Royal Papworth Hospital
NHS Foundation Trust

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

Held on 29 October 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)**
	Hall, Roger	**(RH)**	**Medical Director**
	Hodder, Richard	**(RH)**	**Lead Governor**
	Howard-Jones, Larraine	**(LH-J)**	**Deputy Director of Workforce and Organisational Development**
	Jarvis, Anna	**(AJ)**	**Trust Secretary**
	Powell, Sarah	**(SP)**	**Deputy Clinical Governance Manager**
	Raynes, Andy	**(AR)**	**Director of Digital & Chief Information Officer**
	Seaman, Chris	**(CS)**	**Executive Assistant (Minute taker)**
	Whisken, Jennifer	**(JW)**	**Acting Deputy Chief Nurse**
	Wilkinson, Ian	**(IW)**	**Non-Executive Director**
Audit Committee representatives	**Conquest, Cynthia**	**(CC)**	**Non-executive Director**
	Edge, Glenn (until 2.30 pm)	**(GE)**	**Governor**
	Glenn, Tim (until 2.30 pm)	**(TG)**	**Chief Finance Officer**
Apologies	**Graham, Ivan**	**(IG)**	**Acting Chief Nurse**
	Rudman, Josie	**(JR)**	**DIPC**
	Riotto, Cheryl	**(CR)**	**Head of Nursing**
	Webb, Stephen	**(SW)**	**Associate Medical Director and Clinical Lead for Clinical Governance**
	Buckley, Carole	**(CB)**	**Assistant Director of Quality & Risk**
	Monkhouse, Oonagh	**(OM)**	**Director of Workforce and Organisational Development**
	Posey, Stephen	**(SP)**	**Chief Executive Officer**
	Jackson, Keith	**(KJ)**	**Governor**

Discussions did not follow the order of the agenda however for ease of recording these have been noted in the order they appeared on the agenda.

Agenda Item		Action by Whom	Date
1	**APOLOGIES FOR ABSENCE**		
	The Chair opened the meeting and welcomed members of the Audit Committee who had joined the meeting to discuss the Quality Accounts at agenda item 6.1.5. The apologies were noted as listed above.		

Agenda Item		Action by Whom	Date
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 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. • Cynthia Conquest as Deputy Director of Finance and Performance at Norfolk Community Health and Care Trust (Contractor). • Tim Glenn whose wife was ICS development lead for NHE/I for East of England (EoE). There were no new declarations of interest declared.		
3	**COMMITTEE MEMBER PRIORITIES** • On behalf of Professor Wallwork, the Chair drew attention to a letter from Anne Radmore, East of England Regional Director NHSI/E, re nosocomial infections. Discussion followed concerning the metrics for counting nosocomial infections and the Committee considered that the current internal system was a reasonable way of measuring this. Dr Ahluwalia considered that consistency in validating internal data was robust however the challenge arose when measuring against institutional comparators. • The Medical Director requested that a focus on M.Abscessus should be added to monthly meetings. It was agreed as a regular future agenda item. The acting Deputy Chief Nurse	CS	Nov 20

