NHS
Royal Papworth Hospital
NHS Foundation Trust

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

Held on 27th May 2021 at 2 pm
Via Microsoft Teams

M I N U T E S

Present	Ahluwalia, Jag	(JA)	Non-executive Director
	Blastland, Michael (Chair)	(MB)	Non-executive Director (Chair)
	Fadero, Amanda	(AF)	Non-executive Director
	Gorman, Eamonn	(EG)	Deputy Director of Digital and Chief Nursing Information Officer
	Graham, Ivan	(IG)	Deputy Chief Nurse
	Hall, Roger	(RH)	Medical Director
	Jarvis, Anna	(AJ)	Trust Secretary
	McCorQuodale, Chris	(CM)	Deputy Chief Pharmacist & Staff Governor
	Monkhouse, Oonagh	(OM)	Director of Workforce and Organisational Development
	Seaman, Chris	(CS)	Quality Compliance Officer
	Webb, Stephen	(SW)	Deputy Medical Director and Clinical Lead for Clinical Governance
	Wilkinson, Ian	(IW)	Non-executive Director
In attendance	Hales, Pippa	(PH)	Acting Chief Allied Health Professional (shadowing IG)
	Hamilton, Danielle	(DH)	Executive Assistant (Minute taker)
	Smith, Ian	(IS)	Deputy Medical Director
Apologies	Hodder, Richard	(RHo)	Lead Governor
	Posey, Stephen	(SP)	Chief Executive
	Makings, Ellen	(EM)	Medical Examiner
	Powell, Sarah	(SPo)	Clinical Governance Manager
	Raynes, Andy	(AR)	Director of Digital & Chief Information Officer
	Rudman, Josie	(JR)	Chief Nurse and DIPC

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
1	**APOLOGIES FOR ABSENCE**		
	The Chair opened the meeting and the apologies were noted.		

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2	**DECLARATIONS OF INTEREST**		
	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: - 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. - Andrew Raynes as a Director ADR Health Care Consultancy Solution Ltd. - Jag Ahluwalia as: CUH Employee, seconded to Eastern Academic Health Science Network as Chief Clinical Officer; Programme Director for East of England Chief Resident Training programme, run through CUH; Trustee at Macmillan Cancer Support; Fellow at the Judge Business School – Honorary appointment and am not on the faculty; Co-director and shareholder in Ahluwalia Education and Consulting Limited; Associate at Deloitte and Associate at the Moller Centre. - Ian Wilkinson as: Hon Consultant CUHFT; Employee of the University of Cambridge; Director of Cambridge Clinical Trials Unit, Member of Addenbrooke's Charitable Trust Scientific Advisory Board, Senior academic for University of Cambridge Sunway Collaboration and Private Health Care at the University of Cambridge. - 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. - 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.		
3	**COMMITTEE MEMBER PRIORITIES** AF requested a focus on people, culture and how compassionate and caring leadership is going within the Trust – agreement to bring time to workforce discussion within the meetings going forward. RH raised a priority in regards to the Committees response to quality issues in the wider ICS and the responsibilities within the ecosystem regionally and nationally. The Chair requested a summary of positions in regards to quality at ICS level and queried if there are currently any documents that can be shared. Discussion held around the cardiovascular strategy document written by the Trust for the ICS – AJ to share with the Committee. Confirmation given that there is no specific designated quality lead for		

