

## Nursing, Allied Health & Pharmacy Committee (NAHPC)

A meeting of the Nursing, Allied Health & Pharmacy Committee (NAHPC) took place on **Wednesday 27<sup>th</sup> July 2022** at 1000-1200hrs via **Teams**. Minutes as follows:

### **Present:**

██████████ (Chair)	Chief Nurse	██████████
██████████	Matron, Private Practice	██████████
██████████████████	Strategic Lead for Applied Health Research	██████████
██████████	Head of Therapies	██████████
██████████	Divisional Nurse Director, Private Patients	██████████
██████████	Divisional Nurse Director, Cancer Services	██████████
██████████	Psychological Services for Adult Patients and Staff	██████████
██████████	Pathology Quality Manager	██████████
██████████	Chief Nurse Information Officer	██████████
██████████	Radiology Service Manager	██████████
██████████	Director of The Royal Marsden School	██████████
██████████	Head of Adult Safeguarding	██████████
██████████	Safer Staffing Lead	██████████
██████████	Patient Experience Nurse Director	██████████
██████████	Chief Pharmacist	██████████
██████████	Named Nurse Safeguarding Children	██████████
██████████	Deputy Director IPC	██████████
██████████	Nurse Consultant, Chemotherapy	██████████
██████████	Dep Director of Patient Safety and Clinical Assurance	██████████
██████████	Deputy Matron, RDAC and OPD	██████████
██████████	Patient Safety Manager, Risk Management	██████████
██████████	Staff Nurse	██████████
██████████	Chief Nursing Information Officer	██████████

### **In Attendance:**

██████████	EA Chief Nurse/ Deputy Chief Nurse	██████████
██████████	Senior Administrator for the Chief Nurse's Office	██████████
██████████	Professional Education Lead	██████████
██████████	Matron	██████████

██████████ welcomed everyone to the meeting.

		ACTION
22/102	<b><u>Apologies for Absence</u></b> ██████████ Nurse Consultant, Palliative Care	██████████
CONFIDENTIAL		220822

			ACTION
	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <p>Sepsis, AKI &amp; Harm Free Care Nurse Lead Divisional Nurse Director for Paediatric &amp; TYA, Adult Haematology and Neuro-Oncology Deputy Chief Nurse Lead Nurse Clinical Education Consultant Dietitian Divisional Nurse Director for Clinical Services</p>	<div></div> <div></div> <div></div> <div></div> <div></div>	
22/103	<b><u>Declarations of Interest</u></b> None received.		
22/104	<b><u>Minutes of the Last Meeting</u></b> The Minutes of the meeting held on 27 <sup>th</sup> June were approved and signed.		
22/105	<b><u>Action Log (from previous meeting)</u></b> <ul style="list-style-type: none"> <li>- Item 21/239 - Deferred DND's to meet with AHP's/Pharmacy - First report to be ready for September meeting</li> <li>- Item 21/244, 21/253 &amp; 22/039 – discussing. Deferred until September</li> <li>- Item 22/043 – still in discussion. Deferred until September</li> <li>- Item 22/070 – to update in August</li> <li>- Item 22/072 – To be reviewed in August</li> <li>- Item 22/090 – Deferred until September</li> <li>- Item 22/099 – Update in August</li> </ul>		
MATTERS ARISING NOT ON THE AGENDA			
22/106	<b><u>Matters Arising (not listed on the agenda)</u></b> There were no matters arising.		
('Good Catch'/Patient Safety)			
22/107	<b>TH presented Good Catch.</b> <p> was at risk of double-dosing. It was noted she took paracetamol in theatre, so she was not given another dose.</p> <p>- mentioned whether the staff member on Smithers could receive a Good Catch certificate. volunteered to arrange this.</p>		
IGRM/SUI/Complaints & Other Reports/Big 4 /Feedback			
22/108	<p><b>B1- National Patient Safety Alert- Contamination of hygiene products with <i>Pseudomonas aeruginosa</i></b>  <i>Pseudomonas aeruginosa</i> has been detected in some hygiene products such as wet wipes, barrier cloths and shampoo caps manufactured by . Affected products include [insert Link] and [insert link] which have been removed from all areas of the trust. However there remains a concern that these could still be in use in home or care environments.</p> <p>Where clinicians identify a patient with the following microbiological criteria:</p> <ul style="list-style-type: none"> <li>• an invasive <i>P. aeruginosa</i> isolate (blood or sterile site) AND</li> <li>• a 'fully sensitive' <i>Pseudomonas</i> antibiogram i.e. sensitive to quinolones, aminoglycosides, piperacillin-tazobactam, and meropenem.</li> </ul> <p>They should specifically enquire about prior use of recalled products (including their use in home and care environments). Where cases meet the above microbiological criteria AND recalled product use is known or suspected, the clinician should liaise with their laboratory and microbiology colleagues regarding the patient as this maybe notifiable to UKHSA Health Protection Team (HPT)</p> <p><b>B2- Update to Transfer of Personal Information Policy (1673)</b>            In accordance with current data protection legislation, staff must ensure personal information, e.g. patient or staff data, is kept confidential and only available to those with authorised access. Staff are reminded that the need for confidentiality applies to voice mail messages.</p> <p>When leaving a voice message to a patient, and to maintain the patient's confidentiality staff should limit the amount of information.</p>		



