Royal Papworth Hospital
NHS Foundation Trust

Meeting of the Quality & Risk Committee (Part 1)
(Sub Committee of the Board of Directors)
Quarter 2, Month 3

Held on 30th September 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
	Jarvis, Anna	(AJ)	Trust Secretary
	Midlane, Eilish	(EM)	Chief Operating Officer
	Monkhouse, Oonagh	(OM)	Director of Workforce and Organisational Development
	Palmer, Louise	(LP)	Assistant Director for Quality & Risk
	Posey, Stephen	(SP)	Chief Executive
	Screaton, Maura	(MS)	Chief Nurse
	Smith, Ian	(IS)	Acting Medical Director
	Webb, Stephen	(SW)	Deputy Medical Director and Clinical Lead for Clinical Governance
	Wilkinson, Ian	(IW)	Non-executive Director
In attendance	Hales, Pippa (part meeting)	(PH)	Head of Allied Health Professionals
	Stephens, Teresa	(TS)	Executive Assistant (Minutes)
Apologies	McCorquodale, Chris	(CMc)	Deputy Chief Pharmacist
	Hall, Roger	(RH)	Medical Director
	Hodder, Richard	(RHo)	Governor
	Raynes, Andy	(AR)	Director of Digital & Chief Information Officer
	Seaman, Chris	(CS)	Quality Compliance Officer

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 the apologies above were noted.		
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		

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	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. • Maura Screaton as a director of Cambridge Clinical Imaging and with shares in some biotech companies.		
3	**COMMITTEE MEMBER PRIORITIES** None reported.		
4	**MINUTES OF THE PREVIOUS MEETING – 26th August 2021**		
	The Quality & Risk Committee requested the following amendments to the draft minutes dated 26th August 2021: • Agenda Item 5.1 VTE Assurance Update. 'VTE scrutiny panel saw low or no harm incidents only' to be replaced with: 'The VTE scrutiny panel saw all incidents and these had all been low or no harm incidents.'		
5	**MATTERS ARISING AND ACTION CHECKLIST PART 1 30th September 2021** The Committee noted the action checklist part 1, and the following was discussed: • *N9: Chair to discuss R&D BAF risk (attributable to multiple committees) with other Committee members:* AJ clarified that the minutes and action referred to digital aspects of risks that are monitored at the Performance Committee but sit within other committees. R&D has an impact on more strategic objectives than currently reflected. The Committee agreed that this should be articulated and that EDs should discuss further what risks related to R&D are reflected in the BAF and how this should be mitigated. AJ	AJ	28.10.21

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	to take to EDs. • *O1: Directorate Presentation:* The Committee agreed that attending the Directorate presentation at the end of Performance Committees would be beneficial to both Committee members and also to clinical staff as the latter would not need to duplicate presentations at different committee meetings. The Committee agreed that presentations attended should have a quality angle; outline of specific key lines of enquiry to be raised with the Performance Committee. Performance Committee presentation schedule to be shared with Quality and Risk Committee. All other actions either on agenda or for future Committee meetings.	AJ TS	28.10.21 28.10.21
6.1	**QUALITY**		
6.1.1 **6.1.1.1**	**Quality Exception Reports** **QRMG Exception Report:** The Committee discussed the pre-circulated document, with points to note as follows: • No formal escalation from the QRMG and the SIERPS meetings held within the month since last reporting to the Committee. • The Committee noted that there had been no new SUIs reported since last meeting. Four currently remain open whilst being investigated and completed within the agreed timeframe. • The Committee discussed and challenged LP regarding the final report for SUI-WEB39533 transfer to DGH for Thrombectomy Service, as follows: • Committee asked whether a separate emergency pathway needs to be developed for cases such as this. • Committee asked whether this was a recurring event or whether events are listed as recurring, or otherwise, on reports to the Committee. • The necessity for more detailed action plans. The Committee was informed that the paper outlined early actions that were correct at the time of the report and with information known. In future, the Committee will be presented with completed, stronger action plans that have come through QRMG • The Committee voiced its concern that such a time limited procedure is currently not offered regionally and this concern was echoed by the Trust. However, it was noted that the issue is being taken forward by the East of England NHS England regional team. • The Committee agreed that on the report the event should be called a transfer to tertiary centre or neuro centre for thrombectomy service as the transfer was for an escalation of care rather than to a normal DGH. • The Committee requested that future reports reflect the following: o A closure port on the action plan to inform on how actions and outcomes are included. o Information on whether the event is new or recurring. Although this is discussed at SIS, it will be included in report for context. • The Committee commended LP on the new Quality Report format.	LP LP	Nov 2021 Nov 2021

