

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

Held on 30th June 2022, at 2 pm
Via Microsoft Teams

MINUTES

Present	Ahluwalia, Jag	(JA)	Non-Executive Director
	Blastland, Michael (Chair)	(MB)	Non-Executive Director
	Fadero, Amanda	(AF)	Non-Executive Director
	Hodder, Richard	(RHo)	Governor
	Jarvis, Anna	(AJ)	Trust Secretary
	Monkhouse, Oonagh	(OM)	Director of Workforce and Organisational Development
	Palmer, Louise	(LP)	Assistant Director for Quality & Risk
	Screaton, Maura	(MS)	Chief Nurse
	Smith, Ian	(IS)	Acting Medical Director
In attendance	Gorman, Eamonn	(EG)	Deputy Director of Digital
	Stephens, Teresa	(TS)	Executive Assistant (Minutes)
Apologies	McCorquodale, Christopher	(CMc)	Staff Governor
	Posey, Stephen	(SP)	Chief Executive
	Raynes, Andy	(AR)	Director of Digital & Chief Information Officer
	Webb, Stephen	(SW)	Deputy Medical Director and Clinical Lead for Clinical Governance
	Wilkinson, Ian	(IW)	Non-Executive Director

Discussion 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 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: <ul style="list-style-type: none"> 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 		

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	<p>Panel for the Cholesterol Treatment Trialists' Collaboration, as a freelance journalist reporting on health issues. The Chair advised that he was Co-Chair on a review of impartiality of BBC coverage of taxation and public spending.</p> <ul style="list-style-type: none"> • Andrew Raynes as a Director ADR Health Care Consultancy Solution Ltd; CIS UCQ is a trademark for health and car IT courses established under consultancy ADR Health Care Consultancy Solutions Ltd. • 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. • 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. • Stephen Posey in holding an Honorary contract with CUH to enable him to spend time with the clinical teams at CUH; Chair of the NHS England (NHSE) Operational Delivery Network Board; Trustee of the Intensive Care Society; Chair of the East of England Cardiac Network and an Executive Reviewer for CQC Well Led reviews. • Amanda Fadero as a Trustee of Nelson Trust, a charity predominantly supporting recovery from drug and alcohol addiction with expertise in trauma informed care for women; Associate Non-Executive Director at East Sussex NHS Healthcare Trust; Consilium Partners is a specialist health consultancy working with health and care organisations to help them plan, improve and deliver successful and sustainable futures. Interim CEO role St Barnabas and Chestnut Tree House Hospices for 6/12. • Maura Screaton as a director of Cambridge Clinical Imaging and has shares in some biotech companies. • Richard Hodder as Deputy Chair of the Clinical Policies Forum – Cambridgeshire and Peterborough CCG. • Roger Hall as: Director of a medical services company Cluroe & hall Ltd. 		
3	<p>COMMITTEE MEMBER PRIORITIES</p> <ul style="list-style-type: none"> • The Committee discussed and noted the reduction of current theatre activity, as also discussed at Performance Committee that morning. • The Committee noted that the subject would also be discussed in agenda item 6.1, below. • The Committee noted the EPRR issues relating to Lorenzo and that quality improvements within the product will be limited until resolved. The Committee noted that issues previously discussed at Quality and Risk Committee meetings concerning technical support for VTE and medical prescribing, for example, will be suspended 		

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	until a resolution is reached.		
4	<p>MINUTES OF THE PREVIOUS MEETING – 26th May 2022 The minutes from the Quality and Risk Committee meeting dated 26th May 2022 were agreed to be a true and accurate record of the meeting and signed, subject to one administrative amendment being made, the initials SP being changed to SJP.</p>		
5	<p>MATTERS ARISING AND ACTION CHECKLIST PART 1 - from 26th May 2022 The Chair led the Committee through the action checklist and matters arising, with points to note as follows:</p> <ul style="list-style-type: none"> • 005: SUIWEB 41446: LP gave an update on the action as follows: Following the discussion in March leading to the action, there was a moderate harm (as outlined in the highlights report) that happened in May from another fall. At present, the Trust is reviewing the moderate harm alongside the above SUIWEB and a thematic review has been set up to look at those patients who have had falls in the last couple of years, to review, in particular, the trauma part of the existing policy, and how best to move this forward and look at the quality improvement that can be gained. At present, this is being reviewed by a member of staff from radiology, the clinical lead for falls and a physiotherapist. Review due by end of July 2022, to be discussed at QRMG in August. The meeting discussed how a change in policy would be financed and noted that a number of different pathways were being considered in order to think differently. • 011: Risk Appetite Statements: The Committee noted that a risk target had been discussed at the last meeting in terms of HCAI and AP advised that she would discuss with EDs the risks that were expected to move within target. MB asked whether the difference between engagement and current rating would be worth discussing in depth at the next meeting, and was advised that workforce would be presenting the CCL quarterly update to the July meeting, that was an underpinning programme for the success and sustainability of the organisation, and this could be discussed at a future meeting in terms of whether there was an expectation that the risk would move within its target. The Committee agreed that risks, including above, should be reviewed at the end of the quarter, when evidence would be available for discussion and review. Action to be closed. • 016: MS and LP to discuss offline. To be brought to the Committee either via the QRMG highlight report or as a separate agenda item in July 2022. • AP advised that the Quality Accounts had gone through due process last month and positive feedback had been received from the Clinical Commissioning Group and the Wales Specialist Health Board. Both are included in the final published report that will be placed on the website later today. <p>All other actions are on the agenda, for discussion at a future meeting, or closed.</p>	<p>QR Ctte</p> <p>MS/LP</p>	<p>08/22</p> <p>07/22</p>

