

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

Held on 25th November 2021 at 2 pm
Via Microsoft Teams

MINUTES

Present	Ahluwalia, Jag	(JA)	Non-executive Director
	Blastland, Michael (Chair)	(MB)	Non-executive Director (Chair)
	Fadero, Amanda	(AF)	Non-executive Director
	Hall, Roger	(RH)	Medical Director
	Hodder, Richard	(RHo)	Governor
	Jarvis, Anna	(AJ)	Trust Secretary
	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	Conquest, Cynthia	(CC)	Non-executive Director
	Gorman, Eamonn	(EG)	Deputy Director of Digital
	Stephens, Teresa	(TS)	Executive Assistant (Minutes)
	Thomas, Rebecca	(RT)	Ward Sister
Apologies	McCorquodale, Chris	(CMc)	Staff 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:		

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	<ul style="list-style-type: none"> • Michael Blastland as Board member of the Winton Centre for Risk and Evidence Communication; as advisor to the Behavioural Change by Design research project; as member of the oversight Panel for the Cholesterol Treatment Trialists' Collaboration, as a freelance 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. • Richard Hodder as Deputy Chair of the Clinical Policies Forum – Cambridgeshire and Peterborough CCG. 		
3	<p>COMMITTEE MEMBER PRIORITIES</p> <ul style="list-style-type: none"> • Following attendance at a recent CDC meeting, the Chair raised his concern regarding the emerging issues concerning junior doctors who have expressed anxiety about workload and the knock-on effect on training. • OM and IS have engaged cardiology and requested a set of recommendations to take to Executive Directors regarding issues. An update should be available in January. 		
4	<p>MINUTES OF THE PREVIOUS MEETING – 28th October 2021</p>		
	<p>The minutes from the Quality and Risk Committee meeting dated 28th October 2021 were agreed to be a true and accurate record of the meeting and signed.</p>		

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5	<p>MATTERS ARISING AND ACTION CHECKLIST PART 1 28th October 2021</p> <ul style="list-style-type: none"> • <i>N2: Workforce: OM to present Committee with a forward planning schedule for future meetings. To be presented to next meeting.</i> • <i>O1: Committee member Priorities: MS to report on arrangements and potential implications of ICS on the Trust's quality agenda at a future meeting. On agenda is a paper giving a general assessment of likely implications to RPH. Further paper to be delivered to the Committee when more clarity is available from ICS.</i> • <i>O5: QRMG Exception report: the Committee requested that future reports reflect the following:</i> • <i>A closure port on the action plan to inform on how actions and outcomes are included.</i> • <i>Information on whether the event is new or recurring. Although this is discussed at SI's it will be included in report for context.</i> • <i>The QRMG and SIRP Highlight and Exception Paper now includes in the reference pack full closed SI reports which includes actions and lessons learnt, etc.</i> • <i>The Committee was assured that if a patient is admitted to RPH and has a previous SI, it would be reported and available on Datix.</i> • <i>The Chair enquired about governance and reporting of clinical digital safety, as per the presentation at the last meeting. The Committee noted that some of the work presented at that meeting did not all come under the umbrella of governance. Accountability of work that comes under governance will be through QRMG to QR. AJ to join conversation to confirm accountability of areas that will not be reported through QRMG.</i> • <i>All other actions either on agenda or for future Committee meetings.</i> 		
6.	WORKFORCE		
6.1 6.1.1	<p>Your Behaviour Matters – Cover Paper DN117 Your Behaviour Matters</p> <p>OM led the Committee through the pre-circulated documents, with points to note as follows:</p> <ul style="list-style-type: none"> • <i>The Committee noted that the documents introduced the revised disciplinary policy for approval and provided assurance that the NHSEI recommendations for 2019 have been met.</i> • <i>The new policy is consistent with the Trust's aim to deal with behaviours in a way that is fair, just and compassionate. In addition to the document content and format, the intent and tone has also been reviewed and updated.</i> • <i>The Committee observed that the documents showed an emphasis on obligations and requirements for individuals being investigated but only a few on managers undertaking the investigation, and enquired whether there was a check list?</i> • <i>OM assured the Committee that the procedure sets out parameters without becoming too detailed. The overarching principle is to support people, and this will be included in the training.</i> • <i>The Committee asked whether it would be reasonable to include on the checklist whether an employee has raised a concern about their capacity to do the job beforehand. OM responded that that might be</i> 		

