

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

**Held on 27<sup>th</sup> January 2022, at 2 pm**  
**Via Microsoft Teams**

**MINUTES**

<b>Present</b>	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
	McCorquodale, Chris	(CMc)	Staff Governor
	Monkhouse, Oonagh	(OM)	Director of Workforce and Organisational Development
	Palmer, Louise	(LP)	Assistant Director for Quality & Risk
	Posey, Stephen	(SP)	Chief Executive
	Raynes, Andy	(AR)	Director of Digital & Chief Information Officer
	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
<b>In attendance</b>	Stephens, Teresa	(TS)	Executive Assistant (Minutes)
<b>Apologies</b>	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
<b>1</b>	<b>APOLOGIES FOR ABSENCE</b>		
	The Chair opened the meeting and the apologies above were noted.		
<b>2</b>	<b>DECLARATIONS OF INTEREST</b>		
	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: <ul style="list-style-type: none"> <li>Michael Blastland as Board member of the Winton Centre for Risk and Evidence Communication; as advisor to the Behavioural Change by Design research project; as member of the oversight Panel for the Cholesterol Treatment Trialists' Collaboration, as a</li> </ul>		

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	<p>freelance journalist reporting on health issues and as an advisor to Bristol University's Centre for Research Quality and Improvement.</p> <ul style="list-style-type: none"> <li>• Andrew Raynes as a Director ADR Health Care Consultancy Solution Ltd.</li> <li>• Jag Ahluwalia as: CUH Employee, seconded to Eastern Academic Health Science Network as Chief Clinical Officer; Programme Director for East of England Chief Resident Training programme, run through CUH; Trustee at Macmillan Cancer Support; Fellow at the Judge Business School – Honorary appointment and am not on the faculty; Co-director and shareholder in Ahluwalia Education and Consulting Limited; Associate at Deloitte and Associate at the Moller Centre.</li> <li>• Ian Wilkinson as: Hon Consultant CUHFT; Employee of the University of Cambridge; Director of Cambridge Clinical Trials Unit, Member of Addenbrooke's Charitable Trust Scientific Advisory Board, Senior academic for University of Cambridge Sunway Collaboration and Private Health Care at the University of Cambridge.</li> <li>• Stephen Posey in holding an Honorary contract with CUH to enable him to spend time with the clinical teams at CUH; Chair of the NHS England (NHSE) Operational Delivery Network Board; Trustee of the Intensive Care Society; Chair of the East of England Cardiac Network and an Executive Reviewer for CQC Well Led reviews.</li> <li>• Amanda Fadero as a Trustee of Nelson Trust, a charity predominantly supporting recovery from drug and alcohol addiction with expertise in trauma informed care for women; Associate Non-Executive Director at East Sussex NHS Healthcare Trust.</li> <li>• Maura Screaton as a director of Cambridge Clinical Imaging and with shares in some biotech companies.</li> <li>• Richard Hodder as Deputy Chair of the Clinical Policies Forum – Cambridgeshire and Peterborough CCG.</li> </ul>		
3	<p><b>COMMITTEE MEMBER PRIORITIES</b></p> <ul style="list-style-type: none"> <li>• Following attendance at a recent CDC meeting, the Chair requested clarification of a conversation held during the meeting regarding the issue of transitioning from pandemic mode to business as usual, and the opportunity this provides to address what business as usual looks like.</li> <li>• RH advised that the conversation at CDC was to prompt all divisions of the Trust to look at processes that are used and to make a dispassionate analysis of whether these processes add or detract value from how the Trust works to enable the Trust to deliver the very best clinical care to patients.</li> <li>• The Chair stated that he thought the discussion was excellent and gave a healthy sense of the pressures in different parts of the organisation, in particular to weighing up the risks of waiting times with risks of maintaining quality.</li> <li>• The Chair requested an update on the ongoing issue with Junior Doctors in Cardiology who had expressed anxiety about workload and the knock-on effect on training (as discussed at the last Q&amp;R meeting). OM advised that a review is being undertaken that will include workload and capacity. Additionally, a wider review is being undertaken regarding routers co-ordination and this will be presented to a future CDC meeting for discussion.</li> </ul>		

