process) was necessary. Where deaths are deemed as unavoidable the ME would help to rationalise the Consultants' time; where deaths are considered as Avoidable or Possibly Avoidable the ME would propose a rapid case review.
Discussion followed on the Euro Score forecasting tool. This was a risk model which predicted, at an individual level, a patient's likely mortality. The Medical Director explained that the mortality comparison figure represented in PIPR were only a small portion of the larger picture and that there had been a separate report delving further into the calculations. The Medical Director will forward a copy of this report to the Chair. **RH**

6 Risk

6.1 Board Assurance Focus (BAF):

6.1.1 BAF Risks September 2019

This was presented by Anna Jarvis, the Trust Secretary. There were no new Committee risks identified this month. It was noted that BAF 744 CQC Fundamentals of Care was now closed. Updates to other BAF risks were identified.

6.1.2 BAF Tracker

The Committee were asked to note the BAF Tracker.

7 Governance

7.1 CQUINS

The letter from the commissioners stating that the Trust was compliant in respect of the 2019/20 national CQUIN targets under the NHS Standard Contract was received.

8 Assurance

8.1 Directorate Presentation from Surgery

Mr Jenkins, Clinical Director for Surgery, was unable to attend due to the change in meeting date; unfortunately there was no available deputy. Presentation deferred to a future meeting.

8.2 Internal Audits

There were no internal audits presented.

8.3 External Audits/Assessment

8.3.1 Emergency Preparedness Resilience and Response (EPPR) Return – Core Standard Review

The annual EPRR Core Standards Self-Assessment had been submitted to Cambridgeshire and Peterborough CCG, with an overall assessment status of substantially compliant. Full compliance was not achieved due to a rating of partially compliant within one core standard: shelter and evacuation. The Trust would continue to work with the Regional Hospital Evacuation Working Group, to ensure that an agreed county-wide plan was created and approved. Draft evacuation and evacuation support plans had already been shared by North West Anglian NHS Foundation Trust. A progress update would be available at the next meeting.

9 Policies & Procedures

9.1 Cover paper for DN467 Stoke Policy

9.2 DN467 Stoke Policy & Stroke Procedure flow chart

The Associate Medical Director noted that as this appeared to be a procedure it did not need formal ratification by this Committee; it would be handled by QRMG.

10 Research and Education

10.1 Research

10.1.1 Minutes of Research & Development Directorate (190712)

The minutes of the meeting were accepted by the Committee. Dr Nick Morrell, Non-Executive Director, reported that the University Strategy Board was monitoring the progress of the Heart and Lung Research Institute and this was currently on track.

10.2 Education

10.2.2 Education Steering Group draft minutes

There had been no further meetings in the month.

11 Committee Member Concerns

There were no concerns noted.

12 Workforce

There was nothing further to report.

13 Hospital Optimisation

There was no formal update on hospital optimisation this month, however the Chair asked the Committee to consider whether the Hospital Optimisation Group should consider the anticipation of additional risks that might arise as a result of possible trade-offs within the organisation, to ensure the aggregate benefit was a positive one. It was agreed that the Hospital Optimisation Group be asked to ensure that there was not a disproportion focus on one area to the detriment of another and that the Board should be sighted of this aspect.

14 Any Other Business

The Director of Digital asked for it to be recorded that he would bring papers on Cyber and Lorenzo Optimisation to the next meeting.

There was no further business.

15 Issues for Escalation to:

15.1 Audit Committee

There were no issues for escalation.

15.2 Escalation to the Board of Directors

16.2.1 The Committee agreed that the concerns about the future of the lung cancer pathway discussed earlier at item 5.2.1.3 should be escalated.

The meeting closed at 1520 hrs.

Date of next meeting:

Tuesday 15th October 2019, Third Floor Seminar Rooms 1 & 2.

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Signed – Michael Blastland, Chair

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Date