NHS
Royal Papworth Hospital
NHS Foundation Trust

Meeting of the Quality & Risk Committee (Part 1)
(Sub Committee of the Board of Directors)
Quarter 4, Month 3

Held on 31st March 2022, at 2 pm
Via Microsoft Teams

M I N U T E S

Present	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
	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
In attendance	Conquest, Cynthia	(CC)	Non-Executive Director
	Stephens, Teresa	(TS)	Executive Assistant (Minutes)
Apologies	Ahluwalia, Jag	(JA)	Non-Executive Director
	Posey, Stephen	(SP)	Chief Executive
	Seaman, Chris	(CS)	Quality Compliance Officer
	Wilkinson, Ian	(IW)	Non-executive 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 welcomed Cynthia Conquest to the meeting.		
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		

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	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. The Chair advised that he was Co-Chairing a review of BBC's impartiality of public spending. • 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 wit 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	**COMMITTEE MEMBER PRIORITIES** • None reported.		
4	**MINUTES OF THE PREVIOUS MEETING – 24th February 2022** The minutes from the Quality and Risk Committee meeting dated 24th February 2022 were agreed to be a true and accurate record of the meeting and signed.		

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5	**MATTERS ARISING AND ACTION CHECKLIST PART 1 - from 24th February 2022** The Chair led the Committee through the action checklist and matters arising, with points to note as follows: • The Chair requested that a point from the February 2022 minutes be placed in the Action Log: a spotlight or focus on the difference between low harm versus high risk. To be brought to a future meeting. • All other actions either on agenda, closed, or for future Committee meetings.	TS	03/22
6.	**WORKFORCE**		
6.1	**Overview of Rostering Management and Review Paper** OM led the Committee through the pre-circulated document, with points to note as follows: • The National Quality Board set out expectations of how Trusts should use e-rostering and e-job planning tools to support efficient and effective staff deployment. Accountability and responsibility for staffing capacity and capability lies with the Trust Board and processes must be in place to enable staffing establishments to be met on a shift-by-shift basis. • The Chief Nurse and Director of Workforce and OD have reinstated 6 monthly Rostering Check and Support reviews with each of the clinical areas, with representation for all disciplines at the meetings. Actions are agreed at the meeting and the staff reaction to the meetings is positive. • The Committee noted the themes from the CCA roster review and was advised that this is now being managed by the Transformation Programme. • The Committee noted the SafeCare Live refresh and the training currently underway to enable it to be used to its full functionality. This will support a trust wide overview and assessment of staffing levels and skill mix to highlight hotspots and escalate any potential issues linking safe staffing, adding professional judgements, incorporating patient and staff safety reviews. • The Committee acknowledged the important link between rostering management and staff well-being and retention. • AF welcomed the approach and the staff engagement but challenged that there was a 'so what?' aspect. AF emphasised that this was important to drive forward and that it needs to be owned at every level, and asked how long will it take? What are the Trust's expectations? Where will the Trust be in six months? How will the Trust know if the review has been successful? • The Chair agreed that the paper talked about identifying opportunities for improvement but lacked a tangible sense of what the improvements are in terms of productivity output. • The Committee was advised that staff satisfaction and outcomes for patients were very closely related and that, even though the Trust's patient outcomes were good, there was an expectation that they		

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	would continue to improve. • The Committee acknowledged the importance of effective rostering for positive staff experience in being able to balance work and life, and was advised on the benefits, including: effective use of budgeting, correct and best skill mix, recruitment, reduction in staff turnover, the ability to have a clearer overview of supply and demand to support staff planning. • The Committee also noted that SafeCare Live will give a 'live' overview of the whole site so that it would be easier to see where vulnerable areas are and how they can be mitigated.		
6.2 6.2.1	**Gender Pay Audit** **Gender Pay Gap Report** The Committee noted the pre-circulated documents, with points to note as follows: • The Committee noted that the audit results and the action plan have both been discussed and developed with the Trust's EDI Committee and the Women's Network. • The Committee acknowledged the impact of the pandemic and the Trust's focus on race discrimination/inequality on its ability to progress work on gender pay inequality. • The Committee noted the close intersectionality between gender pay inequality and black women. • The Committee noted and discussed frustrations regarding the Clinical Excellence Awards. • The Committee discussed whether some instances of gender pay gap in the Trust reflects the demands of working in craft-based specialisms, e.g. surgery, and the potential for certain sectors of the workforce to not enter those specialisms because of the lifestyle attached. It was acknowledged that the NHS is gender blind in terms of national pay rates and conditions and the importance of maintaining the integrity of nationally agreed job evaluations and of including the processes in the Trust's action plans was discussed and noted. • Additionally, the Committee discussed whether there is disadvantage in terms of pay gap for part time staff and discussed the potential for discrimination in recruitment and promotion. • The Committee requested that existing data be reviewed for clarity on the above two bullet points. • The Committee agreed that, although the audit only represents male and female, that the trust did need to be mindful of transgender roles. • The Committee approved the gender pay audit and actions and agreed to recommend the above to the Board for formal adoption.	OM MB	05/22 04/22
6.3	**PIPR People, Management and Culture M10** The Committee noted the pre-circulated document, with discussion as follows: • The Committee noted the high absence rates, driven by the high rates of Covid-19 sick leave together with normal winter rates of absence. • The Committee noted that roster compliance improved in February and that support and training continues to be given to managers to		

