

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

Held on 31st August 2023, at 2 pm
Via Microsoft Teams

MINUTES

Present	Ahluwalia, Jag	(JA)	Non-Executive Director
	Blastland, Michael (Chair)	(MB)	Non-Executive Director
	Raynes, Andy	(AR)	Director of Digital & Chief Information Officer
	Fadero, Amanda	(AF)	Non-Executive Director
	Howard-Jones, Lorraine	(LHJ)	Deputy Director of Workforce and Organisational Development
	Jarvis, Anna	(AJ)	Trust Secretary
	Midlane, Eilish	(EM)	Chief Executive
	Palmer, Louise	(LP)	Assistant Director for Quality & Risk
	Screaton, Maura	(MS)	Chief Nurse
	Smith, Ian	(IS)	Medical Director
	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	(RH)	Lead Governor
	McCorquodale, Christopher	(CMc)	Staff Governor
	Monkhouse, Oonagh	(OM)	Director of Workforce and Organisational Development

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.		
	The Committee noted that this would have been Richard Hodder's last meeting as Lead Governor. Unfortunately, he is unable to attend but the Chair has sent a heartfelt letter of thanks to him on behalf of the Committee for his hard work and commitment to the Trust.		
2	DECLARATIONS OF INTEREST		

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	<p>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:</p> <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 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; 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 Screatton 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	<p>COMMITTEE MEMBER PRIORITIES</p> <p>The Committee discussed the recent investigation and court case involving former nurse, Lucy Letby, who was found guilty of murdering neonatal patients in Countess of Chester Hospital. The Committee agreed that the discussion should be noted in Part 2 of the Committee meeting minutes.</p>		
4	<p>MINUTES OF THE PREVIOUS MEETING – 27th July 2023</p> <p>The minutes from the Quality and Risk Committee meeting dated 27th July 2023 were agreed to be a true and accurate record of the meeting and signed.</p>		

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5	<p>MATTERS ARISING AND ACTION CHECKLIST PART 1 – from 27th July 2023</p> <p>The Committee noted the pre-circulated document and discussed as follows:</p> <ul style="list-style-type: none"> • 042: included in agenda item 6.1.2. Closed. • 047: ongoing. <p>All other actions are on the agenda, for discussion at a future meeting, or closed.</p>		
6.	<p>QUALITY AND SAFETY</p>		
6.1	<p>QRMG and SIERP Highlight and Exception Paper</p> <p>LP led the Committee through the pre-circulated document, with points to note as follows:</p> <ul style="list-style-type: none"> • No escalations from SIERP meetings held in month. • One escalation for awareness from QRMG: CT reporting backlog remained high however Radiology Business Unit Manager was confident that this could be resolved in a timely way. Detailed information provided to the Clinical Decision Cell (CDC) and Trust Access Group. Risk rating at the time of reporting was 16. • The Committee challenged regarding the concern listed on page 2 of the report regarding controlled drug (CD) incidents. Two issues have been discussed at prior Committees, but are there more incidences? The Committee was advised that a closing meeting regarding CD incidents was due to be held in the coming week and a further outcome report will be presented to the Committee when complete. • The Committee sought clarity on the numbers of incidents. The graph does not clarify where the Trust stands regarding incidents in comparison to pre-Covid-19. LP will request Pharmacy includes a longer run period to enable greater clarity of context in its next report to QRMG. • IW brought to the attention of the Committee the concluded inquest: INQ2021-10/SUI-WEB34717 and requested that Quality & Risk Committee minutes note misspelling of 'defense' on page 7 of the report under Coroner's conclusion. • IW sought clarification regarding whether a tamponade was found when the chest was reopened. How do we know that the patient did not have an insulin overdose? LP advised that the Trust is still awaiting the final Coroner's final conclusion. LP will update IW/Committee when final conclusion received. IW requested to know what the postmortem found. LP to confirm. • JA challenged page 4 of the report under Risk Management. The report states that there are currently '<i>a total of 565 open BAF corporate, H&S, Charity and safety alert risks (as of 1.08.23) compared with 560 the previous month which demonstrates active recording and review of risks across the organisation at all levels</i>'. This does not correlate with the table showing the number of open risks. Request made for future QRMG reports to include maximum number of days for overdue risks, plus more clarity to be given with regard to how many risks have been opened and closed in that period. • Additionally, the Committee felt that the report did not give necessary assurance for risks of 12 and above in the high risk and extreme risk categories. 	LP	10/23