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	<ul style="list-style-type: none"> <li>The Committee discussed the role of Advanced Nurse Practitioners (ANP) and noted that, although the role is more embedded in surgery, there are pockets of ANPs in the cardiology pathway.</li> </ul>		
4	<p><b>MINUTES OF THE PREVIOUS MEETING – 25<sup>th</sup> November 2021</b></p> <p>The minutes from the Quality and Risk Committee meeting dated 25<sup>th</sup> November 2021 were agreed to be a true and accurate record of the meeting and signed.</p> <p>It was noted that, due to national pressures in the NHS in December 2021, including the vaccination roll out, the December Quality &amp; Risk Committee had been changed to an escalation meeting.</p>		
5	<p><b>MATTERS ARISING AND ACTION CHECKLIST PART 1 25<sup>th</sup> November 2021</b></p> <p>The Chair led the Committee through the action checklist and matters arising, with points to note as follows:</p> <ul style="list-style-type: none"> <li><i>N1: Committee Member Priorities: concern regarding emerging issues raised at a CDC meeting in November regarding junior doctors who have expressed anxiety about workload.</i> Discussed in agenda item 3, above. Action closed.</li> <li><i>N2: Clinical Digital Presentation: confirmation to be given re; accountability of areas not reported through QRMG.</i> Action closed. Quarterly reporting to be taken to QRMG, through Clinical Digital Group.</li> <li><i>O1: PIPR Safe – undertake a deep dive on a random selection of Message of the Weeks to monitor potential impact of messaging:</i> Deputy Chief Nurse is working on this for a Focus On section of PIPR in March or April 2022.</li> <li><i>O3: Regional Health Inequalities:</i> Work on inequalities was paused regionally due to the pressures placed on the NHS by the Omicron variant. IS and MS met recently to discuss and a larger meeting with the business intelligence and digital teams is organised for February. The Committee noted that Health Inequalities has been included in the Committee forward planner for future discussion at Quality &amp; Risk Committee meetings.</li> <li>All other actions either on agenda, closed, or for future Committee meetings.</li> </ul>		
6.	<b>WORKFORCE</b>		
6.1	<p><b>Quarterly Update on Compassionate and Collective Leadership Programme, including EDI and Health and Wellbeing</b></p>		
6.1.1	<p><b>Appendix – Mandatory Vaccination</b></p> <p>OM led the Committee through the pre-circulated documents, with points to note as follows:</p> <ul style="list-style-type: none"> <li>The Committee noted that a number of workforce staff have been diverted over December and January to support with the vaccine roll out, to support the organisation with absence and to manage the national mandatory vaccinations.</li> <li>The Committee noted the focus of work for the remainder of 2021/22 and Q1 22/23, as outlined in the documents, including the continuing development of the behaviours and values framework.</li> <li>The Committee noted the national mandatory Covid-19 vaccination</li> </ul>		

