

Meeting of the Quality & Risk Committee (Part 1)
(Sub Committee of the Board of Directors)
Quarter 4, Month 2

Held on 24th February 2022, 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
	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
	Webb, Stephen	(SW)	Deputy Medical Director and Clinical Lead for Clinical Governance
	Wilkinson, Ian	(IW)	Non-executive Director
In attendance	Boyd, Maggie	(MB)	NHS Arden and GEM (observing on behalf of the Well Led External Review Team)
	Garside, Krys	(KG)	NHS Arden and GEM (observing on behalf of the Well Led External Review Team)
	Stephens, Teresa	(TS)	Executive Assistant (Minutes)
Apologies	Seaman, Chris	(CS)	Quality Compliance Officer
	Smith, Ian	(IS)	Acting Medical Director

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. The Chair warmly welcomed Maggie Boyd and Krys Garside who were observing on behalf of the Well Led External Review team.		

Agenda Item		Action by Whom	Date
2	DECLARATIONS OF INTEREST		
	<p>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:</p> <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; partner is an advisor to Thrive, a games-based mental health app and support service. • 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. • 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; 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 of the Clinical Policies Forum – Cambridgeshire and Peterborough CCG. • Roger Hall as: Director of a medical services company Cluroe & hall Ltd. 		
3	<p>COMMITTEE MEMBER PRIORITIES</p> <ul style="list-style-type: none"> • The Chair requested an update regarding Lassa Fever and was advised by RH that, although there had been significant impact on 		

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	specialist services in CUH due to reduction of ICU beds due to the isolation of staff, and in Luton and Dunstable University Hospital, the Trust was not adversely affected but did give support to CUH.		
4	<p>MINUTES OF THE PREVIOUS MEETING – 27th January 2022 The minutes from the Quality and Risk Committee meeting dated 27th January 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 27th January 2022 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"> • O2: BAF Chair to address R&D risk (attributable to multiple committees) with other Committee members. Action closed. This has been discussed at EDs. • The Chair expressed his ambition for the Committee to be able to view clearer mapping of the full range of current quality and audit initiatives to ensure that the Committee can identify gaps and track progress. • LP stated that the Trust had a good culture of quality improvement and consideration is being given to how this is articulated and evidenced. • The Committee acknowledged how Covid-19 had impacted the Trust for the past two years. • The Committee requested that an initial concept paper, with a formal plan and timeline be discussed by the Executives and LP and brought back to the Committee. • All other actions either on agenda, closed, or for future Committee meetings. 	LP	04/22
6.	WORKFORCE		
6.1	<p>Critical Care Improvement Programme OM led the Committee through the pre-circulated document, with points to note as follows:</p> <ul style="list-style-type: none"> • The Committee acknowledged the pressure that critical care had been under during the Covid-19 pandemic and he stresses that this had placed on the team. The Committee noted that the transformation programme was a resource to support the department and develop and implement several interventions to deliver improvements in critical care. • The Committee noted that communication sessions had been undertaken by OM, MS and the critical care senior leadership team where all critical care staff had been invited. The response had been mixed with varying levels of positivity and negativity as some staff members felt that they were under a microscope. • The Committee commended the appointment of Jennifer Whisken to Associate Director of Nursing for the CCA Transformation Programme and acknowledged that she had started on 21st February and was starting to develop the project plan and identify first priorities. 		

