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

Minutes of Meeting held on
Wednesday Tuesday 15th October 2019 – 2.30 – 4.30pm
3rd Floor Seminar Rooms 1 & 2

Present:		
BLASTLAND, Michael	Non-Executive Director (Chair)	MB
BUCKLEY, Carole	Assistant Director of Quality and Risk	CB
LINTOTT, Susan	Non-Executive Director	SL
RAYNES, Andy	Director of Digital and Chief Information Officer	AR
RUDMAN, Josie	Chief Nurse	JR
WEBB, Stephen	Associate Medical Director and Clinical Lead for Clinical Governance	SW
Attending:		
GRAHAM, Ivan	Deputy Chief Nurse	IG
HODDER, Richard	Lead Governor	RH
JARVIS, Anna	Trust Secretary	AJ
POLLARD, Kate	Quality Compliance Officer	KP
RIOTTO, Cheryl	Head of Nursing	CR
SPEED, Jane	Ops Manager, Admin Team	JS
Present:		
SEAMAN, Chris	Executive Assistant to the Chief Nurse and Minute Taker	CS

Action

1 **Apologies for Absence**

Apologies were received from Jag Ahluwalia, Non-Executive Director, Roger Hall, Medical Director, Nick Morrell, Non-Executive Director, 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.
- Andrew Raynes as a Director ADR Health Care Consultancy Solution Ltd
- Susan Lintott, positions held within the University of Cambridge, particularly in relation to fundraising, and membership of the Regent House of the University of Cambridge.
- 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.

There were no new declarations of interest.

3 **Ratification of Previous Minutes Part 1**

Susan Lintott, Non-Executive Director sought clarification on the funding for the early release of software to mandate the input of VTE assessments, referenced at 3.1.1.1. It was clarified that this had already been authorised by the Board.

The minutes of the meeting held on the 2nd October 2019 were agreed as a true and accurate record.

DECISION: The Committee ratified the minutes of the meeting held on 2nd October 2019.	

4 Matters Arising

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

5 Patient Story

The Ivan Graham, the Deputy Chief Nurse presented a story on behalf of Lisa Steadman, 5th floor Matron, taken from a lady with a complex medical history who had undergone a Right VATS procedure. She had found the environment restful and clean, felt she was treated with dignity and had liked the food. She felt that nursing staff were excellent and wanted to emphasise the care given by them was outstanding at all times. She reflected that she was grateful for the surgical expertise given to her but the whole family was very dissatisfied with the poor communication from clinical staff. This included the lack of a timely post-operative visit by the Consultant, difficulty in obtaining medical staff to attend when requested, lack of appropriate introductions from all clinical staff (some of which were in scrubs making it more difficult to identify them) and a lack of respect shown by clinical staff towards nursing staff. She had also said that she had not felt listened to by clinical staff.

The Deputy Chief Nurse confirmed that Matron Steadman was following up with the clinical director and senior staff in the surgical directorate and that they had been receptive to the feedback.

This had now resulted in a formal complaint. The Chair commented that all staff should be mindful when going about their clinical practice, of what story a patient may tell on leaving the care of Royal Papworth. This served as a useful reminder of the possible psychological impact on patients of the lack of good communication by staff.

6.1 Quality

6.1.1 Quality Exception Reports

6.1.1.1 Quality and Risk Management Group (QRMG) Exception report

- The lack of available and suitable meeting rooms for core governance meetings had been raised at the last QRMG meeting. Whilst acknowledging that access to meeting rooms could be challenging, this was considered to be a poor scheduling issue. The Trust Secretary agreed to investigate. **AJ**
- The Director of Digital confirmed that the Eamonn Gorman and Chris Johnson representing the Lorenzo Digital team had good clinical engagement over the Lorenzo Results Acknowledgement issue.

6.1.1.1a Intensive Care National Audit & Research Centre (ICNARC) Potential Outlier Notification

This showed Royal Papworth as an outlier for unplanned readmissions of patients within 48 hours of discharge from Critical Care to ward areas with a readmission rate of 2.3%. It was agreed that this notification should be escalated to the Board.