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6.1.1.2	**QRMG Draft Minutes (210914)** The Committee noted the pre-circulated document.		
6.1.1.3	**QISG Minutes** The Committee noted that QISG meetings are currently on hold		
6.1.2	**Fundamentals of Care Board (FOCB) Exception Report** MS led the Committee through the exception report from the Fundamentals of Care Board meeting held on 8th September 2021, with points to note as follows: • No formal escalation from the Fundamentals of Care Board meeting in terms of key issues in review of the action plan from 2019 CQC inspection. • The Committee noted that all 'should do' actions have a plan in place, although it was noted that these actions are not closed as the FOCB wants to ensure that actions are embedded. The Trust Quality Compliance Officer will continue to work with the leadership teams and an updated action plan will be presented to the next FOCB meeting, where it is anticipated that that most actions will be closed. • The mock end of life care inspection report has been completed and, in line with due governance, will be reported to End of Life Care Steering Group first. Recommendations will form part of an action plan for ongoing monitoring. • It was noted that members of the Clinical Professional Advisory Committee (CPAC) lead on self-assessments against the twelve CQC Fundamental Standards. One to two fundamental standards are reviewed each month as part of a rolling schedule. Self-assessments presented to the FOCB were against Regulation 13: Safeguarding service users from abuse and improper treatment, and Regulation 14: Meeting nutritional and hydration needs. Both self-assessments had an overall rating of amber, recognising that work is still in progress against some of the components of the regulations. • The Committee asked whether the rolling programme for the fundamental standards ran alongside the 'should do' actions from the last CQC inspection and was informed that the two streams of work are separate to ensure that they are continuously reviewed. • The Committee enquired whether any fundamental standards are prioritised due to information received or events in the hospital, or are looked at in line with the rolling programme. MS reassured the Committee that an area of concern could be prioritised flexibly but would inform the Committee how the fundamental standards are generally prioritised.	MS	Oct 2021
6.1.3	**Fundamentals of Care Board draft minutes September 2021** None available.		
6.1.4	**ED Led Environment Rounds and Future Visibility Rounds** MS led the Committee through the pre-circulated document, with points to note as follows: • Actions and minor issues relating to the two ED led environment rounds conducted in August were noted. • The Committee agreed to the proposal for weekly inclusive visibility rounds led by the Chief Nurse and Deputy Chief Nurse.		

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6.1.5	**Regional Health Inequalities** IS gave the Committee a verbal update on the above, with points to note as follows: • A recent report regarding inequalities has been published with a recommendation that in prioritisation of elective patients, priority should be given to people who are at risk of health inequalities. • The Committee agreed on the importance of being able to demonstrate that the Trust is on top of these developments. • The named senior responsible office for the C&P ICS Health Inequalities Board is Fiona Head. The main objectives and targets of the Board are: o to enact system wide working to decrease health inequalities, o to have needs based commissioning, and o address cardiovascular excess mortality due to diabetes and hypertension. • The Committee noted that working and assessment groups within the Board, either being planned or in progress, included: o health inequality assessment, o anti-racism strategy workshop, o accessibility assessments in relation to accessibility of information to potential patients in terms of comprehension and also distribution. Included in this is sign language translation which, the Committee noted, is in deficit in the region currently. o alcohol and tobacco care and dependency programmes. • The Committee noted that the Board also wants to prioritise a service to focus on people from areas of high deprivation who could have missed out on screening programmes, etc. • The Committee discussed the challenges facing Trusts concerning the prioritisation of people who are at risk of health inequalities and noted that this particular priority was not highlighted by the C&P ICS Health Inequalities Board meeting pre-circulated documents. It was suggested that the guidance should be dissected through the Board and disseminated to Trusts. • The Committee agreed that the Trust has a responsibility to interpret the guidance and ensure that it is meaningful to the Trust and shaped into a strategic response and agenda. The Committee discussed how the Trust's cardio vascular strategy is an example of how it needs to shape the guidance. • JA stated that the Trust needs to consider how it can reframe the guidance focus to: what is the Trust's role and how is it supporting primary and secondary prevention? Is there some work that the Trust can engage in with other providers to show it is affecting the entry point of the agenda? • SP stated that the Trust is having conversations where it can make a contribution through, for example, master classes and education, or through leading cardiovascular disease strategies on behalf of the ICS. • The Committee acknowledged that most of the actions within the focus of the Board lay with GP and community services but that the Committee should set itself a standard within its quality accounts and consider how it could contribute to address health inequalities for the		

