

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

Held on 28th July 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 |
| | McCorquodale, Christopher | (CMc) | Staff Governor |
| | 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) | Medical Director |
| | Wilkinson, Ian | (IW) | Non-Executive Director |
| | | | |
| In attendance | Gorman, Eamonn | (EG) | Deputy Director of Digital |
| | Morrish, Katie (arrived 14:07, left 14:29) | (KM) | Programme Manager Strategic Projects Team |
| | Salaunkey, Kiran (left 15:30) | (KS) | Consultant |
| | Stephens, Teresa | (TS) | Executive Assistant (Minutes) |
| | Tchuekam Tapah, Victor (arrived 14:31, left 15:04) | (VTT) | Staff Nurse CCA |
| | Whisken, Jennifer (arrived 14:06, left 15:04) | (JW) | Associate Director of Nursing |
| | | | |
| Apologies | Raynes, Andy | (AR) | Director of Digital & Chief Information Officer |
| | Webb, Stephen | (SW) | Deputy Medical Director and Clinical Lead for Clinical Governance |

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.

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| 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 | | |

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| | <p>any specific declarations if these arise during discussions. The following standing Declarations of Interest were noted:</p> <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 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. • 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. • 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. • 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. • 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 Screamon 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. | | |
| 3 | <p>COMMITTEE MEMBER PRIORITIES</p> <ul style="list-style-type: none"> • The Committee was informed that at the July Audit Committee, a proposal was put forward for an audit of the electronic patient record to take place. This will not check the record for continuity of care but will sample discrete episodes of patient care. MS to follow up and discuss necessary criteria required to audit continuity of care, and report to Committee. | MS | 09/22 |

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| 4 | <p>MINUTES OF THE PREVIOUS MEETING – 30th June 2022</p> <p>The minutes from the Quality and Risk Committee meeting dated 30th June 2022 were agreed to be a true and accurate record of the meeting and signed, subject to one administrative amendment being made.</p> | | |
| 5 | <p>MATTERS ARISING AND ACTION CHECKLIST PART 1 - from 30th June 2022</p> <p>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: the report has been granted an extension and will be discussed at QRMG in September; will be brought to Q&R that month. • 021: The Chair has attended an R&D meeting so the action can be closed. <p>All other actions are on the agenda, for discussion at a future meeting, or closed.</p> | | |
| 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 that the paper updated on overall progress of the CCL programme during Q1 22/23 and focused on the work programme for Q2. • Key messages as follows: • The Values and Behaviour Framework is continuing to be promoted and the programme training on Values and Behaviours has been attended by 18% of staff (420 individuals). The challenge is to find ways to enable staff to attend from areas that are facing pressures to increase activity at the same time as experiencing high levels of absence, vacancies and turnover. • The resources to support the delivery of values and behaviours training is funded until 31st March 2023. • A managed process has been discussed at ME and consideration is being given to how the manage the performance management process with divisions. • It was noted that Line Manager training is going well. • The Head of Resourcing and Head of EDI have been working to implement the recommendations set out in the Fair Recruitment Report. This has been hampered by work needed to implement the NHS Jobs tool. Lynn Roberts is leaving the Head of Resourcing role and will be undertaking bank project work, specifically focused on career progression and development. • Transformational Reciprocal Mentoring Programme meeting held 27th July and feedback was positive. • The meeting questioned the capacity of the Workforce Team and whether realigning resources should be reviewed. OM advised that a proposal regarding resources and capacity is being considered. • AF advised that, although the Networks are supported, the work required of Network Chairs is increasing and they have raised queries regarding remuneration for the role. OM advised that she | | |

