**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 1**

**Held on 26th October 2023, at 2 pm**
**Via Microsoft Teams**

**M I N U T E S**

| Present | Ahluwalia, Jag (Chair) | (JA) | Non-Executive Director |
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| | Fadero, Amanda | (AF) | Non-Executive Director |
| | Midlane, Eilish | (EM) | Chief Executive |
| | Meek, David | (DM) | Consultant Physician in Oncology, Chair of QRMG |
| | Monkhouse, Oonagh | (OM) | Director of Workforce and Organisational Development |
| | Palmer, Louise | (LP) | Assistant Director for Quality & Risk |
| | Raynes, Andrew | (AR) | Director of Digital & Chief Information Officer |
| | Screaton, Maura | (MS) | Chief Nurse |
| | Smith, Ian | (IS) | Medical Director |
| | Wilkinson, Ian | (IW) | Non-Executive Director |
| | | | |
| In attendance | Ali, Samantha (arrived 14:20; left 14:36) | (SA) | Clinical Nurse Specialist – Thoracic (Patient Story – Agenda Item 6.2.1) |
| | Jarvis, Anna | (AJ) | Trust Secretary (Observer) |
| | Stephens, Teresa | (TS) | Executive Assistant (Minutes) |
| | Weldon, Caroline (arrived 14:20; left 14:36) | (CW) | Matron (Patient Story – Agenda Item 6.2.1) |
| | | | |
| Apologies | Blastland, Michael | (MB) | Non-Executive Director |
| | Halstead, Abigail | (AH) | Governor |
| | McCorquodale, Christopher | (CMc) | Staff Governor |
| | 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 |
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| 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 to raise | | |

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| | any specific declarations if these arise during discussions.  The following standing Declarations of Interest were noted: <br>• 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. <br>• 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. <br>• 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. <br>• 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. <br>• 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. <br>• 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. <br>• Maura Screaton as a director of Cambridge Clinical Imaging and has shares in some biotech companies. | | |
| 3 | **COMMITTEE MEMBER PRIORITIES** <br>• The Committee discussed whether the agenda and reports/papers requested and received at meetings represent how it feels at the hospital and reflect current issues and concerns.  Is the Committee being curious enough? <br>• The Committee discussed the Corporate Risk Register (CRR), on the Agenda as item 7.2.  Are the risks in the CRR reflective of what the Committee would expect? Also, the Committee discussed the Board Assurance Framework (BAF) and asked whether it was representative of the high risks on the CRR. <br>• The Committee reflected on the feedback and narrative received from staff about their concerns that they are not able to provide the level of care that they wish to.  Is this a reaction to the stress of the last three to four years?  Is this reflected in data quality?  The Trust scored highly in the NHS Adult Inpatient Survey results released in September, which highlights that the Trust does have good patient experience even though staff feel they are under some stress.  The | | |

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| | Committee discussed and acknowledged the impact of moral damage to staff when and if they are asked to keep doing more.<br>• The Committee discussed the challenge of waiting lists and noted that work is being planned to review the potential impact of harm for patients.<br>• The Committee concluded that the meeting agenda priorities and papers do reflect discussions taking place at Executive level and throughout the Trust but acknowledged the continuing need for triangulation of concerns regarding staff wellbeing, high quality outcomes for patients, and long waiting lists. | | |
| 4 | **MINUTES OF THE PREVIOUS MEETING – 28th September 2023**<br>The minutes from the Quality and Risk Committee meeting dated 28th September 2023 were agreed to be a true and accurate record of the meeting and signed. | | |
| 5 | **MATTERS ARISING AND ACTION CHECKLIST PART 1 – from 28th September 2023**<br>The Committee noted the pre-circulated document and discussed as follows:<br>• 054: inquest related follow up regarding transplant patient that had received anticoagulant on the ward but was discharged without anticoagulation.  IS had raised the question and was awaiting a response at the time of the September meeting.  IS advised the Committee that a discussion had taken place with haematologists at the time and the balance of risk was considered.  IS challenged the team as to whether they would do the same again and was advised 'yes'.<br>• 049: To be taken to CPAC, with a report to be brought back to January Quality & Risk Committee meeting.<br><br>All other actions are on the agenda, for discussion at a future meeting, or closed. | | |
| 6. | **QUALITY AND SAFETY** | | |
| 6.1 | **QRMG and SIERP Highlight and Exception Paper**<br>DM led the Committee through the pre-circulated document, with points to note as follows:<br>• The Committee noted that there were no escalations from either QRMG or SIERP meetings held in September.<br>• The Committee noted the Q2 report from the Digital Clinical Safety Officers (DCSO) and noted that lack of DCSO capacity and insufficient resource within these roles to undertake tasks in a timely manner presents a compliance, governance and clinical risk.  This will be exacerbated by upcoming staffing changes when the current CNIO leaves the Trust at the end of November.   A piece of work is underway to look at the role of the DCSO and the level of support needed.  Additionally, discussions are ongoing regarding recruitment of a new CNIO.<br>• The Patient Safety Incident Response Framework (PSIRF) is progressing well, and the Committee noted that the Trust was ahead of projections for staff mandatory training.<br>• Three new moderate harm incidents were reported to SIERP in | | |

