

**Meeting of the Quality & Risk Committee (Part 1)  
(Sub Committee of the Board of Directors)  
Quarter 4, Month 3**

**Held on 25<sup>th</sup> March 2021 at 2 pm  
Via Microsoft Teams**

**MINUTES**

<b>Present</b>	Ahluwalia, Jag	(JA)	Non-executive Director
	Blastland, Michael (Chair)	(MB)	Non-executive Director (Chair)
	Buckley, Carole	(CB)	Assistant Director of Quality & Risk
	Conquest, Cynthia	(CC)	Non-executive Director
	Fadero, Amanda	(AF)	Non-executive Director
	Gorman, Eamonn	(EG)	Deputy Director of Digital and Chief Nursing Information Officer
	Graham, Ivan	(IG)	Acting Chief Nurse
	Hall, Roger	(RH)	Medical Director
	Hodder, Richard	(RHo)	Lead Governor
	Jarvis, Anna	(AJ)	Trust Secretary
	Monkhouse, Oonagh (left at 15:30)	(OM)	Director of Workforce and Organisational Development
	Posey, Stephen (approximately 14:50)	(SP)	Chief Executive
	Wilkinson, Ian	(IW)	Non-executive Director
<b>In attendance</b>	George, Susan (left at 15:56)	(SG)	Advanced Nurse Practitioner. Guest (shadowing IG)
	Hamilton, Danielle	(DH)	Executive Assistant (Minute taker)
<b>Apologies</b>	Makings, Ellen	(EM)	RPH Medical Examiner, NHS England & NHS Improvement
	McCorQuodale, Chris	(CM)	Deputy Chief Pharmacist & Staff Governor
	Raynes, Andy	(AR)	Director of Digital & Chief Information Officer
	Rudman, Josie	(JR)	DIPC
	Seaman, Chris	(CS)	Quality Compliance Officer
	Webb, Stephen	(SW)	Deputy Medical Director and Clinical Lead for Clinical Governance

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>		

Agenda Item		Action by Whom	Date
	The Chair opened the meeting and the apologies were noted.		
<b>2</b>	<b>DECLARATIONS OF INTEREST</b>		
	<p>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:</p> <ul style="list-style-type: none"> <li>• 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 and as an advisor to Bristol University's Centre for Research Quality and Improvement.</li> <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> <li>•</li> </ul>		
<b>3</b>	<p><b>COMMITTEE MEMBER PRIORITIES</b></p> <p>MB introduced a general discussion in regards to news of a change in the nurse staffing ratios in Surgery, going from 4:1 during days to 5:1, as this is a model used successfully on nights and experience during the recent COVID-19 surge has led to some reflection of lessons learned on skill mix and staffing levels. The Chair confirmed that this news was warmly received by CDC and shows an unusual benefit from COVID in more adaptive mind sets and approaches.</p> <p>The Acting Chief Nurse provided an update from the Leadership Team, discussing staff still balancing between surge and activity within Critical Care.</p> <p>Upon AF querying what decisions had enabled this decision to be taken,</p>		