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	ensure compliance and improved practice. • The Committee asked how the new IPC guidance regarding the management of living with Covid-19 would be managed in the Trust and was advised that guidance had just been received in relation to visitors and staff. PCR testing will be stopped and, although LFT testing will continue it does not always pick up this particular strain. Therefore, staff and visitors who are symptomatic will be advised to stay away. • Staff will be required to undertake twice weekly LFTs.		
7.1	**QUALITY**		
7.1.1 7.1.2	**QRMG and SIERP Key Highlights and Exception Report** **SUIWEB 41446** LP led the Committee through the pre-circulated documents, with points to note as follows: • The Committee noted the update regarding additional funds being awarded to the Trust after a successful bid. The funding will build further capacity in the form of a temporary co-ordinator role to assist the PALS team and provide dedicated time to re-establish the volunteer service. • The Committee discussed the report summary concerning SUI-WEB41446, a fracture following a fall and challenged that the Trust had seen similar incidences in the past and wondered whether learning from previous incidents had been embedded. Do the terms of reference for QRMG need to include assessment of benefits derived from previous learning? • LP advised that the new patient safety framework would require SI investigations to review previous and related incidents. Implementation due May/June 2022. The Trust recognises that more project support is required to implement to the Trust, so now building more resources and infrastructure. • The Committee discussed and challenged the trauma process that the patient went through after the fall and queried whether it was right that the patient was taken to CUH for x-rays and had a long wait. • The Committee acknowledged that the Trust would not have the expertise to read the fall x-rays correctly but challenged that the image could be sent to CUH for trauma specialists to diagnose. The Committee requested that the policy be reviewed and wished to be advised whether it was to be changed and the reasons why if not.	IS	05/22
7.1.3.	**Serious Incident Executive Review Panel (SIERP) minutes (01/02/22, 08/02/22, 15/02/22, 22/02/22)** The Committee noted the pre-circulated documents.		
7.1.3 7.1.3.1	**Cover Paper – CCG Quality Assurance Site Visit** **CCG Quality Site Visit Report 25th February 2022** The Committee noted the pre-circulated documents and the positive feedback received from the CCG following their visit that focused on medicine management and on four SIs. No actions were requested.		
7.2	**PERFORMANCE**		
7.2.1	**Performance Reporting/Quality Dashboard**		

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7.2.1.1	**PIPR Safe – M11**
	The Committee noted the pre-circulated document, with discussion as follows:
	• The Committee noted the key performance challenges section on Prescribing in 'Fractured Pathways' and the key risks:
	    o Medicines reconciliation on transfer between system (2016) – rated as 8 High Risk.
	    o Use of multiple e-prescribing systems concurrently in catheter laboratories (new) – rated as 6 Moderate Risk.
	• The Committee acknowledged the Trust's concern regarding under reporting and was encouraged that mitigations have been put in place to ensure it was as safe as possible.
	• The Committee noted that the Trust reports medication safety through QRMG and the Medicine Safety Group and was advised that this was on the risk register.
	• The Committee noted the Spotlight On section regarding Message of the Week effectiveness and, whilst acknowledging the difficulties of providing evidence to quantify the impact, was encouraged that it was having an effect.		

7.2.1.2	**PIPR Caring – M11** • The Committee noted the contents of the pre-circulated document and discussed the Spotlight On Informal complaints section and commended the ongoing work throughout the pandemic and staff pressures to ensure a safe and caring patient environment.		
8	**RISK**		
8 **8.1** **8.1.1**	**Board Assurance Framework Report** **Cover Paper – Board Assurance Framework (BAF)** **BAF** The Committee noted the pre-circulated documents, with discussion as follows: • The Committee noted the risk increase for R&D regarding budgeting shortfalls that were being flagged in terms of strategic recognition. • The Committee was advised that IS looking at how more funding could be made available to bridge the gap between staff and potential studies. • The Committee noted that some subject studies had been delayed due to research on Covid-19. • The Committee requested to be kept abreast of issues relating to R&D in future meetings where relevant. • The Committee noted the risk targets and was advised that it would like to see proposals and a description of actions as to how to decrease the gap if there was a significant gap between target and rating. This should help to focus discussion on potential further actions to mitigate risks.	AJ	05/22
8.2 **8.2.1**	**Infection Prevention Control Board Assurance Framework Cover Paper** **Infection Prevention Control Board Assurance Framework (BAF)** The Committee noted the pre-circulated documents.		
8.3	**Emerging risks**		