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	<ul style="list-style-type: none"> The Committee noted the governance structure. The Committee noted feedback from work undertaken so far, in particular the gap in perception for some members of staff that critical care had not had sufficient acknowledgement and thanks for the work undertaken and the stress that they were under throughout the pandemic. OM advised of the importance of exploring this perception and also the importance of ensuring that all multi-disciplines are included in the Trust wide acknowledgement of the work that was and is undertaken. SP stressed the importance of the Trust ensuring that it does as much as it can for patients, whilst making sure it has the right level of care and consideration for staff. AF enquired as to whether this programme sets a template for future improvement programme. AF enquired whether there is reflection in terms of tangible outcomes and whether there would be an outcome regarding staff wellbeing, education, and support during the process. MS reflected on the link between staff wellbeing and patient safety/care and the Committee noted the emphasis on offering support to staff to ensure their roles are fulfilling and manageable whilst optimising what the department can provide. The Committee noted the continuing rostering and safe staffing work being undertaken. The Committee acknowledged that the work programme will be locally owned and benchmarked against other centres of excellence. The Committee enquired what proportionate bed capacity might be seen from the programme and was advised that the process was complex, but that the ambition was to open thirty-six beds. Updates to be received by the Committee from the CCA Transformation Board. 		
6.2	<p>PIPR – Performance, Management and Culture M10</p> <p>The Committee noted the pre-circulated document, with points to note as follows:</p> <ul style="list-style-type: none"> The Trust vacancy rate continues to rise from 7.87% in December to 8.42%. Areas identified for potential study include career progression, access to pay advancement and promotion, and the number of APST staff that are leaving. It was noted that there had been a notable decline in the number of applicants for roles within the Trust as well as a decline in the quality of applicants. The Committee noted the continuation of absence rates in February, with 9,314 days lost to sickness absence in quarter 3. 		
7.1	QUALITY		
7.1.1 7.1.2	<p>QRMG and SIERP Key Highlights and Exception Report SUIWEB 41024</p> <p>The Committee noted the pre-circulated documents, with discussion as follows:</p> <ul style="list-style-type: none"> The Committee requested long run-ins with data to assist with looking at business as usual and understanding what 'normal' looks 		

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	<p>like.</p> <ul style="list-style-type: none"> The Committee raised its concern regarding prescribing incidents resulting from problems coordinating Lorenzo and Metavision and noted that this was a national problem as no national unified electronic patient record is currently in use to allow prescribing to be carried through. The Committee discussed the issue at length and acknowledged that no serious incidents had been reported due to this issue, but discussed and expressed concern that no-harm and low-harm does not rule out high risk. The Committee agreed that no or low harm but high risk incidents should be distinguished in the Trust's reporting. MS suggested that a spotlight report should be undertaken in PIPR regarding this issue. The Committee asked whether the Trust was still redeploying staff due to the pandemic and was advised that redeployment did take place in relation to the vaccination hub that was set up in December 2021. 		
7.1.3.	<p>Serious Incident Executive Review Panel (SIERP) minutes (04/01/22, 11/01/22, 18/01/22, 25/01/22) The Committee noted the pre-circulated documents.</p>		
7.1.4	<p>Terms of Reference - QRMG The Committee noted the pre-circulated document.</p>		
7.1.5	<p>Trust wide Q3 – Quality & Risk Report The Committee noted the pre-circulated document, with discussion as above in Agenda Item 7.1.2.</p>		
<p>7.1.5 7.1.5.1 7.1.5.2 7.1.5.3a 7.1.5.3b 7.1.5.4</p>	<p>M.abscessus Update Appendix 1 Water Paper Appendix 2 Clinical Governance Status Report – February 2022 Appendix 3a Lung Transplant Outcomes Old/New Papworth Appendix 3b three Year Lung Survival Appendix 4 Lung Transplant Services Review Meeting Minutes (220124) The Committee noted the pre-circulated report and appendices, with discussion as follows:</p> <ul style="list-style-type: none"> The Committee noted that the Executive team had two workshop sessions to gain increased oversight and governance regarding M.abscessus. This corresponded with communications received by and responded to UKHSA. The Executive felt that governance needed to be more structured to continue ensuring that reporting was correct and that the Executive continued to have the right line of sight in relation to estates, communications, R&D, etc. The Committee acknowledged that the governance structure would help to formalise existing work and provide clear lines of accountability, in particular to external stakeholders. JA stated that he supported the proposals and that the work had been an invaluable exercise. The Committee noted that the work outlined in the documents had given wider learning in the Trust and that work was progressing at 		