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	<p>legislation and work being undertaken by the Trust around this. The Committee noted that the legislation is not presenting a great risk to the Trust's provision of service due to the small number of staff for whom it does not have a record of receiving two vaccinations. The Committee acknowledged that there may be legal risks in terms of challenges from staff as we progress through the implementation process but the Trust was working to minimise these as far as possible through having fair and compassionate processes.</p> <ul style="list-style-type: none"> <li>• The Committee enquired about the scope of the mandatory vaccination legislation in relation to the Trust and was advised that it included all staff that work or are required to work on the hospital site. This is due to the geography of the hospital and that the Trust expects its staff to go to the aid of any patient that requires assistance.</li> <li>• AF highlighted the good work being undertaken by Workforce in a number of areas, including inclusion, the development programme for managers and increased training for Network Chairs.</li> </ul>		
6.2	<p><b>PIPR – Performance, Management and Culture M9</b> The Committee noted the pre-circulated document, with points to note as follows:</p> <ul style="list-style-type: none"> <li>• The Committee sought clarity regarding the unregistered nursing vacancies and was informed that, although turnover had not increased significantly for that staff group, recruitment has slowed.</li> <li>• In common with other NHS employers, the Trust is experiencing reduced quantity and quality of response to non-registered posts which is a result of increasing pay rates in other sectors and lower rates of unemployment nationally and locally with increased competition for applicants.</li> <li>• The Committee noted that skill mix in some areas, particularly in Bands 2 – 4 has increased the number of posts to be filled.</li> <li>• The Committee acknowledged the work that was being undertaken to improve the Trust's ability to recruit and retain staff in these roles.</li> <li>• Funding has been received from HEI to support HCSW recruitment and retention and the Trust is working with the Clinical Education and Communications teams on interventions to increase pipeline and support new starters.</li> <li>• The Committee noted that there are approximately 50 WTE HCSW vacancies with 15 within Level 5 following an increase in their establishment, and also 14 in Critical Care.</li> </ul>		
7.1	<b>QUALITY</b>		
7.1.1	<p><b>QRMG and SIERP Key Highlights and Exception Report</b> The Committee noted the pre-circulated documents, with discussion as follows:</p> <ul style="list-style-type: none"> <li>• No formal escalations from QRMG held in January 2022, nor from recent SIERP meetings held in December 2021.</li> <li>• No Serious Incidents reported during the month.</li> <li>• The Committee noted the Serious Incident Update.</li> <li>• The Committee noted the PALS/Volunteers update. Additional funds have been awarded to the Trust from the NHSI Volunteering Service after a successful bid in October 2021. The funding is being</li> </ul>		

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	<p>used to build further extra capacity by having a temporary co-ordinator role to help support the PALS team of three staff to help restore and grow the Trust's volunteers.</p> <ul style="list-style-type: none"> <li>LP highlighted to the Committee the work currently being undertaken by the team on inquests. Currently, there are ninety-seven outstanding coroners' inquests. In December the team attended three Pre-Inquest Reviews. The Committee acknowledged that Pre-Inquest Reviews place additional work on the team but are good for the families and provide good learning. The Committee noted that there were new assistant coroners in post and that it was anticipated that inquest activity would continue to increase, e.g., nine pre-inquest meetings are due to be held in the next six weeks to agree the scope of investigations.</li> </ul>		
7.1.2.	<p><b>Serious Incident Executive Review Panel (SIERP) minutes (211207, 211214, 211221)</b> The Committee noted the pre-circulated documents.</p>		
7.1.3	<p><b>Terms of Reference - QRMG</b> The Committee noted the pre-circulated document.</p>		
7.1.4	<p><b>Trust Quality Strategy – Request for Extension</b> The Committee noted the pre-circulated document, with points to note as follows:</p> <ul style="list-style-type: none"> <li>The Committee was asked to agree to a six-month extension to the current Trust Quality Strategy 2019-2022, with a new review date in September 2022, as outlined in the pre-circulated document.</li> <li>The Committee agreed to the request.</li> </ul>		
7.1.5	<p><b>Antimicrobial Stewardship Q3 Report</b> The Committee noted the pre-circulated report.</p> <ul style="list-style-type: none"> <li>The Committee acknowledged the benefit of the work undertaken by the anti-microbial pharmacist and noted the good practice in terms of antibiotic prescribing, usage, and benchmarking.</li> <li>JA asked what antimicrobial stewardship pharmacists and others are doing that can be implemented as Trust practices, rather than be dependent upon them being present on the round.</li> <li>SW agreed that this was an area that the Trust should continue to develop further with digital colleagues.</li> <li>JA queried the use of two prescribing systems. SW assured the Committee that scrutiny is prevalent through support of clinical teams and pharmacists.</li> </ul>		
7.2	<p><b>PATIENT EXPERIENCE</b></p>		
7.2.1	<p><b>Patient Story</b> None available for this meeting.</p>		
7.2.2	<p><b>End of Life Steering Group Draft Minutes (211014)</b> The Committee note the pre-circulated document.</p> <ul style="list-style-type: none"> <li>The Chair remarked that actions formatted in red in the minutes were easy to reference.</li> </ul>		
7.2.3	<p><b>Patient &amp; Carer Experience Group Draft Minutes</b></p>		