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	ICS as of yet but there are Chief Nurse/Directors of Nursing and Medical Directors overseeing at present. IG shared that there is an ICS quality group that the Chief Nurse attends and that there is strong representation to maintain consistency within the ICS.		
4	**MINUTES OF THE PREVIOUS MEETING – 29 April 2021**		
	The Quality & Risk Committee approved the minutes of the previous meeting held on the 29th April 2021 and authorised these for signature by the Chair as a true record.		
5	**MATTERS ARISING AND ACTION CHECKLIST PART 1 (210325)** These were reviewed and updated.		
5.1	**Charitable money** Presentation provided by IS in regards to what the Trust is doing internally and in relation to the 'Saving and Improving Lives – the future of UK clinical research' delivery paper that was distributed. IS also highlighted the Chairs request regarding research into our ops and what capacity the Trust has and how it's being directed. Discussion held on the topic of the above paper. Below points shared: • Unprecedented year – changes in the way of delivery clinical research to be celebrated and improvements not to be lost • Investigate different ways of treating patients and how we deliver care and get to people who aren't access our care. Social economic factors discussed. • Key themes within paper: embed clinical research within NHS and empower all staff to be research active, research to be patient centred, research to be more efficient and how we might do that - platform trials discussed – increased interoperability and finally, sustainability of the workforce and expanding and reinforced the research infrastructure. IS shared that as part of the Trust strategy, we've said we want to empower all staff to be part of our research effort, the Trust now has Charitable Innovation Fund and are encouraging all staff groups to apply to and the Trust also has the green shoots award from the CRN. Patient centred research – the Trust has a large and active PPI group including developed patient research ambassadors who have contributed to a number of studies. The Research team have also moved to virtual recruitment and are now arranging virtual follow ups. In regards to platform design, IS shared that the Research team contributed to recovery within the Trust. Heel COVID study discussed – Mark Toshner is one of UK leads on the study which is around interventions following on from COVID and whether outcomes can be improved – this is a platform design looking at several interventions at once. The Research team has also employed a new adaptive design, which is done in controlled manner and something that the Trusts senior statistician, Sophia Villar is involved in.		

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	Interoperability – IS shared that there is a project that is currently underway with digital, to make Lorenzo more accessible for research and to share EPRs across the region to enable the Trust to talk to other providers.		
	Sustainable workforce – the Research team has seen an increase in applications responding to adverts following COVID.		
	IS discussed that visibility of research has increased, resulting in the presentation to the Committee, EDs and various different outlets.		
	The question of how we might do some more research into our own processes discussed. IS shared project within the Sleep Unit involving patients from around the region. Systems within the clinic set up so that the service is taken to the patient – sleep studies done at home and moving towards outreach clinics. Research to see if it was improving accessibility and reducing travel time and making clinics more attend-able. Grant provided two years ago, jointly with collaboration across Europe in regards to mobility and traffic and tracking people's behaviour on the roads, which was tapped into. The research showed that the GP visits worked well and that the outreach clinics adversely increased travel for lots of patients due to level of complexity in bookings that the booking system couldn't cope with. DNA rate looked into – one hypothesis to do with distance provided to have no correlation as lots of patients had a pre-awareness of the distance to travel for their appointment from their GPs. Weather highlighted and research showed patients did not attend appointment on sunny days.		
	Social economic status of home addresses discussed. In socio economic disadvantage there are more patients with obesity and diabetes, smokers and elderly – all risk factors. Research showed 20% less referrals from those specific areas, possibly due to higher bar by GPs for referral? Patients referred from low socio economic disadvantage areas are also more likely to DNA their appointments by approximately 20%.		
	On reflection, the team has switched to telephone clinics to try to take out travel. Next step, to be launched in two weeks, is to post diagnostic equipment to patients. All research into accessibility to be run again once in place.		
	Following comment from CM around funding, time and mentoring restricting non medics to do research, IS confirmed that the funding is to be used to backfill time from the employees usual roles. Support is available in the roles of the project managers the Research team who can be contacted with any problems/queries and to discuss other ways of running research in a better/safer manner.		
	SW raised smaller health services research – when R&D is supporting the studies, are they being supported in being published? IS confirmed that all studies are processed and at a publishable standard. As part of the mentoring, the team would look for support to write a paper.		