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| | September 2023.  Investigations are underway. | | |
| | • One moderate harm incident was closed in September. | | |
| | • DM advised that risks remain high but are stable.   There will be a focus on overdue risks with increased pushback through divisions and involvement of directorates at next QRMG meeting. | | |
| | • The Committee noted that three formal complaints were received in month, with six complaints closed.  The meeting discussed the process for complaints and noted that actions and learning from closed complaints will be brought to the Committee through future QRMG highlight reports. | | |
| | • The Committee noted that one inquest was heard in September (INQ2223-50).  The Trust had provided a statement but no one from the hospital was required to attend to give evidence.   The Trust attended one Pre-Inquest Review Hearing (PIRH) In September. | | |
| 6.1.1 | **Serious Incident Executive Review Panel (SIERP) minutes (230905, 230912, 230923, 230926)**<br>The Committee noted the pre-circulated documents. | | |
| 6.1.2 | **Clinical Audit Six Month Update**<br>LP led the Committee through the pre-circulated papers, with points to note as follows:<br>• The Committee noted that there are ninety-four agreed Trust-wide and local clinical audits on the audit plan for 2023/24.  Of these, thirty clinical audits were registered to be completed in Quarters 1 and 2, with nine audits being completed.  The clinical audit team are working with the audit leads in each division to ensure that audits are completed within their timeframe.<br>• The Committee noted that changes in practice have resulted from eight of the completed audits carried out in Quarters 1 and 2, and the areas for improvement will be monitored by local teams through business unit and team meetings.<br>• The Committee noted the plan for the next six months, and the progress to date against the annual audit plan.<br>• The Committee expressed concern regarding performance against the current STA audit plan, in particular as the number of audit plans were doubling.  Is this realistic given the work that is ongoing in STA at present?   LP will take this back to team to reflect and develop.<br>• The Committee discussed the importance of ensuring continuous improvement and that audit actions are delivered and embedded, in addition to ensuring that all audits present value to the Trust. | | |
| 6.1.3<br>6.1.3.1 | **Cover: Closure of IR(ME)R Action Plan**<br>**CQC 2022 IR(ME)R Inspection Action Plan (Final)**<br>The Committee noted the pre-circulated documents, with points to note as follows:<br>• The Committee noted that the Trust has closed all outstanding actions following the inspection last year.<br>• The Committee was reassured about the additional processes now in place to ensure more robust reporting and monitoring.<br>• The Committee commended the relevant teams on their work.<br>• The Committee advised that it would expect business as usual reporting to come to the Committee unless there were escalations. | | |

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| 6.1.4<br>6.1.4.1 | **SSI Quality Monitoring Dashboard October 2023 (September data)**<br>**Progress against NHSE SSI Recommendations**<br>MS led the Committee through the pre-circulated documents, with points to note as follows:<br><br>• The Committee noted that, although SSI rates are at a lower level than in previous Quarters, the rates are still higher than previous years and remain higher than the national benchmarking figure.<br>• Scrutiny continues in terms of enhanced governance around SSIs and the Trust is looking at the profile of organisms causing the SSIs.<br>• The Committee noted that work continues regarding diabetes control and all patients at a higher risk are treated with incisional VAC dressings post operatively, which has helped in terms of superficial infections.<br>• The Committee noted that there was one organ space infection in September, giving an infection rate of 2.2%.<br>• The Committee noted the progress against the NHSE SSI recommendations as set out following the peer review in June and recommended the inclusion of timelines against each action, and introduction of a RAG rating system to prioritise the actions.<br>• The Committee discussed the compliance with MRSA nasal decolonisation treatment and expressed concern that the September data was still below the Trust's target at 77%.<br>• The Committee noted that the audit for compliance with surgical prophylaxis antibiotic administration was due for October and noted the current difficulties in terms of documentation on different systems.<br>• The Committee discussed the need for the Trust to remain focused on compliance and that actions are continued to be embedded.<br>• The Committee gained assurance from the three-month rolling data now included on the dashboard. | | |
| 6.1.5 | **M.abscessus Dashboard October 2023 (September data)**<br>The Committee noted the pre-circulated document, with discussion as follows:<br><br>• One new patient was reported in September with a positive result from a sample tested in August. The patient is under the care of the Lung Defence Team.<br>• The Committee noted and discussed that six patients, including the patient discussed as above, are currently waiting for relatedness results following new positive results. No results on water relatedness have been received.<br>• The Committee noted that the Trust had chased UKHSA who had advised that they would undertake the testing without timelines. The Committee discussed the benefits of looking for an alternative testing centre.<br>• The Chair advised on the importance of ensuring that data on the dashboard was clear to all. | | |
| 6.2 | **PATIENT EXPERIENCE** | | |
| 6.2.1 | **Patient Story**<br>The Committee welcomed CW and SA to the meeting, who gave a patient story with points to note as follows: | | |