Agenda Item		Action by Whom	Date
6.	WORKFORCE		
6.1	<p>Director of Workforce Report</p> <p>OM led the Committee through the pre-circulated documents, with points to note as follows:</p> <ul style="list-style-type: none"> • The Committee noted the results of the 22/23 Q1 Pulse Survey results and noted that the response rate was approximately 9%. The Committee discussed that, although the response rate was low, it did provide a temperature check on staff views through responses to a consistent set of questions. • The Committee noted that improvement had been made in the percentages of staff having regular one to one meetings and regular team meetings, staff feeling that their wellbeing and mental health wellbeing is considered, and in staff communications. • A deterioration over the past two years highlighted that staff feel that they have insufficient resources to undertake their role and other concerns include: insufficient staff facilities to have a rest/eat meals, concerns about home working arrangements being reduced or stopped, lack of appropriate digital equipment and stress caused by workload, pace of work and insufficient staffing levels for the workload. • Positive aspects highlighted included: people's views of their colleagues are that they are highly skilled, committed, caring and compassionate, and that there are opportunities to learn. • The Committee noted the trends align with the quarter three national survey results. • AF highlighted that the Q1 answer to 'Recommender as a place to be treated' had dropped by 4% since the last quarter and is the lowest percentage recorded on the table that starts from 21/22 Q2. OM advised that the Trust was in the top centile nationally and that this could be linked to the comments received regarding resources and staffing levels (as discussed above). • The Committee discussed the current staff engagement in theatres, wherein at the beginning of June the STA Leadership Team was informed by a number of Operating Department Practitioners and Theatre Nurses that they were dissatisfied with the level of payment for overtime work and would be stopping working overtime until the Trust increased overtime pay. They believed that other Trusts were paying higher overtime rates and they found it demoralising working alongside agency workers who were paid a higher rate than substantive employees. • The Committee noted that concerns had been raised at the numbers of staff leaving, long term staff sickness, general staff engagement and the fact that there had been a lot of change in the last year in the leadership team and with recruitment not matching the turnover. • The Trust is managing the issue as a collective grievance, and the Committee noted that Trade Unions are not involved. The focus has been on a) managing and hearing the grievance, listening to staff, and trying to understand what the Trust might do to resolve the grievance, and b) working with the STA divisional leadership team. It was acknowledged that the learning from the Critical Care Transformation Programme can be used to manage the issues and work through an improvement approach by looking at a quality 		

