Royal Papworth Hospital
NHS Foundation Trust

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

Held on 28th April 2022, 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
	Hodder, Richard (left at 15:03)	(RHo)	Governor
	Jarvis, Anna	(AJ)	Trust Secretary
	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
	Wilkinson, Ian (left at 15:09)	(IW)	Non-executive Director
In attendance	Anne McArdle (left 14:20) (Patient Story – Agenda Item 7.2.1)	(AMc)	Deputy Sister – 5S
	Morrish, Katie (arrived 15:00 and left 15:33) (Agenda Item: 7.1.4)	(KM)	Programme Manager, Critical Care Transformation Programme
	Stephens, Teresa	(TS)	Executive Assistant (Minutes)
	Whisken, Jennifer (arrived 15:00 and left 15:33) (Agenda Item 7.1.4)	JW	Associate Director of Nursing, Critical Care Transformation Programme
Apologies	McCorquodale, Chris	(CMc)	Staff Governor
	Posey, Stephen	(SP)	Chief Executive
	Seaman, Chris	(CS)	Quality Compliance Officer
	Webb, Stephen	(SW)	Deputy Medical Director and Clinical Lead for Clinical Governance

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 apologies were noted as above.		

Agenda Item		Action by Whom	Date
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 by Design research project; as member of the oversight Panel for the Cholesterol Treatment Trialists' Collaboration, as a freelance journalist reporting on health issues. The Chair advised that he was Co-Chair on a review of impartiality of BBC coverage of taxation and 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** • Following the recently published Ockenden Report, the Committee questioned whether it received adequate assurance from the SI investigations and reports presented at the Committee meetings.		

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	• This was discussed in depth in Agenda Item 7, below.		
4	**MINUTES OF THE PREVIOUS MEETING – 31st March 2022** The minutes from the Quality and Risk Committee meeting dated 31st March 2022 were agreed to be a true and accurate record of the meeting and signed, subject to one administrative revision having been made.		
5	**MATTERS ARISING AND ACTION CHECKLIST PART 1 - from 31st March 2022** The Chair led the Committee through the action checklist and matters arising, with points to note as follows: • 006: BAF – Risk Targets: Are the planned actions expected to close the stated gap by a particular date? How can this be reflected in the BAF? To be picked up in the next BAF report. The Committee noted the inclusion of the risk appetite statements on the BAF. • All other actions on agenda, closed, or for future Committee meetings.	AJ	03/22
6.	**WORKFORCE**		
6.1	**Director of Workforce and OD Quarterly Report on Compassionate and Collective Leadership Programme, including EDI, and Health and Wellbeing.** OM led the Committee through the pre-circulated document, with points to note as follows: • The Committee noted that 207 staff members had attended the Values and Behaviours training by the end of March. The Committee acknowledged that the speed of the rollout had been affected by the available meeting space due to the pandemic restrictions, but that feedback had been very positive. • The Committee noted the impact to the team from absences due to illness and annual leave. • The Line Manager Development Programme starts on 29th April. The Committee noted that uptake has been positive and there is a waiting list of applicants. The Committee noted the Team's focus for the first quarters of 22/23. • The Transformational Reciprocal Mentoring for Inclusion Programme will begin in June, and the Cultural Ambassadors programme has received very positive interest. • The Committee acknowledged the vast amount of work that has taken place over the past quarter and discussed the concept of moderation that is being trialled in order to ensure accountability, transparency and fair processes. • The Committee asked whether the health and wellbeing support offered during the pandemic would be ongoing once the Trust was operating as business as usual and noted that the broader range of psychological support would continue to be offered and will be transitioned into business as usual. Additional areas being reviewed are: financial wellbeing: looking at a sustainable programme for access and/or support for staff given the current cost of living issues. Social activities such as running club, 5-aside		

