

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

**Held on 28th September 2023, at 2 pm
Via Microsoft Teams**

MINUTES

Present	Ahluwalia, Jag	(JA)	Non-Executive Director
	Halstead, Abigail	(AH)	Public Governor
	Jarvis, Anna	(AJ)	Trust Secretary
	Midlane, Eilish	(EM)	Chief Executive
	McCorquodale, Christopher	(CMc)	Staff Governor
	Meek, David	(DM)	Consultant Physician in Oncology, Chair of QRMG
	Monkhouse, Oonagh	(OM)	Director of Workforce and Organisational Development
	Palmer, Louise	(LP)	Assistant Director for Quality & Risk
	Raynes, Andrew	(AR)	Director of Digital & Chief Information Officer
	Screaton, Maura	(MS)	Chief Nurse
	Smith, Ian	(IS)	Medical Director
	Wilkinson, Ian (Chair)	(IW)	Non-Executive Director
In attendance	Stephens, Teresa	(TS)	Executive Assistant (Minutes)
Apologies	Blastland, Michael	(MB)	Non-Executive Director
	Fadero, Amanda	(AF)	Non-Executive Director
	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.

Agenda Item		Action by Whom	Date
1	APOLOGIES FOR ABSENCE		
	The Chair opened the meeting and apologies were noted as above. The Chair warmly welcomed Abigail Halstead, Governor, to her first meeting.		
2	DECLARATIONS OF INTEREST		
	There is a requirement that those attending Board Committees to raise any specific declarations if these arise during discussions. The following standing Declarations of Interest were noted:		

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	<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 writer and broadcaster. 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. • Eilish Midlane as: Chair of C&P Diagnostic Steering Group; Holds an unpaid Executive Reviewer Role with CQC; as Director of CUHP; Voting Member of ICB. • Jag Ahluwalia as: Employee of Eastern Academic Health Science Network as Chief Clinical Officer; 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 Screaton as a director of Cambridge Clinical Imaging and has shares in some biotech companies. 		
3	<p>COMMITTEE MEMBER PRIORITIES</p> <ul style="list-style-type: none"> • None. 		
4	<p>MINUTES OF THE PREVIOUS MEETING – 31st August 2023</p> <p>The minutes from the Quality and Risk Committee meeting dated 23rd August 2023 were agreed to be a true and accurate record of the meeting and signed.</p> <p>It was noted that one action had not been pulled through from the minutes to the action log. This has now been added as action 051, as below in agenda item 5.</p>		
5	<p>MATTERS ARISING AND ACTION CHECKLIST PART 1 – from 31st August 2023</p> <p>The Committee noted the pre-circulated document and discussed as follows:</p> <ul style="list-style-type: none"> • 051: IW had sought clarification regarding whether tamponade was found when the chest was reopened. LP to update. Further information and explanation had been available at the September Board meeting. Action to be closed. 		

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	<ul style="list-style-type: none"> 047: PIPR Safe M1. The initial question was whether the Committee could be assured regarding stock audits being undertaken in the pharmacy. LP reported that if incidences occur, they are reported which shows a good reporting culture and a quarterly audit is undertaken that includes looking at practice of CD register. This is reported to CPAC. The Committee noted that PIPR Safe gave an update on the controlled drug investigation. Action to be closed. 048: New Audit Manager will attend a future meeting to discuss. <p>All other actions are on the agenda, for discussion at a future meeting, or closed.</p>		
6.	QUALITY AND SAFETY		
6.1	<p>QRMG and SIERP Highlight and Exception Paper</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 that there were no escalations from the SIERP nor QRMG meetings held in month. The Committee noted the Medical Examiner Officer's report for Quarter 1. The Trust is the employee in trust of the Medical Examiner Office, who report to it regarding how they support the Trust and also how they are progressing the community part of their role. The Committee noted that there were no concerns and that the GP satisfaction survey of sixteen practices received a 68.75% response rate with 91% rating the Medical Examiner services as high. The Committee noted and sought clarity on the plan to start reviewing deaths at the local children's hospice. The Committee agreed on the importance for the Trust to have assurance on the governance and ensure that adequate data is provided. How much vicarious liability might we carry as a supporting Trust? The Trust needs to be asking about lack of concerns. It was noted that the governance team held a successful World Patient Safety Day on 19th September, with the team visiting the wards and encouraging awareness of patient safety. Significant on this day was the fact that patients and carers came up to the team and spoke in an open and transparent way with ideas and feedback. This feedback has been fed into improvement plans. The Committee noted that there were five moderate harm incidents and a clinical review closed in the month of August. The reports and learning for these investigation outcomes were presented and reviewed by QRMG. Two SI action plans were noted. The Trust is progressing with risk management. There are currently a total of 554 open risks, of which 89 are overdue compared with 110 overdue in the previous month. The Committee sought further clarity and assurance that all 502 incidents are under investigation and was advised that all moderate or severe harm potential categories are under investigation. The low and no harm incidents sit with divisions and work is ongoing to complete. The Committee noted the quality improvement programmes that are underway. The Head of Clinical Quality Improvement and Transformation will present a programme update at a future 		

