NHS

Royal Papworth Hospital
NHS Foundation Trust

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

Held on 30th July 2020 at 2 pm
Via Microsoft Teams

M I N U T E S

Present	Ahluwalia, Jag	(JA)	Non-executive Director
	Blastland, Michael (Chair)	(MB)	Non-executive Director (Chair)
	Buckley, Carole	(CB)	Assistant Director of Quality & Risk
	Graham, Ivan	(IG)	Deputy Chief Nurse
	Hall, Roger (from 15:15)	(RH)	Medical Director
	Hodder, Richard	(RH)	Lead Governor
	Howard-Jones, Larraine	(LHJ)	Deputy Director of Workforce
	Posey, Stephen	(SP)	Chief Executive
	Raynes, Andy (until 14:25)	(AR)	Director of Digital
	Riotto, Cheryl (until 15:00)	(CR)	Head of Nursing
	Rudman, Josie	(JR)	Chief Nurse
	Wilkinson, Ian	(IW)	Non-Executive Director
In Attendance	Jarvis, Anna	(AJ)	Trust Secretary
	Bush, Liz	(LB)	Executive Assistant (Minute taker)

Apologies	Oonagh Monkhouse	(OM)	Director of Workforce and OD
	Kate Pollard	(KP)	Quality Compliance Officer
	Dr Stephen Webb	(SW)	Associate Medical Director and Clinical Lead for Clinical Governance

Agenda Item		Action by Whom	Date
1	**APOLOGIES FOR ABSENCE**		
	The Chair opened the meeting and apologies were noted as above.		
2	**DECLARATIONS OF INTEREST**		
	There is a requirement that those attending Board Committees raise any specific declarations if these arise during discussions. The following standing Declarations of Interest were noted: • 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		

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	to Bristol University's Centre for Research Quality and Improvement. - Andrew Raynes as a Director ADR Health Care Consultancy Solution Ltd. - 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 - 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. - Roger Hall as a Director and shareholder of Cluroe and Hall Ltd, a company providing specialist medical practice activities. - 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. - There were no new declarations of interest declared.		
3	**MINUTES OF THE PREVIOUS MEETING – 25 June 2020**		
	Approved: The Quality & Risk Committee approved the minutes of the previous meeting held on the 25th June 2020 and authorised these for signature by the Chair as a true record.	Chair	
4	**MATTERS ARISING AND ACTION CHECKLIST PART 1 (200625)** These were reviewed and updated. The Performance Committee had received a very informative update on Critical Care optimisation this morning, delivered by Cheryl Riotto (CR), and there was a request to share the presentation with this committee for information at the next meeting in August. **ACTION**	CR	27.08.20
8	**GOVERNANCE**		
8.1	**SIRO Report (Q1)** - The Trust continues to see a challenging environment with potential cyber-attacks – recent cases include EasyJet and HS Surrey (GPS Company) who had been the victims of a ransomware attack for £10m. This highlights the severity of current fraudulent practices using COVID as a 'shield' for attacks. - The scrutiny of the Information Governance Steering Group (IGSG) and Digital team has improved over the last few months with increased attendance at meetings allowing for richer and more diverse discussion around important decisions linked with the current cyber status. - The Trust has to complete and submit an annual Data Security Toolkit. This has been postponed until the end of September due to the COVID pandemic and this would be the preferred date going forwards rather than reverting back to the end of March as		