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	<p>pace.</p> <ul style="list-style-type: none"> MS highlighted section 10 of the M.abscessus Update paper and highlighted to the Committee that an expert panel was convened to look at lung transplant in terms of outcomes. The panel had found that the data suggested that there was no indication of worsening mortality outcomes in moving to the new site. The Committee agreed that this should inform any future judgement about the viability of lung transplantation at the Trust. The Committee discussed the complexity of mortality outcomes. The Committee noted that two inquests would be heard in the summer. SP advised the Committee that the Trust had not received a reply from its letter to UKHSA dated 13th January 2022. The Committee thanked the Executive for its transparency and flow of information regarding M.abscessus. 		
7.1.6	<p>Following escalation from Performance Committee: Note regarding how the Trust balances decision making around staffing and operational activities</p> <p>The Committee noted the pre-circulated document, with discussion as follows:</p> <ul style="list-style-type: none"> Following escalation from the Performance Committee, EM and MS presented a paper to the QR Committee regarding how the Trust balances operational decision making around staffing, clinical priorities and planned activity on a daily basis. The Committee recognised the framework on which decisions are taken, and commended the flexible decision-making process to ensure that professional judgement was also taken, for example, by CDC. The Committee noted that through prioritised discussion and agreement the Trust does recognise and give flexibility to patients in need of an emergency service and to those who are awaiting transplants when offers are received. The Committee recognised the wider question regarding how the Trust balances potential safety for those receiving care and those on the waiting list and the conversations and decisions taken in order to balance those pressures. The Committee noted that the Critical Care Transformation Programme would feed into this process. The Committee noted that the Trust was green for safer staffing. 		
7.2	PERFORMANCE		
7.2.1 7.2.1.1	<p>Performance Reporting/Quality Dashboard</p> <p>PIPR Safe – M10</p> <p>The Committee noted the pre-circulated document, with discussion as follows:</p> <ul style="list-style-type: none"> MS highlighted the on-going work regarding Surgical Site Infection (SSI) that was outlined in the spotlight report. The Committee noted that the Trust is currently an outlier and, if comparing like for like, the Trust rate is at 5% and the national average rate is 2.4%. The Committee acknowledged that SSI had been a challenge for some time but that work had now been invigorated by the new Head 		

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	<p>of Nursing with a corporate responsibility for SSI, who had been appointed in January 2022.</p> <ul style="list-style-type: none"> The Committee noted that due to the pandemic, IPC had had more of a focus on Covid-19, but that a task and finish group had been instigated and a review and action plan were in place. Work is ongoing to ensure that increased auditing is taking place to ensure increased compliance. 		
7.2.1.2	<p>PIPR Caring – M10 The Committee noted the contents of the pre-circulated document.</p>		
7.2.2 7.2.2.1	<p>Cover Paper – Monthly Scorecards Monthly Scorecards – M10 The Committee discussed the pre-circulated documents, with points to note as follows:</p> <ul style="list-style-type: none"> MS advised that the Ward Scorecards are being reviewed to ensure that they are consistent with other data regarding overall staffing levels. A review will also be undertaken regarding context and triangulation of metrics at divisional/ward level. 		
8	RISK		
8 8.1 8.1.1	<p>Board Assurance Framework Report Cover Paper – Board Assurance Framework (BAF) BAF</p> <ul style="list-style-type: none"> The Committee noted the pre-circulated documents. A number of conversations had taken place with the Executive Directors and the recommendation for risk appetite is being developed. The Committee noted that the BAF would be discussed at the Board of Directors' development meeting next week. 		
8.2	<p>Emerging risks There were none to report.</p>		
9.	GOVERNANCE AND COMPLIANCE		
9.1	<p>Quarter 3 SIRO Report</p> <ul style="list-style-type: none"> The Committee noted the pre-circulated document and reiterated the importance of document control compliance. AR advised that this was being monitored through the Information Governance Steering Group. 		
9.2 9.2.1 9.2.2 9.2.3	<p>QR Annual Review Appendix 1: QR Self Assessment Appendix 2: TOR 002 Appendix 3: Committee Attendance Summary AJ led the Committee through the pre-circulated documents, with points to note as follows: Terms of Reference:</p> <ul style="list-style-type: none"> The Committee agreed that Fundamentals of Care Board should report to CPAC in the first instance, with summary brought to Quality & Risk Committee through that meeting. 		