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	<p>The Acting Chief Nurse discussed:</p> <ul style="list-style-type: none"> <li>• Repatriating 8-10 nurses a week from Critical Care back to home wards</li> <li>• Teams revisiting how to recover activity</li> <li>• Design of the quadrants within the wards and the staff ratio of each of these</li> <li>• Discussions of how to use alternative roles including the new role of the Nursing Associate and how to utilise this role within the workplace to make best use of the different skills sets</li> </ul> <p>The Acting Chief Nurse confirmed that expanding the Grow Your Own programme is also being factored into the discussion. It was agreed that AF will schedule a visit to the hospital once restrictions have eased to witness the layout of the clinical areas.</p> <p>JA queried in the absence of a situation like the pandemic, how the Trust continues with their mind set of being more adaptive. The Acting Chief Nurse shared thoughts around elements of leadership and empowering teams to look at things differently, having staffing on PIPR monthly, 6 monthly reviews on the staffing and skills mix to ensure it is kept fresh and the NEDS continuing to provide healthy challenge to members of the Committee. He also shared that the Trust are consistently benchmarking themselves with other Trusts and Organisations but that this is not always easy as the patients within RPH ward areas can be more acute than others because of the specialist role of the hospital.</p> <p>Following this, there was a group reflection in regards to innovation moving forward. This covered:</p> <ul style="list-style-type: none"> <li>• Service redesign – dedicated institutionalised capacity</li> <li>• The Trust learning to be more adaptable</li> <li>• A cultural change programme rather than a service improvement programme – this not necessarily resulting in innovation and confirmation that OM will be bringing a discussion around the Trust values to the May Q&amp;R meeting</li> <li>• A discussion around the Trust not having time to settle into the building and challenging and scrutinizing ourselves whilst still adjusting</li> <li>• The need to start focusing on restoration and using the teachings from COVID and the energy from the teams to restore</li> <li>• Ensuring that culture is channelled and that staff know where to take their ideas and are able to access support</li> </ul>		
4	<b>MINUTES OF THE PREVIOUS MEETING – 25<sup>th</sup> February 2021</b>		
	<p>The Acting Chief Nurse shared a query regards the wording within Item 6.1.1 of the previous meetings minutes. Confirmation given from JA about the context of the discussion held at the last meeting and there was agreement for wording to be changed for this sentence – DH to amend and resend to the Chair for approval.</p>	DH	April 2021
5	<p><b>MATTERS ARISING AND ACTION CHECKLIST PART 1 (200125)</b> These were reviewed and updated.</p>		
6.1	<b>QUALITY</b>		

Agenda Item		Action by Whom	Date
<p><b>6.1</b></p> <p><b>6.1.1.1</b></p> <p><b>6.1.1.2</b></p> <p><b>6.1.1.3</b></p> <p><b>6.1.1.4</b></p>	<p><b>Quality &amp; Risk Management Group (QRMG) Exception Report</b></p> <p>This was received by the Committee.</p> <p>Discussion held regards SUI-WEB36894 (also at item 6.1.1.2) and lessons learned. There followed a discussion regards contributory factors and root cause (as included in the QRMG Exception Quality Report). JA discussed Eastern Academic Health Science Network who are working on a programme currently: transfer of care around changes in medications when leaving hospital and the community pharmacist where they receive their medication. Suggestion made that it may be worth the Pharmacy looking into this.</p> <p>This was received by the Committee.</p> <p>These were received by the Committee.</p> <p>This was received by the Committee.</p>		
<p><b>6.1.2</b></p>	<p><b>Fundamentals of Care Board (FOCB) Exception Report</b></p> <p>This was received by the Committee.</p>		
<p><b>6.1.3</b></p>	<p><b>Minutes of FOCB (210310)</b></p> <p>These were received by the Committee.</p>		
<p><b>6.1.4</b></p>	<p><b>Executive Led Environment Round Report</b></p> <p>This was received by the Committee.</p>		
<p><b>6.1.5</b></p>	<p><b>Development and Monitoring of the Quality Accounts</b></p> <p>Acknowledgement provided that quality accounts for 20/21 have not been concluded and have progressed slowly due to COVID. Committee discussion around where the values originate from and how they are decided. This included the following:</p> <ul style="list-style-type: none"> <li>• Confirmation given to the Committee that 3 of the priorities for improvement are provided by Board</li> <li>• Normal process is currently delayed and the Trust is yet to receive the Quality Account detailed letter with revised timetable. Still awaiting guidance for next year.</li> <li>• Reassurance that priorities that are chosen have to be taken to PPI Committee and Council of Governors.</li> <li>• Production of the report discussion – would want it to be issued by mid-April</li> <li>• SP discussed national planning guidance for 21/22 – the process will be due to change and there will be a broader remit for what to do for our patients and Trust</li> <li>• Agreement that Committee need to feel confident in the process that is followed to choose them and that it is robust</li> <li>• Discussion around linking them to national strategies and that the Trust has more discretion than others</li> </ul> <p>Suggestion from the Acting Chief Nurse that a timeline via a process map to PPI and Council of Governors would be helpful – the Trust Secretary to create and disseminate.</p> <p>AF raised query around staff being aware of the Quality Accounts and if they would recognise them as our quality improvement priorities. The Acting Chief Nurse reflected on how the Trust has a helpful “Our vision, values and objectives” poster that is used by staff during the appraisal</p>	<p>AJ</p>	<p>April 2021</p>

