

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

Held on 22nd December 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
	McCorquodale, Christopher	(CMc)	Staff Governor
	Midlane, Eilish	(EM)	Chief Executive
	Monkhouse, Oonagh	(OM)	Director of Workforce and Organisational Development
	Palmer, Louise	(LP)	Assistant Director for Quality & Risk
	Raynes, Andy	(AR)	Director of Digital & Chief Information Officer
	Screaton, Maura	(MS)	Chief Nurse
	Smith, Ian	(IS)	Medical Director
	Wilkinson, Ian	(IW)	Non-Executive Director
In attendance			
Apologies	Jarvis, Anna	(AJ)	Trust Secretary
	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.		
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: <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 		

Agenda Item		Action by Whom	Date
	<p>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. • 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; 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 Screaton as a director of Cambridge Clinical Imaging and has shares in some biotech companies. • Richard Hodder as Deputy Chair, Clinical Policies Forum, NHS Cambridgeshire and Peterborough ICB. 		
3	<p>COMMITTEE MEMBER PRIORITIES There were no priorities that the Committee wished to discuss other than those already on the agenda.</p>		
4	<p>MINUTES OF THE PREVIOUS MEETING – 24th November 2022 The minutes from the Quality and Risk Committee meeting dated 24th November 2022 were agreed to be a true and accurate record of the meeting and signed.</p>		
5	<p>MATTERS ARISING AND ACTION CHECKLIST PART 1 - from 24th November 2022 The Committee noted the pre-circulated document, which was updated, with key points to note as follows:</p> <ul style="list-style-type: none"> • Action 025: To be deferred to January 2023. • Action 028: Following the October Committee meeting, EM discussed the issues raised with the Operations Manager who has made contact with Access Able. No date available as yet for review to take place but in hand. To be closed on the action log. 		

Agenda Item		Action by Whom	Date
	All other actions are on the agenda, for discussion at a future meeting, or closed.		
6.	WORKFORCE		
6.1	<p>PIPR People, Management and Culture M8</p> <p>The Committee noted the pre-circulated document, with points to note and discussion as follows:</p> <ul style="list-style-type: none"> • Turnover decreased to 11.35% in November, but the year-to-date rate of turnover is 17.6% which is over the Trust KPI of 14%. 21 leavers in month, with most common recorded reason for leaving as work/life balance. Admin and Clerical saw the biggest number of leavers in November. • Absence due to Covid-19 reduced in November, but this is expected to increase in December/January due to increased prevalence in the community and region. • IPR rates have not improved with areas still experiencing difficulties in releasing staff for appraisals in sufficient numbers to recover the backlog of overdue appraisals. • Compliance with roster approval fell back in November to 23.5%. • The Committee noted the Spotlight On Mandatory Training Compliance. The AfC pay progression rules require that staff are fully compliant with mandatory training in order to progress through the pay scales. Although this rule has not been applied recently as a result of the suspension of training due to the pandemic and ongoing staffing pressures, the intention is to resume this from 1st April 2023. • The meeting noted that compliance is particularly low for medical staff. • Training is delivered through a mix of e-learning and face to face, with the majority being via e-learning. • The Committee noted that safeguarding level 3 training is below target levels. Long term sickness of the Safeguarding Lead since July has impacted the focus on improving this training compliance. The Committee noted that an Interim Safeguarding Lead started at the Trust in November. • MS advised that the Trust is changing its approach to the Safeguarding Level 3 training to make it more accessible and easier. Work has also been undertaken recently to look at the current denominator for this training as not everyone needs it, and it should be for leadership (B7/B8) level. • The Committee noted that the fire trainer left earlier in the year and the Trust has been unsuccessful in recruiting to this role. An interim appointment has been made and will commence in the New Year and will be responsible for providing fire safety training on a face to face basis. • The Committee discussed mandatory training in induction and noted the issues for junior medical staff, and the difficulties of getting confirmation of their previous training records. The induction programme is being reviewed to ensure that essential training can be provided. • The Committee discussed the value of some training and noted that some of the e-learning modules had a competency test at the end of 		