- [REDACTED]  
[REDACTED]

**Investigation -65 (21/22)** [REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**Learning**

- [REDACTED]  
[REDACTED]

**Investigation – 75 (21/22)** [REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**Learning:**

- [REDACTED]  
[REDACTED]
- [REDACTED]  
[REDACTED]

**Investigation 81 (21/22)** [REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**Learning:**

- [REDACTED]
- [REDACTED]
- [REDACTED]

**Investigation 82 (21/22)** [REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**Learning**

- [REDACTED]  
[REDACTED]
- [REDACTED]
- [REDACTED]

		ACTION
	<ul style="list-style-type: none"> <li>• [REDACTED]</li> </ul> <p><b>Investigation 89 (21/22)</b> [REDACTED]  [REDACTED]  [REDACTED]  [REDACTED]  [REDACTED]  [REDACTED]  [REDACTED]  [REDACTED]  [REDACTED]  [REDACTED]  [REDACTED]  [REDACTED]  [REDACTED]</p> <p><b>Learning</b></p> <ul style="list-style-type: none"> <li>• [REDACTED]</li> <li>• [REDACTED]</li> <li>• [REDACTED]</li> <li>• [REDACTED]</li> <li>• [REDACTED]</li> </ul> <p><b>Investigation 20 (22/23)</b> [REDACTED]  [REDACTED]  [REDACTED]  [REDACTED]  [REDACTED]</p> <p><b>Learning</b></p> <ul style="list-style-type: none"> <li>• [REDACTED]  [REDACTED]  [REDACTED]</li> </ul>	
DIVISIONAL EXCEPTION REPORTS		ACTION
22/110	<p>The following Divisional reports have been submitted:</p> <p><b>Cancer Services Division</b> - [REDACTED] gave verbal report:</p> <p><b>Safety:</b></p> <ul style="list-style-type: none"> <li>• Datix incidents declining</li> <li>• Investigations with open actions still quite high</li> <li>• No new SIs/SUIs and no cardiac arrests noted</li> </ul> <p><b>Harm Free Care:</b></p> <ul style="list-style-type: none"> <li>• No falls above moderate harm but trend in falls is rising in all areas and upward trend in minor harms from falls</li> <li>• VTE is down to 94% (95% last month)</li> <li>• 7 pressure ulcers developed this month (no trends identifiable, 1 moderate harm)</li> </ul> <p><b>Safe Staffing:</b></p> <ul style="list-style-type: none"> <li>• Inpatient fill rate for RNs lowest since December (93%)</li> <li>• Highacuity, occupancy and transfers reflected in a high HCA fill-rate of 138% (skill deficit)</li> <li>• Day fill rate fir RN's less than 90%</li> <li>• Sharp rise in RED FLAG reports– 23 reported (only half mitigated)</li> <li>• Sepsis champions skills above Trust target</li> </ul> <p><b>Competence:</b></p> <ul style="list-style-type: none"> <li>• Appraisals at 66%, down from last month</li> <li>• Mandatory training at 89%</li> <li>• Local induction at 62%</li> <li>• TYA skill B6 deficiency of 51% - action plan in place</li> </ul> <p><b>Caring – Patient Experience:</b></p> <ul style="list-style-type: none"> <li>• FFT recommendations at 98%</li> </ul>	

- ■■■ shared feedback - Sutton MDU patient's positive experiences during heatwave

#### Responses:

- All complaints responded to on time
- 3 new complaints, 15 concerns, 14 compliments this month
- Multiple Trust policies out of date

#### Workforce:

- Vacancy rates still challenging
- Nursing vacancy rate 8.2% - Trust target 8%

#### Sickness:

- Decreased to 3.8% despite Covid (however some wards at 10%)

#### Service Developments/Infrastructure:

- Oak Ward open again on Thursday evenings due to increased staffing levels
- Work force/Safer Staffing/■■■■ Ward this month
- Early sedation Service Trial in CYPDU to reduce GA demand and improve patient safety
- New Covid testing policy to manage community testing struggles pre-admission
- Staff survey action plan in its final draft
- CNS review recommendations shared with major stakeholder teams

#### Key Areas of Risk & Actions

- Smithers, in terms of vacancy, skill mix, new team, high member of temporary staff, and increase in 1a patients. Led to several near misses and incidents. Action plan and urgent staffing review being worked through.