Agenda Item		Action by Whom	Date
	<p>process and that perhaps when the new Quality Account Priorities are agreed, they could be added to this document. The Chief Executive in agreement and welcomed another avenue of joining matters up. This could be an option.</p> <p>Request from the Chair to invite Mike Bates to next Q&amp;R meeting to discuss Quality Improvement.</p> <p>The Assistant Director of Quality &amp; Risk shared that a summary of achievement against objectives has been completed for her successor and will be brought to the Q&amp;R meeting next month by Sarah Powell, who will be covering the leadership of the team in the interim.</p>	DH	April 2021
6.1.6	<p><b>Thematic review of incidents relating to a deteriorating patient</b>  The Assistant Director of Quality &amp; Risk presented this review. Confirmation given that the incidents were not all in one particular area. Themes for each included communication, documentation, clear plans of care, escalations, appreciation of different types of deterioration and action plans.  The workload within Cardiology was raised and individual patient factors were taken into account.  The review concluded that when dealing with sick patients, there's always a risk in managing them and it is about the team's ability to notice changes.  Committee discussion held in regards to a 'helicopter overview'- who is allocated to putting the pieces together and recognising at the earliest opportunity that there needs to be an escalated level of care? Agreement of having more senior reviews regularly, with good communication between teams who work collaboratively and everyone being kept in the picture.  JA expressed that it is easy to be disproportionately critical after the event, but queried how we make findings and learnings that are likely to be adopted as second nature and ensuring that valuable information is not missed within handovers – staff to think about asking 'what is really worrying about this patient'.  The Assistant Director of Quality &amp; Risk confirmed recognising that continuity of care is important and there was recognition of the value that the ward based Advanced Nurse Practitioner team brings. Suggestion of senior medical team also standing at board rounds and focusing the conversation around who they are worried about and where the concerns are.  Discussion held in regards to auditing recommendations of SI's to ensure practice is being embedded and sustained. The aim would be to do the audit within the same year of the recommendations being made.  The Chair suggested including a review of the SI recommendations within audit programmes and that a space for previous learning from previous SI's relevant to that case should be made – CB in agreement that this should be part of investigations and included in spot check audits asking if it is appropriate. The Assistant Director of Quality &amp; Risk to liaise back to Sarah Powell for action.</p>	CB	April 2021
6.2	<b>PERFORMANCE</b>		
6.2.1	<p><b>Performance Reporting/Quality Dashboard</b>  This was received by the Committee.</p>		

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	<p>The Acting Chief Nurse noted for Safe – infection control KPIs – numbers are starting to come down. Team are pleased with the current process. Impressive position currently in regards to C-difficile.</p> <p>Staffing discussed as currently red for fill rate, which the Acting Chief Nurse explained is reflective of staff being re-distributed in support of the COVID surge. Care Hours Per Patient Day which is more accurate marker of staffing and skill mix against patient numbers, remained in green.</p> <p>The Director of Workforce and Organisational Development noted the current vacancy rates and turnover as 0 at present. Mandatory training and IPR are also in a good position and recoverable.</p> <p>The Chair asked if staff on the wards feel that staffing is currently in a green position – the Director of Workforce and Organisational Development shared that there are some areas over and/or comfortable but some still with vacancies in particular, Surgery (the position of 0 reflects that some areas are over recruited, some are under). The Director of Workforce and Organisational Development however did discuss an improvement within the staff surveys over the past couple of years but the NHS average still being low in regards to this topic.</p>		
<b>6.2.2</b>	<p><b>Monthly Ward Scorecards: M11</b> These were received by the Committee.</p>		
<b>6.3</b>	<b>SAFETY</b>		
<b>6.3.1</b>	<p><b>Serious Incident Executive Review Panel (SIERP) minutes (210216, 210223, 210302, 210309, 210316)</b> The SIERP minutes as outlined above were received.</p>		
<b>6.3.2</b>	<p><b>Patient Safety Data</b> This was received by the Committee.</p>		
<b>7</b>	<b>RISK</b>		
<b>7.1</b>	<b>Board Assurance Framework Report</b>		
	<p>The Committee noted the contents of this report. Lots of recent changes and movement. Closure of the Education risk – agreed that this will be managed as business as usual. No other changes of note.</p>		
<b>7.1.2</b>	<p><b>Annual Risk Management Internal Audit – Update</b> Report received by the Committee. The Chair noted that things look like they are improving.</p>		
<b>8</b>	<b>WORKFORCE</b>		
<b>8.1</b>	<p><b>Key workforce issues</b> Timeline data and trends information to be brought to the next Committee meeting. Values and Behaviour Framework – developing well and evolving as more staff are getting involved. To be brought to May Q&amp;R meeting.</p>		
<b>9</b>	<b>GOVERNANCE</b>		
<b>9.1</b>	<p><b>Quality &amp; Risk Terms of Reference</b> This was received by the Committee. JA raised internal mock inspections and that the approach provides</p>		