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	<p>more of a relevant issue with capability.</p> <ul style="list-style-type: none"> The Committee discussed wording in the suspension letter. This is to be reviewed and amended. The Committee enquired whether there is reference to appeals process and was informed that the Trust has moved to have one centre of appeals process that all policies feed into. The Committee acknowledged that the policy for dignity at work will address issues regarding complainants who have expressed concerns regarding informal methods being used to resolve complaints. The Committee acknowledged the importance of training in implementing the policy. The Committee agreed that, subject to requested wording changes in the suspension letter, it approved the document. The Committee acknowledged that the document highlighted the Trust's principles of support and culture to change attitudes and language to discipline. 		
<p>6.2 6.2.1 6.2.2</p>	<p>Fair Recruitment – No More Tick Boxes Fair Recruitment Overview Fair Recruitment Report</p> <p>OM led the Committee through the pre-circulated documents, with points to note as follows:</p> <ul style="list-style-type: none"> The Committee noted the recently published report called Fair Recruitment – No More Tick Boxes. The report is written for practitioners and highlights a small number of principles drawn from research that underpin the suggestions made for improving each stage of recruitment and career progression and emphasises the need for accountability and transparency. The implementation plan for the outlined recommendations can be considered at regional, system and employer level. The Trust is considering what these recommendations mean for its recruitment and appraisal processes and will be overseen by the Compassionate and Collective Leadership programme (CCL). The Committee noted that some actions have commenced, including training 250 managers over the past few months, and that the Trust was continuing with the Line Manager development programme. The Committee noted that the issues causing most concern are: internal promotion and internal opportunities for development. It was noted that Workforce will start with internal recruitment processes and look at how it will adopt that in other areas. The Committee welcomed the documents and recommendations. 		
<p>6.3</p>	<p>PIPR – Performance, Management and Culture:</p> <p>The Committee noted the pre-circulated document, with points to note as follows:</p> <ul style="list-style-type: none"> Total sickness absence increased in October to 5.27%, this includes sickness absence relating to Covid, but excludes absence to self-isolation. The Committee noted trends in relation to staff sickness absence, with stress, anxiety and depression contributing to most absences, in addition to colds, flus and bugs. 		

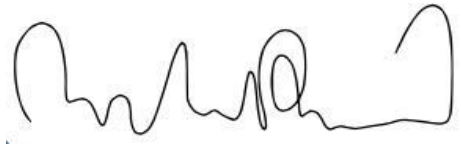
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	<ul style="list-style-type: none"> • In addition, it was noted that there was a low-level baseline of Covid-19 absence. • It was noted that administration and clerical staff have the highest absence levels due to stress, anxiety and depression. • The Committee acknowledged that the Trust was looking after staff wellbeing and asked whether data is available regarding clinical staff members who were taking annual leave but working bank shifts. The Committee was advised that working hours were monitored and flagged with managers if relevant. Conversations have been had with staff who pick up, for example, an extra shift a week, or several shifts a month. • It was noted that Operations is balancing wellbeing and workload. The line managers development programme and CCL programme are key in improving the experience of staff and some of the issues mentioned. • The CEO commented that the conversation regarding the pressure that staff are under is welcome and should be explored. He mentioned that the Trust, and NHS as a whole, was in uncharted territory in terms of continued pressure. • The Committee discussed the importance of being realistic in terms of what the Trust can do in the climate of today's NHS and noted that the Executive was discussing an emerging concern about choices that staff might make at the beginning of 2022; and reviewing the daily decisions around balance and how much activity the Trust can undertake given the sustained pressure that it and staff have been under. • MS assured the Committee that staffing was reviewed and matched with operational pressures. The Committee noted that there was a framework to help inform how staffing models are adjusted, and additionally impact assessments are reviewed regularly. This takes into consideration the impact on staff wellbeing. MS suggested that a self-assessment against those guidelines would be brought to a future Quality & Risk Committee meeting. • RH stated that, in addition, the Trust has good governance around how it proportions resources. • The Committee noted and acknowledged that the Trust is almost exclusively green in safer staffing. • The Committee discussed how the sustained pressure of the past two years might impact the Trust's capacity long term and the possibility of having a 'reset' on what it can be expected to deliver in future. 	Action	Dec 2021
7.1	QUALITY		
7.1.1 7.1.1.1	<p>Near Miss Incidents Report – Cover Paper Appendix 1 – Near Miss Incidents</p> <p>The Committee noted the pre-circulated document, with discussion as follows:</p> <ul style="list-style-type: none"> • The Committee noted that a Near Miss is defined as an incident where no immediate harm, loss or damage was suffered, but if not detected and corrective action taken, could have led to an adverse event. • The Committee was assured that all divisions within the Trust actively 		