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	reported that a bi-weekly Task and Finish Group was convened in September which reported to a weekly Executive review.		
4	**MINUTES OF THE PREVIOUS MEETING – 24 September 2020**		
	Approved: The Quality & Risk Committee approved the minutes of the previous meeting held on the 24 September 2020 and authorised these for signature by the Chair as a true record.	Chair	
5	**MATTERS ARISING AND ACTION CHECKLIST PART 1 (200924)** There were no outstanding actions for discussion with actions deferred to next month.		
6.1	**QUALITY**		
6.1.1	**Quality & Risk Management Group (QRMG) Exception Report** This was presented by the Deputy Clinical Governance Manager. • There had been 3 serious incidents (SI) in the last month. The Committee concluded that this was not unduly concerning as the incidents were not related, were within the annual numbers of SIs to be expected, were all discussed at SIERP in detail and individually could be downgraded following investigation if appropriate. • Deteriorating patients were discussed at length during the earlier review of the draft Quality Account. Discussion is included here as QRMG wished to draw the attention of the Committee to an increase in Moderate Harm/SI investigations where recognition and management of a deteriorating patient/unexpected death was a theme. The Chair noted that broadly the Quality Account gave the impression of a successful programme of reducing incidents relating to deteriorating patients but welcomed a discussion to review whether this impression reflected achievements. Lengthy discussion points were as follows: o The acting Deputy Chief Nurse reported that the recent cluster of incidents concerning deteriorating patients had resulted in a Matrons' meeting to specifically look at 2 of the recent SIs. An action plan was being compiled and would be presented at SIERP, highlighting themes of missed opportunities to escalate care at weekends in both surgical and cardiology. o The Deputy Clinical Governance Manager noted that missed opportunities were multi-factorial included errors of judgement of prioritisation, escalation and communication which had been observed in all staff groups. o Both the Chair and Dr Alhuwalia expressed concern and anxiety that themes might not be fully embedded within the organisation despite the lengthy QI initiative. Alternatively had the investigations identified the true root causes? o The Medical Director confirmed that it was right to be anxious, however was mindful of the clarity that hindsight afforded. He highlighted that most patients had good outcomes with the same quality of care and that these were the worst case scenarios. He confirmed that this theme would be reconsidered by SIERP, which he assured the Committee had a wide membership and set a very low threshold. He acknowledged that the inter-working relationships between care teams of nursing,		

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	medical and AHPs could be improved to ensure greater understanding of each other's responsibilities. ○ Dr Alhuwalia suggested the Trust might consider a buddy system for peer review findings to provide greater challenge and that consideration could be given to implementing the one recommendation that would make the most difference to enable improved embedment of QI measures. • The Medical Director updated the Committee on SUI-WEB36832 which had involved complication during minimally invasive mitral valve surgery and subsequent vascular complications related to ECMO. He advised that a pause in the minimal invasive mitral programme had been implemented and any request to restart would require approval by the Clinical Professional Committee (CPC). He advised that the CPC was a robust committee with NED, Medical and Deputy Medical Director engagement. Discussion followed on the balance of allowing innovation and the appraisal of risk/harm to the patient. The Chair asked for the incident investigation to consider the patient consent process for innovative inventions and the communication of potential harm versus the choice of more routine surgery, and the monitoring and termination of procedures such as this. The Deputy Clinical Governance Manager undertook to cascade this request to the investigation team. Dr Ahluwalia requested further assurance by creating a formal link between CPC and this Committee with the provision of an annual review of new procedures and success rates.		
6.1.1.1	**SUI-WEB33092 Final Report** This was noted by the Committee.		
6.1.1.2	**QRMG Minutes (201013)** These were not yet available for review.		
6.1.2	**Clinical Audit & Q1 update** The report gave a status update of ongoing priorities. Covid-19 and staff shortages had delayed some projects although the QI Masterclass course was due to resume in November and the Friends and Family survey process for digital collection had been mapped.		
6.1.3	**Fundamentals of Care Board (FoCB)** The report was received by the Committee. The Acting Chief Nurse confirmed that an internal mock CQC inspection on 26th October, focussing on the Palliative Care and Support Service had been carried out.		
6.1.3.1	**Minutes of FOCB (200923)** These were received by the Committee.		
6.1.4	**Regional Health Inequalities** The paper was deferred to next month.		
6.1.5	**Review of Draft Quality Report – cover paper** This paper was noted by the committee; for the purposes of the minutes, the following items have been taken as one in the Committee's overall review of the draft quality account: **6.1.5.1 – Appendix A: Quality Report 19/20 v3.1** **6.1.5.1a Appendix 1: CDC Medium & Longer Term Strategies** **6.1.5.1b Appendix 2: ICNARC COVID-19 Report on CCA**		