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	football clubs, etc, are also being developed and discussed. • The Committee enquired about flexible working and was advised that a flexible working strategy and policy is currently in development. Flexible working will link into retention and rostering practice. • The Committee discussed and noted that the above and reported activities had been brought back in house from Occupational Health (which is a service that is contracted out). The Committee noted that the service provided by OH is positive and collaborative and that a Papworth OH Lead Nurse had now been appointed part time. There is an impact of increased workload due to not having an in-house OH, however, on other services such as the Infection Prevention and Control Team.		
6.3	**PIPR People, Management and Culture M12** The Committee noted the pre-circulated document, with discussion as follows: • The Committee noted that absence rates had increased further in March due to increased rates of COVID-19 sick leave plus normal winter rates of absence. However, the rates have decreased in the first half of April. • The Committee noted that the Trust vacancy rate had increased to 9.2%. • The Committee was given assurance in meetings regarding safer staffing in nursing, but noted that CMc had raised a question by email to the Chair as to whether the Trust gives sufficient attention to the safety aspects of vacancies in other clinical areas, such as pharmacy, AHPs, healthcare scientists, social work, etc. The Committee was advised that, although there were not national or regional mechanisms in place, Executives are well sighted in the other areas of the Trust, such as above, and discussions regarding vacancies in these areas are held in Performance meetings. The Chief Nurse and Director of Workforce chair a weekly Vacancy Panel which gives an oversight of vacancies in the Trust. • The Committee also acknowledged that in smaller teams, vacancies can push the percentage rates higher and the pressure of a single vacancy can have a greater impact. • The Committee noted that the Trust also monitors safe staffing in these areas by Datix reports and by quality impact assessments, monitored by specific Trust meetings. • The Committee discussed the importance of asking two questions: do we know if we have the right number of staff for the activity that we're trying to do? Are we cited enough on the numbers we have against the establishment? • The Committee noted and discussed the difficulties in measuring the impact of vacancies in these areas. • The Committee noted that before the pandemic, the NHSI was developing a tool to understand the safe staffing requirement for AHPs. This was paused due to COVID, but has resumed. • The Committee noted the difficulties of recruiting in the current labour market. • As a first step, the Committee requested that the Executives should identify an appropriate benchmark and baseline for safe staffing in	OM/MS/	05/22

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	these areas. To be taken to Executives for discussion. • AJ advised that the questions from CMc were directed for a response at Council of Governors. The Committee agreed that this should be included on the June agenda and AJ will check NED availability to attend.	IS	
7.1	**QUALITY**		
7.1.1 **7.1.1.2** **7.1.1.3**	**QRMG and SIERP Key Highlights and Exception Report** **SUIWEB 40609** **SUIWEB 41323** LP led the Committee through the pre-circulated documents, with points to note as follows: • The Committee discussed whether it received adequate assurance from the SI investigations and reports in light of the recent Ockenden Report. • Discussion raised: Is Committee scrutiny on SIs thorough enough? Should the Committee have a level of scrutiny beyond the SI? Do questions need to be asked earlier in the process? Should the Committee go through one or two reports in more depth in the annual Committee reporting cycle? How can the Committee gain assurance that other patients did not have a near miss? Would it be helpful if the reviews had a fresh pair of eyes? Should Committee members be invited to participate in the review? How can the Committee gain assurance that due diligence was completed appropriately and that the key findings are right? Does the Committee gain assurance from incidents not happening again? Should the Trust request peer reviews from other similar organisations? • The Committee acknowledged the expertise and experience of those reviewing the SIs and that each SI goes through several layers of scrutiny before presentation at Q&R meetings. The Committee noted that the new Patient Safety Framework (that had been discussed in previous Committee meetings) will be released in June 2022 and will ask questions regarding the grading of harm and look at the metrics behind them and will give more assurance. • LP acknowledged the discussion and advised that the Committee should have assurance that the process is safe, and that harm is being reviewed, graded and appropriate metrics have been put in place. LP stated that she would be happy for a member of the Committee to be a peer reviewer. • The Committee agreed that a round of additional routine scrutiny at Committee stage would be unrealistic and agreed that it would choose to do a deep dive into the SIs a couple of times a year. The Committee was encouraged that the release of the new Patient Safety Framework in the summer would give it greater assurance. The Committee noted the following from the pre-circulated reports: • There were no areas of escalation from the SIERP meetings held within the month of March 2022. • The Committee noted the three escalations from the QRMG held in April 2022 as: o Increasing numbers of overdue incidents and risks; o Non-compliance with NICE guidance NG202; o Delirium Working Group and review of its TOR.		