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	<p>through leadership improvement approach, focusing on a range of issues that include workforce planning, staffing model, rostering, recruitment and retention plans and link to the work undertaken by Meridian concerning the operating model.</p> <ul style="list-style-type: none"> • MS stressed the importance of ensuring that the right systems, processes, cultures and behaviours are in place to ensure staff wellbeing, and patient experience and safety. • The Committee reflected that Covid had changed people's tolerances and expectations and challenged whether OM and MS had the workload capacity to manage this issue. The Committee was advised that the Executive Directors were working as a team with the divisional leadership team on the issue and were very supportive. Additionally, the Executive was reviewing whether external support would be beneficial. • The Committee noted the current work being undertaken in theatres and critical care and queried whether signals were being given by other areas about escalating pressures, and the importance of being proactive. How does the Trust gather soft intelligence concerning impending issues? The Committee agreed that the Trust needed to be better at initiating change rather than being reactive and discussed the importance of establishing a quality strategy and quality improvement culture, building on the compassionate and collective leadership work that is already ongoing. The Committee noted that IS, MS, LP and SW had begun to discuss this and will bring a concept paper to the next meeting, for further engagement in the Trust through Management Executive and other forums. • The Committee acknowledged that the current areas of concern were raised in the staff survey data over the last couple of years and that they were the two areas most affected by Covid. Additionally, there has been a national push to increase theatre performance to support waiting lists, etc. IS suggested that the Trust may need to look at the fifth floor as a potential for issues in the future. • The Committee discussed the importance of middle management training and accountability and transparency, and how this could be built into leadership programmes. • The Committee asked whether there was a broader piece of thinking to be done around the resilience and attributes of the recruitment of staff – are there any attributes and characteristics to look for beyond professional qualifications and competence? • The Committee was advised that a scoping exercise had begun for a divisional leadership team development programme. • The Committee discussed safe staffing methodologies for non-nursing professions in relation to action 007 on the action log and noted that the Trust undertakes an annual integrated business planning process. Each division and directorate reviews their staffing model and levels annually as part of this process and the Committee noted the information outlined in the report. 	IS/MS/ LP/SW	07/2022
6.2	<p>PIPR People, Management and Culture M2 The Committee noted the pre-circulated document, with discussion as follows:</p>		

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	<ul style="list-style-type: none"> The Committee noted that turnover reduced in May to 12.1%. There was a significant increase in vacancy rates in May, due to an increase in budgeted establishments of 66.9 WTE. The Committee noted that recruitment and retention of staff was challenging nationally, with the Trust facing significant competition within a buoyant job market and challenges regarding public sector pay. The Committee noted the Spotlight On Temporary Staffing Usage and that over the past 12 months there has been a downward trend in overall use of temporary staffing, with a slight increase in the use of agency, and a decrease in overtime and bank usage. This is most likely to be a result of decreasing availability of temporary staffing. The Committee noted that over the past 12 months there have been high levels of absence and increasing vacancy rates. 		
7.1	QUALITY		
7.1.1	<p>QRMG and SIERP Key Highlights and Exception Report</p> <p>LP led the Committee through the pre-circulated document, with points to note as follows:</p> <ul style="list-style-type: none"> The Committee noted one escalation from QRMG: SUI-WEB43470, two escalations from SIERP meetings held within the month of May and from the first week in June as there were two SIs declared within these meetings. The first was as above, the second was initially discussed at an extraordinary SIERP held on 27th May. The Committee noted the updates and action plan monitoring for highlighted SUI reports. The Committee was pleased to see shared learning. The Committee agreed that it would take a deeper look into a reported SI at a future meeting, possibly August. 		
7.1.2	<p>Serious Incident Executive Review Panel (SIERP) minutes (3/5/22, 10/5/22, 17/5/22, 24/5/22, 27/5/22, 31/5/22) and 07/06/22)</p> <p>The Committee noted the pre-circulated documents.</p>		
7.1.3	<p>Spotlight session on the difference between no harm/low harm versus high risk</p> <p>LP led the Committee through a presentation, with points to note as follows:</p> <ul style="list-style-type: none"> The presentation followed a request by the Committee for a focus on the difference between low harm versus high risk. LP advised that she had reflected on the presentation and recognised that there may be a difference between how harm and risks are positioned by the NHS and by private industry. <u>No Harm from our Trust policy is:</u> <u>Incident prevented:</u> any patient safety incident that had the potential to cause harm but was prevented, and no harm was caused to patients receiving NHS funded care (also classed as a Near Miss). Or: <u>Incident not prevented:</u> any patient safety incident that occurred but no harm was caused to patients receiving NHS funded care. <u>Near Miss from our Trust policy:</u> An incident (including dangerous situations) where no immediate 		

