NHS

Royal Papworth Hospital
NHS Foundation Trust

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

Held on 24th November 2022, at 2 pm
Via Microsoft Teams

M I N U T E S

Present	Ahluwalia, Jag (Chair)	(JA)	Non-Executive Director
	Blastland, Michael (left 14:59)	(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
	Smith, Ian	(IS)	Medical Director
	Webb, Stephen	(SW)	Deputy Medical Director and Clinical Lead for Clinical Governance
In attendance	Cynthia Conquest	(CC)	Non-Executive Director
	Lonsdale, Jonathan (arrived 15:13, left 15:34)	(JL)	Assistant Director of Clinical Education
	Reynolds, Samantha	(SR)	Head of Nursing
	Stephens, Teresa	(TS)	Executive Assistant (Minutes)
Apologies	Hodder, Richard	(RHo)	Governor
	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 apologies were noted as above.		
	Welcome to Cynthia Conquest and Sam Reynolds who will be observing.		
	The Committee noted that JA would be chairing the meeting as MB will leave at 15:00.		

Agenda Item		Action by Whom	Date
2	**DECLARATIONS OF INTEREST**		
	There is a requirement that those attending Board Committees to 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 writer and broadcaster. 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.		
	• 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 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, Clinical Policies Forum, NHS Cambridgeshire and Peterborough ICB.		
3	**COMMITTEE MEMBER PRIORITIES**		
	• MB asked to be kept up to date with SSIs.		
	• MS advised that at the October Quality & Risk Committee meeting, an improved position was reported in relation to how the Trust is benchmarking and with SSI rates. Quarter One saw a rate of 8.7% and Quarter Two saw a decrease to 4.8%.		
	• Whilst that position has improved and there are less patients in hospital with deep wound infection, the Trust's activity through its		

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	superficial wound infections is higher.		
	• Figures for October were not available at the time of the November meeting.		
	• The Committee noted that the Infection Control & Pre & Peri-operative Care Committee meets monthly, and that the SSI Stakeholder Group, meets fortnightly.		
	• AF asked whether the Trust had done any benchmarking against the Kirkup Report and the leadership lessons that were learnt there.		
	• AF: In terms of our pursuit of Outstanding across all of our domains, can we have some kind of assurance in terms of how that is being taken through divisions and whether we are still sense checking in terms of undertaking self-assessments, etc.		
	• The Committee noted that a review of the Fundamentals of Care Board (FoCB) and Fundamental Standards has recently been undertaken to ensure that those doing the standards reviews have the skills and capacity to do so. There is now a robust training programme for each standard lead and a greater breadth of experience within each team. A highlight report from each review will be monitored and RAG rated at FoCB and go to Clinical Professional Advisory Committee (CPAC) for sign off.		
	• The Committee agreed on the importance of continually reviewing processes to ensure their effectiveness.		
	• The Chair asked whether the Trust records its performance against the national data set. Do they also record superficial wound infections and so forth in the same way? Are they counted or are we an outlier in how we count as well?		
	• MS advised that UKHSA do not record superficial wound infections but advises trusts to record them locally. The Trust has benchmarked in terms of how it grades infections with Barts and Brompton and is aligned with those trusts and also adheres to the standards set in terms of the SSI national process.		
4	**MINUTES OF THE PREVIOUS MEETING – 27th October 2022** The minutes from the Quality and Risk Committee meeting dated 27th October 2022 were agreed to be a true and accurate record of the meeting and signed, with one amendment being made as follows: Page 9, section 9.2.1 regarding workforce committee. The text currently reads that the Committee will continue monthly and will not be reduced in scope and time. This to be amended to read: the Committee will be reduced in scope as will have a revised focus, but will not be reduced in time.		
5	**MATTERS ARISING AND ACTION CHECKLIST PART 1 - from 27th October 2022** The Committee noted the pre-circulated document, with key points to note as follows: • Action 016: Bespoke work is ongoing within the Trust at present, including realigning the fundamental standards, harm review panel work, reviewing health and safety, etc. Additionally, the Trust will be recruiting for a Head of Quality Improvement & Transformation shortly. Report can be made to January Committee meeting with an update and timelines on the work that is currently ongoing.		