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	6.1.5.2 – Appendix B: M.Abscessus draft update **6.1.5.3 – Appendix C: Patient Priority 4** The Committee recognised the considerable amount of work that had gone into producing the draft Quality Account and the Chair thanked all those concerned for their efforts. The Chair opened the floor to comments and queries concerning the draft paper. The Chair of the Audit Committee noted that: • Page 4 of the combined pack should include the initials of the current Chief Finance Officer alongside those of his predecessor. • Page 11 of the combined pack referred to 5 summarised quality improvements (QI) priorities however only 4 were listed. • A consistent format of frequently used words was requested, eg Covid. • A request was made for all graphs to be tidier. Dr Ahluwalia noted, as previously, that examples of outcomes against the 19/20 goals were inconsistent, for example: • Priority 1, Section 2, Deterioration and Complications, the aims and responses did not match. • Learning from Deaths – this section did not articulate the lessons learned rather it just referred to the processes implemented. Dr Ahluwalia also made the following comments: • He suggested that the efforts undertaken by the Trust to support and listen to the staff BAME community should be better reflected overall in the document. The Trust Secretary agreed to discuss further with the Director of Workforce and Organisational Development. • He noted that on page 68 of the combined document that a Never Event in June 2019 appeared to be still under investigation. The Trust Secretary would check the outcome of this investigation and amend the narrative. • He remarked that on page 69 of the combined papers the Nurse Revalidation section appeared rather random and asked for this to be considered further. The Chair posed the question that, given the approval process of the Quality Account was so late in the financial year, was it worth considering the aims as 15 month targets for review at the end of 21/22. The Trust Secretary considered that much of the work had already commenced and was of the opinion there would be sufficient progress to report on most of the aims by March 2021 however some of the aims would naturally roll over to the next year as they were part of a longer program. The acting Deputy Chief Nurse gave an example of work in progress: Priority 1, Safe – work around diabetes patients was already well progressed with the upload of medical and surgical care plans which provided prompts for care of diabetic patients. An audit program of good practice, tailored to RPH has already been compiled. The Chair of the Audit Committee posed the following questions to allow assurance to be relayed back to the Audit Committee: 1. Were all relevant areas covered? 2. Had due governance been followed? 3. Was this a fair reflection of 2019/20? 4. Could the priorities for 20/21 be achieved before the end of the current financial year?		

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	The Committee felt assured these were addressed, referring question 4 to the previous discussion. There was a lengthy discussion on aim 2 of Priority 1 of the 19/20 accounts: *Deterioration and Complications – to reduce ward incidents in relation to the recognition, escalation and management of deteriorating patients,* which has been included in 6.1.1 of these minutes. The Quality Accounts were formally accepted by the Quality & Risk Committee.		
6.1	**Patient Experience**		
6.2.1	**Patient Story** A patient story was presented by Matron Donna Ward taken from a lady who underwent minimally invasive mitral valve repair on 23 September. The patient story was gathered as part of a moderate harm investigation. On post-operative day (POD) 2 she experienced acute hyponatraemia which resulted in a critical care admission. On POD4 she was transferred back to a ward bed however on POD5 suffered a vasovagal episode due to new onset atrial fibrillation. She was finally discharged on POD7. The patient said that she appreciated the clinical care she had been given, with the efficiency of being operated on within the 8 week referral window. She also remembered critical care staff as being very attentive and caring. She went on to say that she had found the environment very restful, however had found having no visitors very hard to cope with. Staff had, however, checked on her regularly as they passed her room. She would have liked, however, to have seen a surgeon on a regularly (daily) basis. Her deterioration had been detected however ultimately the investigation had identified that there was no plan of action for this lady implemented. A Consultant surgeon had developed a basic training package to address junior doctor 'patient concerns'. Matron Ward remarked that she had witnessed a caring and empathetic exchange of information by a ward nurse to the patient concerning her discharge details.		
6.2.2	**End of Life Steering Group Draft Minutes (201015)**		
	These were received by the Committee.		
6.2.3	**Patient & Carer Experience Group Draft Minutes (201019)**		
	These were not yet available for review.		
6.2.4	**Patient & Public Involvement Committee Draft Minutes (200817)**		
	These were received by the Committee.		
6.3	**PERFORMANCE**		
6.3.1	**Performance Reporting/Quality Dashboard**		
6.3.1.1	**PIPR Safe – M06** This was received by the Committee. It was noted that Royal Papworth was currently second nationally at 74% for flu vaccination uptake. The target was 90% target. The acting Deputy Chief Nurse advised that there were those who refused to have the vaccination but it was hoped to capture reasons for decline to provide further learning for the future.		
6.3.1.2	**PIPR Caring – M06** This report was noted by the Committee.		
6.3.1.3	**PIPR People, Management & Culture (PMC) – M06** This was received by the Committee. As per last month it was noted that		