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	None Available		
<b>7.2.4</b>	<b>Patient &amp; Public Involvement Committee Draft Minutes (211108)</b> The Committee noted the pre-circulated document.		
<b>7.3</b>	<b>PERFORMANCE</b>		
<b>7.3.1</b>	<b>Performance Reporting/Quality Dashboard</b>		
<b>7.3.1.1</b>	<p><b>PIPR Safe – M9</b></p> <p>The Committee noted the pre-circulated document, with discussion as follows:</p> <ul style="list-style-type: none"> <li>• MS highlighted that VTE compliance had dipped, but assured the Committee that this issue was being picked up at divisional performance meetings.</li> <li>• The Committee noted that, although compliance had improved in November, the change in Junior Doctors in December had had a negative impact.</li> <li>• MS advised that she was working with IS on ensuring that a process is in place for when doctors change and for supporting the medical champion for VTE to mitigate the risk.</li> <li>• LP advised that a VTE focus group had been set up to review and monitor the issue.</li> <li>• The Committee asked whether a digital device could prompt a response that would aid VTE compliance. AR replied that this could be reviewed with Dedalus under the new contract to look at hard coding.</li> <li>• CMC advised that he had been working with the suppliers of the Trust's EPR on a design for this and that the Trust was waiting for them to deliver the code, which could be during summer 2022.</li> <li>• The Committee acknowledged the additional need for training when junior doctors are rotated to ensure that compliance is raised.</li> <li>• AF sought clarity that safer staffing had been given an amber rating in the document but that in the commentary it was noted as lesser activity. MS advised that this was due to an error in the calculation behind the data. Empty beds precipitated less staff and so safer staffing was still maintained but, as the bed numbers is not inputted into the system on a continual basis, the numbers can appear skewed. The Committee was assured that safer staffing was maintained during the month and that the Trust was looking to address the flaw in the system.</li> <li>• The Committee acknowledged that the reason that some beds were empty was because the Trust had changed its activity profile due to the Omicron variant.</li> <li>• AF congratulated the Chief Nurse and her team on work undertaken to ensure that the Trust remains safe during such difficult times.</li> <li>• SP advised the Committee that the fact that the Trust has maintained green, safer staffing, in addition to ensuring that quality metrics and patient experience remained strong was shared in the weekly briefings with staff. The Committee acknowledged that the Trust is an exception locally and regionally at present in relation to safer staffing and to positive outcomes, quality and patient experience.</li> </ul>		
<b>7.3.1.2</b>	<b>PIPR Caring – M9</b>		

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	<p>The Committee noted the contents of the pre-circulated document.</p> <ul style="list-style-type: none"> <li>The Committee noted that complaints had decreased and the work being undertaken to resolve issues locally.</li> <li>The Chair requested that complaints and the work behind them were highlighted in the next Quality &amp; Risk Committee agenda.</li> </ul>	LP	Feb 22
7.3.2	<p><b>RPH Establishment Setting Policy</b></p> <p>MS led the Committee through the pre-circulated document that had been submitted for approval, with points to note as follows:</p> <ul style="list-style-type: none"> <li>The policy has been written in line with national guidance and introduces utilising the Safer Nursing Care Tool (SNCT 2016) methodology, triangulated with an approach that uses a decision support tool in conjunction with clinical quality indicators, benchmarking and professional judgement/scrutiny.</li> <li>The Committee noted that the Trust is required by its regulators to have a nursing establishment setting policy that is in line with 2016 guidance and also to develop workforce safeguards.</li> <li>A Head of Nursing for Safer Staffing has been seconded as a resource to review this together with the Trust's requirements, and look at an evidence based tool that can be used going forward to measure the acuity and influence our establishment setting. The policy has been written to ensure that the Trust encompasses these requirements and professional judgements and patient outcomes as part of establishment decision making.</li> <li>Training on Safer Nursing Care Tool (SNCT) has been set up and is ongoing.</li> <li>JA asked whether the Trust could learn from judgment and planning from prior years as to what signals work best and which ones are less reliable in terms of establishment setting. Additionally, JA stated, there will always be unpredictable issues to deal with, such as pandemics, for example.</li> <li>MS advised that the monitoring of red flags in relation to staffing, plus patient outcomes can be further tracked and monitored.</li> <li>The Chair acknowledged the importance of maintaining confidence of staff in being able to demonstrate that the Trust has a robust policy for assessing staffing need and enquired what mechanism the Trust had for adjusting its sense of how to keep the risks for the whole patient population low, for example, if waiting lists increase.</li> <li>MS stated that this would fall under the category of professional judgement and advised the Committee that the next piece of work to be brought through Quality &amp; Risk Committee would be the Safe Staffing Escalation Policy. The Committee supported the Establishment Setting Policy and the addition of an escalation process for any emerging issues.</li> <li>The Committee commended the addition of roles and responsibilities in the document and was assured that these were embedded.</li> <li>The Committee noted SP's statement highlighting that during the pandemic revised national guidance had been disseminated at periods of particular pressure that saw reduced ratios advocated for ICU and other areas within the NHS. SP advised that, as waiting times increase, the Trust needs to be mindful of conversations taking place externally to the Trust both regionally and nationally.</li> </ul>		

