

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

**Held on 25<sup>th</sup> August 2022, at 2 pm**  
**Via Microsoft Teams**

**MINUTES**

<b>Present</b>	Ahluwalia, Jag	(JA)	Non-Executive Director
	Blastland, Michael (Chair)	(MB)	Non-Executive Director
	Fadero, Amanda	(AF)	Non-Executive Director
	Howard-Jones, Lorraine	(LHJ)	Deputy Director of Workforce and OD
	Hodder, Richard	(RHo)	Governor
	Jarvis, Anna	(AJ)	Trust Secretary
	McCorquodale, Christopher	(CMc)	Staff Governor
	Midlane, Eilish	(EM)	Chief Operating Officer
	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)	Medical Director
<b>In attendance</b>	Lonsdale, Jon (arrived 14:54; left 15:38)	(JL)	Assistant Director of Education
	Patrick Redhead, Onika (left 14:52)	(OPR)	Head of EDI
	Stephens, Teresa	(TS)	Executive Assistant (Minutes)
<b>Apologies</b>	Monkhouse, Oonagh	(OM)	Director of Workforce and Organisational Development
	Posey, Stephen	(SP)	Chief Executive
	Webb, Stephen	(SW)	Deputy Medical Director and Clinical Lead for Clinical Governance
	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
<b>1</b>	<b>APOLOGIES FOR ABSENCE</b>		
	The Chair opened the meeting and apologies were noted as above.		
<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		

Agenda Item		Action by Whom	Date
	<p>following standing Declarations of Interest were noted:</p> <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 freelance writer and broadcaster. The Chair advised that he was Co-Chair on a review of impartiality of BBC coverage of taxation and public spending.</li> <li>• 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.</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>• Jag Ahluwalia as: Employee of 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>• 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.</li> <li>• Maura Screaton as a director of Cambridge Clinical Imaging and has 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>• The Chair requested an update on SSIs.</li> <li>• MS advised that, as reported in the focus paper, early figures suggested that SSIs had reduced to 3.5%.</li> <li>• An external review had been carried out on 10<sup>th</sup> August by Simon Kendall, President of the Society of Cardiothoracic Surgeons, plus leadership role in NHS I. The visit reaffirmed the actions that the Trust was taking as the correct actions and suggestions in terms of best practice were given.</li> </ul>		
4	<p><b>MINUTES OF THE PREVIOUS MEETING – 28<sup>th</sup> July 2022</b></p>		

Agenda Item		Action by Whom	Date
	The minutes from the Quality and Risk Committee meeting dated 28 <sup>th</sup> July 2022 were agreed to be a true and accurate record of the meeting and signed, subject to two administrative amendments being made.		
5	<p><b>MATTERS ARISING AND ACTION CHECKLIST PART 1 - from 28<sup>th</sup> July 2022</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>• 016: To be brought to Quality and Risk Committee separately at future meeting.</li> <li>• 018: Closed. Presentation to be made to stand alone briefing meeting with invitations sent to Quality and Risk Committee members.</li> <li>• 020: Closed. Picked up in the Well Led Review and to be discussed at the Board Development Meeting.</li> <li>• 023: Closed.</li> </ul> <p>All other actions are on the agenda, for discussion at a future meeting, or closed.</p> <ul style="list-style-type: none"> <li>• AF requested an update on progression of ICB quality workstream. The meeting discussed whether an invite should be extended to non-executive lead on quality and risk at ICB level.</li> <li>• The Committee noted that IS and MS attended ICB meetings – a summary to be brought to a future meeting to include the challenge of how success can be measured and winter planning approach. AF requested an inclusion of risk assessment approach to decision making and prioritisation.</li> </ul>	MS/IS/ EM	10/22
6.	<b>WORKFORCE</b>		
6.1 6.1.1 6.1.2 6.2 6.2.1 6.2.2	<p><b>WRES Report 2022</b></p> <p><b>Appendix 1: WRES Action Plan 2022/23</b></p> <p><b>Appendix 2: WRES Action Plan 2021/22 Rag Rated</b></p> <p><b>WDES Report 2022</b></p> <p><b>Appendix 1: WDES Action Plan 2022/23</b></p> <p><b>Appendix 2: WDES Action Plan 2021/22 Rag Rated</b></p> <p>The Committee welcomed Onika Patrick Redhead (OPR) to the meeting, who led the Committee through the pre-circulated papers and a presentation, with discussion as follows:</p> <ul style="list-style-type: none"> <li>• The Committee discussed the reports and presentation at length, with key points as follows:</li> <li>• WRES: baseline data outlines that 27.35% of the Trust workforce comes from Black, Asian and Minority Ethnic (BAME) backgrounds, an increase from last year's 25.1%. The number of vacancies for the year 2021/22 had decreased.</li> <li>• Data shows an improvement with the number of BAME staff appointed between Bands 5 to 7 across clinical and non-clinical roles. However, it also shows that there is still a blockage in appointing staff above a Band 8A in both clinical and non-clinical roles.</li> <li>• The data indicates an upward trend of staff facing discrimination from managers reported by staff. Staff from a BAME background reporting discrimination in the Trust has risen by 9.7% since 2017.</li> </ul>		