Agenda Item		Action by Whom	Date
	• Action 030: MB has spoken to LP and sent comments for review. Action to be closed, but a review to be brought to the Committee in May 2023. All other actions are on the agenda, for discussion at a future meeting, or closed.		
6.	**WORKFORCE**		
6.1 **6.1.1** **6.1.2** **6.1.3** **6.1.4**	**Revised Appraisal Procedure** **Appendix 1 Appraisal Procedure Final Version** **360 Feedback Form** **Appraisal Form** **Health & Wellbeing Self-Assessment** OM led the Committee through the pre-circulated documents, with points to note and discussion as follows: • The Committee noted that the Trust's Appraisal Procedure had undergone a comprehensive redevelopment to ensure a supportive, equitable and consistent approach to appraisal review and career conversations. • The focus is to more fully incorporate the Trust's values and behaviours and build them into our definition of good performance. It also links into the Trust's focus on health and wellbeing and incorporates changes that happen to the national terms and conditions. • The process will be launched at the beginning of December 2022. • The Committee agreed that the reviewed process was a positive and important step forward and acknowledged that one of the current drivers for staff turnover is career development opportunities. Once the new appraisal process is in place, ongoing work around fair recruitment and improving the quality of opportunity can be built on top. • The Committee noted that feedback from Joint Staff Council (JSC) has been reviewed and reflected in the documentation. • For completeness of minutes, AJ mentioned that Board had talked about sanction being picked up in appraisal process. It was agreed that it was not feasible to have this in the process but would be managed through review and followed up individually. • The Committee noted that the process was for staff under Agenda for Change and did not include medical colleagues. • AF congratulated OM and her team on the development of the process and noted its importance in terms of retention, having the right quality of conversations and its value in how the Trust supports and manages its staff. • MB sought reassurance that the process was not too onerous. OM assured that the process ensured that conversations were held regarding wellbeing, performance, career aspirations and development plans and regarding any concerns, and needed to be robust. Training would be given to line managers to support. • The Committee discussed the importance of ensuring that line managers did not have to perform too many appraisals, thus dampening enthusiasm and noted that the GMC recommended that no more than 10 appraisals were carried out by one person. • The Committee noted that the biggest inhibitor to appraisals at		

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	present is staff availability and line managers being pulled into clinical work. This will also be affected by vacancy and sickness rates.		
6.2	**PIPR People, Management and Culture M6** The Committee noted the pre-circulated document, with points to note and discussion as follows: • Turnover dropped to 19.7% in October but year to date rate of turnover is 18.4%, over the Trust's KPI of 14%. • Sickness absence increased due to prevalence of Covid in community. Sickness absence due to reasons other than Covid returned to more normal levels for the time of year. • The total Trust vacancy rate increased to 14.3%, with registered nurse vacancy rates increasing to 13.6% with Level 5 Surgical Wards having the highest percent vacancy rates. Unregistered Nurse vacancy rate continues to improve, although it remains above the KPI. • 34 registered nurses are in the pipeline going through pre-employment checks and 44 unregistered nurses are in the pipeline following a number of successful recruitment events. The Trust has increased the number of nurses recruited from overseas in 2022/23. • The Committee queried the reasons for the high vacancy rate of 69.29% unregistered nurses in 4NW, and the rapid increase in vacancies in Level 5. Do we understand why? • The Committee asked whether unregistered nurses are recruited to a particular area of their choice and, if not, whether they can move if they are unhappy. It was advised that the Trust undertakes a mix of recruitment for unregistered nurses with general advertisements. Preferences can be discussed in conversations with recruiters. The Committee noted that there was an internal rotation scheme for healthcare support workers if they want to move to another area. • The Committee was advised that Level 5 had a lot of long-term absence that is now coming to an end in terms of whether those members of staff are able to return to, or stay in, work. With regard to leavers, the Committee noted that reasons for leaving given were varied. Band 6 staff had left for opportunities whereby they can earn more in industry and pick up bank hours, plus have a better work/life balance. Other reasons include career development, which will be assisted with the EDI and C&C agendas and the new appraisal framework. • The Committee requested an EDI report to be presented to the forthcoming Workforce Committee. • The Committee asked whether the Trust recruits to establishment or over recruits with the understanding that there is a probability that staff members will leave? The Committee was advised that there was a continuous rolling recruitment for B5s and healthcare support workers. • The Committee noted that recruitment and associated risks were reported in the BAF. It was noted that the risk appetite has changed on workforce and it was agreed that risk appetite statements relating to workforce could be reviewed in the Workforce Committee. • The Committee noted the vaccination rates for flu and Covid and		

