

**Meeting of the Quality & Risk Committee (Part 1)**  
**(Sub Committee of the Board of Directors)**  
**Quarter 4, Month 2**

**Held on 25 February 2021 at 2 pm**  
**Via Microsoft Teams**

**MINUTES**

<b>Present</b>	<b>Ahluwalia, Jag</b>	<b>(JA)</b>	<b>Non-executive Director</b>
	<b>Blastland, Michael (Chair)</b>	<b>(MB)</b>	<b>Non-executive Director (Chair)</b>
	<b>Fadero, Amanda</b>	<b>(AF)</b>	<b>Non-executive Director</b>
	<b>Graham, Ivan</b>	<b>(IG)</b>	<b>Acting Chief Nurse</b>
	<b>Hall, Roger</b>	<b>(RH)</b>	<b>Medical Director</b>
	<b>Hodder, Richard</b>	<b>(RH)</b>	<b>Lead Governor</b>
	<b>Jarvis, Anna</b>	<b>(AJ)</b>	<b>Trust Secretary</b>
	<b>Monkhouse, Oonagh (until 1501)</b>	<b>(OM)</b>	<b>Director of Workforce and Organisational Development</b>
	<b>Posey, Stephen (part meeting)</b>	<b>(SP)</b>	<b>Chief Executive</b>
	<b>Raynes, Andy (until 1447)</b>	<b>(AR)</b>	<b>Director of Digital &amp; Chief Information Officer</b>
	<b>Webb, Stephen</b>	<b>(SW)</b>	<b>Deputy Medical Director and Clinical Lead for Clinical Governance</b>
	<b>Wilkinson, Ian</b>	<b>(IW)</b>	<b>Non-executive Director</b>
	<b>McCorQuodale, Chris</b>	<b>(CM)</b>	<b>Deputy Chief Pharmacist &amp; Staff Governor</b>
<b>In attendance:</b>	<b>Hamilton, Danielle</b>	<b>(DH)</b>	<b>Observer (Executive Assistant)</b>
	<b>Seaman, Chris</b>	<b>(CS)</b>	<b>Quality Compliance Officer (Minute taker)</b>
<b>Apologies</b>	<b>Buckley, Carole</b>	<b>(CB)</b>	<b>Assistant Director of Quality &amp; Risk</b>
	<b>Rudman, Josie</b>	<b>(JR)</b>	<b>DIPC</b>

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
<b>1</b>	<b>APOLOGIES FOR ABSENCE</b>		
	The Chair opened the meeting and the apologies were noted as listed above.		
<b>2</b>	<b>DECLARATIONS OF INTEREST</b>		
	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"> <li>Michael Blastland as Board member of the Winton Centre for</li> </ul>		

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	<p>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.</p> <ul style="list-style-type: none"> <li>• Andrew Raynes as a Director ADR Health Care Consultancy Solution Ltd.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>		
3	<p><b>COMMITTEE MEMBER PRIORITIES</b></p> <p>There was a general reflection and discussion on the transformation of Trust services to undertake what was needed, but with existing resources and the constraints that Covid-19 brought.</p> <p>This covered:</p> <ul style="list-style-type: none"> <li>• Decisions faced by the Clinical Decision Cell (CDC) about the way ahead whilst continuing to live with Covid-19 enforced restrictions.</li> <li>• Encouraging corporate goals to reduce silo working by resetting clinical aims.</li> <li>• Acknowledgment of significant heavy demands and backlog whilst accepting the changes necessary to maintain service.</li> <li>• Clinical practice in line with GIRFT reports.</li> <li>• Clinical strategies should be outward looking to the Integrate Care System.</li> <li>• Increased awareness across the Trust of the work and challenges of the CDC to aid understanding of the decisions taken, some of which may be unattractive.</li> <li>• Promoting the acceptance of change in line with the best interests of patients.</li> </ul>		