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	<p>Committee meeting.</p> <ul style="list-style-type: none"> The Committee noted that the Patient Safety Incident Response Framework (PSIRF) documents that were discussed at the August Committee meeting had been signed off by the ICS and are on the Trust intranet. The Committee noted that the reporting culture around incidents is still strong despite the Industrial Action. The Trust noted and discussed in depth the two recent cases of MRSA identified, one each in May and June. The Committee sought clarity as to whether one patient received full decolonisation and prophylaxis. A scrutiny panel has been held. The Committee was advised that the patient had a community onset MRSA in terms of acquisition. The pre-admission test status was not available prior to surgery, but patient treated with decolonisation and prophylaxis in line with process to treat patients as potential but levels for positive result not administered. Learning and actions arising from scrutiny panel are already being implemented commencing with a review of the policy. It was noted that duty of candour was carried out. This is being investigated as a moderate harm. The Committee challenged that MRSA decolonisation was an ongoing issue and requested that the topic should be a specific item on the agenda for discussion in depth at the next meeting. The Committee noted and discussed the reported mortality statistics for RPH in quarter 1. The Committee sought further assurance that signals are not being missed from aggregation of deaths in one report. This particularly pertinent following the Lucy Letby investigation and conviction. Committee requested receipt of quarterly updates regarding mortality in all areas across the Trust. Executive to discuss process of formulating the updates and report back to the Committee. It was noted that DM and Sarah Powell are reviewing the Mortality Morbidity Procedure at present which includes governance. In addition, area specific mortality figures will be included in the Annual Report. The Committee noted and discussed concluded inquest INQ2122-44. The Committee sought clarity on whether the patient received anticoagulation at home. IS has already queried and requested details and the patient records. IS to provide further information to the Board. 	<p>MS</p> <p>MS/IS</p> <p>IS</p>	<p>10/23</p> <p>10/23</p> <p>10/23</p>
6.1.1	<p>Serious Incident Executive Review Panel (SIERP) minutes (230808, 230815, 230822, 230829)</p> <p>The Committee noted the pre-circulated documents.</p>		
6.1.2	<p>SSI Dashboard September 2023 (August data)</p> <p>The Committee noted the pre-circulated document and LP shared an updated document, with discussion as follows:</p> <ul style="list-style-type: none"> Overall inpatient/outpatient for Quarter 1 is 6.9%. This has improved slightly from last consolidated figure for Quarter 4 but not where the Trust should be. In months of July and August, SSI rates are still in collection but rate post CABG surgery is currently 8.5% and 2.8% respectively. This compares to 3.9% in May and 6.3% in June. July has seen one organ space, two deep and four superficial 		