■■■ suggested that ■■■ involves ■■■ in developing an action plan for Smithers, and that the risk rating might need to be higher.

-■■■ acknowledged that a lot of good work is going on, despite challenges.

-■■■ queried who is responsible for paediatric access to anaesthetics and intrathecal. ■■■ answered that it is the paediatric risk register (not the clinical service risk register) but will be re-reviewed.

-■■■ highlighted how % figures for appraisals don't present accurate picture - hard for larger teams to reach a higher appraisal % rate.

-■■■ mentioned that ■■■ are working hard with ■■■, regarding risks. Things looking up.

#### Therapy Services ■■■ reported

■■■ reported highlights for Therapy Services, as follows:

- Vacancies high (10) – considering international recruitment & liaison with other trusts
- ■■■ bought a podiatry service for one day a week – GSLA being arranged
- ■■■ looking at a model for capacity and demand - working with NHSE for implementation
- Waiting times 2-3 months, partly due to insufficient space in Chelsea
- Challenges: Covid, lack of space, AHP recruitment, supply of feeds and no nutrition nurse
- ■■■ developing nutrition training for nurses. Highlighted that nutrition is not just a dietetic problem; prioritise meetings for Nutrition Committee (or send representative)
- SLT teams applying for communication access symbol

-■■■ asked whether the lack of space in ■■■ was on the risk register. ■■■ confirmed.

-■■■ asked whether ■■■ was involved with managing feeds and stores. ■■■ confirmed.

■■■ mentioned that lack of participation in the Nutrition Committee could be due to staff shortage

#### Private Care Services – ■■■ reported

- Large number of outstanding DATIX, due to staffing
- VTE risk assessments slightly below target
- No moderate or high harm instances
- Appraisal rates slightly below target (they have been carried out but not recorded yet)
- Positive patient feedback
- 2 complaints in June after 2 months of no complaints (1 not responded to on-time)
- Workforce vacancy/turnover challenging (highlighted ■■■)
- Low rates of sickness in June. Covid will impact on July numbers
- Fill rate for ward nurses high, and wards being successfully covered
- Slight dip in SAC skills but nurses going through MDUs to get skills signed off

		ACTION
	<ul style="list-style-type: none"> <li>Review of [REDACTED] action plan will be carried out tomorrow</li> </ul> <p>- [REDACTED] mentioned how hard nurses work on the wards, with multiple positive stories</p> <p>- [REDACTED] suggested that [REDACTED] review the resignations on [REDACTED], on the risk register</p> <p><b>Adult Psychological Support Services – [REDACTED] reported</b></p> <p><u>Staff Psychotherapy and Counselling Service</u></p> <ul style="list-style-type: none"> <li>Vacancy rate 61% - comms disseminated regarding interim measures</li> <li>Between charity &amp; Trust, there is funding for a band 8a and three band 7s. Need to advertise band 8a for 3<sup>rd</sup> time. JG will advertise for the band 7s, despite not having team lead</li> <li>Fewer referrals to Staff Support this month, but general trend increasing. This is being managed by more detailed referral form. Referrals monitored daily</li> <li>Emailing people on the waiting list to let them know waiting times</li> </ul> <p><u>Adult psychological Support Service</u></p> <ul style="list-style-type: none"> <li>Sustained increase in referrals (25% higher than financial year before Covid) but for May and June 2022 the rate is even higher</li> <li>Waitlist is 5-12 weeks with a target of 4 weeks. JG having conversations with the Trust about strategy and how to manage this – away day was useful</li> <li>Appointments being cancelled because of issues with interpreting service</li> <li>Repeated delays because of cancellations</li> <li>A completed suicide this week, currently being investigated. Trust has been very supportive</li> </ul> <p>- [REDACTED] noted that this is a particularly challenging time. [REDACTED] will bring this up with [REDACTED] and suggested [REDACTED] contact [REDACTED] regarding issues with interpreting service.</p> <p>- [REDACTED] to arrange HR coming to discuss employee assistance programme</p> <p>- [REDACTED] asked if patients on the waitlist are signposted. [REDACTED] confirmed.</p> <p>[REDACTED] thanked [REDACTED] for the valuable Reflective Practice groups</p> <p>- [REDACTED] mentioned Dimbleby's mapping of psychological support services in the UK, which would be useful in relation to signposting</p> <p><b>Clinical Services Division – deferred to next meeting</b></p>	

