

Meeting of the Quality & Risk Committee (Part 1)
(Sub Committee of the Board of Directors)
Quarter 2, Month 3

Held on 29th September 2022, at 2 pm
Via Microsoft Teams

MINUTES

Present	Ahluwalia, Jag	(JA)	Non-Executive Director
	Blastland, Michael (Chair)	(MB)	Non-Executive Director
	Fadero, Amanda	(AF)	Non-Executive Director
	Jarvis, Anna	(AJ)	Trust Secretary
	McCorquodale, Christopher	(CMc)	Staff Governor
	Midlane, Eilish	(EM)	Chief Executive
	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
	Webb, Stephen	(SW)	Deputy Medical Director and Clinical Lead for Clinical Governance
	Wilkinson, Ian	(IW)	Non-Executive Director
In attendance	Stephens, Teresa	(TS)	Executive Assistant (Minutes)
Apologies	Hodder, Richard	(RHo)	Governor
	Smith, Ian	(IS)	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 apologies were noted as above.		
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: <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 writer and broadcaster. The Chair advised that he was 		

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	<p>Co-Chair on a review of impartiality of BBC coverage of taxation and public spending.</p> <ul style="list-style-type: none"> • 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. • Eilish Midlane as: Chair of C&P Diagnostic Steering Group; Holds an unpaid Executive Reviewer Role with CQC; as Director of CUHP; Voting Member of ICB. • 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. • 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. • 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. 		
3	<p>COMMITTEE MEMBER PRIORITIES</p> <ul style="list-style-type: none"> • The Chair requested an update on SSIs. • Rates have reduced to circa 5%. This is a decrease but is still an outlier from a benchmarking perspective. • Work is still ongoing on SSIs. • A Ventilation Safety Group meeting was held w/c 26th September and an external review of the ventilation system in theatres has been undertaken, a report from which is forthcoming. • SSI Response Group has now stood down, with workstreams moving to other committees/meetings such as IPC and SSI Group. Momentum is still ongoing. 		
4	<p>MINUTES OF THE PREVIOUS MEETING – 25th August 2022</p> <p>The minutes from the Quality and Risk Committee meeting dated 25th August 2022 were agreed to be a true and accurate record of the meeting and signed, subject to two administrative amendments being made.</p>		

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5	<p>MATTERS ARISING AND ACTION CHECKLIST PART 1 - from 25th August 2022</p> <p>The Committee noted the pre-circulated document. Actions are on the agenda, for discussion at a future meeting, or closed.</p>		
6.	<p>WORKFORCE</p>		
<p>6.1 6.1.1 6.1.2</p>	<p>Workforce and OD Director Update</p> <p>Resourcing and Retention Improvement Programme Overview</p> <p>Resourcing and Retention Improvement Programme ToR</p> <p>OM led the Committee through the pre-circulated documents, with points to note as follows:</p> <ul style="list-style-type: none"> • The Committee noted the 2022/23 staff vaccination campaign launch run directly for the Trust by a multi-disciplinary vaccination team. • The Committee noted that the current risks on staff engagement had increased and acknowledged the internal and external factors that were taken into account when reviewing and increasing the risk rating, and that could have a negative impact on staff engagement, including external factors such as the current cost of living and pay pressures, and potential strike action, and internal factors that include vacancy rates and turnover, the Trust's WRES indicator scores, and the relocation of the administrative hub at Huntingdon. • The Committee acknowledged the work that was taking place on staff engagement through the Compassionate and Collective Leadership Programme and noted that specific areas identified to mitigate the risk are team development and support, and improving career progression/development particularly for staff from a BAME background and/or with a disability. • The Committee discussed whether the current risk targets and appetite were still realistic given the current external and internal pressures and acknowledged the complexity involved in understanding whether targets should be changed or how/whether the Trust could do more to increase staff engagement. • Should the Trust describe some risks in terms of risk appetite statements rather than looking at the risk number alone? • Linking with this, the Committee gave support to the development of the Resourcing and Retention Programme and acknowledged the change in environment and external pressures that affect the Trust's vacancy rate and recruitment and how these challenges required such an approach. • The Committee discussed whether the Trust's target of a 5% vacancy rate was realistic and discussed how the profile of the Trust's workforce and the reasons that people work at the Trust are different to other NHS locations as RPH is a small and specialist hospital. Should we always expect a high turnover of Bands 5 and 6, for example, as part of their personal development? • In light of the challenges facing the workforce and the development of a Recruitment and Retention Improvement Programme, the Committee discussed how, and where, the workforce agenda should report to. Currently, workforce is discussed at both Performance and Quality & Risk Committees but affects all aspects of the Trust. • The Committee discussed various options of what best practice 		