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| | • In recognition of Pulmonary Hypertension Day on 1st November, the story is about a patient with pulmonary hypertension and showcases the work of the team's specialist nurses and also their impact on patients and changes that have happened to the patient pathway.<br>• The patient is happy to share their story.<br>• The patient was originally transferred in 2017 when the patient's team was suspicious that the patient had pulmonary hypertension.<br>• During that admission, the patient was unwell and put on veletri infusion.  It was noted that problems with the line or pump are seen as a medical emergency and that patients can contact nurse specialists if issues arose during the day, or trained ward staff on 4S at night.<br>• RPH was notified that the pumps used would be discontinued.<br>• All patients who use the pump were informed.  Patients expressed anxiety as the device was seen as a real lifeline, and the patient concerned also expressed anxiety, in particular regarding changing the pump.<br>• The patient was admitted to RPH with a Hickman Line infection in May 2023, and the team spoke to the patient about transferring the pump, which they agreed to do.<br>• As part of the Buddy System, the team trained and supported the patient's partner to use the new pump.  The partner was happy with the input that they had received from the nurse specialists who also addressed the partner's anxieties regarding changing the pump.<br>• Once the patient had recovered sufficiently to be trained to use the pump, the team practiced using the new equipment with them and during the patient's admission the devices were swapped.<br>• The patient reported that they felt very anxious swapping to a new pump, especially as they had been on the old pump for such a long time.   However, the patient liked the new pump as it was easier to use and they reported that it was much more sensitive, detecting things like air bubbles much easier than the old device.  The patient also advised that the new device was heavier.<br>• The Committee noted that when patients come in to have the transfer performed, the nurse specialists discuss what the patients should expect, the consumables, etc.  The patients can ask questions and then once the patients and nurses are happy, the patient will be admitted.  The nurse specialists will assess the patients' techniques, go through the new pump and then transfer over to the new device.<br>• This work has stemmed from the team trying to improve the patients' experiences and also getting them seen quicker, with the team looking at what they know about their patients and trying to optimise the service that the patients are given.<br>• The Committee noted that the patient felt fully supported by the team.<br>• The Committee discussed the benefits, including the reduced need for patient journeys, reduced in-patient bed needs and patients' greater involvement in self-management.<br>• The Committee commended the team on their work and on the initiative shown when the patient was admitted.  The team took the opportunity to avoid another contact point that could have caused the patient stress.  The Committee agreed that consideration and individualised care make a considerable difference to the Trust's patients.<br>• The Committee noted the number of patients that the team look after | | |

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| | and the planning involved in ensuring that all patients have a good experience. | | |
| | • The Committee acknowledged and commended staff as they were giving attention to detail despite being extremely busy. | | |
| **6.3** | **PERFORMANCE** | | |
| **6.3.1** **6.3.1.1** | **Performance Reporting** **PIPR Safe – M6** MS led the Committee through the report highlights, with points to note as follows: | | |
| | • VTE risk assessment compliance has increased to 92% in September from 86% in August. | | |
| | • The Committee noted the unchanging situation in staffing but expressed concern regarding the slow progress that was being made regarding supervisory time and ensuring that sufficient time is being put in place for senior nursing staff to further support their staff as clinical leaders. The Committee noted that Heads of Nursing are supporting Matrons and Sisters with specific improvement plans and that progress is being monitored through CPAC but requested that this receives renewed focus. | | |
| | • The Committee noted the Spotlight On medications low harm and above incidents, and the section on preoperative and postoperative decolonisation. | | |
| **6.2.1.2** | **PIPR Caring – M6** The Committee noted the pre-circulated document, with discussion as follows: | | |
| | • The Trust remains in the lowest quartile for national comparison in regard to receiving written complaints. | | |
| | • The Trust received three new formal complaints in September and investigations are ongoing. The Committee noted that this was within the Trust's expected variation of complaints received. | | |
| | • The Committee noted that the Trust had breached its target of responding to 100% of complaints within agreed timescales, and acknowledged the ongoing work with divisions and leads to support and the complexity of some of the complaints. | | |
| | • The Committee noted that the Trust had received 1905 formal compliments during September. | | |
| | • The Committee noted the Spotlight on the Supportive and Palliative Care Team and acknowledged the difficulties in gathering data regarding patient access to such services depending on community backgrounds, faith and ethnicity but agreed that such a retrospective audit would be beneficial to the Trust. | | |
| | • The Committee discussed the possible link between public perception of palliative care versus symptom control. | | |
| **7** | **RISK** | | |
| **7** **7.1** **7.1.1** | **Board Assurance Framework Report** **Cover Paper – Board Assurance Framework (BAF)** **BAF** The Committee noted the pre-circulated documents, with discussion as follows: | | |
| | • Discussions taken place during this meeting had covered most of the | | |