Agenda Item		Action by Whom	Date
	<p>the modules. Can we be assured that the same level of value is received in face-to-face training?</p> <ul style="list-style-type: none"> • The Committee discussed the difficulties for new starters receiving a lot of training in induction when first starting and whether increasing induction time would be effective. The Committee noted that new starters receive additional material online. • The Committee asked for assurance regarding the fire training compliance and noted that the mandatory training is a national package. There is also a local system for managing fires and is attended by, for example, bronze on call, matrons, etc. This training has taken place and there has been work on that over the past year. • EM advised the Committee that the Trust had had a couple of incidents in the past year where there has been need of an evacuation in some areas of the hospital – although the incidents were false alarms, both were carried out effectively and learning from those is being shared. • The Committee noted that each division looks at mandatory training at divisional performance meetings on a month-by-month basis and identifies if extra support is required – both for mandatory training and also training essential for the roles. • The Committee agreed on the importance for the Trust to have a focus on the mandatory training that is currently in the ‘red’ and understand why. • The Committee discussed the possible link between low compliance of mandatory training to increased risk, in particular where training is described as a mitigation to a risk. The Committee highlighted transfusion incidents as an example. Should the Trust be looking at triangulating the risk register, training compliance and appraisals? OM agreed to review this for the new Workforce Committee commencing in January 2023, and to give an update on moving and handling training. 		
7.1	QUALITY AND SAFETY		
7.1.1	<p>Health Inequalities IS led the Committee through the pre-circulated document, with points to note as follows:</p> <ul style="list-style-type: none"> • The Trust receives referrals to its RSSC Sleep Lab from all over the region and has been aware for some time the challenges this poses for patients to attend the hospital. Therefore, models have been considered to try to distribute the service around the region to improve accessibility. • When the team started to look at how successful that project had been, they found that it had not been as successful as hoped. One of the reasons for this was the distance that people were asked to travel did not seem to impact on their willingness to make the journey. Additionally, there may be a set limit on those patients that accepted the referral. The Trust also looked at where the patients were being asked to go and found that they were not being sent to their local centre because it was too complex for the limited resource in booking to manage location as well as scheduling patients in order of when they needed to be seen, complexities of the clinics, etc. This meant that some patients were being asked to travel further than if they had been asked to come to Papworth. 		

Agenda Item		Action by Whom	Date
	<ul style="list-style-type: none"> • Behind that, the Trust looked at data where some patients would not travel even a short distance and looked at the indicators behind that. The Trust found that there were more rates of people not attending (DNA) from areas of social deprivation. Additionally, whilst looking at patients with obstructive sleep apnoea in these areas, the Trust found increased links with obesity, hypertension, diabetes, smoking and alcohol. • The research undertaken found that there was a clear barrier to referral. This might be because the patients do not go to their GP, or that the GP does not refer. The research found that there were a lot more nurses seeing patients than doctors, which could lead to them feeling inhibited referring to a regional centre. This is the second project that the research team are reviewing. • When the Trust researched why some patients from deprived areas do not attend, reasons discovered were that some were on a zero hours contract and could not afford to lose a day's pay, and/or could not afford childcare and/or had no available transport. • Partly because of the pandemic, the Trust moved towards the concept of more virtual appointments and undertook some diagnostics by post to negate the journey for patients and reduce time away from work or children. About one-fifth of appointments were undertaken with the virtual model and DNAs dropped, with a fall in DNAs in the highest areas of deprivation falling by 52%. • A dashboard has been built to look at data on social deprivation scores and the Trust is now looking at various clinics and similar solutions to see how they can improve accessibility. • The Trust is doing well in not disadvantaging people on waiting lists, certainly for cardiac investigations for cardiac surgery as they are ranked as a clinical priority. The Committee noted that Pippa Hales is leading on a project regarding tobacco cessation, and the Trust will look more broadly at obesity management and hypertension. It is anticipated that the Trust could build up a rolling programme of interventions that will hopefully be effective. • The Committee thanked IS for his report and the research undertaken. • The Committee discussed the impact of whether patients would continue to engage with virtual appointments long term. • Do we know enough about the background and ethnicity of some of the communities that are not coming forward? • The Committee discussed the importance of community primary care. • IS advised that the next step of the project is to look at long term engagement which will include looking at whether patients engage with the treatment, and whether they get the same benefits. The Trust does have some robust and simple measures to see whether the treatment works. Also, the Trust is looking at how it can see more people from at risk areas. An ANP is doing a Higher Degree and part of her project portfolio is to go out to GP surgeries – in areas of low and high deprivation, to interview the staff to see what their level of knowledge and engagement is and the problems that they identify with referral. • The Committee discussed how the Trust could work with the ICB on inequalities and was advised that the ICB Health Inequalities Group 		