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	the previous submission deadline. The Trust is on target to complete the submission in a timely fashion to meet the September deadline. Work ongoing to highlight mandatory training requirements should be back to business as usual status following stand down at the peak of the COVID pandemic.		
	• Service data recovery improving as the Trust have replaced their backup system and the latest Dark Trace report suggested RPH was in the top percentile in the country to respond. It is important to be cautious and ensure that our individual workforce understand the importance of their role in reporting potential cyber-attacks. The Trust ran a cyber test earlier this year involving over 2000 members of staff where 37 staff clicked on the attachment and would have set off a ransomware-type event. The plan is to re-run a further test at some point this year with further information to staff on the easy to use tools to report phishing and spam received at the Trust. Feedback from IG in relation to the cyber test re-run would be to communicate positively to those staff that had taken the correct action and reported appropriately, as well as those that had not. AR agreed to include at next re-run.		
	• Work continues on the information asset register and the Digital team are closely reviewing the Trust's computer applications and the ability to standardise where possible, to enable efficient connection to local care and health record systems. This will include challenging discussions with clinical staff that have preferences with the applications they use, but the Trust needs to ensure the right decisions on systems are made for the safety of the Trust and its patients and staff.		
	• Trust staff have greatly increased their usage of digital platforms, e.g. Microsoft Teams, during the pandemic. The Trust is in the process of agreeing the new N360 Microsoft package at a 50% discount in collaboration with other Trusts nationally.		
	• Clinical staff are engaging with the new Attend Anywhere virtual consultation tool. However staff must be reminded of the GDPR implications of being able to record a patient's consultation and the need to request permission to do so.		
	• Information Governance Report 131 – COVID test result had been sent to the wrong patient and risk rated as green as it affected fewer than 10 people – Committee members challenged the logic of this calculation in view of the possibility that the patient's test result had been positive and the impact of track and trace on a larger number of people than 10 indirectly was highly probable. IG was able to give some clarity around this concern as the number of people affected by the breach links to how seriously the breach is considered. However clinical implications of the breach are picked up separately, rated differently and incorporate the relevance of any clinical aspects. The Chair queried what is it a rating of – the risk to the individual or the potential impact of the security breach on more than 10 people and therefore the higher detrimental effect of the breach? CB confirmed that the rating is not commensurable to grading for a level of harm with a patient safety incident. The scoring matrix for these IG risks is an automatic system calculation set by the ICO to assess the severity of IG related incidents. However, it		

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	was acknowledged that there may also be a patient safety / harm affect as outlined above and as such, the level of harm rating should be applied to the IG incidents along with the IG risk impact rating going forward. • The Chair highlighted a request from the NEDs who would like a quarterly strategic update report from Digital to inform them of any upcoming major decisions to facilitate informed discussion prior to decisions being made. **ACTION** • Digital Strategy being taken to Exec Comm, Investment Committee, Strategic Projects Committee and then Board in September. It would be helpful for this group to have oversight of the strategy as well and this will be included on next month's agenda. JA confirmed that a similar conversation had taken place at SPC in June with a request to have a briefing session for NEDS on the Digital Strategy and a Q&A session prior to the September Board – invite members of Q&R to the SPC briefing.	AR	Autumn
5.1	**QUALITY**		
5.1.1	**QUALITY EXCEPTION REPORTS**		
5.1.1.1	**QRMG Exception Report** • M. abscessus update – Clinical Practice Committee (CPC) received a funding request for the use of Bedaquiline to treat M.abscessus. Requests to be taken forward through service development framework and properly evaluated for effectiveness and benefits against cost. The request was rejected by the CPC. A more rigorous and robust process is now in place. • Concerns raised by HM Coroner – The Trust had received an informal approach from the Cambridge and Peterborough Coroner following concerns highlighted by Peterborough City Hospital Pathologist around a perceived trend of deaths with infections post cardiac surgery transferred from RPH. CB is awaiting hard data and patient information, which has been requested. RPH aware from our own data of an increased infection rate post CABG. The Trust plan to review each case individually once the PCH patient information is received. Detailed action plan underway with robust scrutiny. There is no evidence of increased mortality overall and no significant rise in CABG mortality noted JA suggested that clinicians at RPH could contact PCH directly rather than awaiting contact from the Coroner. Noted that until recently no process in place for hospitals to know when transferred patients had died but it has recently been agreed with Regional Medical Examiners that transferring hospitals will be automatically informed of patient deaths. Include as standing item on SIERP Agenda. • Safety Alert Monitoring – Noted that all alerts coming through Central Alerting System are risk rated, but not as confident for those that come through Estates, Digital, etc. Review underway and agreed process will be added to DN283 – Central Alerting procedure.		
5.1.1.2	**SUI WEB 34717 Final Report -** Failure to recognise deteriorating patient and escalate in a timely manner. • The Chair queried whether bed availability was the main issue to a deteriorating patient transfer to critical care. CR was able to reassure the Committee that a bed would always be made		