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	There were none to report.		
9.	**GOVERNANCE AND COMPLIANCE**		

9.1
9.2
	Quality Account Q3 Update Report
	Quality Account for 22/23 Objectives Set
	The Committee discussed the pre-circulated papers, with points to notes as follows:
	• The Committee noted the progress against 2021/22 priorities and that although there has been good progress with most, Development of QI Capacity has been hampered by the pandemic, sickness absence and long-term vacancies within the team, putting several of the goals on hold. The Committee noted that with the commencement of a new Clinical Audit and QI Co-ordinator, some of the aims will be reinvigorated in 2022.
	• The Committee noted that the second objective, Making Hospitals Safe for People with Diabetes, has seen some progress with the planning for a diabetes identifier on Lorenzo and inclusion of diabetes on the e-discharge summary. However, it was noted that both these are still awaiting implementation.
	• The Committee discussed and agreed the Quality Account Priorities for 2022/23 as:
	    o Patient Safety Incident Response Framework to include after action review academy.
	    o Health Inequalities – increased action on prevention of health inequalities.
	    o Harm free care – VTE, PU, and falls – linked to performance and need for focus on harm free care charting and trends.
	    o Digital enabled care: barcode medicines administration.
	    o Compassionate and Collective Leadership (CCL) and good staff engagement.		

9.3 **9.4**	**Internal Audits:** There were none to report. **External Audits/Assessment:** There were none to report.		
10	**POLICIES**		
10.1 **10.1.1**	**Cover Paper: DN091 Medicines Management Policy** • The Committee noted the pre-circulated document. **DN091 Medicines Management Policy** • The Committee ratified the policy.		
10.2 **10.2.1**	**Cover Paper: DN319 Potassium – administration of POL v 4** • The Committee noted the pre-circulated document. **DN319 Potassium – administration of POL v4** • The Committee ratified the policy.		
10.3	**Cover Paper: DN257 Dress Code and Uniform Policy** • The Committee noted the pre-circulated document.		

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10.3.1	**DN257 Dress Code and Uniform Policy** • The Committee ratified the policy.		
10.4	**Cover Paper: DN726 Provision and Use of Work Equipment Regulations (PUWER) 1998 Policy** • The Committee noted the pre-circulated document.		
10.4.1	**DN726 Provision and Use of Work Equipment Regulations (PUWER) 1998 Policy** • The Committee ratified the policy.		
10.5	**Cover Paper: DN153 Being Open and Duty of Candour** • The Committee noted the pre-circulated document.		
10.5.1	**DN153 Being Open and Duty of Candour** • The Committee ratified the policy.		
11	**RESEARCH AND EDUCATION**		
11.1 **11.1.1**	**Research** **Minutes of Research & Development Directorate Meeting** • None available		
11.2 **11.2.1**	**Education:** **Education Steering Group minutes** • None available.		
12	**OTHER REPORTING COMMITTEES**		
12.1	**Escalation from Clinical Professional Advisory Committee (CPAC)** • There were no issues for escalation from the March 2022 CPAC meeting.		
12.2	**Minutes of Clinical Professional Advisory Committee (220217)** • The Committee noted the pre-circulated document.		
12.3 **12.3.1**	**CCA Transformation Board Highlight Paper** **Overview of CC Transformation Programme – first 4 weeks** • The Committee noted the pre-circulated documents and commended work undertaken so far. • The Committee acknowledged that measurable outcomes are difficult to report this early in the project, but was assured that initial work had been positive and that clarity had been received as to why the Trust has been unable to deliver expected outcomes in the past.		
12.4	**Minutes from the End of Life Steering Group (210118)** • The Committee noted the pre-circulated document.		
12.5	**Draft Minutes from PPI Committee (220214)** • The Committee noted the pre-circulated document.		
12.6	**Draft Minutes of Safeguarding Committee Meeting (220204)** • The Committee noted the pre-circulated document.		

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13	**ISSUES FOR ESCALATION**		
13.1	**Audit Committee** • There were no issues for escalation from Part 1.		
13.2	**Board of Directors** • There were no issues for escalation from Part 1.		
14	**ANY OTHER BUSINESS** • The Chair informed the Committee that this was Roger Hall's last Committee meeting before retirement. The Chair and Committee thanked Roger for his diligent and fantastic work during his tenure as Medical Director and wished him well for his retirement.		
	Date & Time of Next Meeting: **Thursday 28th April 2022 at 2.00-4.00 pm, via Microsoft Teams**		

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Signed
28th April 2022
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Date

Royal Papworth Hospital NHS Foundation Trust
Quality & Risk Committee