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	<ul style="list-style-type: none"> <li>Fundamental service transformation for the future that was sustainable and at a pace that was achievable.</li> </ul>		
4	<b>MINUTES OF THE PREVIOUS MEETING – 25 January 2021</b>		
	The Quality & Risk Committee approved the minutes of the previous meeting held on the 25 January 2021 and authorised these for signature by the Chair as a true record.	Chair	25.02.21
5	<b>MATTERS ARISING AND ACTION CHECKLIST PART 1 (200125)</b> These were reviewed and updated.		
6.1	<b>QUALITY</b>		
6.1.1	<b>Quality &amp; Risk Management Group (QRMG) Exception Report</b> The Committee expressed concern over the number of open risks (645) of which 236 were opened more than 3 years ago. The Committee was concerned that expressing this as demonstration of active use of the risk register might in isolation give false assurance. The Trust Secretary informed the Committee that this had been discussed at QRMG with an action to share concern over open and old risks divisionally with an imposed review deadline. The Acting Chief Nurse reported that he had reinforced this message by asking staff to review the old risks predating the hospital move. The Deputy Medical Director assured the Committee that the Risk team were actively working to reduce the number of open and old risks by encouraging divisions to minimise and/or close these and to focus future discussion on the top 3 to 5 risks.		
6.1.1.1	<b>Q3 Quality &amp; Risk Report</b> This was received by the Committee.		
6.1.1.2	<b>Q3 Divisional and Business Unit Reports</b> These were received by the Committee.		
6.1.1.3	<b>QRMG Minutes (210125)</b> The minutes were received by the Committee.		
6.1.2	<b>Cover paper - Mock CQC Inspection held Oct 2020</b> This was presented by the Acting Chief Nurse who reminded the Committee of the mock inspection held in February 2020 after which it was decided to undertake a more focused inspection of the Supportive and Palliative Care Team (SPCT) who provided the Trust's end of life (EoL) services, at the next opportunity. He advised the Committee that the Trust had been harsh on itself as the evidence was light in some areas: the CQC Key Line of Enquiry (KLOE) was challenging to evidence as the Trust was structured to support patients along a pathway at Royal Papworth Hospital, which was not necessarily EoL, hence there were minimal examples of EoL activity. He reported that there was now a line on PIPR in the Caring section to provide ward to board assurance on EoL activity and that this would put into context how much of the teams patient contact was EoL versus SPC activity. When challenged by the Chair about where he could seek reassurance on the service the Acting Chief Nurse cited the following areas of evidence: <ul style="list-style-type: none"> <li>SPCT Dashboard</li> <li>Minutes of EoL Steering Group</li> <li>Audit Results (local and national)</li> <li>SLA with Arthur Rank Hospice</li> <li>Patient Feedback</li> <li>Additional services such as acupuncture</li> </ul> The Acting Chief Nurse advised that an action plan had been drawn up by the Quality Compliance Officer as a result of the report who would be		

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	working with those involved to gather and compile an evidence trail. The Lead Governor advised that he sat on the EoL Steering Group and could confirm the excellent progress the service had achieved.		
6.1.2.1	<b>Appendix 1 Mock CQC Inspection Report End of Life Service (201126)</b> This report was received by the Committee.		
6.1.2.2	<b>Appendix 2 Mock CQC Inspection Report Feb 2020</b> This was received by the Committee.		
6.1.3	<b>Regional Health Inequalities Report</b> This report had been postponed due to Covid-19, however was expected next month.		
6.1.4	<b>Quality Account 21/22 Update</b> The Acting Chief Nurse relayed the Trust Quality objectives that had been considered for 21/22 at a recent meeting: <ul style="list-style-type: none"> <li>The QI programme would be rolled over, however the SCORE culture would be dropped as this was now part of the Compassionate &amp; Collective Leadership (C&amp;C) Leadership programme.</li> <li>Digital objectives would be reviewed with a focus on connected care and information governance.</li> <li>Continuation of the diabetes objectives would include the new challenges that Covid-19 had brought.</li> <li>C&amp;C Leadership programme would be updated and continued.</li> </ul> There was general agreement that whilst the Quality Account should continue to reference the Trust's specialised services and reflect their excellent outcomes, there was learning to be gained from reviewing more concise and condensed Quality Accounts produced by other Trusts. The Chair requested and it was agreed, that an item should be added to the March agenda to enable the Committee to focus on Quality Account priorities and a regime for monitoring the quality and independence of audit. It was acknowledged that earlier conversation for setting priorities for the next year's objectives should begin in the Autumn.	DH	Mar 21
6.2	<b>PERFORMANCE</b>		
6.2.1.1	<b>Performance Reporting/Quality Dashboard</b> There was no narrative to PIPR this month in line with the Covid-19 surge workload. The Acting Chief Nurse reported an increased infection rate in January, mainly in Gram-negative bacteraemias (E.coli and Klebsiella). This was associated with the Covid-19 surge and the sheer number of patients, ie the more patients in Critical Care, the more positive results could be expected. Covid-19 patients were more prone to Gram-negative infection, which was reflected as a nationwide phenomenon and needed further investigation. Regarding VRE infections/colonisations, again, the longer a patient's stay in Critical Care, the higher rate of picking up VRE; also, in some cases VRE bacteraemia occurred when patients were at the last stage of their lives. Bare below the elbow PPE in Covid-19 cohorted areas had been introduced to minimise the risk of cross contamination. Dr Ahluwalia requested whether it was possible to credential the Trust's position with other ECMO centres to provide useful grounding. The Deputy Medical Director confirmed that whilst the 5 specialist ECMO centres did exchange data regularly this did not specifically include data on bacteraemia. <b>Action:</b> SW to discuss the exchange of data with other ECMO centres.	SW	Mar 20