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	available but that it was the timeliness of notification of need that was the important element. • Noted that it is not always in the patient's best interests to return to CC and a multi-professional discussion would be required in these situations. • RPH is an outlier in returning patients to CC as the Trust's patient acuity is higher and we have a low threshold for return. • JA highlighted the need for a glossary of clinical terms to be included within complex SI reports when sharing with families. CB confirmed that this was already undertaken. • Value of debrief and open discussions between Consultants involved in patient care, especially at handover periods emphasised. • JR reiterated that the Trust has an action plan to re-instate PCU area providing an extra level of nursing care between CC and the wards.		
5.1.1.3	**QRMG Minutes (200714)** These were received by the Committee.		
5.1.2	**Fundamentals of Care Board (FOCB)**		
5.1.2.1	**Minutes of FOCB (200708)** • These were received by the Committee. • Excellent examples of care delivery during COVID pandemic noted. • Internal CQC inspection to be scheduled later in the year. Unsure of format currently due to continuing COVID restrictions, but would hope to be able to invite external guests to take part, if possible. • Senior members of the management team have been requested to support other organisations with their preparation for imminent CQC inspections.		
5.1.3	**Quality Accounts Update and Timetable** These were received by the Committee.		
5.2	**PATIENT EXPERIENCE**		
5.2.1	**Patient Story** • CR presented a patient story captured by Lisa Steadman, Surgical Matron. • The patient was a 50 year old gentleman recovering from cardiac surgery. • The patient noted that when he was within a 'rest' environment he was rarely alone – which was both positive and negative. • He never felt anxious but his rest periods were disturbed, especially during meal times when staff would talk to him when he was trying to eat. Protected meal times are very important for patients. • He felt the information given to patients was excellent. • The patient did highlight the impact of PPE on interactions between staff and patients and that it was difficult at times to understand what was being said. He felt that some patients might lack the confidence to keep asking staff to repeat themselves. This has been fed back to staff to speak slower and more clearly to patients within the ward environment. • The patient was always treated with dignity and respect and felt safe at every point of his care here.		

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	• The patient knew who was looking after him every day, which he liked. • The patient found the intentional rounding disturbing by being asked the same questions every hour and this was noted. • The rooms were large and spacious. • The main area of concern for the patient was the hospital food. The Trust has done a lot of work on improving the food options available for patients but this is not the first negative patient feedback received. How the food was delivered was an issue and the frustration when food ordered/chosen did not arrive. • CR has met with the service provider to review menus and the housekeeping teams in relation to the delivery and presentation of meals. • The patient has received feedback on how the Trust is working on improving menus and delivery. • The Committee noted that a lot of work has gone in to improving the food options available to patients. Some elements of concern have been linked to housekeeping staff not preparing the food in the right way, but once the teams had got used to the new systems, matters had improved. Ongoing monitoring around food wastage, seasonal elements within menus and popularity of dishes continues. • Staff were conscious of the difficulties PPE imposes on those patients with impaired hearing and who use lip reading to help clarify conversations. There are PPE masks with vision panes to aid visibility for lip reading but these are in very short supply currently.		
5.2.2	**End of Life Steering Group Minutes (200709)** These were received by the Committee.		
5.2.3	**RPH Supportive & Palliative Care Annual Report 19/20** This was received by the Committee. It was reassuring to see the development of the service in this area.		
5.2.4	**Patient & Carer Experience Group Minutes (200720)** These were received by the Committee.		
5.2.5	**Inpatient Survey** The Committee expressed congratulations to staff for the impressive set of results in this area.		
5.3	**PERFORMANCE**		
5.3.1	**PIPR**		
	• **Caring –** impressive inpatient survey summary noted with sustained Friends & Family Test results throughout the COVID period with green rating at 96-97% for in-patients and 100% for out-patients. • Complaint rate has been consistently low. • **Safe** – Staffing levels have been red (83.8%) for days and green (92%) and an improved position on previous months. The Trust also uses Care Hours Per Patient Day (CHPPD) as an additional method to monitor safe staffing which has also remained healthy and is green for both wards and CC. A recent benchmarking exercise completed on nurse to patient ratios evidenced 1:1 to 1:4 for RPH against 1:10 at other Trusts. • **People Management –** Reflects recovery plan discussions and actions.		