Agenda Item		Action by Whom	Date
	<p>had prepared a comprehensive report, part of which shows that funding of GP surgeries in areas of deprivation is lower, possibly related to the way that the tariff is calculated. One of the undertakings from that report is to change this so that the funding model follows deprivation.</p> <ul style="list-style-type: none"> • AF declared a conflict of interest in this topic as she is undertaking a related project. She advised that there are areas in the county where they are levelling up to address the issues of deprivation and looking at not only the allocations but the data quality, for example. The ICB could look at work already being undertaken in other areas. • The Committee asked whether the Trust has enough resource to continue the study and was advised that the dashboard self populates. • The Committee asked for an update on the project in eighteen months. 		
7.1.2	<p>QRMG and SIERP Highlight and Exception Paper</p> <p>The Committee noted the pre-circulated document, with discussion as follows:</p> <ul style="list-style-type: none"> • The Committee noted that the QRMG meeting held in December was cancelled in its normal format due to current pressures and industrial action that was due to occur on 15th December. The Governance Team, however, led a review of the documents provided and the patient safety data and a virtual email to sign off documents is underway. • No escalation from the recent SIERP meetings held since last reported and from the Governance led QRMG held in December. • The Committee noted that risk management continues and that there were fifteen new safety alerts/field notices in November. • Open risks as of 6th December were 476. There was a slight improvement in November of overdue risks being reviewed and work on current work plan to review all risks is underway, alongside the change over to the live risk register. • The Committee noted the incidents requiring investigation for the month of November. Two new moderate harm incidents were reported: WEB45434, unwitnessed fall; and WEB45449, cardiology patient became unresponsive having taken Midazolam prior to Cath Lab procedure. Investigations are underway for both incidents. • Three formal complaints were received in November and are being investigated. Eight informal complaints were opened in November, four of which were closed through local resolution. • The Committee was pleased to see that the number of volunteers returning is increasing. • The Committee noted the ongoing themes for informal and formal complaints registered and asked whether work was being undertaken to address these. It was advised that work will be undertaken to triangulate. • The Committee noted the issues regarding the decontamination service support by Nuffield. Action plan in place. • The Committee noted the two inquests regarding M.abscessus that were held in November and noted that the Coroner had concluded that the patients died in part because of the acquisition of M.abscessus or its treatment with antibiotics. It was noted that the 		

Agenda Item		Action by Whom	Date
	Coroner did not make any safety recommendations to the Trust in response to clinical care provided.		
7.1.2.1	IPC BAF v1.11 Final Version The Committee noted the pre-circulated document.		
7.1.3	Serious Incident Executive Review Panel (SIERP) minutes (221108, 221115, 221122, 221129) The Committee noted the pre-circulated documents.		
7.1.4 7.1.4.1 7.1.4.2	Surgical Site Infection (SSI) Update Appendix 1: Quality Patient and Environment Dashboard 22-23 Appendix 2: SSI Action Plan and Agreed Priorities The Committee noted the pre-circulated documents, with points to note as follows: <ul style="list-style-type: none"> • The Committee noted that whilst the benchmarking data shows a reduction to 4.8%, there has been an increase in the overall SSI rate to 11.8%. These are more related to superficial infections. • The Committee noted that decontamination was a priority for the Trust. At present, the Trust outsources decontamination of surgical instruments to Nuffield Health, an arrangement that has been in place for some time. A number of conversations with Nuffield have taken place regarding the contract management and assurance around its service to the Trust. The Trust has also looked at whether Nuffield has breached regulations in relation to the contract due to the non-conformances. The Trust now has a process set up where it has all the data in the dashboard and actions and Nuffield Health do have a responsibility to report back on how they are managing and improving their service. • Gaps identified include that the Trust does not employ a decontamination expert. • The Committee asked whether the Trust has gained assurance from its discussions with Nuffield Health and was advised that the Trust was trying to build its relationship with them at the right level and give support where improvements have been identified. • MS gave assurance that the dashboard and action plan were being closely monitored with weekly and monthly meetings. • Additionally, the Committee was advised that the Trust is looking to go to tender for other decontamination providers. • The Committee noted the ANTT refresher training compliance and the ongoing work regarding cleaning equipment used in Critical Care, including the ultrasound machine. • The Chair asked whether the Trust could offer assurance to patients regarding safety in relation to SSIs. MS advised that the Trust was working through the open actions on the action plan and monitoring closed actions to ensure sustained improvement. • The Committee asked whether the Trust has had involvement from its peers and was advised that Simon Kendall visited the Trust earlier in the Autumn and that the Trust has done a lot of benchmarking with Barts. Also, benchmarking has been undertaken with the Trust's peers on grading. • The Committee discussed the optics of standing down the Oversight Group and acknowledged that the workstreams from that 		