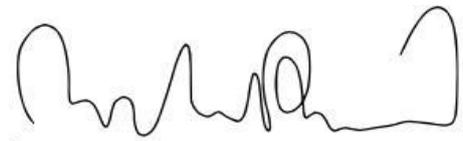
Agenda Item		Action by Whom	Date
	<ul style="list-style-type: none"> <li>• WDES: the report indicates that the number of staff declaring that they have a disability with the Trust has not changed in the last four years.</li> <li>• Only 3% of workforce declare in their ESR record that they have disability. However, in the annual staff survey 21% of staff state that they consider themselves to have a long-term health condition.</li> <li>• Data indicates that the Trust is seeing more instances of bullying and harassment across the board, including from patients/service users, their relatives, or other members of the public. However, it also shows that staff with a longstanding condition or illness are having more instances of bullying and harassment. An improvement was seen in these figures in 2019, but there has been an upward trend in the years 2020 and 2021.</li> <li>• The Committee discussed the differing percentages of declarations in the ESR record to the staff survey and how staff members can feel empowered to make a declaration, including the formulation and submission of a questionnaire.</li> <li>• The Committee discussed and acknowledged that when a member of staff has worked with their line manager, they are more willing to discuss their needs. It was noted that this was common behaviour across other Trusts.</li> <li>• It was agreed that the difference in percentages of declarations make understanding and reading of trends difficult.</li> <li>• The Committee noted that staff are increasingly wanting to share their experiences.</li> <li>• The Committee discussed staff experiences of discrimination.</li> <li>• The Committee discussed in detail the data for career progression, in particular in Bands 8a and beyond and how BAME employees can be supported to progress. The Committee did note that roles in higher bands have less changeover but was concerned at the disparity in roles above 8a for staff with a BAME background.</li> <li>• The Committee recommended that information be shared at a departmental level to support managers in understanding their data and career progression.</li> <li>• The Committee discussed how staff can be assisted in helping to prepare for the next step and how managers can be prepared and assisted to have conversations regarding career progression in one-to-ones and appraisals.</li> <li>• Does the Trust need to look at recruitment i.e., where it places adverts and how wide an application base it encourages?</li> <li>• The Committee discussed whether additional data and evidence should be accumulated or whether the gathered data is sufficient and should now be addressed.</li> <li>• The Committee agreed that it would welcome Board scrutiny of the WRES and WDES action plans.</li> <li>• The Committee acknowledged the large amount of work that had been undertaken in recent years and the work that is ongoing.</li> </ul>		
6.3	<p><b>PIPR People, Management and Culture M4</b></p> <p>The Committee noted the pre-circulated document, with discussion as follows:</p> <ul style="list-style-type: none"> <li>• The Committee noted the high level of turnover reported and that this is above the Trust's target of 14%.</li> </ul>		