22/111	<b>CHIEF NURSE UPDATES</b>	
	<p><b>Chief Nurse Update:</b></p> <p>No update this meeting.</p>	
22/112	<b>EDUCATION (including RM School &amp; NAHPC Education Steering Group)/ ALLIED HEALTH RESEARCH UPDATE (alternating updates)</b>	
	<p><b>EDUCATION UPDATE:</b> [REDACTED] reported verbally as follows:</p> <ul style="list-style-type: none"> <li>Challenges with vacancies and sickness</li> <li>3 positions recruited in the last 2 weeks (two are ACP lecture practitioners)</li> <li>Appraisal rate up, hopefully all will be completed by end of month</li> <li>Most of work in the school involves validation of new programmes</li> <li>[REDACTED] highlighted Portfolio module which aids in tailoring own learning needs/needs of clinical practice, and highlighted the MSc dissertation project, on service improvement</li> </ul> <p>- [REDACTED] thanked [REDACTED] for the amount of work that has gone into validating the four pathways, and that the successful recruitment is good progress.</p>	
22/113	<b>IPC (Infection Prevention and Control)</b>	
	<p>Verbal report by [REDACTED]:</p> <ul style="list-style-type: none"> <li>Covid screening changing from PCR to LFT in mid-August (PCR still available)</li> <li>Outbreak of Covid confined to one room with two patients, and a cluster of cases on Wilshaw. Good support from CCG about outbreaks. Teams monitoring Covid trends</li> <li>Looking at Gram Negatives and C.Diff, assessing trends to determine who is higher risk</li> <li>New Matron recruited (start in September), and gone out to advert for CNSs. Considering taking on Nursing Associates</li> </ul> <p>- [REDACTED] encouraged staff to continue with PCRs. Praised infection control team.</p> <p>[REDACTED] mentioned that one cannot take a Covid test until 90 days after having contracted it - might explain falling numbers of Covid testing. [REDACTED] mentioned that she is speaking to the national team, as</p>	

	some people are contracting Covid again within 90 days.	
<b>CNIO (Chief Nursing Information Officer) UPDATE</b>		
<b>22/114</b>	<p>Report by [REDACTED]</p> <ul style="list-style-type: none"> <li>• [REDACTED] is the new auditing and inspection app</li> <li>• Over 70 areas using [REDACTED]</li> <li>• Training on Learning Hub (short explanatory videos on auditing)</li> <li>• Compliance continued to improve, compared to June. Will continue to work on improving compliance and usefulness of the information on auditing</li> <li>• ES looking at implementing more presentation on [REDACTED]</li> </ul> <p>- [REDACTED] asked to be contacted if people need information on training/need someone look at audits. [REDACTED] commented that a lot of progress made in getting [REDACTED] out across organisation.</p> <p>Connect DHR:</p> <ul style="list-style-type: none"> <li>• Entering phase 2. Some 57 workgroups took over 700 hours to reach this point</li> <li>• Patient portal called MyMarsden. Will allow patients to see appointment schedules, visit and discharge summaries, letters and test results etc.</li> <li>• Phase 2 involves system being rigorously tested by an analyst, then user readiness testing and data migration, and a technical dress rehearsal</li> <li>• Piloting the Nuance Dragon Voice recognition software to be used in HIS/ICW, allowing voice commands, and live transcription and dictation straight into notes on ICW. Can also be enabled on Rover devices</li> <li>• Looking for Superusers from all areas of Trust to assist going live. Training days in early January 2023. Email [REDACTED] if interested.</li> </ul> <p>[REDACTED] asked how the data on MyMarsden will differ from data healthcare professionals can access. [REDACTED] mentioned Epiccare, which is used to share data with partner organisations, whereas MyMarsden's data will be restricted; less sensitive, not live, and in layman's terms. [REDACTED] highlighted that voice recognition is not always accurate, especially with medical terminology, and so it is important for people to re-check reports. [REDACTED] asked about who will ultimately access the voice recognition. [REDACTED] confirmed it would include AHPs, nurses, consultants, and anyone who wants to use it. [REDACTED] asked about need to reduce workload whilst implementing Epic. [REDACTED] confirmed that the workload would need to reduce, but yet to determine by how much. [REDACTED] confirmed that the Epic go live date of 17<sup>th</sup> March won't change, despite being a Bank Holiday.</p>	
<b>For Information/Discussion</b>		
<b>22/115</b>	<p><u>Policies Due for Annual Review June 2022 –</u></p> <ul style="list-style-type: none"> <li>• Still several policies out of date - staff to continue sending them through</li> <li>• Document Controller [REDACTED] leaving in September but recruiting for the role. Staff should continue to send email to generic document control email</li> </ul>	
<b>22/116</b>	<p><u>Report – Review of 'Out of Sight' – [REDACTED] reported verbally as follows (with report embedded in the minutes):</u></p> <ul style="list-style-type: none"> <li>• Reviewed application of the Mental Capacity Act and Human Rights Act, among other legislation, regarding patient care, and care of patients with additional specific needs</li> <li>• Importance of early identification of needs, helping provision of care and treatment</li> <li>• Need for a CNS post, for additional needs, and to coordinate project work across the trust</li> <li>• Icon Training commissioned and provided in children's and young people's unit, but suggestion to use this across Trust not materialised – [REDACTED] to explore who to approach</li> <li>• Organisational challenge of continued need to provide training for all staff around the application and understanding of the Mental Capacity Act</li> <li>• Trust should consider any challenging behaviour incidents and how Trust has responded to that, to identify gaps/training issues or concerns</li> </ul> <p>- [REDACTED] mentioned that this will require further discussion at the next meeting</p>	
<b>UPDATES FOR APPROVAL</b>		
<b>22/117</b>	<p><u>NMC Consultation – [REDACTED] reported as follows:</u></p> <p>Four key points NMC proposing to change:</p>	