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	<p>would look like, including continuing as is, and delivering a new workforce committee with new membership.</p> <ul style="list-style-type: none"> • The Committee agreed that it would recommend for a new Workforce Committee to be created that would meet bi-monthly, alternating with Quality & Risk Committee. • The framework above would allow assurance to be sought and delivered in both, whilst looking at longer trends and data. • The Committee discussed how urgent business from both workforce and quality and risk could be escalated, and membership of the Workforce Committee. Membership could include members of both Quality and Risk and Performance Committees to ensure understanding of impact on both committees and triangulation of issues. • A trial period of one year was suggested, but impact and effectiveness will be kept under review. It was agreed that before commencing any change, the Board/Committee members should agree outcomes/objectives and what good looks like. • Recommendation to be taken to Board for discussion and included in the Chair's report. 		
6.2	<p>PIPR People, Management and Culture M5 The Committee noted the pre-circulated document, with discussion on the paper included in 6.1 above.</p>		
7.1	<p>QUALITY</p>		
7.1.1	<p>QRMG and SIERP Key Highlights and Exception Report LP led the Committee through the pre-circulated document, with points to note as follows:</p> <ul style="list-style-type: none"> • One escalation from QRMG held in September and one from SIERP meeting held since last reported to Committee. Both escalations concern SUI WEB44419. • IW expressed concern regarding WEB44419: mediastinal mass CT image that had no further evaluation during pre op period and/or during surgery. The Committee noted that SIERP agreed there were several missed opportunities to identify the incidental finding of lung cancer during the patient's care at RPH and N&N hospital. Committee was advised that it would receive a full report when investigation complete. IW requested that the full report looks at the frequency of which this type of incident happens. • SW gave assurance to the Committee that this was a rare occurrence, and that the investigation would review where the breakdown in processes occurred. • AF highlighted that there appeared to be themes emerging where the Trust has slippage in areas such as mandatory training, appraisals, incident reporting and complaints. Does the Committee have assurance that as the Trust goes into the more pressurised environment of winter, that it is going to be able to change gear and keep patients safe and keep care to a high standard? Are mitigations in place to stop further slippage as we go into winter? • The Committee was assured that incident reporting is high in the Trust and has gone up significantly in the last month. Additionally, complaints are within the Trust boundaries, and have a tight response time of 25 days. 		

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	<ul style="list-style-type: none"> MS advised that she is working closely with Matrons, Heads of Nursing, and Ward Sisters to review how the Trust ensures that people are returning to work in their correct roles following the pandemic, to ensure that safe care is delivered and oversight of when things are not quite right. This fits in with the discussion that the Committee held concerning the importance of workforce when discussing the quality agenda. The Committee challenged the number of open risks, in particular those that are overdue and those that have a high risk rating. What is the direction of travel for those two subcategories? The Committee was advised that a focus session on risks had taken place at QRMG. Since the risk maturity audit, different categories and time scales were brought into the Trust. The Committee noted that following the pandemic, the Trust was in a period of recovery in regard to risks, including discussions of risks in divisions and Star Chamber focus sessions. Additionally, a programme of work has begun to review risks being entered onto Datix. 		
7.1.2	<p>Serious Incident Executive Review Panel (SIERP) minutes (220816, 220823, 220830, 220906)</p> <p>The Committee noted the pre-circulated documents.</p>		
7.1.3	<p>Thematic Review of Incidents Relating to Falls</p> <p>LP led the Committee through the pre-circulated document, with points to note as follows:</p> <ul style="list-style-type: none"> This was received at QRMG and further review and actions to take place. Discussion has taken place with regard to reviewing the Falls Policy to make it clearer. 		
7.2	<p>PERFORMANCE</p>		
7.2.1 7.2.1.1	<p>Performance Reporting/Quality Dashboard</p> <p>PIPR Safe – M5</p> <p>The Committee noted the pre-circulated document, with discussion as follows:</p> <ul style="list-style-type: none"> The Performance Committee had raised at its September meeting questions concerning the Trust’s metrics for safe staffing and fill rates, and requested that the Quality and Risk Committee review assurances from PIPR reporting of care hours per patient day. The Chair commented that he found the data reporting shift by shift balance of required and actual staffing reassuring and advised that Performance Committee might benefit from reviewing that data too. The Committee noted that a review of establishments is due in November. The Committee challenged the VTE compliance and noted that the two VTE Leads gave a presentation to the Trust’s commissioners recently. It was noted that whilst progress has been made following interventions and actions of the VTE task group, compliance in August dropped to 79.3%. The change over of junior doctors in August and February is often associated with a reduced compliance. The Committee discussed the difficulties due to the turnover of 		