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	• It was noted that the Delirium Working Group had been affected by workforce but was now reporting to QRMG. • The Committee was pleased to note the additional funding received following a successful bid that would provide dedicated time to re-establish the Trust's volunteer service.		
7.1.2.	**Serious Incident Executive Review Panel (SIERP) minutes (220301, 220308, 220315, 220322, 220330)** The Committee noted the pre-circulated documents.		
7.1.3	**Clinical Audit Forward Plan April 2022 to March 2023** The Committee noted the pre-circulated documents. • The Committee noted the forward audit plan for the coming year and expressed appreciation to LP for collating all activity of this kind in one place. • Work is ongoing to rationalise overlapping audits, their timing and to assess effectiveness.		

7.1.4	**Critical Care Transformation Programme Update**
	JW and KM led the Committee through the pre-circulated document, with points to note as follows:
	• A bed opening trajectory has been agreed to maintain and increase by one additional bed every two weeks, achieving 36 beds.
	• The first phase to open 31 beds by 19th April has been successful and steps have been taken to open 33 beds by the end of May. The Transformation Programme is developing an action plan with timelines to present to the next Transformation Board meeting on what has driven the ability to open 31 beds and what still remains to be done to ensure further beds are opened and sustained.
	• The Committee noted that a clear message is being communicated that bed numbers cannot regress.
	• The Committee noted the implementation framework in appendix 2 that outlined how the programme would be delivered, consisting of four interdependent workstreams as:
	  ○ Roles and responsibilities;
	  ○ Roster optimisation;
	  ○ Workforce optimisation;
	  ○ Culture and civility.
	• The focus for initial work will be the top two workstreams that are key to capacity and accountability.
	• The aggregation of the workstreams will lead to improved wellbeing of staff and patient outcomes.
	• The Committee noted that a Critical Care Transformation Implementation Group has been set up with diverse representation and a 'bottom up' approach that links well to the Transformation Board.
	• The Committee noted the importance of engaging the unit staff and the cultural shift that had already taken place.
	• The Committee noted the importance of the unit not being seen and working in isolation and of working with the theatre productivity programme and wards regarding throughput and discharge.
	• AF advised that she had spent a short time on Critical Care on 22nd April whilst visiting the Trust, and was impressed with the dynamism		