Agenda Item		Action by Whom	Date
	<ul style="list-style-type: none"> <li>Recruitment remains a significant challenge with the non-health job market highly competitive on pay and offering attractive employment options. With the rising cost of living this is likely to continue.</li> <li>There is a high level of turnover across all of the Trust staff groups.</li> <li>The Committee noted that the Trust had 73 people in the pipeline at the moment who will be onboarding in the coming weeks.</li> <li>The Committee noted the reasons given for leaving but acknowledged that these might disguise true reasons and motivations.</li> <li>The Committee discussed how the Trust could better understand the reasons for leaving with an improved/extended exit interview, including more exploratory questions, and whether a conversation earlier in the process could persuade staff members to stay. LHJ advised that the Trust has introduced career conversations and line managers are encouraged to talk to staff about their aspirations.</li> <li>It was noted that a qualitative piece of work is already underway.</li> <li>The Committee agreed that it would be helpful to work with the ICS as high vacancies and recruitment are a common theme among local and national Trusts.</li> <li>EM suggested that future general staff surveys could include additional questions that could offer insight into key themes from which actions could be identified.</li> </ul>		
7.1	<b>QUALITY</b>		
7.1.1 7.1.2	<p><b>QRMG and SIERP Key Highlights and Exception Report</b>  <b>Trust Quality and Risk Report – Quarter 1</b></p> <p>LP 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 the Pharmacist Report was presented to QRMG and noted that whilst the incident reporting culture remains good, the number of insulin errors remains high and of concern.</li> <li>The Committee noted that work is ongoing to address this, including a 'Message of the Week' communication.</li> <li>The Committee noted the Pharmacy vacancy rate stands at 18%.</li> <li>The Committee was assured that patients are not discharged without counselling as nurses are performing that role and the pharmacy team undertakes discharge of more complicated patients as needed. There is a discharge assurance panel that looks at any issues post discharge.</li> <li>JA stated that SPC had discussed that Lorenzo developments other than for safety and security are suspended and that technological work around safeguards for issues such as medication errors will not be realised through Lorenzo. Does the Committee need to understand whether incidents are occurring due to the situation regarding Lorenzo? AR outlined mitigations in place to support the IT function.</li> <li>The Committee discussed whether there was accumulating evidence of signs of stress within the Trust, and the significance of post pandemic realignment with discipline around the WHO checklist.</li> <li>EM advised that she will be discussing changing the way reporting is undertaken with Business Support so that reporting has an SPC format and narrates the special cause variation.</li> </ul>		

Agenda Item		Action by Whom	Date
	<ul style="list-style-type: none"> <li>The Committee acknowledged the ongoing work on SI reports and noted that SUI-WEB36518 (choking incident) went to inquest last week. The family thanked the Trust for the in-depth work undertaken and acknowledged the learning in the Trust and that systems had been changed.</li> <li>SUI-WEB41024 (Lost to follow up – Oncology). An ICB Quality Assurance visit took place at the Trust with a focus on this SI. The visit was positive and the ICB was reassured that the action plan was being monitored.</li> <li>The Patient Safety Improvement Framework has been launched and a report will be brought to the Committee in November.</li> <li>The Committee noted that complaints were in line with recent years in this quarter.</li> </ul>		
7.1.3	<p><b>Serious Incident Executive Review Panel (SIERP) minutes (220719, 220726, 220802, 220809)</b></p> <p>The Committee noted the pre-circulated documents.</p>		
7.1.4 7.1.4.1	<p><b>Cover – Director of Infection Prevention and Control Annual Report</b></p> <p><b>Director of Infection Prevention and Control Annual Report</b></p> <p>The Committee noted the pre-circulated reports, with points to note as follows:</p> <ul style="list-style-type: none"> <li>The Committee acknowledged that the report balanced the work that the IPC team was undertaking and the Trust’s requirement to report against the hygiene code and criteria, whilst thinking about the wider aspects of infection control.</li> <li>The report highlighted the challenges presented by M.abscessus, Covid-19 and SSIs and the work undertaken to offset these.</li> <li>As the report is for 2021/22 and does not highlight in detail the outcomes of the work undertaken on SSIs, the Committee hoped to see the work highlighted in the annual report for 2022/23.</li> <li>The Committee thanked the Infection Prevention and Control Team for their work.</li> <li>The Committee agreed to recommend the report to the Board for approval.</li> </ul>		
7.2	<b>PERFORMANCE</b>		
7.2.1 7.2.1.1	<p><b>Performance Reporting/Quality Dashboard</b></p> <p><b>PIPR Safe – M4</b></p> <p>The Committee noted the pre-circulated document, with discussion as follows:</p> <ul style="list-style-type: none"> <li>The Committee noted the Performance Summary with knowledge that theatre activity had been reduced.</li> </ul>		
7.2.1.2	<p><b>PIPR Caring – M4</b></p> <p>The Committee noted the contents of the pre-circulated document.</p>		
8	<b>RISK</b>		
8 8.1 8.1.1	<p><b>Board Assurance Framework Report</b></p> <p><b>Cover Paper – Board Assurance Framework (BAF)</b></p> <p><b>BAF</b></p> <p>The Committee noted the pre-circulated documents.</p>		