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	Trust's national and regional work. • The Committee acknowledged the work that the Trust is already undertaking in health inequalities, in particular in delivering ECMO services for people in deprived and disadvantaged communities. • The Committee was assured that health inequalities is a focus of the Trust and is led by the Medical Director with input from the Chief Nurse and Executive Directors, and acknowledged that the Trust was focussed on understanding how it can address health inequality. • The Committee noted that the national inpatients survey, under embargo at the time of the meeting, highlights that 93/94% of respondents were white, which is not reflective of the Trust's patients. • The Committee noted that the NHS Race and Health Observatory website is a resource for organisations in health inequalities. • The Committee agreed to the following actions: • Health Inequality to be a regular Committee agenda item. • IS and/or SW to give the Committee an update from the C&P ICS Health Inequalities Board. • Work to be undertaken to understand how the Trust is collecting and using demographic data. • Health Inequality to be discussed at CDC. • Health Inequality to be discussed at future EDs meeting. • Update to be given to future Committee meeting. • IS to give presentation on work undertaken in Sleep Apnoea clinic, with a view to potentially widening the work to other areas in the hospital.	IS/SW EDs IS EDs MS/IS IS	Autumn Autumn Autumn Autumn Autumn Autumn
6.2	**PERFORMANCE**		
6.2.1 **6.2.1.1**	**Performance Reporting/Quality Dashboard** **PIPR Safe – M05** MS led the Committee through the pre-circulated document, with points to note as follows: • RN fill rate for August 2021 is an improved position from the previous month with days amber 89.1% and nights green 92.4%. • All CHPPD areas are green with the exception of two areas in amber: 3 South and Day Ward, with no indication of impact on nurse sensitive indicators. • The Committee noted that the Trust was in the process of reconciling ledger and roster numbers following the establishment review to ensure that baseline data is correct. This is an improving picture as the Trust is now more robustly collecting data around rag rating on staffing on a daily basis and triangulating that with red flags and patient outcomes. • The Committee noted that AHP fixed term posts have been put in place until the end of March 2022 to allow ways of embedding due to COVID. • The Committee noted that the Board has discussed safer staffing and that the Trust is in an enviable position of remaining green post mitigation, and reflected that this is not necessarily the position that is being seen within the region. • SP stated that safer staffing was a complex area and that if people in the Trust were asked about staffing, they might say that there are shortages and that staffing is stretched, whereas metrics demonstrate otherwise. SP highlighted the importance of safer		

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	staffing in dispelling myths and how the Trust was congratulating staff. • The Committee questioned whether the Trust has a consistent benchmark on safer staffing and was informed that one of the recommendations of the establishment review was to review the Trust's establishment setting process and the CHPPD as a measure for all the wards, due to different dependencies on different wards. • The Committee noted the report on Sepsis and asked what the outcome was of the 15% of patients that did not get treated within the time frame. The Committee was advised that part of the 15% were patients who should not have been on the pathway, and part where there was a delay in administering antibiotics. No adverse effect has been seen in those patients as yet.		
6.2.1.2	**PIPR Caring – M05** The Committee noted the pre-circulated report.		
6.2.1.3	**PIPR People, Management & Culture – M05** The Committee noted the pre-circulated document.		
6.2.2 **6.2.2.1**	**Monthly Ward Scorecard Highlight Report** **Monthly Ward Scorecard: M05** The Committee noted the pre-circulated document. • The Committee requested assurance that the data was being used to inform staffing. A Ward Manager to be invited to inform how the Scorecard informs their planning and work, at future meeting.	MS	Autumn
6.3	**SAFETY**		
6.3.1	**Serious Incident Executive Review Panel (SIERP)** (210824, 210831, 210907, 210914) minutes The pre-circulated minutes noted above were received by the Committee.		
6.3.2	**Patient Safety Data** This item was deferred.		
6.3.3	**Learning from Deaths Q1 Report 21/22** SW led the Committee through the pre-circulated document, with points to note as follows: • From 1 April 2021 to 30 June 2021, 52 patients died in RPH. • Two moderate harm investigations were completed for patients who died in Quarter 1 and were unrelated to the cause of death of the patient. • There were two unexplained deaths following elective Pulmonary Endarterectomy (PEA) surgery and discussed at SIERP on 22nd June 2021. Both cases had experienced similar neurological injuries and died. The surgical/anaesthetic/perfusion teams are reviewing/discussing these incidents locally to identify any action which will be discussed at the PEA M&M meeting. • The Committee sought and was given reassurance that decisions are challenged.		
6.3.4	**Staffing Establishment Review Paper**		