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	noted that the rates, although lower than 2021, were one of the highest rates of uptake in the region.		
7.1	**QUALITY**		
7.1.1	**Trust Quarterly Quality and Risk Report – Q2** The Committee noted the pre-circulated document, with points to note as follows: • The Committee noted that a claim from Q3 2016/17 had been closed during this quarter. • The Committee challenged and discussed the incident trends, in particular in light of lower activity. • LP advised that the datix system is being used differently from the same quarter in 2021/22 and so comparison is difficult and therefore the trajectory is steady. • MB: what kind of confidence can we take that the level is remaining steady? Do you feel personally that things are reasonably under control? • LP advised that detail is discussed in QRMG and reporting culture within the Trust is good. • LP to give further detail to the Chair regarding the incidents relating to blood plasma off line. • The Committee requested data highlighting how many/what incidents were reportable externally on future reports. • The Committee acknowledged that some areas of the Trust do not have such a robust reporting culture and that these are focused for attention. The Committee noted that incident data dashboards for areas may be available to sit behind future quarterly reports. • The Committee discussed near misses and how they could have led to possible severe harm. Can it be assumed that unless they are flagged, near misses are relatively inconsequential? • LP: they are not inconsequential as they are important for learning. Near misses are reported and people do recognise when they happen. The fact that you have a level of near misses shows good reporting. • The Chair advised that there were two elements of a near miss: the aspect/process failure of the incident and the impact to the patient. • The Committee requested another focus session on near misses at a future meeting. • The Committee noted the data and action plan regarding VTE compliance and the ongoing work in identifying medical champions. • The Committee commended the number of compliments received in the quarter. • The Committee noted that communication was the most frequent cause of informal and formal complaints in the quarter.	LP LP	12/22 02/23
7.1.2	**QRMG and SIERP Highlight and Exception Paper** The Committee noted the pre-circulated document, with discussion as follows: • No formal escalations from the QRMG held in November. There were no serious incidents reported to QRMG. • There were no areas of escalation from the recent SIERP meeting held since last reported. There were no serious incidents declared at these meetings.		

Agenda Item		Action by Whom	Date
	• The Chair noted the decrease in WHO checklist compliance for Q2 and expressed concern that overall compliance was just over 80% for July, August and September. The Committee noted that this has been reviewed and actions are being put in place. Improvement needs to be seen month by month through divisional performance and followed through to Quality & Risk as part of this reporting. • The Committee noted the key highlights for Critical Care (CCA) and expressed concern at the increase in red flags, redeployment and that the transformation work highlighted is similar to the work started by the Transformation Programme earlier in the year. • MS: the redeployment of staff from CCA has increased in the last month or two and triangulates with the staffing and vacancy levels on Level 5. Critical Care is up to establishment and do not have any vacancies so people will be redeployed if required. • MS advised that an increased process was being put into place to support redeployment and acknowledged that it had a negative affect on staff morale. • It was acknowledged that although work was not yet complete, the Committee noted the improvement that the Critical Care Transformation Programme (CCTP) had made and that work already underway would be sustained and continued through STA. Additionally, it was noted that work around roles and responsibilities in line management, skills and capacity, and looking at the nursing structure is ongoing. • The Chair expressed concern and requested further information regarding WEB44069 and WEB45036. • The meeting discussed the two incidents, how they are classified and learning shared from them. The importance of seeing the incidents from the patient's perspective was acknowledged.		
7.1.3	**Serious Incident Executive Review Panel (SIERP) minutes (221011, 221018, 221025, 221101)** The Committee noted the pre-circulated documents.		
7.1.4	**Surgical Site Infection Update** This was discussed earlier in the meeting in agenda item 3.		
7.1.5	**Health Inequalities Presentation** Due to the full agenda, it was agreed that the agenda item would be deferred and that a report would be circulated within the combined papers for the December meeting for information and item to be put at the front of the agenda.		
7.1.6	**End of Life Steering Group Minutes (221010)** The Committee noted the pre-circulated document.		
7.2	**PERFORMANCE**		
7.2.1 7.2.1.1	**Performance Reporting** **PIPR Safe – M7** The Committee noted the pre-circulated document, with points to note as follows:		