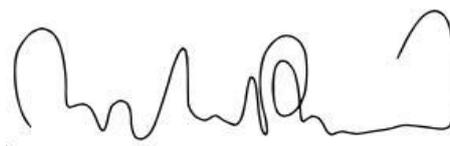
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	<p>harm, loss or damage was suffered, but if not detected and corrective action taken could have led to an adverse event.</p> <ul style="list-style-type: none"> • The presentation showed that it may be appropriate for a 'Near Miss' to be classed as a serious incident because the outcome of an incident does not always reflect the potential severity of harm that could be caused should the incident (or a similar incident) occur again. Deciding whether or not a 'Near Miss' should be classified as a serious incident should therefore be based on an assessment of risk that considers: <ul style="list-style-type: none"> ○ The likelihood of the incident occurring again if current systems/process remain unchanged; and ○ The potential for harm to staff, patients, and the organisation should the incident occur again. • The Committee noted that the Trust's reporting culture continues to be strong in reporting Near Misses and that in Q1 43 Near Misses had been reported, which was 6% of all patient safety incidents reported in the Trust. The Committee was advised that the Trust is clear on the definition of Near Misses and No Harms and that culture around reporting has been tightened with processes now in place to look at the risk. • The Committee noted that on Datix the Trust has added a new Risk Assessment section to all incidents which can be used to review further the Near Miss or No Harm incidents in relation to future patients/care issues and any risks. • Conversations are happening in meetings concerning the above and the Trust is looking to use data to show improvement as the next stage, and think about how we prevent future harms and evidence it. • The Committee challenged that in the Trust definition, Near Misses are where no harms occur because prevention took place, but sometimes Near Misses occur not due to an incident being actively prevented, but because it 'fizzled to nothing'. • The Committee discussed the grading and LP gave an example of a recent investigation. • The Committee acknowledged that the National Safety Framework will remove the grading as it stands which will give added clarity, and that the Trust's constant curiosity and striving for improvement gives greater assurance. The Committee acknowledged that the programme was as much to do with cultural change as well as to process. • The Committee thanked LP for her presentation. 		
7.1.4	<p>Surgical Site Infections Report</p> <p>MS led the Committee through the pre-circulated report, with points to note as follows:</p> <ul style="list-style-type: none"> • The Committee discussed the update and commented that the governance chart, although comprehensive, contained a number of different layers of governance. Is the Executive confident that the layers add value to the process? The Committee was advised that the structure was formed in line with learning from M.abscessus structure. • The Committee asked what the Trust had learnt so far, and what did it expect to see? The Committee expressed concern that it did 		

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	<p>not have an assurance about what proactive management is needed to bring the trajectory of deterioration into alignment. Are there any themes emerging?</p> <ul style="list-style-type: none"> • The Committee was advised that there were robust action plans behind the workstreams, and summary of work report outlined in appendix 1. MS suggested that adding metrics associated with the actions would give the Committee the level of assurance that it needs. The Committee agreed. • The Committee noted the work undertaken in terms of gap analysis, and MS suggested that this could be brought to a future meeting following presentation at QRMG. • The Committee noted that the Trust uses a tool that demonstrates percentage compliance in relation to each of the criteria, and the action plan is monitored at the IPC meeting. • The Committee noted that an SI has been declared and that there are two parts to the terms of reference: to review patient harm and ensure learning, and infrastructure change that the action plan (referred to above) is built upon. This is reviewed through the scrutiny panel and reported through QRMG. This will be reported through the QRMG highlight report to Q&R in July. • The Committee commented that the Trust had had previous exposure to concern regarding SSIs a couple of years ago and wondered whether the Committee should have questioned whether stronger action was required before the Chief Nurse had taken the initiative. Will the SI consider whether the Committee should have picked this issue up earlier? And if the Committee didn't pick it up earlier, was it because it reached for comfortable alternative conclusions? • LP advised that SSIs were a complication of surgery and that there are contributing factors, such as patients with complicated histories, high BMI, emergency patients, etc. LP expressed the importance of the Trust being assured that it has done everything it can in terms of making sure the environment is clean and ensuring that processes are in place to prevent and lower the effective rate. • The meeting discussed how Board Committees assess information received at Committee meetings, calibrating the response to information received whilst also being mindful of over-sensitivity to data received. The Committee discussed whether this would be a useful learning and discussion point in terms of well-led and decision making in future board development. Executives to take forward, discuss at EDs and present a plan and timeline to Board. • The Committee discussed and acknowledged the importance of continuing to push for assurance and of asking questions. • The Committee commented on the number of issues arising that included: theatres, SSIs, CCA transformation, and discussed how it could move to a place of reassurance, and what it would need to do so. The Committee discussed how the organisation is at a slightly different place to what it was, say, six months ago and therefore the Board and Committees need to recognise that the Trust is dealing with some concerning issues, react and be more searching, and be more supportive of the Executive team and Trust. • The Committee discussed the effect that the pandemic has had on 	EDs	08/22