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	MS led the Committee through the pre-circulated document, with points to note as follows: • During Q1 2021/22 a Trust wide establishment review took place and was refined during July and August 2021. • The review was complex due to the COVID pandemic which included changes to patient pathways and ways of working. The clinical teams adapted staffing models in response to meet service demand and patient safety. • The review shows a number of fixed term posts to March 2022 that allow teams to consolidate new ways of working and new pathways in the recovering phase of COVID, whilst still dealing with ongoing COVID challenges. • It is recognised that the methodology for setting nursing establishments requires a review in line with NICE guidance and national policy and MS will lead this review over the coming months.		
7	**RISK**		
7.1	**Board Assurance Framework Report** The Board Assurance Framework was accepted by the Committee.		
7.2	**Emerging risks** There were none to report.		
8	**WORKFORCE**		
8.1	**Update on Collective & Compassionate Leadership** OM led the Committee through the pre-circulated document, with points to note as follows: • The new values and behaviour framework was launched in July 2021, using all staff briefings, webinars, posters and all normal methods of communication to share the new values and behaviour framework across the organisation. • A Compassionate and Collective Leadership Programme Steering Group has been established to oversee the embedding of the values and behaviours framework and the implementation of actions to address the other priorities identified in Phase 1 of the programme. • The Staff Development programme is on track to commence in October 2021, with pilot sessions ahead of full roll-out in November. • The Line Managers Development Programme curriculum is in development and a work stream lead has been appointed and starts at the end of September 2021. The launch date is likely to be in Q4. • The Committee noted the overview work plan and activity over the last quarter of the EDI workforce agenda, Health and Wellbeing and the focus of these streams of work over the remainder of 2021/22. • The Committee commended work already undertaken and the ambitious focus for the coming months and asked how the team was able to keep abreast of the many work streams. OM advised that this was overseen by the Compassionate and Collective Leadership Programme Steering Group, that oversees and maintains the linkages between the strands. • AF made reference to the launch of the Women's Network and commented that conversations that were taking place were being done in the right way and displayed the values of the organisation.		

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9.	**GOVERNANCE** Please refer to QRMG highlight report.		
10.	**ASSURANCE**		
10.1 **10.2**	**Internal Audits:** There were none to report. **External Audits/Assessment:** There were none to report.		
11	**POLICIES**		
11.1 **11.1.1** **11.1.2**	**AHP Strategy Priorities Update** **Appendix A: CPAC AHP Q1 Report 21/22** **Appendix B: AHP Ambitions Tracker 21** The Chair welcomed PH to the meeting and noted her presentation on the above. The Committee thanked PH and her team for their ongoing work and commitment. SP thanked and commended PH for her leadership.		
12	**RESEARCH AND EDUCATION**		
12.1	**Research**		
12.1.1	**Minutes of Research & Development Directorate Meeting (210611, 210709)** These were accepted by the Committee.		
12.2	**Education**		
12.2.1	**Education Steering Group minutes** (210813) These were accepted by the Committee.		
13	**OTHER REPORTING COMMITTEES**		
13.1	**Escalation from Clinical Professional Advisory Committee (CPAC)** There was no escalation from CPAC.		
13.1.1	**Minutes of Clinical Professional Advisory Committee (210819)** These were accepted by the Committee.		
13.2	**Safeguarding Highlight Report** The Committee noted the pre-circulated document.		
13.2.1	**Minutes of the Safeguarding Committee (210806)** These were accepted by the Committee.		
13.3	**Minutes of the Clinical Ethics Committee (210521, 210721)** These were accepted by the Committee.		
14	**ISSUES FOR ESCALATION**		
14.1	**Audit Committee** There were no issues for escalation from Part 1.		
14.2	**Board of Directors** Health Inequalities.		

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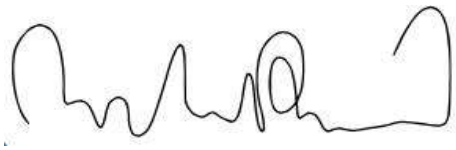
15	**ANY OTHER BUSINESS** There was no further business and the meeting closed at 16.00hrs.		
	Date & Time of Next Meeting: **Thursday 28th October 2021 at 2.00-4.00 pm, via Microsoft Teams**		



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Signed
28th October 2021
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Date

Royal Papworth Hospital NHS Foundation Trust
Quality & Risk Committee
Meeting held on 30th September 2021