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	<ul style="list-style-type: none"> LP advised that the Trust was continuing to focus on risk and a recommendation post internal audit review was to set a timetable. This is being embedded. 		
6.1.1	<p>SUIWEB56547 Care of a deteriorating patient post-surgery</p> <p>The Committee noted the pre-circulated document, with points to note as follows:</p> <ul style="list-style-type: none"> The Committee acknowledged the complexities of the case. The Trust has met with the family to discuss the findings of the report and another meeting will be held in the future. Learning is being shared, in particular regarding ensuring patients and relatives are aware of changes in expected recovery and of the impact of complications; and in regard to NEWS2 scales. The Committee discussed and acknowledged the importance of discussions with patients pre-admission and throughout the patient journey with regard to risk and expectation. The Committee queried the audience of the report. It is a factual account but also expresses condolences to the family. The Committee sought clarification regarding the ALERT team and the wards. Consultant has overall responsibility, and the senior nurse in charge ensures that care continues, and the nursing team should continue to review observations, etc. One of the shared learning points was that the presence of the ALERT team is to support and undertake safety netting for unwell patients rather than replacing or undertaking normal care within wards. Reminders and clarity to be shared with clinical team on the role of the ALERT team. 		
6.1.2	<p>Trust Quality & Risk Report Q1</p> <p>The Committee noted the pre-circulated document, with points to note as follows:</p> <ul style="list-style-type: none"> The Committee noted the section regarding patient experience. The Trust received four formal complaints and twenty-five informal complaints in Quarter 1, which is a decrease from the previous quarter. The Committee acknowledged the work undertaken by the team in respect of informal and formal complaints and the level of engagement concerning patient experience. The Committee noted that following agreement with the Eastern Academic Health Sciences network (EAHSN) to commence the QI techniques and methodologies course in July 2023, eight participants have signed up to commence the training on 17th July 2023. The Committee noted and discussed the CNST premiums. SW led the Committee through the VTE section of the report, that correlates to Action 042 in agenda item 5, above. Points to note are as follows: <ul style="list-style-type: none"> The Committee noted and acknowledged the digital issues that the Trust has dealt with in relation to VTE and agreed on the importance of improvements within a new system in the future. Overall numbers of VTE events are low. Evidencing that patients are assessed at time of admission is an ongoing issue as the digital system is challenging. Through the Head of Nursing for Cardiology, substantial improvements have been made in terms of engagement with staff and 		

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	<p>the practice is becoming more embedded in everyday routines.</p> <ul style="list-style-type: none"> • Laura Succony, Consultant Physician in Oncology, will become the medical lead for VTE. • The Committee acknowledged the improvement in VTE. 		
6.1.3	<p>Quarterly Divisional and Business Unit Combined Report Quarter 1 The Committee noted the pre-circulated report.</p>		
6.1.4	<p>Serious Incident Executive Review Panel (SIERP) minutes (04.07.23,11.07.23, 18.07.23, 25.07.23) The Committee noted the pre-circulated documents.</p>		
6.1.5	<p>DN665 Patient Safety Incident Response Framework (PSIRF) Policy DNxxx Patient Safety Incident Response Framework (PSIRF) Plan The Committee noted the pre-circulated documents, with points to note as follows:</p> <ul style="list-style-type: none"> • The Committee acknowledged and commended the work that LP and her team have undertaken within the Trust and the ICB in bringing this together. • MS advised that the documents had been scrutinised at M.E. and a good discussion and challenge was held with clinical leaders, which gave MS confidence in terms of areas of focus. • The Policy is a national document that the Trust has amended to reflect its requirements. • The Plan sets out how the Trust will respond to patient safety incidents from January 2024 to March 2025 and is underpinned by Trust policies on incident reporting and investigation that is available to all staff via the intranet. • The Committee noted the five areas of focus for the first annual plan as: <ul style="list-style-type: none"> ○ Recognised by unintended outcome of treatment or procedure; ○ Identified implementation of care or treatment; ○ Medication safety incident; ○ Unwitnessed falls; ○ Hospital acquired pressure ulcers. • The Committee advised of the importance of including an emphasis on curiosity and pattern spotting. Plus, the distinction between internal and external safety. • The Committee noted the opportunities for cross system learning. • The Committee asked whether the Trust was gaining staff engagement for such a big change of working and was advised that mandatory training was going well and that the Trust was ahead of trajectory. Other training opportunities that people are engaging with are culture training, and human factors training. Additionally, the team has engaged with staff in the Trust regarding the new way of working. • The Committee ratified both documents. • Ratification and discussion of the documents to be included in the Chair's report to Board. 		
6.1.6	<p>SSI Dashboard – August (July Data) The Committee discussed the pre-circulated document as follows:</p> <ul style="list-style-type: none"> • The Trust is experiencing a similar position to last month and a reduction of rates is being seen. 		