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	IG shared information around the professional doctorate (DProfHSC) programme for research, as an alternative to the PhD pathway. Support group in place, which Vikki Hughes (R&D Manager) is supporting - any other doctorate student are welcome to join. Highlight that there is another avenue of research within the Trust available for colleagues. IS left the meeting approximately 14:50.		
6.1	**QUALITY**		
6.1 **6.1.1** **6.1.1.1**	**Quality & Risk Management Group (QRMG) Exception Report** This was received by the Committee. The Chair confirmed that the Committee are aware of all incidents. IG confirmed a summary of SIs within PIPR information. Assurance given in regards to the never event by IG – still presumed as the incident remains under investigation but immediate actions in place, Nursing Message of the Week completed, and discussed at SIERP.		
6.1.1.2	These were received by the Committee. The Chair pleased to note that helicopter view discussion around deteriorating patients was included.		
6.1.1.3	No distinct trends noted. Discussed at QRMG.		
6.1.1.4	This was received by the Committee.		
6.1.1.5	This was received by the Committee. IG confirmed a spot-check has been completed and that some of the overdue risks on the list shared, are no longer overdue. Confirmation given that refresher training on Datix and the risk register, is in hand. JA queried how risks end up being classed as 'high' – IG shared that as part of the review, colleagues are asked to review the grading also. Explanation of high risk triggering provided. IG highlighted that grading something as high risk, also means it is to be reviewed monthly.		
6.1.2	**Quality Strategy review** This received by the Committee. IG confirmed that review has been updated with recent feedback. Review provides bench mark of where the Trust is at currently and the new strategy to start when Louise Palmer joins the Trust. Confirmation that the new review will be aligned with new Trust strategy. Summary at end of document – key quality issues that are worthy of note over the last year which will assist with the new quality strategy. Following query from AF, IG discussed the next task is to ensure the strategy remains relevant by aligning it more closely to the five year strategy going forward.		
6.1.3	**Quality and Safety Initiatives summary** The Chair suggested Mike Bates to be invited again to meeting in 3-6 months' time. IG assured that lots of areas currently being picked up.		
6.2	**PERFORMANCE**		

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6.2.1 **6.2.1.1** **6.2.1.2** **6.2.1.3**	**Performance Reporting / Quality Dashboard** This was received by the Committee. The Chair raised ECMO days– historic high. IG confirmed that number of long stay COVID patients is impacting on length of stay data. Narrative now included again. AF requested an update from OM on mental health/compassionate leadership at next meeting.		
6.2.2	**Monthly Ward Scorecards: M01** These were received by the Committee		
6.3	**SAFETY**		
6.3.1	**Serious Incident Executive Review Panel (SIERP) minutes (**210420, 210427, 210504, 210511, 210518**)** The SIERP minutes as outlined above were received.		
6.3.2	**Q4 Antimicrobial Stewardship report** This was received by the Committee.		
7	**RISK**		
7.1	**Board Assurance Framework Report**		
	AJ confirmed that details around control and assurances have been pulled through. HCAI – increase – reviewed with Executive Directors. Discussion and challenge regarding the consequence rated up to a 5 from 2/3. Discussion held regarding risks within the BAF framework and frustration that the Committee are unable to make any significant differences to them. AJ confirmed reason for them and the risks to the organisation on future delivery of services. ICS funding flows discussed and AF raised conversation to be had around partnership with ICS vs accountability to the Trust, given that the Trust is not within framework with ICS as part of statute and mitigations and actions if risk became escalated above ICS. AJ provided confirmation that risks on the BAF have been consolidated.		
7.2	**Emerging risks** None to report.		
8	**WORKFORCE**		
8.1	**Employee Relations updates** Presentation shared with the focus on April 2020 – April 2021 data of formal management stage cases – 93 in total for the year. To be reported quarterly at Q&R meetings going forward. Workforce team are discussing how to collate low level work that has been completed. The team looking at how to put in simpler processes for recording. As part of Collective Leadership Programme, a review of the employer relations policies is in process. Dignity at work and grievances most problematic at present and policies are struggling to deal with.		