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	<p>junior doctors and the need for ownership of each patient at prescriber and senior level.</p> <ul style="list-style-type: none"> The Committee asked whether learning could be shared from wards where levels of compliance were higher, and was informed that in those areas VTE risk assessments were undertaken by non-medical prescribers. The Committee requested a one page action plan on how improvement can be made. To be presented to a future meeting. The Committee noted the spotlight on Legionella. IW asked what the Trust's tolerance level was and was advised it was zero, but that routine sampling at RPH in August had highlighted growth of legionella from some water outlets. The Committee noted the actions undertaken and measures for ongoing maintenance and monitoring. The Committee noted that compliance with POU filters is checked regularly. The Committee commented that the Spotlight and Focus On sections of PIPR help it to address and understand issues currently being faced by the Trust. 	MS	11/22
7.2.1.2	<p>PIPR Caring – M5 The Committee noted the contents of the pre-circulated document.</p>		
8	RISK		
8 8.1 8.1.1	<p>Board Assurance Framework Report Cover Paper – Board Assurance Framework (BAF) BAF The Committee noted the pre-circulated documents.</p> <ul style="list-style-type: none"> For the HCAI risk, the Committee enquired whether additional sources of assurance of how mitigations have been put in place and actions taken could be added to the BAF with regard to M.abscessus, for example the Duke visit and UKHSA input. MS agreed to add for assurance on evidence. 	MS	10/22
8.2	<p>Emerging risks There were none to report.</p>		
9.	GOVERNANCE AND COMPLIANCE		
9.1 9.1.1	<p>Workforce Agenda Management Appendix 1: TOR 002 Quality and Risk Committee Appendix 2: TOR 007 Performance Committee</p> <ul style="list-style-type: none"> The Committee noted the pre-circulated documents presented for information. The Workforce Agenda Management was discussed in detail in agenda item 6.1. The two ToR documents will be amended following discussion at Board, if required. 		
9.2	<p>Quality Accounts Update Report Q1 2022/23 The Committee noted the pre-circulated document and commented on its clarity.</p> <ul style="list-style-type: none"> The Committee noted the occasions where barcode scanning was overridden (as noted in Priority 4), and was advised that a report is expected to be presented to the Committee via QRMG in October. 		

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9.3	Internal Audits: There were none to report.		
9.4	External Audits/Assessment: There were none to report.		
10	POLICIES		
10.1	Cover – DN341 Data Protection Policy v4 <ul style="list-style-type: none"> The Committee noted the pre-circulated document. 		
10.1.1	DN371 Data Protection Policy v4 <ul style="list-style-type: none"> The Committee ratified the policy. 		
10.2	Cover – DN575 Endoscopy & Trans-oesophageal Probe Policy <ul style="list-style-type: none"> The Committee noted the pre-circulated document. 		
10..21	DN575 Endoscopy & Trans-oesophageal Probe Policy <ul style="list-style-type: none"> The Committee ratified the policy. 		
11	RESEARCH AND EDUCATION		
11.1	Research		
11.1.1	Minutes of Research & Development Directorate Meeting (220708) <ul style="list-style-type: none"> The Committee noted the pre-circulated document. 		
11.2	Education:		
11.2.1	Education Steering Group minutes None available.		
12	OTHER REPORTING COMMITTEES		
12.1	Escalation from Clinical Professional Advisory Committee (CPAC) <ul style="list-style-type: none"> CPAC will welcome a professional forum as part of its meeting once a quarter. 		
12.2	Minutes from Clinical Professional Advisory Committee (220721) <ul style="list-style-type: none"> The Committee noted the pre-circulate document. 		
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	Board of Directors <ul style="list-style-type: none"> There were no issues for escalation from Part 1. 		
14	ANY OTHER BUSINESS <ul style="list-style-type: none"> None. 		
	Date & Time of Next Meeting: Thursday 27th October 2022 at 2.00-4.00 pm, via Microsoft Teams		



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Signed

27th October 2022

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Date

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