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	<ul style="list-style-type: none"> The new governance structure continues to monitor the SSI rates and actions. The Committee noted that EVH was now being undertaken, with a focus on high-risk patients. Training is ongoing. A review is being undertaken through the SSI Clinical Practice Group. 		
6.1.7	<p>Cover: NHSE IPC Visit Review Report – June 2023 NHSE IPC Visit Review Report – June 2023. The Committee noted the pre-circulated documents.</p>		
6.1.8	<p>M.abscessus Dashboard – August (July Data) The Committee noted the pre-circulated report.</p>		
6.1.9	<p>M.abscessus Executive Oversight Committee minutes (230424) The Committee noted the pre-circulated document.</p>		
6.1.10	<p>Cover: Safeguarding Annual Report 2022/23 Safeguarding Annual Report 2022/23 The Committee noted the pre-circulated documents.</p> <ul style="list-style-type: none"> The Committee noted the safeguarding activity within the Trust throughout the year and areas of scrutiny that have been undertaken. The Committee noted that Safeguarding Level 3 training compliance has increased to 43% (as of July 2023) following the introduction of a hybrid approach of face-to-face training as requested by staff. For the fifth year running, the Trust has participated in the NHS Benchmarking Learning Disability Improvement Standards and the relating action plan is being monitored through the Safeguarding Committee. New mandated training is being introduced for learning disabilities and autism called Oliver McGowan training and the Trust is in conversation with CUH to progress this training. One PREVENT incident referral was made in the year, that promoted good shared learning in the Trust. Key focuses for the national agenda are domestic abuse, dementia and delirium. The Committee approved the report. Ratification of the document to be included in the Chair’s report to the Board, for Board approval. 		
6.1.11	<p>Health and Safety Committee Highlight Report The Committee noted the pre-circulated document.</p> <ul style="list-style-type: none"> The Committee noted the changed governance structure of the Health and Safety Committee that is now chaired by the Chief Nurse and reports directly to Quality & Risk Committee. Subgroups of the Committee welcomed the support and added scrutiny provided by the new governance structure. The Committee noted the items that require further action and noted that these were monitored through the new structure. 		
6.2	<p>PERFORMANCE</p>		
6.2.1	<p>Performance Reporting</p>		
6.2.1.1	<p>PIPR Safe – M4 The Committee noted the pre-circulated document.</p>		