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<b>6.3.2</b>	<b>Monthly Ward Scorecards: M10</b> This was received by the Committee.		
<b>6.3</b>	<b>SAFETY</b>		
<b>6.3.1</b>	<b>Serious Incident Executive Review Panel (SIERP) minutes (210126, 210202, 210209)</b> The SIERP minutes as outlined above were received and commended by the Committee. There were no particular patterns or concerns to report, with the exception of the M.Abscessus which was now monitored by the Oversight Committee and would be discussed later in Part 2.		
<b>6.3.2</b>	<b>Antimicrobial Stewardship (AMS) Report Q3 20/21</b> This report was received by the Committee. The committee noted a decline in systemic antibiotics compared to previous years, and a lower use than comparator trusts. On a separate claim - that a pilot for antimicrobial stewardship ward rounds had brought significant reductions in use and justified further investment - the Chair questioned whether the evidence was robust, given that the pilot had no control group and occurred during a period of changing patient characteristics. The Medical Director assured the Committee that robust scrutiny was given to all proposed investments.		
<b>7</b>	<b>RISK</b>		
<b>7.1</b>	<b>Board Assurance Framework Report</b> The Committee noted the contents of this report. The Trust Secretary advised that Committee risks, BAF 2532 Pandemic, had seen no adverse impact to supply chain or on local infrastructure and that BAF 742, Safer Staffing, remained green. She confirmed that there was a scheduled Board Session on 4 March 2021 on risk appetite. The Risk team had circulated information on capturing emerging risks which would also be discussed on 4 March.		
<b>8</b>	<b>WORKFORCE</b>		
<b>8.1</b>	<b>COVID-19 Staff Vaccination update</b> The Director of Workforce and Organisational Development reported that Covid-19 vaccination clinics continued, but with reduced capacity until second doses were due in April. She related that 83% of staff had been vaccinated with good progress shown in the Asian community following recent events to engage with staff from BAME backgrounds, however acknowledged there was still further work to do specifically with the black community which stood at 68%. A further webinar with internal and external speakers would be organised to offer staff a platform at which to address concerns. She reported that some staff had declined the vaccine because of fertility / pregnancy related concerns but advised that Public Health England had engaged with this issue and would consider holding a women only webinar to engender more confidence in the vaccine from this community. She also advised that the Staff Survey results and Pulse results had been received but had yet to be interrogated. She remarked that the results for Q2 were encouraging.		
<b>9</b>	<b>GOVERNANCE</b>		
<b>9.1</b>	<b>Cover paper for Emergency Preparedness Terms of Reference</b> This was received by the Committee.		
<b>9.2</b>	<b>Emergency Preparedness Terms of Reference</b> The Terms of Reference were ratified by the Committee.		
<b>9.2.1</b>	<b>Cover paper for Clinical Professional Advisory Committee</b> This was received by the Committee.		