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	• JR informed the Committee that she is required to report weekly on nosocomial infections. The Trust has had no infections since visiting has been ceased. Relative visiting is allowed on compassionate grounds at the discretion of the Ward Sister with a visiting care plan in place. Visiting will continue to be suspended for the foreseeable future. Patients are notified by letter of the current status for visiting and the limited access to the hospital for relatives and friends bringing our patients on site.		
5.3.2	**Monthly Ward Scorecards: M03** This was noted by the Committee.		
5.4	**SAFETY**		
5.4.1	**Serious Incident Executive Review Panel (SIERP) minutes (200623, 200630, 200707, 200714, 200721)** The SIERP minutes as outlined above were received by the Committee.		
5.4.2	**Infection Prevention & Control Annual Report 19/20** This was noted by the Committee.		
5.4.3	**Surgical Site Infection Rate** This was noted by the Committee and addressed in Item 5.1.1.1 earlier in the minutes.		
5.4.4	**Mandatory requirement on Lorenzo for VTE risk assessment** This information was provided after the meeting by AR. • **VTEs - Prescribing based approach.** This approach would enable the system to prompt a prescriber to undertake a VTE risk assessment prior to prescribing for an inpatient. This approach would require an upgrade to Lorenzo. DXC have tentatively suggested that this upgrade could be included in their 2.20 release (Spring-Summer 2021). A consultant from DXC has started help to work on this potentially using a locally configurable workaround to try and create a flag to support our needs. This conversation is continuing between DXC and Chris McCorquodale • **Documentation based approach**. Within Lorenzo it is already possible to launch CDS alerts, but only using the "forms" functionality. In order to make use of this to support VTE risk assessment, it would be necessary to re-create a number of the existing clinical notes as forms. This would allow alerts to be triggered if the VTE risk assessment had not been completed. Changing clinical notes to forms sits within the wider aspiration of completing documentation using forms, but will require small workflow changes for clinical users of Lorenzo. A proof of concept for this approach has been developed in a test system and will be demonstrated to the VTE oversight group during the week commencing 3rd August.		
6	**RISK**		
6.1	**Board Assurance Framework Report**		
6.1.1	**BAF Report** • 684 – Failure to release staff to undertake educational activity due to workload has improved to risk rating 9 from 12. • 2249 – Hospital Optimisation – Close this risk and move to new risk within Living with Covid.		
6.1.2	**Infection Prevention & Control Board Assurance Framework** • National NHSE/I team have developed an IPC BAF which was received by the Committee.		

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	• Trust departments are ensuring they meet required standards as services re-open. We are slightly behind plan as some services still to submit their plans but BAF review by CQC on the 11th July was predominantly green with no further actions identified by the CQC. Letter from CQC to be included within Board papers this month.		
6.2	**Corporate Risk Register** This was noted by the Committee and will be kept under review.		
7	**WORKFORCE**		
7.1	**Nursing Establishment changes to 4th floor** • Paper describes the planned changes to the 4th floor establishment alongside a review of the challenge raised as to the effective use of current HCSW Band 3 roles. • Nursing modelling has been developed with the multidisciplinary team over many months. • 4NE has had few patients overnight requiring minimal staffing. • Occupancy review evidenced that the activity could be moved to 4S. However careful management of patients required due to the nature of the infections within this cohort of patients. Single rooms with improved ventilation would facilitate this move. • This would provide 35 beds for inpatient and ambulatory care with some ambulatory care already moved to the ground floor and the associated nurses could be moved to this area. • Concept paper underway to expand Day Ward with short stay prehab which will be brought to Q&R for discussion. • The Chair highlighted that there is a tendency to commence review from an IPC perspective which might imply a need for more staff, but there may be merit in thinking if we don't get the staff, how can we configure the service. • JR pointed out that the Trust was already planning on the assumption that it is unlikely to receive further funding for significantly more staff. • Conscious that the Trust is unlikely to receive further funding to implement new pathways. • The Chair noted the expectation of financial strain elsewhere in the system, for example through increased demand for community services for mental health and safeguarding, making pressure for controlled contraction at least as likely as expansion. • RH remarked that their might be a temptation to do no nothing at a time of limited funding but as RPH had been at the forefront of dealing with complex lung infections for many years and we now have a hospital designed with infection control at the fore, along with experienced staff, the flexibility to adapt to new guidelines and deliver quality care we should remain aware of opportunities to develop other services.		
8	**GOVERNANCE**		
8.1	**SIRO Report – Q1 –** covered at beginning of meeting.		
9	**ASSURANCE**		
	Internal and External Audits - None		
10	**POLICIES**		
	• DN799 – COVID-19: Infection Control Living with COVID policy • Chair's action taken due to COVID pandemic – policy ratified. This		