6.1.1.1b ICNARC Detection and management of outliers

This document was accepted by the Committee.

6.1.1.1c ICNARC CCA initial response

Cheryl Riotto, Head of Nursing was reassured that the Trust was doing the best for patients with a weekly review of all readmitted patients at the weekly Critical Care MDT, to investigate whether readmission could have been prevented. Regular

discussions with the ALERT team also reviewed the hours preceding a readmission. At MDT, readmissions are graded, with the largest majority graded as 'could not pre-empt readmission'. It was felt that higher readmission rates might, in part, be explained by the specialist nature of the cardiothoracic services provided. Consideration was given to whether Royal Papworth Hospital was undertaking timely patient discharge to ward, versus whether other centres were perhaps too cautious and kept patients in Critical Care for longer thus achieving a lower readmission rate. The Chair requested benchmarking that provided a comparison over time against historic performance at the Trust and a comparison with other cardiac centres with a similar level of patient acuity. The Associate Medical Director will request this from ICNARC. The Chair requested that % figures should be added to the audit data collected in Critical Care to facilitate benchmarking against other centres. **SW CB**

6.1.1.1d Formal complaints received summary Sept 19

There had been an increase in formal complaints in September, totalling 13. These were spread across all clinical areas with a number of issues around communications and appointment bookings. There have been three formal complaints to date in October. The Deputy Chief Nurse would review all the data in PIPR.

6.1.1.2 SUI-WEB

There were no final reports for review, however a new serious incident – SUI-WEB32645 - M.Absecessus outbreak in transplant patients had been reported in October.

6.1.1.3 QRMG Minutes (190910)

The Committee accepted the minutes.

6.1.1.4 Quality Improvement Steering Group (QISG) Minutes (190924)

The Committee accepted the minutes.

6.1.2 Fundamentals of Care Board (FOCB)

A report was not available as the October FOCB meeting had been cancelled awaiting the final CQC report.

6.1.2.1 Minutes of Fundamentals of Care Board

There were none available.

6.2 Patient Experience:

6.2.1 End of Life Steering Group Draft Minutes (190926)

The minutes were accepted by the Committee. The Assistant Medical Director, Stephen Webb drew attention to the work on ReSPECT (recommended summary plan for emergency care and treatment) currently being undertaken. Historically, a DNACPR (do not attempt CPR) form had been used however it was clear that discussing CPR in isolation was unsatisfactory, as this did not include discussions on the patients' wishes. He reported that an action plan to implement the ReSPECT form was concluding.

6.2.2 Patient & Carer Experience Group Draft Minutes (191014)

There were no written minutes available for review however the Deputy Chief Nurse reported good attendance and engagement from all groups. There were no issues to report to Quality and Risk.

6.2.3 Patient & Public Involvement Committee Draft Minutes (190902)
The minutes were accepted by the Committee

6.3 Performance

6.3.1 Performance Reporting Quality/Dashboard

6.3.1.1 Papworth Integrated Performance Report Summary (PIPR) Month 06 2019/20
This report was not available at the time of the meeting.

6.3.1.2 PIPR Safe – Month 06 2019/20
Staffing fill rate remained red, however CHPPD remained green. The Deputy Chief Nurse talked through the progress with HealthRoster and SafeCare-Live. PIPR Safe Spotlight would look in more detail at the staffing. There were no SI's during September 2019.

6.3.1.3 PIPR Caring – Month 06 2019/20
There was an increase in complaints for September 2019, where 12 had been received; this was unusual. Previous PIPR reports showed the last time complaints were over 10 was in March 2018 (the number was 11), however, the number of written complaints per 1000 WTE (a new national measure linked to Model Hospital) remained below the threshold in the green at 11.7. The number of recorded compliments had increased again.

There had been a small dip in the Outpatient Friends and Family Test Score for September (93%). The Outpatients Sister and team responded immediately to the results and they were working with the clinics where the response rate was lower. They were continuing with the really positive work with intentional rounding in Outpatients. The Spotlight On slide would look at Friends and Family Test in more detail.

6.3.1.4 PIPR People, Management & Culture – Month 06 2019/20
There was no HR representation at the meeting to report on this.