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	<ul style="list-style-type: none"> <li>JA asked whether the Trust shares its establishment policies with colleagues in other hospitals, and vice versa, to get an understanding of common alignments. MS advised that key is the evidence based tool and validating the data put into the process. Additionally, the Committee noted that the Trust had worked with CUH on a recent peer review.</li> <li>The Committee approved the Policy.</li> </ul>		
<b>8</b>	<b>RISK</b>		
<b>8</b> <b>8.1</b> <b>8.1.1</b> <b>8.1.2</b> <b>8.1.3</b>	<b>Board Assurance Framework Report</b> <b>Cover Paper – Board Assurance Framework (BAF)</b> <b>BAF</b> <b>BAF Report Chart 220121</b> <b>DN433 BAF Policy January 2022 v6</b> <ul style="list-style-type: none"> <li>The Committee noted the pre-circulated documents.</li> <li>The Committee noted that the Board of Directors would look at the BAF and risk appetites as part of a discussion in March.</li> <li>The Chair welcomed possible revisions to the BAF to aid clarity of understanding.</li> <li>AJ advised that, following a discussion in Performance Committee held the morning of 27<sup>th</sup> January 2022, an adjustment will be made to the BAF regarding the level of assurance.</li> <li>The Chair requested that on the graphics, the Trust did not use lines for discrete variables.</li> </ul>		
<b>8.2</b>	<b>Emerging risks</b> There were none to report.		
<b>9.</b>	<b>GOVERNANCE AND COMPLIANCE</b>		
<b>9.1</b>	<b>Annual Report (Performance Report) and Quality Accounts Timetable 2021-22</b> <ul style="list-style-type: none"> <li>The Committee noted the pre-circulated documents and commended the articulation of choices highlighted in the Quality Accounts Timetable.</li> </ul>		
<b>9.2</b> <b>9.2.1</b> <b>9.2.2</b>	<b>First Draft Annual Governance Statement (Jan)</b> <b>Appendix 1: AGS model Statement</b> <b>Appendix 2: AGS</b> <ul style="list-style-type: none"> <li>The Committee noted the pre-circulated documents.</li> <li>The Chair requested that Committee members write directly to AJ with comments and suggestions for changes.</li> </ul>		
<b>9.3</b>	<b>Internal Audits:</b> There were none to report.		
<b>9.4</b>	<b>External Audits/Assessment:</b> There were none to report.		
<b>10</b>	<b>POLICIES</b>		
<b>10.1</b>	<b>Cover Paper: DN361 Use of Human Biological Materials for Research : Policy &amp; Procedures for RPH Research Tissue Bank</b> <ul style="list-style-type: none"> <li>The Committee noted the pre-circulated document.</li> </ul>		





Agenda Item		Action by Whom	Date
14	<b>ANY OTHER BUSINESS</b> None.		
	<b>Date &amp; Time of Next Meeting:</b> <b>Thursday 24<sup>th</sup> February 2022 at 2.00-4.00 pm, via Microsoft Teams</b>		



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Signed

24<sup>th</sup> February 2022

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Date

**Royal Papworth Hospital NHS Foundation Trust**  
**Quality & Risk Committee**  
Meeting held on 24<sup>th</sup> February 2022