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	<ul style="list-style-type: none"> The Committee asked whether the MRSA patients that presented in July and May received decolonisation treatment and was advised that they had. The patient in July had community acquired colonisation and learning has been shared with the Trust. The Committee noted that the ward supervisory sister/charge nurse time had decreased to 36% in July from 56% in June. Ward sisters/charge nurses had needed to mitigate the safe staffing fill rates by undertaking rostered shifts on their wards in response to bank and agency staff not filling many shifts. Also there has been higher sickness reported for July. The Committee sought assurance regarding the process timing and changes to contract in relation to the decontamination of surgical instruments. The contract with Nuffield has been extended to give the Trust time to undertake a tender process. The Trust is currently tendering for new surgical instrument sterilisation and endoscope decontaminations services. The Committee noted and discussed the updated safe staffing fill rate targets introduced in June to 85% fill rate. Fill rates are mitigated with reduced ward and critical care capacity including industrial action, staff working overtime, specialist nurses and sisters filling gaps on shifts and redeployment of staff. Nurse to patient ratios have not exceed 1RN to 6 patients. It was noted that the reduced activity would have influenced the safe staffing fill rates as the wards were well staffed. Elective activity is held to order to enable the Trust to be safe. 		
6.2.1.2	<p>PIPR Caring – M4 The Committee noted the pre-circulated document and noted the Spotlight On: Chaplaincy Volunteers at RPH.</p>		
7	RISK		
7 7.1	<p>Board Assurance Framework Report Cover Paper – Board Assurance Framework (BAF) The Committee noted the pre-circulated documents, with discussion as follows:</p> <ul style="list-style-type: none"> The Committee noted that the risk description for BAF 742, Safer Staffing, has been revised to reflect the move in the KPI to reflect the 85% fill rates. 		
8.	GOVERNANCE AND COMPLIANCE		
8.1 8.1.1	<p>Cover: Document Control Compliance Document Control Spreadsheet – Out of Date Documents The Committee noted the pre-circulated documents and AR highlighted the improving position and the work undertaken by all departments.</p>		
8.2 8.2.1 8.2.1.1 8.2.2 8.2.2.1 8.2.3 8.2.3.1	<p>Cover: CQC Fundamentals of Care Reviews: Regulation 9 – Person Centred Care Highlights Regulation 9 – Person Centred Care Report Regulation 11 – Need for Consent Highlights Regulation 11 – Need for Consent Report Regulation 17 - Good Governance Highlights Regulation 17 – Good Governance Report</p>		

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	<p>The Committee noted the pre-circulated documents.</p> <ul style="list-style-type: none"> The Committee commended the staff engagement with the reviews. The Committee acknowledged and commended the peer reviews being undertaken and the fresh scrutiny this brings. 		
8.3	<p>Internal Audits: There were none to report.</p>		
8.4	<p>External Audits/Assessment: There were none to report.</p>		
9	POLICIES		
	<p>The Committee has sought and gained assurance that policies presented for ratification at the Committee are reviewed and approved at appropriate level meetings before being presented to Quality & Risk. The Committee also noted that there had been occasions when policies had not been ratified at the Committee that had requested further work and at Committee's before it at, for example, CPAC and QRMG.</p>		
9.1	<p>DN449 Patient Access Policy – approved at Access Management Group on 28.07.23.</p> <ul style="list-style-type: none"> The Committee ratified the pre-circulated document. 		
9.2	<p>TOR036 Emergency Preparedness Committee Terms of Reference – approved at EPC on 28th June 2023</p> <ul style="list-style-type: none"> The Committee ratified the pre-circulated document. 		
9.3	<p>DN115 Control of Substances Hazardous to Health (COSSH) Policy</p> <ul style="list-style-type: none"> The Committee ratified the pre-circulated document. 		
9.4	<p>DN194 Patient Falls Policy – Final August 2023 - approved at QRMG August 2023</p> <ul style="list-style-type: none"> The Committee ratified the pre-circulated document. 		
10	RESEARCH AND DEVELOPMENT		
10.1	<p>Minutes of Research & Development Directorate Meeting</p> <ul style="list-style-type: none"> None available. 		
11	OTHER REPORTING COMMITTEES		
11.1	<p>Escalation from Clinical Professional Advisory Committee (CPAC)</p> <ul style="list-style-type: none"> No escalations noted from the July CPAC meeting. 		
11.1.1	<p>Minutes from Clinical Professional Advisory Committee (230724)</p> <ul style="list-style-type: none"> The Committee noted the pre-circulated document. 		
12	ISSUES FOR ESCALATION		
12.1	<p>Audit Committee</p> <ul style="list-style-type: none"> There were no issues for escalation from Part 1. 		
12.2	<p>Board of Directors</p> <ul style="list-style-type: none"> DN665 Patient Safety Incident Response Framework (PSIRF) Policy DNxxx Patient Safety Incident Response Framework (PSIRF) Plan 		

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	<ul style="list-style-type: none"> Safeguarding Annual Report 2022/23 		
12.3	Emerging Risks <ul style="list-style-type: none"> There were no emerging risks. 		
13	ANY OTHER BUSINESS <ul style="list-style-type: none"> None 		
	Date & Time of Next Meeting: Thursday 28th September 2023 2.00-4.00 pm, via Microsoft Teams		

Meeting closed at 16:00



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Signed

28th September 2023

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Date

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