Agenda Item		Action by Whom	Date
	<p>meeting were monitored through other reporting groups, including the SSI Stakeholder Group and ICPPC.</p> <ul style="list-style-type: none"> The Committee acknowledged its anxiety at the SSI figures, but agreed that the action plan was comprehensive and that the Trust should persevere with the action plan and monitor its impact. 		
<p>7.1.5 7.1.5.1</p>	<p>Cover: End of Life Performance Report End of Life Performance Report The Committee noted the pre-circulated documents and overview.</p> <ul style="list-style-type: none"> The Chair advised that he and JA had attended the mock CQC inspection for End of Life Care and was pleased that the respect form had been embedded, and the Committee noted that Sarah Groves had been nominated for a Staff Award. AF requested that the report look at 23/24 to ensure that the Trust is looking forward with this. MS to take back to Sarah Groves. 	MS	03/23
<p>7.1.6</p>	<p>Quality Strategy LP gave a verbal update, with points to note as follows:</p> <ul style="list-style-type: none"> Work is ongoing to review the evidence against the last three-year Strategy, it was noted that this is about 80% complete, and an update will be brought to a future Quality & Risk Committee meeting. The strategy had been previously extended to aid the completion of the ambitions set within due to the covid pandemic, it was requested that a further extension is agreed to the end of March 2023. This will close this strategy at the end of the financial year and we will start the new 3 year strategy from April 23/34 for a further 3 years. The Committee acknowledged that the achievements against the three-year ambition were good when considering the two-year pandemic. The Committee noted that ambitions will need to be set for April 23 to 24. The committee agreed to the above approach. 		
<p>7.2</p>	<p>PERFORMANCE</p>		
<p>7.2.1 7.2.1.1</p>	<p>Performance Reporting PIPR Safe – M8 The Committee noted the pre-circulated document, with points to note as follows:</p> <ul style="list-style-type: none"> The Committee noted that safe was red for November, which is heavily influenced by the Trust's fill rates in terms of staffing which is a reflection of the 13% vacancy in registered nurses and quite high, but improving, vacancy rate in health care support workers. The fill rates on wards have been mitigated by reduced bed occupancy, e.g. surgical wards due to reduced theatre activity. Nurse to patient ratios have not exceeded 1 RN to 6 patients. The Committee noted that CHPPD was unchanged. The Trust displays a CHPPD output that is higher than other benchmarked specialist trusts and national median. The Trust has a higher than average proportion of high acuity beds and a higher nurse to patient ratio. The Committee noted that there were three acquired pressure 		

Agenda Item		Action by Whom	Date
	<p>ulcers (PU) reported in November that have been graded as a Grade 2. RCAs are underway. No particular theme is initially apparent.</p> <ul style="list-style-type: none"> • Red flags data shows the red flags that have been raised across the wards in relation to staffing. • The Committee noted the reduction in compliance in the reporting of medication incidents, and was advised that the Medication Safety Group (MSG) has had an active push on reporting. Additionally, an improvement project in relation to medication, and the medication pathway, will be considered in January 2023. • The Committee noted that the Trust had been working with Matrons in terms of changing their role to ensure that they are back in their areas, undertaking their clinical leadership role and supporting Sisters and staff management. • The Chair advised that the Performance Committee had asked the Quality and Risk Committee to review the safer staffing data, following their meeting on the morning of 22nd December. • AF advised that she was feeling anxious as there seemed to not be one fix – this is about our staff and the stretch that we are putting on it. AF advised that she has joined meetings with governors, staff and matrons and the theme is similar in that the fill rates of registered nurses are causing the nursing leadership to step into clinical care and therefore they are unable to provide the necessary leadership that is required. Looking at the sustainability of our services and our people is key. • The Committee requested that safer staffing was reviewed fully for a overarching report in January. • AF: the story that is emerging around Papworth is that safe, care, effective, is not going in the right direction. So what can we do to bring it up within the context of the NHS currently, which is stretched due to pressures and strikes? How is the Trust going to repair this? • IW challenged that CCA medication errors are consistently high. LP reiterated that all incidents were either low or no harm with main issues being around medication storage. The Trust currently has an increased focus on education regarding medication prescriptions as well as storage. • The Committee discussed OM's suggestion that the Trust had had to make some decisions in the past six months regarding restricting capacity in theatres and level 5 and the consequences that have arisen from those. • Should the Trust look at line managers and their importance in terms of staff engagement and compliance? It could make decisions to ensure that they had release time to do that element of their role. • The Committee discussed the question of how the Trust could deploy its resources, including the balance between staff numbers and capital investment. Has the Trust got the balance wrong with regard to the front-line staff vs the management staff? Should we put more time into leadership? • JA: what are the reliable signals from all the noise and can we focus on them? Maybe the January report will help us to think about the different signals that are apparent and which ones are important. 	MS	01/23