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	One employment tribunal case ongoing at moment – due to go to court in July for approximately three weeks. Approval has been given to settle the case.		
	Three cases of Maintaining High Professional Standards cases.		
	OM discussed most activity paused during the first wave of the pandemic. The team managed to keep going throughout the second wave but became protracted and made it difficult for staff as cases were not progressing as they would have liked.		
	Staff protected characteristics focused on – more work to be done on ethnicity and to be linked in with WRES. Disability and sexual orientation looked at also – numbers low as low amount of disabilities reported by staff.		
	Report to be brought to Board at the end of July/August on the disciplinary procedure.		
	Confirmation from OM that staff proportions are to be added to future reports.		
	CM queried whether report data includes nationality rather than just ethnicity – OM confirmed that this is not looked at, at present and discussed that there is not a particularly high number of Eastern European staff within Trust workforce at present.		
	There was a discussion about staff grievances/disciplinary reviews. AF queried if there is any information in regards to the success of work completed by external company interventions compared to internal resources – OM confirmed that there are not many internal resources at present and that it is too early to tell at present as there is nothing to compare with internally currently. Importance of upskilling managers discussed. RH raised external cases are more complex so it is difficult to make comparison with lower level internal cases.		
9	**GOVERNANCE**		
9.1	**SIRO report Q1** Due July 2021.		
9.2	**Update on 20/21 CQUINS** Suspended in 20/21.		
9.3	**Fundamentals of Care Terms of Reference** Approved by the Committee.		
9.4	**Caldicott Annual Summary Report** This was received by the Committee.		
10	**ASSURANCE**		
10.1	**Emergency Planning compliance update** This was received by the Committee.		

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10.2	**QIA Assurance Report** This was received by the Committee.		
10.3	**Draft Quality Accounts 21/22** The Chair highlighted that most quality accounts are familiar from last year – disruption from COVID has resulted in them being continued. SI Never Event to be added to the audit. Any comments or feedback to be sent to AJ – to be in by 30th June. Once all completed sections in, draft is to be shared with stakeholders.		
10.4	**Annual EPRR Exercise Planning 2021/22** This was received by the Committee.		
10.5	**Internal Audits:** None to report.		
10.6	**External Audits/Assessment:** None to report.		
11	**POLICIES**		
11.1	**AHP ToR** This was received by the Committee.		
11.2	**DN643 Critical Incident Policy** This was ratified by the Committee. JA raised query around the Battlebox – location of it and if it is only physical or online also. IG confirmed that it is on wheels, and can be moved as necessary. Material included list however, boxes placed within local areas in the event of needing BCPs. Documents also available online. CS will share feedback with EPRR lead Wayne Hurst.	CS	
11.3	**DN830 Evacuation and Shelter Plan** This was received by the Committee.		
11.4	**DN832 Policy on the use of Bacteriophages** (given Chair's approval 06.05.21) This was received by the Committee.		
11.5	**DN664 – Policy for assessing continuing compliance with CQC Fundamental Standards** This was ratified by the Committee.		
11.6	**DN825 RPH Clinical Ethics Committee Pandemic Guidelines** This was ratified by the Committee.		
12	**RESEARCH AND EDUCATION**		
12.1	**Research**		
12.1.1	**Minutes of Research & Development Directorate meeting (210409)** These were received by the Committee.		
12.2	**Education**		

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12.2.1	**Education Steering Group minutes - draft (210514)** These were received by the Committee.		
12.2.2	**Education update (M1 only)** -		
13	**OTHER REPORTING COMMITTEES**		
13.1 **13.1.1**	**Escalation from Clinical Professional Advisory Committee** Highlight at recent CPAC meeting around Pharmacy vacancy rates and struggle with recruitment of permanent and agency. Ability of establishment to keep up with work also discussed. OM confirmed that Workforce are aware of the higher turnover within Pharmacy at present. Pharmacy have all actions in place as required.		
13.2	**Minutes of Safeguarding Committee** Next meeting due 04/06/21.		
13.3	**Minutes of End of Life Steering Group (EoLSG) (210506)** These were received by the Committee.		
13.3.1	This was received by the Committee.		
13.3.2	This was received by the Committee.		
14	**ISSUES FOR ESCALATION** None to report.		
14.1	**Audit Committee** There were no issues for escalation.		
14.2	**Board of Directors** There were no issues for escalation.		
15	**ANY OTHER BUSINESS** No items for AOB shared.		
15.1	**Review of Nursing Strategy** Currently being reviewed along with the AHP strategy – IG will provide further updates as available.		
	Date & Time of Next Meeting: **Thursday 24th June 2021 2.00-4.00 pm**		

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Signed

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Date

Royal Papworth Hospital NHS Foundation Trust
Quality & Risk Committee
Meeting held on 27 May 2021