Agenda Item		Action by Whom	Date
	• The Committee noted that safer staffing metrics have changed in response to feedback and questions regarding the CHPPD metric. MS has gone back to basics in terms of looking at what should be reported for benchmarking but also in terms of how we can get a narrative, which is described in the Focus On slide. • Fill rates in PIPR are red but some can be mitigated by the reduced bed occupancy on Level 5 (discussed at Performance Committee on 24th November). • Other mitigations are the fact that specialist nurses step in to maintain safe staffing on a day-to-day basis, which is not a sustainable solution. • This can be triangulated also with the registered nurse vacancies discussed in 6.2 above. • MS drew the Committee's attention to the Spotlight On section of PIPR which goes into more detail about the fill rates on each of the Trust's inpatient wards and areas, and describes CHPPD as benchmarked to national and specialist trusts. The Committee noted that the Trust's CHPPD is higher than other specialist hospitals against which it is benchmarked. • MS: you could argue that this is because we have a higher proportion of Level 3 and Level 2 beds in comparison to our overall bed base and maybe to what other hospitals have. • The Committee noted that redeployment was higher than the Trust would like and the impact that this had on staff. • MS advised that the system helps the teams and the Head of Nursing who is the lead on safer staffing to describe the story of staffing to staff so that they can see why decisions are made and the true story of safe staffing. This also helps staff to come up with solutions and have conversations with Ward Managers in terms of how safer staffing can be improved. • The Committee noted the red flag events which is a signal that an immediate response is needed in respect to safe staffing. The Committee acknowledged that the Trust was still on a journey with this in terms of consistency of reporting and closing red flags, and noted that there had been a spike in some areas. • MS: how do we know it is safe? Through looking at our nurse-to-patient ratios and our nurse sensitive indicators, e.g. pressure ulcers, falls, medication errors, etc. The Committee noted the narrative regarding these indicators in the slide and the good reporting culture that is in place within the Trust concerning this. • The Committee noted that a task group was in place to look at falls, in particular on Level 5, but also in the rest of the Trust to identify any themes and trends. • The Committee agreed that it would welcome reviewing safer staffing data presented in the manner and found the narrative behind the safer staffing details very helpful. • CC suggested that MS give a 15 minute narrative to give clarity to all NEDs regarding safer staffing. This to be taken forward by AJ. • LP suggested that as metrics had been changed from October, an asterisk should be inserted in the data tables to highlight this.		
7.2.1.2	**PIPR Caring – M7** The Committee noted the pre-circulated document.		

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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. - The Committee had discussed HCI, SSIs and staff engagement throughout the meeting. M.abs to be discussed in Part 2. - The Committee noted the request to close BAF risk 730 in relation to R&D strategic direction and recognition once the strategy had been received at Board.		
8.2	**Emerging risks** There were none to report.		
9.	**GOVERNANCE AND COMPLIANCE**		
9.1	**Cover – Corporate Risk Register** **Appendix 1 – Open / Closed Risks** **Appendix 2 – Corporate Risk Register** The Committee noted the pre-circulated documents and noted that work was ongoing to reduce overdue risk. AF queried the high risk relating to lack of car parking at Kingfisher House. To be reviewed.	LP/OM	12/22
9.2	**Scan4Safety and Lord Hunt Visit** The Committee noted the pre-circulated document.		
9.3 9.3.1	**Cover – Document Control** **Document Control: Out of Date Documents** The Committee noted the pre-circulated documents and that these were monitored and reviewed by the Executive Directors and through Quality & Risk Committee.		
9.4	**Fundamentals of Care Board Minutes (220908)** The Committee note the pre-circulated document.		
9.5	**Internal Audits:** There were none to report.		
9.6	**External Audits/Assessment:** There were none to report.		
10	**POLICIES**		
10.1	**Cover – DN708 Acceptable Use Policy** The Committee noted the pre-circulated document.		
10.1.1	**DN708 Acceptable Use Policy** The Committee ratified the Policy		
11	**RESEARCH AND EDUCATION**		
11.1 11.1.1	**Research** **Minutes of Research & Development Directorate Meeting (220909, 221014))**		