Agenda Item		Action by Whom	Date
7.2.1.2	PIPR Caring – M8 The Committee noted the pre-circulated document.		
8	RISK		
8 8.1 8.1.1	Board Assurance Framework Report Cover Paper – Board Assurance Framework (BAF) BAF The Committee noted the pre-circulated documents.		
8.2	Emerging risks There were none to report.		
9.	GOVERNANCE AND COMPLIANCE		
9.1 9.1.1	Cover: Document Control Document Control – Out of Date Documents AR led the Committee through the pre-circulate documents, with discussion as follows: <ul style="list-style-type: none"> • The Trust is working to ensure that, following the CQC inspection in November, it has a process that consistently reviews the updating of documents. • The Committee acknowledged the importance of document compliance and noted that out of date documents are being monitored by the Executive Directors every fortnight. 		
9.2	Cover: CQC (R(ME)R Inspection Final Report Appendix 1: 20221104 IR(ME)R Final Report Appendix 2: 20221209 IR(ME)R Report RPH Accuracy Response The Committee noted the pre-circulated documents. <ul style="list-style-type: none"> • Action logs for the Final Report and the Improvement Notices are ongoing. • Actions concerning the out of date documents viewed during the IR(ME)R inspection have been drafted and are currently going through the governance process. Chair's Action by the Chair of Quality & Risk Committee will need to be taken on one policy as it will need to be submitted to the CQC before the January meeting. • The action plans are owned by Radiology and Cardiology and are monitored at meetings, attended by the Chief Nurse and Assistant Director for Quality and Risk. • The Committee noted that the action plans and confirmation of compliance would be reported to the next meeting. The response dates to the CQC in relation to the IR(ME)R Inspection are: 9th January for the Final Report; and 20th January for the Improvement Notices. 		
9.3	Internal Audits: There were none to report.		
9.4	External Audits/Assessment: There were none to report.		
10	POLICIES		
10.1	Cover: DN182 Antimicrobial Strategy <ul style="list-style-type: none"> • The Committee noted the pre-circulated document. 		

Agenda Item		Action by Whom	Date
10.1.1	DN182 Antimicrobial Strategy <ul style="list-style-type: none"> The Committee ratified the Policy 		
10.2	DN794 Trust wide Prisoner Policy (approved at Estates and Facilities Directorate Leads Meeting) <ul style="list-style-type: none"> The Committee asked how the Trust maintains the prisoners' dignity and confidentiality. MS advised that the Trust has single rooms which helps with both issues. AR advised that confidentiality is covered by the Trust's confidentiality agreements. The Committee ratified the Policy. 		
10.3	DN224 <ul style="list-style-type: none"> AR advised that DN224, regarding health record keeping standards, had undergone minor changes and requested ratification from the Committee. The Committee agreed to the ratification, subject to the minor amendments being made. 		
11	RESEARCH AND EDUCATION		
11.1	Research		
11.1.1	Minutes of Research & Development Directorate Meeting <ul style="list-style-type: none"> None available 		
11.2.1	Education Steering Group minutes <ul style="list-style-type: none"> None available. 		
12	OTHER REPORTING COMMITTEES		
12.1	Escalation from Clinical Professional Advisory Committee (CPAC) <ul style="list-style-type: none"> No December CPAC meeting was held due to Industrial Action pressures. 		
12.2	Minutes from Clinical Professional Advisory Committee (221118) <ul style="list-style-type: none"> The Committee noted the pre-circulate 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 26th January 2023 at 2.00-4.00 pm, via Microsoft Teams		



.....
Signed

26th January 2023

.....
Date

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