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	<p>report near miss incidents and investigate them using the same processes as incidents resulting in harm.</p> <ul style="list-style-type: none"> • Highest reporters of near miss incidents are: Cardiology, followed by Surgical, Theatres, Critical Care and Anaesthesia service, which is in line with the type of clinical work and risk related to these directorates and the care that they provide. • The Committee acknowledged the difficulties in extracting detail for a full review and discussed its initial question about whether classifications such as 'near miss' and 'low harm' might not encapsulate the severity of some incidents and capture the full potential of an error, nor give the Trust an opportunity to share learning. • The Committee raised its concern that a near miss could cover structural failures – in light of this, what could be structurally fixed, and what cannot? JA asked whether conducting a review of near misses related to process or structural failures would be beneficial. • The Committee was assured that all near miss incidents are reviewed. • The Committee requested clarity on how 'important near misses' are distinguished and what they look like. Additionally, LP to review a Quarter to review trends, risks, etc. • SW stated that this is an early report on grading near misses and assured the Committee that the medication incidents that are reviewed and drilled down include near misses, low harm, medium harm and so on. SW explained that, although there is a variation in approach between the different divisions and MDT meetings, all are reviewed. • The Committee noted that patient related near misses are reviewed by QRMG and through discussions with Matrons' reports and do look at the process for human error. 		
7.1.2	<p>QRMG and SIERP Key Highlights and Exception Report</p> <p>LP led the Committee through the pre-circulated document, with points to note as follows:</p> <ul style="list-style-type: none"> • The Committee noted that there were no formal escalations from QRMG. • It was noted that a Serious Incident was escalated to the Committee from the recent SIERP meeting held on 9th November 2021, SUI-WEB 41323 – missed opportunities for providing antibiotic prophylactics. • The Committee noted the themes from the Medicines Safety Group and challenged regarding issues raised by staff concerning the two systems: Metavision and Lorenzo, used for prescribing in Cath Labs. JA asked whether prescribing on two systems would lead to complex safety issues, and omissions, and so forth? The Committee was assured that the information received on the report concerning this is early information and that the issues had been reported to SIERP and were under investigation and will be in Terms of Reference. • The Committee noted that fuller reports of the SI's reported in the highlight report were in the attached reference pack. • The Committee referred to the report and questioned whether previous SI's were recorded on a patients' notes – and were advised 		

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	<p>that they are recorded on Datix. SW stated that a patient with two SIs was very rare but clinicians are made aware that a previous SI had occurred in a patient.</p> <ul style="list-style-type: none"> The Committee thanked LP and her team for their work and complemented the consistency in reporting. 		
<p>7.1.2.1 7.1.2.2</p>	<p>SUI-WEB 38598 SUI-WEB 38630 The Committee noted the pre-circulated documents, as above.</p>		
<p>7.1.2.3</p>	<p>Serious Incident Executive Review Panel (SIERP) minutes (211026, 211102, 211109) The Committee noted the pre-circulated documents.</p>		
<p>7.1.3</p>	<p>Q2 Trust Wide Paper The Committee noted the pre-circulated document.</p> <ul style="list-style-type: none"> The Committee acknowledged that quality and safety indicators show no dramatic changes, nor rise in SIs, from Q1. However, it was noted that the red flag system in CCA was picking up signs of stress, which related to discussions undertaken in agenda item 6.3, above. 		
<p>7.1.4</p>	<p>Highlight Report from C&P Quality System Group MS led the Committee through the pre-circulated document, with points to note as follows:</p> <ul style="list-style-type: none"> MS shared that at present the meetings feel like a supportive group with Chief Nurses sharing quality and IPC issues, and learning. The Committee recognised that there is duplication in reporting currently and this is expected to continue going forward. It was noted that NHS England/Improvement as part of its assurance for ICB requires us to hold a System Quality Meeting and a Patient Safety and Quality Assurance Group. As the group evolves, MS expects to be able to report on how it will integrate with the Trust's quality systems. At present, it was noted, this is a work in progress. 		
<p>7.1.5</p>	<p>Antimicrobial Stewardship Q2 Report The Committee noted the pre-circulated report.</p>		
<p>7.2</p>	<p>PERFORMANCE</p>		
<p>7.2.1</p>	<p>PIPR Safe – M7 The Committee discussed the pre-circulated document, with points to note as follows:</p> <ul style="list-style-type: none"> The report was discussed at the Performance Committee on the morning of the meeting and reference made to VTE assessment and admission compliance. The Committee noted the key actions in place and also enquired whether shared learning was available from areas with higher compliance rates. MS advised that individuals who complete assessments are those who have the ability to prescribe drugs. More non-medical prescribers admit patients on floors that have a better compliance rate. Work is being undertaken regarding the need for these assessments. The Triangulation between CHPPD and some incident reporting was 		