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	the absence numbers did not sum into the overall absence figure and also the commentary and numbers did not tally. The Deputy Director of Workforce and Organisational Development would investigate and ensure that the corrected version was presented to the Board.	LH-J	Nov 20
6.3.2	**Monthly Ward Scorecards: M06** This was noted by the Committee.		
6.4	**SAFETY**		
6.4.1	**Serious Incident Executive Review Panel (SIERP) minutes (**200922, 200929, 201006, 201013) The SIERP minutes as outlined above were received by the Committee.		
6.4.2	**Antimicrobial Stewardship (AMS) Report Q2** This report was accepted by the Committee, who noted with interest the AMS MDT ward round and looked forward to the evaluation of the trial in the Q3 report. The sharp decline of IV antimicrobials to 22.1% in September was noted however the Medical Director considered that this was probably reflective of the decreased number of Lung Defence and Cystic Fibrosis patients attending the hospital due to Covid. These figures would be fed through to aggregate numbers at the end of year so it was agreed that a narrative note would be required to this effect.		
6.4.3	**Patient Safety Data**		
	This was received by the Committee.		
7	**RISK**		
7.1	**Board Assurance Framework Report**		
	The Committee noted the contents of this report. The Trust Secretary presented this to the Committee drawing attention to the workforce risk BAF 1929, which had been reviewed and the rating increased from 8 to 16.		
8	**WORKFORCE** There were no items for discussion today.		
9	**GOVERNANCE**		
9.1	**SIRO report Q2** This was presented by the Director of Digital & Chief Information Officer. Highlights: • Submission of the annual Data Security and Protection toolkit took place on Thursday 24th September 2020, delayed from March due to the pandemic. • Information Governance related Datix incidents had seen an overall decrease in the quarter. This prompted discussion as to whether this trend was of concern. The Director of Digital considered that it was as a result of increased communication to staff about the importance of information security and cyber issues in general. Dr Ahluwalia questioned the denominator for the axis on the Datix graph, asking for future clarification on how to interpret this. • Document management and compliance overall was at 69%. Out of date polices had been noted when researching for Freedom of Information requests; further work to improve compliance was necessary. Increased cyber activity targeting healthcare digital systems had been noted since the publication of the Q2 report.		
10	**ASSURANCE**		
10.1	**Internal Audits** There were none.		