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	• The Committee noted the pre-circulated documents.		
11.2 **11.2.1** **11.2.2**	**Education** **Royal Papworth School Update** **Royal Papworth School Strategy 2022/23 – 2025/26** The Committee welcomed Jon Lonsdale, Assistant Director of Clinical Education, (JL) to the meeting who led members through the pre-circulated documents with points to note as follows: • The strategy is presented for discussion today and will be brought back to the Committee for ratification once it has gone through the School Management Group. The documents have been discussed at SPC. • The Committee noted the financial information and that it had taken a while to establish a clear understanding of the education finance baseline. A financial ambition proposal is also available for the five year period. • The Committee noted the vision for the school, the five strategic goals and actions taken so far. • The Committee asked whether the team had undertaken market analysis and was advised that this has not been done as yet but is part of the actions to achieve future financial ambitions. • JL advised that the school ambitions were based on experience to date and would be to reduce the Trust's non LDA activity contribution and make itself as independent as possible. • The Committee noted the financial position and ambition and asked whether the strategy and business case knitted together. • JL advised that the strategy ambition was to further commercialise some of the Trust's educational offerings with professional development function and grow that through the Trust's specialist knowledge. • AF stated that she liked the strategy and the goals and the clarity of how they are broken down. However, there was concern regarding the financials and how that would impact the project's ambitions. • The Chair asked whether there were enough resources to deliver the strategy or would that be part of the business case? • The Committee was advised that the Trust needed a Virtual Learning Environment platform (VTE) regardless of whether the school went ahead or not. This should bring through some efficiencies and help to give the Trust a platform to commercialise some of its education work. The next step would also be how does the Trust grow some of its offerings? • The Chair commented that whilst the business case and strategy are separate, they are not unlinked, and the team might need to revise the strategic ambitions if the resource environment gets further pinched and constrained. The Committee explained that it was trying to understand the options around the delivery. • MS: In terms of looking at the resource question, over the next couple of years we are going to look at what are the things we need and what does that mean? • MS reiterated the Trust's ambition to run a perfusion programme. Conversations have started regarding this with Anglia Ruskin University and the development of that will identify the resources needed in order to write those programmes, etc. The Committee		

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	noted that an action plan with ARU was already in place and that this will be scoped further with subject matter experts. • JA: we should not treat the strategy as being fixed in stone, because it needs to be an emergent piece of work, because the environment around us is changing and we need to be adaptable but not lose sight of the ambition which is to become financially independent. Is the plan still to break even inside two years, or has that changed? • JL advised that due to the current climate, this ambition might not be realised. • The Committee noted that there is circa £700k worth of LDA activity and a proportion of that was originally supported through our professional development team. A priority would be to relaunch a number of their programmes. Having discussed with those teams and our finance team, the ambition to break even might now be realised in closer to five years. • MS suggested that JL should attend a meeting in six months' time with a review on how the strategy is progressing. The Committee agreed to a six month review in May and annual review in November 2023. • Strategy to be brought back to the Committee for ratification in January 2023.		
11.2.3	**Education Steering Group minutes** None available.		
12	**OTHER REPORTING COMMITTEES**		
12.1	**Escalation from Clinical Professional Advisory Committee (CPAC)** • No escalation from November CPAC meeting.		
12.2	**Minutes from Clinical Professional Advisory Committee (221020)** • The Committee noted the pre-circulate 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** • There was no any other business.		
	Date & Time of Next Meeting: **Thursday 22nd December at 2.00-4.00 pm, via Microsoft Teams**		

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Signed

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Date

Royal Papworth Hospital NHS Foundation Trust
Quality & Risk Committee