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	is a dynamic document and will come back to Q&R over the next few months as it evolves and reflects national guidance.		
11	**RESEARCH AND EDUCATION**		
11.1	**Research**		
11.1.1	**Minutes of Research & Development Directorate meeting (200313)** • These were received by the Committee. • The Trust is currently active in regard to research projects with 10 active patient trials, including the recovery trial, which has produced some good results with dexamethasone. • Three staff trials underway with 150 staff members in the Oxford trial and Helen Baxendale's (HB) immune study currently has 400 enrolled staff members. This reviews what determines immunity and HB has been successful with a sizeable grant to support this work.		
11.2	**Education**		
11.2.1	**Clinical Education Report (Q1)**		
	• IG working closely with Louise Bardsley (LBa) from the Project Team on the Royal Papworth School project. • Initial project team meeting scheduled for the end of September to pull together the Business Case with future updates to come through Q&R. • Virtual learning environment and digital platform being developed. • Great Ormond Street developing a programme that looks very similar to ours, which is encouraging that we are moving in the right direction and may be helpful to reach out to them for further ideas.		
12	**OTHER REPORTING COMMITTEES**		
12.1	**Escalation from Clinical Professional Advisory Committee (CPAC) – DN090 – Violence and Aggression Procedure** • Noted that staff have encountered violent attacks from patients usually suffering from post-operative delirium. • The Trust has noted an escalation in notifications in more episodes of aggression towards BAME staff and this has been discussed at the CPAC. • Advised staff to report incidents so that the Trust can manage effectively. • LHJ confirmed there were programmes of support and policies in placed to support BAME staff when issues are raised. • Advice to staff is to try and calm the situation initially, then seek support from our security staff and then escalate to the police rather than expecting nursing staff to manage the situation. • The Chair asked how incidents of violence from staff towards patients would be handled and JR confirmed that this would be through the Safeguarding team and separate to this procedure. • Staff to staff incidents would be handled through the Bullying and Harassment Process.		
12.2	**Minutes of Clinical Professional Advisory Committee – 200618** These were noted by the Committee.		
13	**LIVING WITH COVID-19**		
13.1	**Minutes of Living with Covid Steering Group (200614, 200713)** These were noted by the Committee.		
13.2	**Infection Prevention Control update** Covered at earlier points in the agenda.		

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14	**HOSPITAL OPTIMISATION** To be removed as agenda item.		
15	**COMMITTEE MEMBER CONCERNS** None raised.		
16	**ISSUES FOR ESCALATION**		
16.1	**Audit Committee** There were no issues for escalation.		
16.2	**Board of Directors** There were no issues for escalation.		
17	**ANY OTHER BUSINESS** None		
	Date & Time of Next Meeting: **Thursday 27 August 2020 2.00 – 4.00 pm**		

The meeting closed at 15:35hrs

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Signed

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Date

Royal Papworth Hospital NHS Foundation Trust
Quality & Risk Committee
Meeting held on 30 July 2020