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	<ul style="list-style-type: none"> The Committee agreed to the Terms of Reference changes, as outlined in the documents, with one change as above. <p>Self Assessment:</p> <ul style="list-style-type: none"> The Committee reviewed the performance of the Committee and agreed that under the current leadership the Committee had developed and grown. The Committee agreed that the changes made over the past year, including the new workforce reporting and reporting on Quality was working well and had given clarity as to where accountability sits in terms of performance and quality and risk. The Committee acknowledged that due to the pandemic some elements of reporting and assurance had suffered, for example quality improvement, and discussed how to regain momentum and the importance of returning to detailed scrutiny of business as usual. The Committee agreed about the importance of understanding methodologies and discussed the example of work already undertaken, including closing the loop of SIs. The Committee agreed on the importance of post pandemic work and acknowledged that one of the roles of the Committee is to gain reassurance that the Trust has not only looked at its own performance carefully but benchmarked to ensure that its current practices are as high quality and effective as they should be. The Committee agreed on the importance of the role of the ICS. The Committee reiterated the importance of ensuring clearer mapping of the full range of quality and audit initiatives to ensure that the Committee can identify gaps and track progress. 		
9.3	<p>Cyber Security Highlight Report The Committee noted the pre-circulated document.</p>		
9.4	<p>Internal Audits: There were none to report.</p>		
9.5	<p>External Audits/Assessment: There were none to report.</p>		
10	<p>POLICIES</p>		
10.1	<p>Cover Paper: DN306 Consent Policy</p> <ul style="list-style-type: none"> The Committee noted the pre-circulated document. 		
10.1.1	<p>DN306 Consent Policy</p> <ul style="list-style-type: none"> The Committee noted the policy and approved the one year extension request. 		
11	<p>RESEARCH AND EDUCATION</p>		
11.1	<p>Research</p>		
11.1.1	<p>Minutes of Research & Development Directorate Meeting (220114)</p> <ul style="list-style-type: none"> The Committee noted the pre-circulated document. 		
11.2	<p>Education:</p>		
11.2.1	<p>Cover Paper: Clinical Education Report</p>		
11.2.2	<p>Clinical Education Report</p>		
11.2.3	<ul style="list-style-type: none"> The Committee noted the pre-circulated documents. <p>Education Steering Group minutes</p>		

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	<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"> There were no issues for escalation from the February 2022 CPAC meeting. 		
12.2	Minutes of Clinical Professional Advisory Committee (220120) <ul style="list-style-type: none"> The Committee noted the pre-circulated document. 		
12.3	Clinical Ethics Committee Minutes <ul style="list-style-type: none"> Deferred to a future meeting due to query raised around a factual element of the meeting presentation that needed to be checked before release. 		
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	Performance Committee <ul style="list-style-type: none"> Agenda item 7.1.6. Document to be forwarded to Performance Committee. 	TS	March 22
13.3	Board of Directors <ul style="list-style-type: none"> There were no issues for escalation from Part 1. 		
14	ANY OTHER BUSINESS None.		
	Date & Time of Next Meeting: Thursday 31 st March 2022 at 2.00-4.00 pm, via Microsoft Teams		



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Signed
31st March 2022

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Date

Royal Papworth Hospital NHS Foundation Trust
Quality & Risk Committee
Meeting held on 24th February 2022