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| | has requested a formal structure for time to be allocated to the work involved in chairing a network. | | |
| 6.2 | <p>PIPR People, Management and Culture M3</p> <p>The Committee noted the pre-circulated document, with discussion as follows:</p> <ul style="list-style-type: none"> The Committee noted the quarterly metrics on % white and % BAME staff by pay band. Some progress is being made with improved diversity in Band 8a but not yet in higher bands. | | |
| 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"> Digital Clinical Safety Officers Reports for May and June were presented to QRMG and are being well received. The Committee noted the Digital Clinical Safety Officer's report for May and June and noted that the report stated there were no patient safety concerns regarding the PAC issues, but challenged whether the Lorenzo incidents, in particular the inadvertent migration of deceased patient data into live records, had led to any wrong decisions being made. LP advised that the DCSO section in the document was a highlight report and that the whole report is available for review by the Committee. LP advised that conversations were taking place in QRMG concerning the issues, risks, associated plans, mitigations and how we can gain assurance that no patient is being harmed, or issues missed, etc. The Committee requested a summary for assurance that all digital incidents have this structure. IW: what is the timeline for monitoring the stability of Lorenzo on the ward and for VTE assessment records? LP will discuss with IW off line. The Committee noted the number of reported risks evidencing that the Trust is engaged with reporting but challenged that 72 risks are high or extremely high. LP advised that the June QRMG meeting discussed the risks and how they are reviewed. There was a focus session to support the overdue risks being updated with mitigations discussed. SUI-WEB 42015 closed and reported to QRMG in June. This was a complex case regarding pressure ulcer deterioration to Category 4. | LP | 09/22 |
| 7.1.2 | <p>SUI-WEB 42015</p> <p>The Committee noted the pre-circulated document.</p> | | |
| 7.1.3 | <p>Serious Incident Executive Review Panel (SIERP) minutes (220607, 220614, 220621, 220628, 220705, 220712)</p> <p>The Committee noted the pre-circulated documents.</p> | | |
| 7.1.4 7.1.4.1 | <p>Critical Care Transformation Programme Update</p> <p>Appendix 1: Quality Impact Assessment</p> <p>JW and KM led the Committee through the pre-circulated reports, with points to note as follows:</p> <ul style="list-style-type: none"> Key messages as follows: | | |

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| | <ul style="list-style-type: none"> • A detailed Quality Impact Assessment to inform impact of increasing and sustaining bed capacity to 36 beds across key areas has been undertaken and included with documents presented to meeting. This was undertaken with senior multi-professional leadership team on the unit, with key areas assessed, risks identified, and mitigating actions agreed. Mitigating actions are being monitored for assurance via our weekly Critical Care Implementation Group. The highest risk score identified was in relation to staff experience. • The planned bed trajectory as of 4th July is 35 beds open Monday to Friday with flex at weekends. • Current theatre activity means there is less demand for both ward and critical care beds. Thus, the sustained and increased bed trajectory is yet to be fully operationally tested. • A quality service improvement and redesign tool sustainability model are being undertaken in partnership with the STA triumvirate and leadership teams within CCA. Analysis of the findings will inform strengths and weaknesses and areas of key focuses for teams to improve sustainability and enable handover from the Transformation Team. • The Committee queried why greater improvements in terms of rostering effectiveness and appraisals are not yet being seen. KM informed the Committee that, as part of diagnostic work, a workshop was held with senior nurses from the unit and discussions have highlighted that appraisals are intertwined with competencies. Work is ongoing to focus on what appraisals should look like and how to do them well. • The Committee commented that, as theatre activity is lower, there would be an expectation that required training/workshops would be completed. • JW informed the Committee that staff have been redeployed to support the wider Trust. There is a balance of utilizing staff as a collective across the Trust and supporting colleagues that are struggling with staffing numbers and ensuring that training is undertaken. • The Committee discussed the importance of ensuring sustainability of the programme once the Transformation Programme has finished and were informed that JW and KM are undertaking an evaluation and analysis of the sustainability assessment that will highlight the key areas that are needed to target the strengths and weaknesses of the programme. Additionally, the programme has empowered key people within the programme via the four workstreams that have been ongoing. • AF: this has been an exemplary piece of work and sets a high example of a good quality improvement programme. • The meeting discussed Friends and Family feedback and was advised that the programme was working with Sarah Osbourne. • The Chair noted and challenged the risks as outlined on the Quality Impact Assessment. He requested to see how the global risks have changed as a result of this programme and whether some have been increased – for example, professional judgement would be valued concerning the Intensive Care Society levels of care for patients in, for example, the patient:staff ratios that have changed | | |