6.3.2 Monthly Scorecards - Month 06 2019/20
The scorecard was not available at the time of the meeting

6.4 Safety

6.4.1 Minutes of Serious Incident Executive Review Panel (SIERP):
The minutes (190910, 190917, 190924, 191001) were accepted by the Committee.

SIERP had received an update earlier today on SUI-WEB32645 M Absecessus outbreak in transplant patients. External partners had been notified and the three patients concerned had been fully informed. They were currently waiting for the results of water sampling testing which had a 28 day turnaround time on results. There was a 6 week incubation period and as a hospital acquired infection historically M.Absecessus was hard to treat. All affected patients were immunocompromised and, whilst all were currently well, they remained under close supervision and would be isolated on return for clinic appointments. Remedial action had been taken in all areas and it was acknowledged that the infection risk could be eradicated without ever identifying its source. The use of bronchoscopes was the only common denominator; a special swab had been acquired which would enable testing on the inside of the scopes.

Report of a new SI which occurred earlier today was given. This involved a patient

fall resulting in a fractured neck of the femur. This was currently being treated with bed rest as surgery was not an option. This had been classed as an SI due to the level of patient harm. Early indications showed that all appropriate patient assessments and regular patient rounding were in place; the patient had been found immediately.

7 Risk

7.1 Board Assurance Focus (BAF):

7.1.1 BAF Risks October 2019

This was presented by Anna Jarvis, the Trust Secretary. There were no new Committee risks identified and no escalations to BAF 1787 (EPR Optimisation) and 742 (Safer Staffing). BAF 1929 (Low levels of staff engagement) had not been escalated but medical staff disengagement, particularly in relation to job planning, had been noted. The Director of Workforce would be asked for an update report at the next meeting.

7.1.2 BAF Tracker

The Committee were asked to note the BAF Tracker.

8 Governance

8.1 Cybersecurity Summary report

The Director of Digital presented this report. Points of discussion included:

- **Patch Management**
  'Reboot Wednesday' had been introduced to allow installation of patches which required reboot. Current data showed that out of 2200 computers, 839 were Highly Vulnerable systems, 592 were Vulnerable systems and 697 were Healthy systems. "Highly Vulnerable" means that computers were missing two or more critical patches. "Vulnerable" means that computers were missing one or more critical patches.
- **Advanced Threat Protection**
  This had now been implemented. Full functionality would become available when a Windows upgrade had been completed.
- **SPAM and malicious mail**
  Progress on the handling of SPAM and malicious mail had been made with the appointment of a Digital Cyber Security Analyst. There had been 585 phishing attempts in September alone.
- **Dark Trace GCHQ certified software**
  This had been installed and reconfigured to the needs of the new hospital.

The Director of Digital confirmed that as part of the cybersecurity action plan the Trust had completed a table top phising exercise. This had resulted in 37 members of staff who had not followed Trust protocol. It was discussed and agreed by the Committee that tactful feedback should be given to the 37 staff members to raise their awareness on the risks posed to the organisation by their actions. A report would be presented to the Board in November.

9 Assurance

9.1 Internal Audits

There were no internal audits presented.

9.2 External Audits/Assessment

There were none presented.

10 Policies & Procedures

10.1.1 Cover paper for DN789

10.1.2 DN789 Management of Used & Infected Linen

This policy was ratified by the Committee.

10.2.1 Cover paper for DN168 Chaperone Policy
10.2.2 DN168 Chaperone Policy
This policy was ratified by the Committee.

11 Research and Education
11.1 Research
11.1.1 Minutes of Research & Development Directorate (none)
There were no minutes available.

11.2.1 RPH Research Symposium (191114)
Registration for this free event was via Eventbrite.

11.2 Education
11.2.1 Education Steering Group draft minutes (190927)
These were accepted by the Committee.

11.2.2 Education Update
The Deputy Chief Nurse advised that this report would be deferred to November when Q1 & 2 would be presented. With regard to the concerns on mandatory training compliance the Deputy Chief Nurse reported that a new training lead in workforce had been recruited and the concept of the mandatory training grid had been mapped to all staff electronic records. There would be Subject Matter Experts on all modules of mandatory training. Routine matters would be dealt with by the Education Steering Group; only issues of note and/or concern would be escalated to Quality and Risk.