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	<p>infections.</p> <ul style="list-style-type: none"> Scrutiny and governance are continuing under the new governance structure and a number of improvements have progressed. The recent SSI Stakeholder Group meeting requested that the Trust collate and report on specific actions from the NHSE report. The Stakeholder Group was particularly interested in actions relating to working with the new building and theatre environment as laid out, progress made and current areas of challenge. Report on progress and outstanding issues to be brought to future Committee meeting for review and discussion. The Committee noted that the Trust undertook a visit to Liverpool Heart and Chest Hospital on 5th September, meeting with the DIPC, the IPC Team and the SSI Team. The hospital is seeing a rise in infection rates, but this could be due to a recent change in surveillance scheme. Liverpool Heart and Chest Hospital is focusing on similar actions as RPH. Learning from the visit included pre-op diabetes management, which will be a focus at the next SSI Clinical Practice Group meeting. Further learning included post discharge surveillance that enables an earlier intervention of infections. The Trust is continuing to be inquisitive around theatre ventilation and a project is ongoing to look at the air quality in theatres at the time of a procedure. This will involve considerable investment by the Trust. The Committee noted the work underway regarding endoscopic vein harvesting (EVH). Currently 50/50 cases undergo EVH rather than open procedure. Early data indicates that this has not had an impact on the frequency of infections, but this could be due to fact that high risk cases were being chosen for EVH. Timeline and risk factors to be reviewed. Data will be scrutinised carefully to ensure meaningful observations are made. Is the Trust compliant with offering EVH to those who NICE recommend? If not following guidance, the Trust needs to be clear on its reasons for not doing so. The Committee acknowledged the advantages of EVH to patients post-surgery, including increased mobility, and noted the importance of technique. The Committee noted that non-conformances regarding cleanliness of surgical instruments is still rag rated as red. This is monitored through the Decontamination Sub-group and discussion with Nuffield. A deep dive is being undertaken into themes and a root cause analysis is underway. Recent cleaning and decontamination audits highlighted use of inappropriate I Am Clean stickers on equipment after use. Awareness has been raised and a separate audit has been put in place to challenge this practice. 	MS	10/23
6.1.3	<p>M.abscessus Dashboard September 2023 (August data)</p> <p>The pre-circulated document was noted, with discussion as follows:</p> <ul style="list-style-type: none"> The Committee noted the identification of new cases of M.abscessus. Relatedness testing has been requested and the Trust is still awaiting results. The Trust is continuing its work with water safety and supporting patients, ensuring communications and audits are up to date. 		

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	<ul style="list-style-type: none"> Further discussion to be held in Part 2 of the Committee meeting. 		
6.1.4	<p>Cover: Director of Infection Prevention and Control (DIPC) Report 2022/23 DIPC Report 2022/23 The Committee noted the pre-circulated document, with points to note as follows:</p> <ul style="list-style-type: none"> Work is continuing to minimise risk of M.abscessus. In 2022/23 there were two cases of acquired M.abscessus which were related to the RPH identified strain. This is a reduction from the previous year. It was noted that the IPC Team was significantly impacted by the SSI rates throughout 22/23. A review of the Hygiene Code highlighted areas of improvement to gain assurance particularly in the areas of decontamination and ventilation. Assurance subgroups have been established and report into ICPPC Committee. The Trust continues to take part in mandatory surveillance of MRSA, MSSA, E.coli, C.difficile infections via the national data capture system. Root cause analysis of all reportable infections is subject to scrutiny panel review. The Committee noted that the report template does not encourage looking back to see what the Trust set out to achieve, nor finishes with ambitions for year to come. MS will discuss with IPC team for future reports. The Committee recommends the Annual Report to Board for approval, subject to minor administrative amendments being made. 		
6.2	PERFORMANCE		
6.2.1 6.2.1.1	<p>Performance Reporting PIPR Safe – M5 MS led the Committee through the report highlights, with points to note as follows:</p> <ul style="list-style-type: none"> The Committee noted the continuing challenge with safe staffing fill rates. Nursing roster fill rates for August decreased for registered nurses on the day and night shifts in July to 77% and 79% respectively. There continues to be higher sickness and staff vacancies reported in August across all divisions, but particularly in Critical Care, and a lower update of overtime by bank and agency staff for unfilled shifts. Mitigations discussed by the Committee, including the impact on ward supervisory sister/charge nurse time. Safe staffing fill rates were discussed at both Performance Committee and Workforce Committee. The Committee noted that VTE risk assessment compliance has reduced to 86% in August from 88% in July. Areas where reduction has taken place are aware and actions will be taken forward by VTE leads. The Committee noted the Controlled Drug Medication Incidents section that provided an assurance closure report and information on actions taken to improve safety and compliance to ensure controlled drug safety. The Committee noted the spotlight on patient safety incidents. 		
6.2.1.2	PIPR Caring – M5		