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| | <p>in the unit since the start of the programme. Also, where are the additional stressors? The meeting discussed whether there was a need to review the marginal risk for the individual patient or staff member, vs the population risk change.</p> <ul style="list-style-type: none"> • The programme will look at the data and the waterfall, undertake a reassessment and present to a future meeting. • The meeting discussed red flags. • MS: regarding the risks of changing the nursing model and being able to see the early warning signs, the red flags, patient outcomes and patient harm, it is important to ensure that the Trust has an ability to recognise these at an early stage in collaboration with clinical judgement. | | |
| 7.1.5 | <p>Report of Organ Donation Activity (April 2020 to November 2021) The Committee noted the pre-circulated document, with discussion as follows:</p> <ul style="list-style-type: none"> • There is an obligatory requirement for each hospital to have an Organ Donation Committee, ensuring that where feasible, possible, practical, and with family permissions, patients who might be a potential for organ donations are considered to be so if they have reached the end of their life. • The Committee noted that during the pandemic donation rates dropped – this was due primarily to no clear direction being available from NHS E to say which patients would be eligible for donation during COVID-19. Additionally, when guidance was received, the restrictions on visiting for families and carers hindered engagement and made sensitive communication difficult. • Education is ongoing both internally and externally, including amongst young students. The GCSE curriculum has discussed having organ donation as part of the curriculum, but not a lot of schools have taken that on board. KS advised that he had spoken to sixth form students about cardiac physiology and transplantation. • JA advised that the nature of the work undertaken by the Trust means that some of the many patients that are at their end of life are not eligible to donate as the quality of their organs renders them ineligible for consideration. However, the challenge for the Trust is to make sure that it does what it can to raise the profile of organ donation. • The Committee agreed that the report should be presented to Quality and Risk annually to allow for data to become available. | | |
| 7.1.6 | <p>Quality Improvement Concept Paper The Committee noted the pre-circulate document and noted that the Strategy would be discussed in September at a Board Development Session.</p> | | |
| 7.1.7 | <p>Regional Health Inequalities IS gave a verbal update, with points to note as follows:</p> <ul style="list-style-type: none"> • IS sits on the ICB Health Inequalities Board and attended a meeting w/c 18th July. • Good progress is being made. The Trust's input will increase when the cardiovascular disease strategy takes off. • The item that stood out at the meeting was work that was being | | |

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| | <p>undertaken in primary care concerning cohorts of patients between the ages of 30 and 50 who are using a lot of resource in primary care. This is seen as a key group to intervene in their trajectory towards multiple comorbidities and dependency. Impactful way to approach the problem from the bottom up.</p> <ul style="list-style-type: none"> • With regard to work ongoing in the Trust, Craig Salmon is building a tool to enable the Trust to look at patients and see where they come from, age, sex, how long they have been waiting for treatment. IS will update the Committee with progress when available. • The Committee asked whether the tool included all demographic data and was advised that ethnicity is not known for a proportion of the Trust's patients. • The Committee discussed the usefulness of understanding the stage of illness by which people present to the Trust. National data would suggest that patients from deprived backgrounds and minorities tend to present late. • IS advised that he had undertaken work on patients referred for the investigation of obstructive sleep apnoea and showing the impact of changing the way we interact with the patients. IS to present study to September meeting. | IS | 09/22 |
| 7.2 | PATIENT EXPERIENCE | | |
| 7.2.1 | <p>Staff Story: The Committee welcomed VTT who gave a verbal staff story as a member of the CCA unit, with points to note as follows:</p> <ul style="list-style-type: none"> • VTT was excited to join RPH in October 2019 as a newly qualified nurse, 3 months before the pandemic but found the reality to be more challenging than expected. • VTT gave an example of when he applied for a Band 6 role, was unfortunately not shortlisted, and did not receive any feedback on his application in a timely manner, after VTT had requested information three or four times. Once received, and even though the feedback was positive, he found that it did not hold much value for him as it was received too late. • Additionally, the Committee heard about an incident where VTT was contacted as a union representative when a member of the unit staff felt that she was treated unfairly by a more senior member of staff when unable to attend her shift due to her partner contracting COVID-19 and the need for her to be absent due to childcare. VTT and the member of staff did not feel that the senior in question had followed the compassionate and considerate values of the Trust. • VTT expressed that working in CCA was something that he loved, but he felt that there was limited opportunity to develop. He suggested that information should be made available to everyone when starting regarding developmental opportunities and the best ways of how to progress. • The Chair apologised to VTT for his experiences and expressed how VTT's comments were an illustration of how easy it is to lose peoples' hearts and minds. • OM apologised to VTT for his experiences and stated that she realised that the Trust still had not got the issue of career progression and development quite right. OM said that she had had a conversation with VTT about this issue. | | |