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	and drive of the programme. • The Committee acknowledged that this was a complex piece of work and asked that a future report review how the delivery of patient care changes because of the ongoing work, and how achieving the increase in beds will increase output. • LP offered support off-line regarding the continued implementation of metrics to ensure that patient experience is not compromised – and captured – during this process.	JW/KM	06/22
7.2	**PATIENT EXPERIENCE**		
7.2.1	**Patient Story:** Anne McArdle presented a verbal patient story to the Committee regarding a patient who had a surgical site infection. Points to note were as follows: • Patient had a long standing history of atrial fibrillation and arrhythmia, severe tricuspid regurgitation and moderate to severe mitral regurgitation. • The patient was planned to have a mitral and tricuspid valve repair prior to surgery. The patient underwent the MRSA decolonisation treatment and then underwent the mitral valve and tricuspid valve repair and was transferred to the ward two days post operatively. • The patient developed some signs of inflammation on their sternal wound, a course of antibiotics was commenced, and the patient was seen by the tissue viability team and initially the wound was conservatively managed. • The wound subsequently deteriorated and required a vacuum assisted closure (VAC) dressing to heal. Throughout, there were regular communications between the surgical teams, the microbiologists and the tissue viability nurses during the patient's one month post operative period. • Over that month, the sternal wound had a good response to the VAC dressing, but the drain sutures deteriorated and required dressing with VAC and continued antibiotics. • During their time as an in-patient, the patient did complain of being able to smell an odour from the wound, but was happy to stay as an inpatient until the wound had healed. • One month after surgery, the patient was reviewed by the tissue viability specialist nurse and the sternal wound was intact and almost closed with the VAC dressing. It was clean in appearance and granulating. The patient was discharged into the community where the wound was managed by the practice nurse and followed up by RPH virtual clinic in two weeks. • The patient's reflections of the post op days were that, although they were expecting to stay for a 5 – 7 days, the extended stay was not a surprise as they had been informed about the risk prior to the surgery. • The antibiotics initially made the patient feel nauseous, but this settled down after a short time. • The patient felt that communication whilst an inpatient was excellent and that they had enjoyed their stay in hospital. • The patient felt secure in RPH's care and said that everyone was caring and explained everything that was happening. • The patient was able to mobilise around the ward and felt that the		

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	dressing did not impact their ability to do so. The patient also praised the food. • The patient stated that the negative aspects of their stay were restricted visiting due to COVID and not having any Horlicks on the trolley. • The patient is currently at home and being managed by the community nurses. The wound is having an impact on their daily life as they have to see the GP and the practice nurses – but it is healing well and the patient will be seen by virtual clinic at RPH. • At present, no causative factor has been found. • Going forward, all surgical site infections will be reviewed at SIERP. The Committee discussed the patient story, with points to note as follows: • The Committee noted and discussed that the patient's life has been compromised by the event and, although the patient described a positive experience, the Committee acknowledged that the SSI had ongoing issues for the patient and their family. • The Committee discussed and acknowledged not only the human and quality cost to the patient, but also the operational cost to the Trust of having a patient admitted for one month instead of one week. • The Medical Director asked what aspect of the patient's care meant that they needed to be an inpatient – could the Trust look at the way these patients are managed? Other patients do use IVs at home. • The Committee noted that the Tissue Viability Nurse required the patient to stay in for one of the weeks so that the wound could be monitored and managed. • The Committee discussed and agreed that protocols for treating infections should be reviewed to see if more can be dealt with at the patient's home rather than as an inpatient at the hospital and acknowledged the improvements in technology to be able to monitor at home. • The Committee noted that the Trust's SSI rate in the last quarter was 8.4%, with national average at 2.8%. • The Chief Nurse advised that a report will be brought to the June Quality and Risk Committee meeting that will include the level of harm, the rates and a detailed action plan to mitigate the issue. • The Committee discussed and noted that SSIs would be reviewed at SIERP, where harm levels would be agreed.	IS	06/22
7.2.2	**Patient and Carer Experience Group Minutes (211022)** The Committee noted the pre-circulated document.		
7.3 **7.3.1** **7.3.1.1**	**Performance** **Performance Reporting/Quality Dashboard** **PIPR Safe – M12** The Committee noted the pre-circulated document, with discussion as follows: • The Committee noted the safe staffing information for March 2022. For CHPPD, four areas are in red and one is in amber reflecting that although staffing has remained safe, activity has remained high and on occasion staffing was challenged due to short notice sickness, that was often COVID related. The Committee noted that pressures		