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	noted.		
7.2.1.2	PIPR Caring – M7 The Committee note the pre-circulated document.		
7.2.2 7.2.2.1	Monthly Ward Scorecard Cover Paper Monthly Ward Scorecard: M07 The Committee noted the pre-circulated documents. The Committee was joined by Ward Sister Rebecca Thomas who gave an overview and assurance regarding how the scorecard informs planning at ward level, including staff levels, rotas, and staff sickness.		
8	RISK		
8.1	Board Assurance Framework Report <ul style="list-style-type: none"> • The Board Assurance Framework was accepted by the Committee. • The Chair advised that he had spoken to AJ regarding gaining further clarity on some categories and on the differences between current risk rating and the Trust’s risk appetites. • AJ advised that she had discussed with the Chair the linking of this to some of the recommendations that the Trust is looking at with regards to risk appetite for the risk and maturity order that was recently undertaken. A plan will be brought to the March annual review session. 	AJ	March 2022
8.2	Emerging risks There were none to report.		
9.	GOVERNANCE AND COMPLIANCE		
9.1 9.1.1	Quality Accounts Report and Update: Quality Accounts Priorities The Committee noted the pre-circulated document, and discussed the following: <ul style="list-style-type: none"> • The report is in response to the Committee’s request to review a longer list of proposed priorities that are linked to Trust, regional or national agendas. • The Committee noted the top proposals that were recommended to the Committee were: <ul style="list-style-type: none"> ○ Patient Safety Incident Response Framework; ○ Inequalities; ○ Improving Patient Pathways; ○ Barcode Medicines Administration; ○ CCL and good staff engagement; • The Committee noted the involvement of PPI Committee as part of priority setting. • The Committee thanked MS and IS for giving assurance about the process of selection and for the robust quality priorities suggested. • The Committee noted that the list will return to Quality and Risk for final sign off at a future meeting. 		
9.2	Internal Mock CQC Unannounced Inspection of End of Life Services on 8th July 2021		

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	The Committee noted the pre-circulated report and commended it on its detail. The Committee was pleased to note the reported improvement and noted that further embedding would be required.		
9.3	Internal Audits: There were none to report.		
9.4	External Audits/Assessment: There were none to report.		
10	POLICIES		
	No policies were presented to Committee for ratification.		
11	RESEARCH AND EDUCATION		
11.1	Minutes of Research & Development Directorate Meeting (210910, 211028) The Committee noted the pre-circulated documents.		
11.2	Education Steering Group minutes None available.		
12	OTHER REPORTING COMMITTEES		
12.1	Escalation from Clinical Professional Advisory Committee (CPAC) MS advised the Committee that CPAC had raised its concern regarding timely recruitment. CPAC understood the constraints and was supporting managers.		
12.2	Minutes of Clinical Professional Advisory Committee (211021) These were noted by the Committee.		
13	ISSUES FOR ESCALATION		
13.1	Audit Committee There were no issues for escalation from Part 1.		
13.2	Board of Directors Health Inequalities.		
14	ANY OTHER BUSINESS AJ raised the inclusion in the papers of the forward planner, which the Committee accepted.		
	Date & Time of Next Meeting: Thursday 16th December 2021 at 2.00-4.00 pm, via Microsoft Teams		



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Signed

27th January 2022

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Date

Royal Papworth Hospital NHS Foundation Trust
Quality & Risk Committee

Signed at the meeting held on 27th January 2022