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9.2.2	<b>CPAC Terms of Reference</b> The Terms of Reference were ratified by the Committee.		
9.3	<b>Paper on Annual Committee Self-Assessment &amp; Review of Terms of Reference</b> This was presented by the Trust Secretary.		
9.3.1	<b>Appendix 1 – Draft Committee Self-Assessment</b> The Trust Secretary advised that there were a number of areas requiring confirmation / discussion by the Committee. <ul style="list-style-type: none"> <li>It was agreed that the structure of reporting from sub-groups was acceptable and that the Chair’s monthly report to the Board adequately captured items for escalation.</li> <li>It was confirmed that outcomes of clinical audits were included in the Clinical Governance quarterly reports.</li> <li>Amanda Fadero considered that the item at the top of the agenda on Committee Member Concerns was unique and set the tone which allowed open debate and conversation alongside the papers presented which should be captured in the self-assessment.</li> <li>Discussion of the Committee’s future focus was, as agreed earlier, that the selection and setting of Quality Account priorities and their review should be given greater consideration.</li> <li>Reflection was given as to whether further assurances could be provided to Audit Committee without duplicating the work of both committees; it was considered that the opportunity for escalation from Quality and Risk to Audit along with the receipt of the Chair’s report and minutes remained a satisfactory framework for assurance.</li> <li>It was also agreed to reference GIRFT and ICNARC reports at item 44 on the self-assessment.</li> </ul>		
9.3.2	<b>Appendix 2 – Updated Terms of Reference</b> It was agreed that the Terms of Reference should reflect the Committee’s scope around Equality, Diversity and Inclusion (EDI) and staff health and well-being given the reporting of Workforce considerations into Quality & Risk. A more formal approach to this should be incorporated into the forward plan for Quality & Risk.	AJ  CS/DH	Mar 20  Mar 20
9.3.3	<b>Appendix 3 – Committee Attendance Summary</b> This was received by the Committee.		
10	<b>ASSURANCE</b>		
10.1	<b>Emergency Planning compliance update</b> This was received by the Committee.		
10.2	<b>QIA Assurance Report</b> This was received by the Committee.		
10.2.1	<b>QIA Scope for Pandemic Super Surge increase in staffing ratio</b> This had been circulated for information however sparked a general discussion on whether the gains were accorded sufficient attention and whether more focus should be given to positives although the Chair did acknowledge that hospitals were generally driven by a risk rather than gain framework.		
10.3	<b>Internal Audits:</b>		
10.3.1	<b>Risk Management Internal Audit</b> The audit report was received by the Committee with acknowledgement that risk had been discussed previously at 6.1.1 following presentation of the QRMG Exception Report.		

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10.4	<b>External Audits</b> There were none.		
11	<b>POLICIES</b>		
11.1	<b>DN799 Infection Control Living with Covid policy</b> Chair's approval had been given on 11 February 2021 and was presented to Committee for information.		
11.2	<b>DN180 Policy review cover paper</b> This was received by the Committee.		
11.2.1	<b>DN180 Policy for Sharps injuries &amp; Splash Incidents involving Blood or Body Fluids</b> DN180 was ratified by the Committee.		
12	<b>RESEARCH AND EDUCATION</b>		
12.1	<b>Research</b>		
12.1.1	<b>Minutes of Research &amp; Development Directorate meeting (none)</b> There had not been a meeting in January 2021.		
12.2	<b>Education</b>		
12.2.1	<b>Education Steering Group minutes (210212)</b> These were not available at the time of the meeting.		
12.2.5	<b>Q3 Education Report</b> This was due in month 1 of the reporting cycle.		
13	<b>OTHER REPORTING COMMITTEES</b>		
13.1	<b>Escalation from Clinical Professional Advisory Committee (CPAC)</b> The meeting scheduled for 18 February 2021 had been postponed due to the pandemic.		
13.1.2	<b>Minutes of Clinical Professional Advisory Committee</b> CPAC meetings for both January and February had been postponed due to the pandemic.		
13.2	<b>Minutes of Safeguarding Committee (210222)</b> These were not available at the time of the meeting.		
14	<b>LIVING WITH COVID-19</b>		
14.1	<b>Living with Covid Steering Group</b> The Acting Chief Nurse outlined and updated that the responsibilities of this group had migrated into being managed by other committees: <ul style="list-style-type: none"> <li>• Joint Clinical/Operational meeting (bi-weekly)</li> <li>• CDC</li> <li>• Daily huddle</li> </ul> Following discussion at the Executive Directors weekly meeting, the Steering Group would probably be replaced by a group dedicated to realignment and reshaping of services.		
14.2	<b>Infection Prevention Control update</b> The Acting Chief Nurse reported that the Trust's nosocomial position remained unchanged; this was acknowledged as truly remarkable. He reported on a debate sparked by Staff Side on the use of FFP3 masks following the British Medical Association's recent concerns. Dr Preston had asked to meet with the Infection Control Team to discuss; the Acting Chief Nurse was confident that the position held at Royal Papworth was appropriate.		
15	<b>ISSUES FOR ESCALATION</b>		
15.1	<b>Audit Committee</b> There were no issues for escalation.		
15.2	<b>Board of Directors</b> There were no issues for escalation.		
16	<b>ANY OTHER BUSINESS</b>		

Agenda Item		Action by Whom	Date
	There was no further business and the meeting closed at 3.44 pm.		
	<b>Date &amp; Time of Next Meeting: Thursday 25 March 2021 2.00-4.00 pm</b>		



Signed

Friday 26 March 2021  
Date

**Royal Papworth Hospital NHS Foundation Trust**  
**Quality & Risk Committee**  
Meeting held on 25 February 2021