Agenda Item		Action by Whom	Date
	<ul style="list-style-type: none"> <li>The Committee noted that staff engagement is the highest of the risks for the Quality &amp; Risk Committee.</li> <li>Additionally, the Committee noted the potential RCN strike ballot, as discussed in Performance Committee earlier in the day.</li> </ul>		
8.2	<b>Emerging risks</b> There were none to report.		
9.	<b>GOVERNANCE AND COMPLIANCE</b>		
9.1 9.1.1	<b>Cover – HEE Placement Provider Self-Assessment 2022</b> <b>HEE Placement Provider Self-Assessment 2022</b> The Committee noted the pre-circulated documents and recommended their submission to the Board for approval.		
9.2	<b>SIRO Report – Q1 2022/23</b> The Committee noted the pre-circulated document.		
9.3	<b>Internal Audits:</b> There were none to report.		
9.4	<b>External Audits/Assessment:</b> There were none to report.		
10	<b>POLICIES</b>		
10.1  10.1.1	<b>Cover – DN470 Information Security Policy</b> <ul style="list-style-type: none"> <li>The Committee noted the pre-circulated document.</li> </ul> <b>DN470 Information Security Policy</b> <ul style="list-style-type: none"> <li>The Committee ratified the policy.</li> </ul>		
10.2 10.2.1	<b>M.abscessus Executive Oversight Committee ToR</b> <b>Appendix 1: M.abscessus Executive Oversight Committee ToR Governance Chart</b> <ul style="list-style-type: none"> <li>The Committee ratified the ToR.</li> </ul>		
10.3	<b>DN869 Safer Staffing and Escalation Policy</b> <ul style="list-style-type: none"> <li>The Committee ratified the policy.</li> </ul>		
10.4  10.4.1	<b>Cover – DN180 Needlestick Sharp and Splash Incidents Policy</b> <ul style="list-style-type: none"> <li>The Committee noted the pre-circulated document.</li> </ul> <b>DN180 Needlestick Sharp and Splash Incidents Policy</b> <ul style="list-style-type: none"> <li>The Committee ratified the policy.</li> </ul>		
10.5  10.5.1	<b>Cover – ToR for VTE Oversight Committee</b> <ul style="list-style-type: none"> <li>The Committee noted the pre-circulated document.</li> </ul> <b>ToR for VTE Oversight Committee</b> <ul style="list-style-type: none"> <li>The Committee ratified the document.</li> </ul>		
11	<b>RESEARCH AND EDUCATION</b>		
11.1 11.1.1	<b>Research</b> <b>Minutes of Research &amp; Development Directorate Meeting (220610)</b>		

Agenda Item		Action by Whom	Date
	The Committee noted the pre-circulated document.		
11.2 11.2.1	<b>Education:</b> <b>Education Steering Group minutes</b> None available.		
12	<b>OTHER REPORTING COMMITTEES</b>		
12.1	<b>Escalation from Clinical Professional Advisory Committee (CPAC)</b> • No meeting was held in August 2022.		
13	<b>ISSUES FOR ESCALATION</b>		
13.1	<b>Audit Committee</b> • There were no issues for escalation from Part 1.		
13.2	<b>Board of Directors</b> • There were no issues for escalation from Part 1.		
14	<b>ANY OTHER BUSINESS</b> • None.		
	<b>Date &amp; Time of Next Meeting:</b> <b>Thursday 29<sup>th</sup> September 2022 at 2.00-4.00 pm, via Microsoft Teams</b>		



.....  
Signed

29<sup>th</sup> September 2022

.....  
Date

**Royal Papworth Hospital NHS Foundation Trust  
Quality & Risk Committee**