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	<p>the NHS nationally, and IS advised that the Trust needs to move forward from the issues of COVID and concentrate on correct process and procedure.</p> <ul style="list-style-type: none"> The Committee discussed the importance of reviewing and gaining assurance of the safety culture of the Trust and triangulating this with evidence. The Committee discussed the improvements in data presentation, for example SPC charts, and the importance of appropriate training in data analysis. The Committee discussed staff engagement, and acknowledged that issues that arose before COVID but were not resolved due to the pandemic are rising again in terms of staff relationships and staff issues and this is heightened due to national NHS pressures. The Committee acknowledged the importance of the Compassionate, Collective Leadership programme. The Committee agreed that the perspective, challenge and insight brought to the Committee by IS, MS and LP was very welcome. 		
7.1.5	<p>Regional Health Inequalities: To be deferred to the next meeting.</p>		
7.1.6 7.1.6.1	<p>Cover Paper – Safeguarding Committee Annual Report Safeguarding Committee Annual Report. The Committee noted the pre-circulated documents and expressed that the Trust should use caution regarding the conjunction of disability and autism in the same phrase.</p> <p>Post Meeting Note: Discussed with IG, Deputy Chief Nurse, who advised that the national position is to currently discussing learning disability and autism within the same policy discussions. This is also in conjunction with the Trust Learning Disability and Autism Policy (DN810) that aligns to the NHS 2020 long term plan for learning disability and autism.</p>		
7.2	PERFORMANCE		
7.2.1 7.2.1.1	<p>Performance Reporting/Quality Dashboard PIPR Safe – M2 The Committee noted the pre-circulated document.</p>		
7.2.1.2	<p>PIPR Caring – M2 The Committee noted the contents of the pre-circulated document.</p>		
8	RISK		
8 8.1 8.1.1	<p>Board Assurance Framework Report Cover Paper – Board Assurance Framework (BAF) BAF The Committee noted the pre-circulated documents considering discussions held above.</p>		
8.3	<p>Emerging risks There were none to report.</p>		
9.	GOVERNANCE AND COMPLIANCE		

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9.1	Fundamentals of Care Board Highlight Report The Committee noted the pre-circulated document.		
9.2	Internal Audits: There were none to report.		
9.3	External Audits/Assessment: There were none to report.		
10	POLICIES		
10.1	Cover – DN664 Policy for assessing continuing compliance with CQC Fundamental Standards and ToR 029 Fundamentals of Care Board (FoCB) <ul style="list-style-type: none"> The Committee noted the pre-circulated document. 		
10.1.1	DN664 Policy for assessing continuing compliance with CQC Fundamental Standards <ul style="list-style-type: none"> The Committee ratified the policy. 		
10.1.2	ToR 029 Fundamentals of Care Board (FoCB) <ul style="list-style-type: none"> The Committee ratified the document. 		
10.2	Cover – ToR for Clinical Ethics Committee <ul style="list-style-type: none"> The Committee noted the pre-circulated document. 		
10.2.1	ToR for Clinical Ethics Committee <ul style="list-style-type: none"> The Committee ratified the document. 		
10.3	Cover- DN195 Complaints Policy The Committee noted the pre-circulated document.		
10.3.1	DN195 Complaints Policy <ul style="list-style-type: none"> The Committee ratified the policy. 		
10.4	ToR for Emergency Preparedness Committee (approved at Emergency Preparedness Committee on 18.05.22) <ul style="list-style-type: none"> The Committee ratified the document. 		
11	RESEARCH AND EDUCATION		
11.1	Research		
11.1.1	Minutes of Research & Development Directorate Meeting (220408, 220513) <ul style="list-style-type: none"> The Committee noted the pre-circulated documents. The Chair asked to attend one of the R&D meetings. IS to ensure an invite is extended. 	IS	08/22
11.2	Education		
11.2.1	Education Steering Group Minutes None available.		
11.2	Education:		
11.2.3	Education Steering Group minutes <ul style="list-style-type: none"> None available. 		

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12	OTHER REPORTING COMMITTEES		
12.1	Escalation from Clinical Professional Advisory Committee (CPAC) <ul style="list-style-type: none"> There were no issues for escalation from the June 2022 CPAC meeting. 		
12.2	Minutes of Clinical Professional Advisory Committee (220519) <ul style="list-style-type: none"> The Committee noted the pre-circulated document. 		
12.3	Approved Minutes of Clinical Ethics Meeting (220408) <ul style="list-style-type: none"> The Committee noted the pre-circulated document. 		
13	ISSUES FOR ESCALATION		
13.1	Audit Committee <ul style="list-style-type: none"> There were no issues for escalation from Part 1. 		
13.2	Board of Directors <ul style="list-style-type: none"> There were no issues for escalation from Part 1. 		
14	ANY OTHER BUSINESS <ul style="list-style-type: none"> None. 		
	Date & Time of Next Meeting: Thursday 28th July 2022 at 2.00-4.00 pm, via Microsoft Teams		



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Signed
28th July 2022

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Date

**Royal Papworth Hospital NHS Foundation Trust
Quality & Risk Committee**