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| | <ul style="list-style-type: none"> • OM advised that RPH was a small hospital and therefore would be unable to provide everyone with everything that they need to develop and progress, due to the finite roles available and natural attrition. • Work is ongoing and changes are being seen in CCA with the Transformation Programme and the Workforce Team support of that. • AF: I want to thank you for your honesty and bravery in telling the Committee your story and offer my apologies that your hopes and aspirations on coming to RPH were not realised. • AF asked whether VTT had had an appraisal and was informed that he had but that the B6 giving the appraisal did not have a lot of information regarding development and progression, which is what he wanted to know. VTT expressed that there may also be a barrier between a staff member and appraiser which might stop them from being open about their ambitions. • MS apologised to VTT for his experiences and expressed that the stories shared showed the importance of being able to embed and sustain the transformation work that is currently ongoing and the importance of developing the capability of line managers across the Trust to ensure consistency. • CMc suggested that increased appraisal training would be beneficial, and OM advised that the appraisal policy is currently being revised and integrates and embeds the values and behaviours and focuses on the wider aspects of career development and developing talent. A soft launch is planned for October 2022. Appraisal training will be available with the new process and throughout the latter half of the year. The meeting also noted that good material on appraisals is available on LearnZone . • LP apologised to VTT for his experiences, and asked whether there was anything that he thought would be useful for a nurse and line manager to consider in order to help their staff, for example, appraisals (as discussed), more resource, etc. • VTT: we all have different skills – some line managers are more personal and know how to get the best out of people and some are more practical and focus on clinical aspects of the role. Listening and understanding are important aspects especially in relation to asking people how they want to develop. • The Chair thanked VTT for his instructive contribution to the meeting. | | |
| 7.2.2 | Patient and Carer Experience Group Minutes None available. | | |
| 7.2.3 | Minutes of the End of Life Steering Group (220503, 220705) The pre-circulated documents were noted by the Committee. | | |
| 7.3 | PERFORMANCE | | |
| 7.3.1 7.3.1.1 | Performance Reporting/Quality Dashboard PIPR Safe – M3 The Committee noted the pre-circulated document, with discussion as follows: <ul style="list-style-type: none"> • Performance Committee had asked Quality & Risk Committee to | | |

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| | <p>discuss sepsis compliance with the bundle.</p> <ul style="list-style-type: none"> The reason for the low compliance related to incorrectly adding patients onto the sepsis pathway, i.e. not all patients included met the criteria for inclusion. All patients were reviewed and those that met the inclusion criteria received all aspects of the sepsis bundle, therefore 100% of those eligible. IT solution now in place to ensure only those eligible are included going forward. Preliminary data for Surgical Site Infections (SSI) for June and July shows improvement. The data is being viewed with caution as this is early data, but this is a promising early indication and shows that the interventions that have been put in place are working. | | |
| 7.3.1.2 | <p>PIPR Caring – M3 The Committee noted the contents of the pre-circulated document.</p> <ul style="list-style-type: none"> The Committee noted that, as usual at this time of year, formal complaints had increased but were within the threshold. A consistent theme remains communication. The Committee queried whether the inclusion of publications, trials, grants, etc, should be included in the reassurance metrics for research and development. IS stated that he had advised R&D to create a dashboard of key metrics and review quarterly. | | |
| 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.</p> <ul style="list-style-type: none"> The Committee noted that a review of engagement of workforce risks would be undertaken at the August meeting. | | |
| 8.2 8.2.1 8.2.2 | <p>Cover – Corporate Risk Register Appendix 1 CCR Open/Closed Risks Appendix 2 CCR as at 21st July 2022 The Committee noted the pre-circulated documents.</p> | | |
| 8.3 | <p>Emerging risks There were none to report.</p> | | |
| 9. | GOVERNANCE AND COMPLIANCE | | |
| 9.1 9.1 | <p>Internal Audits: There were none to report.</p> <p>External Audits/Assessment: There were none to report.</p> | | |
| 10 | POLICIES | | |
| 10.1 10.1.1 | <p>Cover – DN799 COVID-19 Infection Control Living with COVID Policy</p> <ul style="list-style-type: none"> The Committee noted the pre-circulated document. <p>DN799 COVID-19 Infection Control Living with COVID Policy</p> <ul style="list-style-type: none"> The Committee ratified the policy. | | |

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| 10.2 | Cover – DN708 Digital Acceptable Use Policy <ul style="list-style-type: none"> The Committee noted the pre-circulated document. | | |
| 10.2.1 | DN708 Digital Acceptable Use Policy <ul style="list-style-type: none"> The Committee ratified the document. | | |
| 10.3 | Cover- DN375 Waste Management Policy The Committee noted the pre-circulated document. | | |
| 10.3.1 | DN375 Waste Management Policy <ul style="list-style-type: none"> The Committee ratified the policy. | | |
| 11 | RESEARCH AND EDUCATION | | |
| 11.1 11.1.1 | Research Minutes of Research & Development Directorate Meeting None available. | | |
| 11.2 11.2.1 | Education Education Report Quarter 1 The Committee noted the pre-circulated report. | | |
| 11.2 11.2.3 | Education: Education Steering Group minutes (220530) The Committee noted the pre-circulated document. | | |
| 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 July 2022 CPAC meeting. | | |
| 12.2 | Minutes of Clinical Professional Advisory Committee (2206) <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 25th August 2022 at 2.00-4.00 pm, via Microsoft Teams | | |



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Signed
25th August 2022

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Date

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