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	strong assurance for the Committee and a need for them to be included. Peer reviews of buddy hospitals outside of lockdown discussed. The Trust Secretary to add both to assurance list.	AJ	April 2021
<b>10</b>	<b>ASSURANCE</b>		
<b>10.1</b>	<b>Directorate Presentation</b> Agreement for this to go ahead every quarter for approximately 15 minutes. To be linked to quarterly data sets. DH to liaise with Heads of Nursing on behalf of the Clinical Division leadership teams, to link in with reports to Board and QRMG.	DH	May 2021
<b>10.2</b>	<b>Internal Audits:</b> None received.		
<b>10.3</b>	<b>External Audits/Assessment:</b> None received.		
<b>11</b>	<b>POLICIES</b>		
<b>11.1</b>	<b>DN620 – Nil by Mouth procedure &amp; cover paper CP024</b> Chair's approval had been given on 18 <sup>th</sup> March 2021 and was presented to Committee for information.		
<b>12</b>	<b>RESEARCH AND EDUCATION</b>		
<b>12.1</b>	<b>Research</b>		
<b>12.1.1</b>	<b>Minutes of Research &amp; Development Directorate meeting (210212)</b> These were received by the Committee. The Chair raised a query of whether the charitable money is available for research and that it could be used to think about system/operational innovation. Agreement within the Committee that it would have to be internally focused or in line externally with the Papworth brand. Recommendation for the Chair to liaise with Ian Smith to explore this option more.	Chair	April 2021
<b>12.2</b>	<b>Education</b>		
<b>12.2.1</b>	<b>Education Steering Group minutes (210212)</b> These were received by the Committee.		
<b>13</b>	<b>OTHER REPORTING COMMITTEES</b>		
<b>13.1</b>	<b>Minutes of Clinical Professional Advisory Committee (210318)</b> These were received by the Committee.		
<b>13.2</b>	<b>Minutes of Safeguarding Committee (201002)</b> These were received by the Committee. The Acting Chief Nurse confirmed that a more recent Committee had been held (22.02.2021) but minutes are not yet available.		
<b>14</b>	<b>LIVING WITH COVID-19</b>		
<b>14.1</b>	<b>Living with Covid Steering Group</b> The Committee discussed multifactorial ground being held via CDCs and huddles throughout the week. Confirmation from the Chair that this item can now be removed from the agendas going forward and that any updates can be included in item 3.		

Agenda Item		Action by Whom	Date
	The Acting Chief Nurse requested that Infection Control is added to Item 13 going forward.	DH	April 2021
<b>14.2</b>	<b>Infection Prevention Control update</b> The Acting Chief Nurse gave a general update on the current position for COVID. There were no issues for escalation to the Committee. The Acting Chief Nurse advised that there had been a recent Infection Control Committee meeting 24.03.2021 (minutes of which will be shared with this Committee for information).		
<b>15</b>	<b>ISSUES FOR ESCALATION</b>		
<b>15.1</b>	<b>Audit Committee</b> There were no issues for escalation.		
<b>15.2</b>	<b>Board of Directors</b> There were no issues for escalation.		
<b>16</b>	<b>ANY OTHER BUSINESS</b> Goodbyes and a thank you from all of the Committee extended to the Assistant Director of Quality & Risk, as she is due to retire at the end of this month. The Acting Chief Nurse shared that The Assistant Director of Quality & Risk had been presented with a Chief Nursing Officer Silver Award this week from the Chief Nursing Officer for England – congratulations extended.  The meeting closed at 16:04.		
	<b>Date &amp; Time of Next Meeting:</b> <b>Thursday 29<sup>th</sup> April 2021 2.00-4.00 pm</b>		



Signed

Thursday 29<sup>th</sup> April 2021  
Date

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