12 Other reporting Committees
12.1 Minutes of Clinical Professional Advisory Committee (CPAC) - (none)
There were no minutes available.

13 Workforce
13.1 Staffing update
The Deputy Chief Nurse informed the Committee that he had been asked by CPAC to report the ongoing concerns of senior professional staff, about the increased burden to support the demands on mentorship, induction and ongoing training and education of the many new recruits to the Trust. There were correct resources in terms of education team and CPD sisters to address this concern however the impact on the existing staff and patient care delivery of this diluted skill mix has yet to be realised. The senior nursing team would continue to monitor.

13.2 Update on Booking and Secretarial team
Jane Speed, Operations Manager, Clinical Admin and Secretarial, attended the meeting to provide an update on the progress made by the clinical administration services.

- Secretarial establishment was complete.
- Pipeline for the booking team would shortly be fully established.
- Increased calibre and diversity of candidates attracted resulted in a wider, healthy skill set.
- Buddying system established for peer support of new starters.
- Induction training package reviewed with feedback sought from new staff.
- Closer working with ops and clinical colleagues to align clinic templates to reduce the number of unfilled appointments.

- Electronic forward count facility now available which was refreshed overnight.
- Clinic cancellations should now be notified at least 6 weeks in advance to enable patients to be informed, and appointments to be rebooked in a more timely way. Some improvements had already been noted.
- Meridian had commenced work with the outpatient team on highlighted issues and would help deliver the next stages. They would also be working with the teams at the House.
- Recording of all short notice clinic cancellations had been started (from both patients and the hospital) with feedback to directorates.
- The Chief Nurse asked if there was good engagement with directorates to help resolve complaints. Investigation of complaints invariably showed that fault did not lie with the Booking Team. This highlighted the need for a change in mind-set by Operations Managers and Clinicians when approaching these issues.

This prompted discussion on whether the Board should be sighted on this issue. The Committee asked for sight of the Meridian report and clinic cancellation data to help better understand the impact of cancellations. Josie Rudman, the Chief Nurse, will liaise with Jane Speed. **JR**

14 Hospital Optimisation

- The Chief Nurse updated the Committee on recent progress of the opening of beds on the 5th floor with the plan to open the 4th floor North West in December.
- Cheryl Riotto, Head of Nursing had held a very successful patient/carer/governor stakeholder event to review the patient preadmission process. This had been well received and was mentioned at the most recent Patient and Carer Experience Group meeting as very productive.
- Keeping the predicted number of beds open on the Critical Care unit had proved challenging due to optimistic expectations on the recruitment pipeline. There had been an amount of slippage on the dates of some new starters.
- Theatre 6 had been opened although there was some fragility with the ODP workforce. Theatres were working closely with Cath Labs to maximise the spread of this professional group. ODP apprenticeships were being further explored.
- Susan Lintott enquired about the infrastructure in theatres. There had been recent ventilation issues in theatres and a further leak in another theatre. Cheryl Riotto confirmed that the PFI was responsive to faults although the issues had tended to be quite complex. All staff were encouraged to report faults to ensure the Trust maintained a complete evidence record of issues.

15 Committee Member Concerns

There were no concerns.

16 Any Other Business

The Chief Nurse announced that it was Susan Lintott's last meeting as a Non-Executive Director of the Trust and thanked her for her short but transitional time as Chair of the Quality & Risk Committee over the last few months.

17 **Issues for Escalation to:**

17.1 **Audit Committee**

There were no issues for escalation.

17.2 **Escalation to the Board of Directors**

17.2.1 The Committee agreed that the Intensive Care National Audit & Research Centre (ICNARC) Potential Outlier Notification should be escalated to Board.

The meeting closed at 1555 hrs.

Date of next meeting:

Tuesday 26th November at 2.30-4.30 pm, Rooms 1 & 2

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Signed – Michael Blastland, Chair

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Date

Quality and Risk Committee Meeting (Part 1) held on 15th October 2019