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	had eased in April. • The Committee noted that there had been six nosocomial cases reported during March 2022. To mitigate, the Trust took the step of informing staff not to come to work if symptomatic, even if they had had a negative LFT. Additionally, attention was given to the correct usage of masks. • VTE compliance had increased to 87.40% in March (against 95% targeted compliance). Work continues to increase compliance in partnership with the clinical teams, divisions and the VTE working Group. • AF advised that on her visit the previous week, VTE was being discussed in the areas she visited.		
7.3.1.2	**PIPR Caring – M12** • The Committee noted the contents of the pre-circulated document and commended the work on bereavement.		
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 draft risk appetite statements that have been developed since the March 2022 Board meeting and that will be taken to Board on 5th May 2022. • The Committee discussed the risks and that, although embedded in all the risks, clinical quality is not listed as a principal risk. The Committee agreed that a qualifying line should be added to the introductory statement. • The Chair stated that at a future meeting the Committee should review the targets of one or two of the risks in the Quality and Risk Committee domain.	AJ AJ	05/22 07/22
8.2 **8.2.1** **8.2.2**	**Corporate Risk Register +12 Report** **Appendix 1 Corporate Risk Register 12+ as at 210422 open_closed** **Appendix 2 Corporate Risk register 12+ as at 210422** The Committee noted the pre-circulated documents. • The top two risks, ID 3114 and 3035 regarding the Tissue Bank had now been closed following the successful opening of the HLRI. • Regarding ID 3160: Doctor Rostering, work is ongoing, and the risk level will be reviewed. • The meeting noted that ID 3136: Risk of harm reviews not being completed and patients coming to harm on surgical waiting list, will be taken through SIERP. • The Committee noted the ongoing work by the Team Leaders CCL Programme that works with staff to manage and critique their risks on the register.		
8.3	**Emerging risks** There were none to report.		
9.	**GOVERNANCE AND COMPLIANCE**		

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9.1 **9.1.1**	**Cover Paper: Quality Accounts 2021/22** **Quality Accounts 2021/22** • The Committee noted the pre-circulated documents and requested that any feedback/comments be sent directly to AJ for review. • JA suggested that the introduction from the Chairman and the CEO could reference challenges faced by the Trust to give balance. AJ to take forward.	Q&R Members AJ	05/22 05/22
9.2	**SIRO Q4 Report** The Committee discussed the pre-circulated report with points to note as follows: • The Committee noted the concern regarding meeting the mandatory training compliance target of 95% that will be reported in the Data Security and Protection Toolkit submission. Reminders have been given to overdue staff and line managers and through communications on Newsbites and weekly briefings.		
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: DN752 Biosimilar Medicines Policy v2** • The Committee noted the pre-circulated document. **DN752 Biosimilar Medicines Policy v2** • The Committee ratified the policy.		
10.2 **10.2.1**	**Cover Paper: DN433 Board Assurance Framework Policy** • The Committee noted the pre-circulated document. **DN433 Board Assurance Framework Policy** • The Committee ratified the policy.		
10.3 **10.3.1**	**Cover Paper: DN177 Prescribing of Medicines Policy v9** • The Committee noted the pre-circulated document. **DN177 Prescribing of Medicines Policy v9** • The Committee ratified the policy subject to an amendment to wording 'the GMC does not recommend self-prescribing'. Wording to be reinforced.	LP	05/22
10.4 **10.4.1**	**Cover Paper: DN855 Publication in Peer Review Journals Policy** • The Committee noted the pre-circulated document. **DN855 Publication in Peer Review Journals Policy** • The Committee ratified the policy.		
11	**RESEARCH AND EDUCATION**		
11.1 **11.1.1**	**Research** **Minutes of Research & Development Directorate Meeting** • None available.		

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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 April 2022 CPAC meeting.		
12.2	**Minutes of Clinical Professional Advisory Committee (220308)** • The Committee noted the pre-circulated document.		
12.3	**Approved Clinical Ethics Minutes (220308)** The Committee noted the pre-circulated document.		
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** • None.		
	Date & Time of Next Meeting: **Thursday 26th May 2022 at 2.00-4.00 pm, via Microsoft Teams**		

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Signed
26th May 2022
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Date

Royal Papworth Hospital NHS Foundation Trust
Quality & Risk Committee