	<ol style="list-style-type: none"> <li>1. Reducing current age of enrolment on a course (18). Questions of safeguarding &amp; resilience</li> <li>2. No longer needing 12 years of education to enrol as it is limiting</li> <li>3. Removing mention of the EU rules (except for midwifery) as we are no longer a member</li> <li>4. Changing how simulation cannot be used as part of practice hours</li> </ol> <p>■ facilitated a discussion, and replied to each proposal, concluding as follows:</p> <ol style="list-style-type: none"> <li>1. The age can be lowered to 16</li> <li>2. 12 years minimum no longer required</li> <li>3. Mention of EU can be removed</li> <li>4. ■ suggested an upper limit in how much practice can be accepted in terms of simulation. ■ mentioned it was 2300 hours of practice, 600 of which could be used as simulation</li> </ol> <p>■ highlighted how we have the highest number in the world of practice hours required. ■ mentioned that those recruited from abroad have to do skills, drug, and lab assessments too.</p> <p>■ to pick up with ■ once she is back from leave.</p>	■
<b>MEETING HIGHLIGHTS FOR EXECUTIVE BOARD</b>		
<b>22/118</b>	<b><u>Identification of Safeguarding/Concerns</u></b> <ul style="list-style-type: none"> <li>• None identified, but discussion of gap analysis should continue</li> </ul>	
<b>22/119</b>	<b><u>Key Priorities for the Trust Identified at this Meeting</u></b> <p>■ reported the following key priorities:</p> <ul style="list-style-type: none"> <li>• Risks due to number of vacancies (■)</li> <li>• Paediatrics and ■</li> <li>• Pressure ulcers and implementing action plans, to not see same action plans</li> </ul>	
<b>ANY OTHER BUSINESS</b>		
<b>22/120</b>	<p>Other business reported as follows:</p> <ul style="list-style-type: none"> <li>• ■ reported on checklists for temporary staff at RMH in relation to staffing challenges, ensuring staff are safe and well oriented but also maximising their skills. The checklist has been refreshed and gone through several iterations, and ■ requested feedback on it.</li> <li>• ■ mentioned new appointee in medical photography service (bank) who can cover leave</li> <li>• ■ mentioned RM partners don't have a map - they have copied into the chat a national map</li> <li>• ■ mentioned how PALS are short-staffed, and if any problems arise, to contact her</li> <li>• ■ reported issues on the new MyPorter system. ■ mentioned she will pick this up</li> <li>• ■ mentioned to ■ that it would be good to have the National Cancer Patient Experience Survey in the coming meetings</li> </ul>	■

■ thanked everyone for contributing to today's meeting

Signed:

Date: 22<sup>nd</sup> August 2022