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10.2	**External Audits** There were none.		
11	**POLICIES**		
11.1	**DN799 - Infection Control Living with COVID Policy** This was ratified by the Committee following Chair's action earlier in the month.		
11.2	**DN297 Medical Devices Paper and Policy** DN297 was ratified by the Committee.		
12	**RESEARCH AND EDUCATION**		
12.1	**Research**		
12.1.1	**Minutes of Research & Development Directorate meeting (200911)** These were received by the Committee. The Directorate reported a predicted £1,000,000 shortfall on income for 20/21 and discussion followed on: • Charitable funded research that had not taken place for which unspent money was not recoverable. • Lost income offset by reduced costs. • Consideration of future research balancing clinical priorities with potentially more commercially rewarding projects. The latter discussion considered the alignment of the Trust strategy with research objectives and clinical priorities. As the completion of the HLRI drew closer, a balance between commercial and non-commercial research would be of greater consideration. In the interim the Committee agreed that a report of the Directorate financial position should be prepared for consideration by the Performance Committee with the more ethical discussion of balancing clinical priorities against financial needs, to be revisited in the future.		
12.2	**Education**		
12.2.1	**Clinical Education Report Q2** This report was received by the Committee.		
13	**OTHER REPORTING COMMITTEES**		
13.1	**Escalation from Clinical Professional Advisory Committee (CPAC)** There were no escalation issues from CPAC held on 21 October 2020.		
13.1.2	**Minutes of Clinical Professional Advisory Committee – (200917)** These were noted by the Committee.		
13.2	**Minutes of Safeguarding Committee (201002)** These were received by the Committee.		
14	**LIVING WITH COVID-19**		
14.1	**Minutes of Living with Covid Steering Group (200907-200921)** These were received by the Committee.		
14.2	**Infection Prevention Control update** See next agenda item.		
14.3	**Visit from C&P CCG Infection Prevention & Control Team** The acting Deputy Chief Nurse advised of a visit from the C&P CCG Infection Control team. The visiting team had observed good IPC practices within the hospital. The Trust was currently Covid secure in line with original guidance from NHSI/E however the regional team highlighted their concerns with the potential risk of staff to staff transmission following visits to admin and rest areas, day ward and outpatients. Their recommendation was that face coverings should be worn as the norm but worthy of note that within 2 metres contact a surgical face mask should be used. Use of face coverings/masks by staff in all areas was expected to be signed off by the Director for		

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	Prevention and Infection Control with clear staff communications to follow. Face coverings, funded by the Charity would be provided to staff.		
15	**ISSUES FOR ESCALATION**		
15.1	**Audit Committee** There were no issues for escalation.		
15.2	**Board of Directors** There were no issues for escalation		
16 **14.1**	**ANY OTHER BUSINESS** **M.Abscessus update and discussion** Whilst there were no new clinical or investigative developments the Medical Director advised that the legal aspects continued to evolve, with the emerging possibility of class action. Genomic tests showed that whilst the strain of mycobacteria was linked in some of the patients, this link was not clear in all those affected. The Medical Director elaborated that there were still concerns about our incomplete understanding of how patients were being infected with the organism. Committee discussion revolved around working hypotheses and whether mitigations already in place were sufficient to safeguard patient groups in an already vulnerable immunocompromised position. Without a clear diagnosis of the cause of the outbreak the current explanation remained the hospital water and this remained the focus for mitigations. Whilst Point of Use (POU) filters had been installed in areas where susceptible patients would be residing, unintended consequences to water flow in other areas of the hospital were carefully considered and under constant review by the Estates Department via the Water Safety Group. A robust system was also in place to mitigate error of placing vulnerable patients in rooms without POU filters. Further discussion focussed on the possible treatment, efficacy of treatments and the dilemma of authorising treatments, not yet approved by NICE. The Medical Director advised that all requests for antimicrobial treatments unapproved by the Drugs and Therapeutics Committee would be presented to NHSE as an Individual Funding Request and if unsuccessful to the RPH Clinical Practice Committee. The Committee understood that the Trust had taken a conscientious open and transparent position with regard to the outbreak.		
14.2	Dr Richard Hodder advised that next week would be Pulmonary Hypertension week.		
	Date & Time of Next Meeting: **Thursday 29 October 2020 2.00-4.00 pm**		

The meeting closed at 1606 hrs

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Signed

26 November 2020
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Date

Royal Papworth Hospital NHS Foundation Trust
Quality & Risk Committee
Meeting held on 29 October 2020