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	<p>The Committee noted the pre-circulated document, with points to note as follows:</p> <ul style="list-style-type: none"> • The Committee was reassured that positive patient experience continues to be high, despite staff sickness and vacancy issues. • The Committee noted that five formal complaints were closed in August. One complaint was responded to fifteen days outside of the agreed timeframe due to a delay in completion of the investigation, resulting in a response rate of 80%. • Seventeen informal complaints were closed through local resolution and verbal feedback. • Complaint themes and trends continue to be monitored. • Five new formal complaints were received in August, which is within the Trust's expected variation of complaints received. • The number of formally logged compliments received during July was 1943. • The Committee noted the spotlight on the NHS National Adult Inpatient Survey 2022 which has now been published by the CQC. The Trust was one of eight that was classed as much better than expected. 		
7	RISK		
7 7.1 7.1.1	<p>Board Assurance Framework Report Cover Paper – Board Assurance Framework (BAF) Board Assurance Framework</p> <p>The Committee noted the pre-circulated documents, with points to note as follows:</p> <ul style="list-style-type: none"> • There have been no changes in terms of risk ratings and all matters have been covered on the Committee meeting agenda in terms of actions in place. • The Committee requested that the BAF captures assurance visits by NHSE etc, plus the DIPC and IPC team visit to Liverpool Heart and Chest Hospital as proper forms of assurance. 	AJ	10/23
8.	GOVERNANCE AND COMPLIANCE		
8.1 8.1.1	<p>Cover: Document Control Compliance Document Control Spreadsheet – Out of Date Documents</p> <ul style="list-style-type: none"> • The Committee noted the pre-circulated documents and commended the improving position and the work undertaken by all departments. • The Committee asked whether there was any new technology that the Trust could deploy to assist. Software within the intranet sends reminders to owners of documents before the review date. • AR advised that the Trust was working on standards and ethics to ensure safe incorporation of IA in the hospital. 		
8.2	<p>Internal Audits: There were none to report.</p>		
8.3	<p>External Audits/Assessment: There were none to report.</p>		
9	POLICIES		
	The Committee has sought and gained assurance that policies presented for ratification at the Committee are reviewed and approved at appropriate		

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	level meetings before being presented to Quality & Risk. The Committee also noted that there had been occasions when policies had not been ratified at the Committee that had requested further work and at Committee's before it at, for example, CPAC and QRMG.		
9.1	DN794 Trustwide Prisoner Policy v3 August 2023 (approved at Estates and Facilities Directorate Leads meeting) <ul style="list-style-type: none"> The Committee ratified the pre-circulated document. 		
9.2	ToR027 Safeguarding Committee v2 August 2023 (given Safeguarding Committee Chair's approval 11.09.23) <ul style="list-style-type: none"> The Committee ratified the pre-circulated document. 		
9.3	DNxxx EPRR Policy (EPRR Chair's approval given September 2023) <ul style="list-style-type: none"> The Committee ratified the pre-circulated document. 		
10	RESEARCH AND DEVELOPMENT		
10.1	Minutes of Research & Development Directorate Meeting (230609) <ul style="list-style-type: none"> The Committee noted the pre-circulated document. 		
11	OTHER REPORTING COMMITTEES		
11.1	Escalation from Clinical Professional Advisory Committee (CPAC) <ul style="list-style-type: none"> No escalations noted from the August CPAC meeting. The Committee noted that CPAC had discussed Professional Nursing Advocates (PNAs), a national initiative by the Chief Nurse of England to provide restorative supervision. There is a requirement for organisations to have a ratio of 1 PNA : 22 Registered Nurses. No national funding is available so CPAC has discussed how the Trust can prioritise the time required in clinical environments. 		
11.1.1	Minutes from Clinical Professional Advisory Committee (230824) <ul style="list-style-type: none"> The Committee noted the pre-circulated document. 		
11.2	Minutes from the End of Life Steering Group (230718) <ul style="list-style-type: none"> The Committee noted the pre-circulated document. 		
12	ISSUES FOR ESCALATION		
12.1	Audit Committee <ul style="list-style-type: none"> There were no issues for escalation from Part 1. 		
12.2	Board of Directors <ul style="list-style-type: none"> There were no issues for escalation from Part 1. Committee recommends the Director of Infection Prevention and Control Annual Report 2022/23 for approval to the Board. 		
12.3	Emerging Risks <ul style="list-style-type: none"> There were no emerging risks. 		
13	ANY OTHER BUSINESS <ul style="list-style-type: none"> EM reflected that the Committee had not discussed the impact of the recent industrial action. Overlap of strike action by Junior Doctors and Consultants had raised the risk profile. Does the Committee need 		

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	reassurance? <ul style="list-style-type: none"> The Committee noted that Workforce Committee is discussing the impact of the industrial action on staff engagement, morale and emerging frictions between different staff groups. The Committee agreed that whole discussions regarding industrial action were held at Board as it encompassed all Committees. It was noted that incidents relating to patient safety and harm that are generated due to industrial action are discussed at Command and Control and EPR meetings. The Committee discussed the impact of industrial action on patients that have had activity postponed and/or are on the waiting list. 		
	Date & Time of Next Meeting: Thursday 26th October 2023 2.00-4.00 pm, via Microsoft Teams		

Meeting closed at 15:20

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Signed

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Date

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