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| | BAF. <br>• The Committee discussed whether the risk rating should be changed in relation to BAF 742 Safer Staffing following discussions held under Agenda Item 6.3.1.1. The Committee noted the mitigations that the Trust is putting in place and agreed that no change is required at present. <br>• The Committee noted that CDC was referenced as a Control for the Infection Prevention and Control BAF risk. It was agreed that, although CDC meets weekly, its function has moved away from managing Covid-19. This will be reviewed. | AJ | 11/23 |
| 7.2 <br>7.2.1 <br>7.2.2 | **Cover Corporate Risk Register** <br>**Appendix 1: CRR with a RRR of 12 and above** <br>**Appendix 2: Open Corporate Risks** <br>The Committee noted the pre-circulated documents, with points to note as follows: <br>• The Committee noted the number of extreme risks on the CRR, in particular the new Risk ID 3406 regarding stress on pharmacy staff. MS/LP to review offline to ensure that the rating is correct. <br>• The Committee discussed the types of risk that were rated as 16. How can we manage that at this Committee? <br>• The Committee noted that monthly risk meetings have been implemented to discuss and review the risks on the CRR and whether these are reflected in the BAF. <br>• Risk owners have been asked to review the detail behind some of the risks and ensure scrutiny at divisional level. | MS/LP | 11/23 |
| 8. | **GOVERNANCE AND COMPLIANCE** | | |
| 8.1 | **Quality Account Priorities Q2 23/24** <br>The Committee noted the pre-circulated document. | | |
| 8.2 | **SIRO Report Q1** <br>The Committee noted the pre-circulated document, with points to note as follows: <br>• The report highlights key priorities that the Trust is looking at in terms of IT security in information governance. <br>• The 23/24 Data Security and Protection (DS&P) toolkit has been released. The training target of 95% compliance has been relaxed but it is still mandatory for all staff to complete the training annually. <br>• The Committee noted the Zivver update and that analysis of Datix incidents is currently underway to see if the system has provided an improvement since implementation. <br>• Quarter 2 saw thirty-one information governance related issues recorded on Datix. However, it was noted that in September there was a reduction of incidents. <br>• The Committee noted the increase in FOI trends. <br>• Work on document compliance is ongoing and improvements can be seen. | | |
| 8.3 <br>8.3.1 | **Cover Paper: Fundamentals of Care Peer Review Regulation 10: Dignity and Respect** <br>**Fundamentals of Care Review Regulation 10: Dignity and Respect Report Presentation** | | |

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| **8.3.2** | **Fundamentals of Care Review Regulation 10: Dignity and Respect Report/Action Plan** <br> The Committee noted the pre-circulated documents, with discussion as follows: <br> • The Committee noted and commended the contribution that volunteers make to the Peer Reviews. <br> • Many areas of good practice were noted, including: <br>    o Patients and relatives in both outpatients and day ward areas reported being treated with complete respect. <br>    o Patient dignity respected by suitable use of gowns, etc, and privacy afforded in treatment/ward areas. <br>    o Good staff awareness of the importance of treating everyone as an individual, respecting their dignity. <br>    o No staff member expressed a lack of dignity or respect shown to them by colleagues or patients regardless of their cultural background. <br> • Areas for consideration are: <br>    o Critical Care has no shower facilities for patients. <br>    o Availability of wheelchairs in the Atrium. <br>    o Improved communications on concessions for car parking fees. <br> • The final recommended RAG rating is: Outstanding. | | |
| **8.4** | **Internal Audits:** <br> There were none to report. | | |
| **8.5** | **External Audits/Assessment:** <br> There were none to report. | | |
| **9** | **POLICIES** | | |
| | 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. | | |
| **9.1** | **DN818 M.Abscessus Infection Control Document (approved by ICPPC Committee 25th September 2023)** <br> • The Committee ratified the pre-circulated document. | | |
| **9.2** | **DN810 Care of patients with Learning Disabilities or Autism (given Safeguarding Committee Chair's Approval)** <br> • The Committee ratified the pre-circulated document. | | |
| **9.3** | **Cover: TOR030 Clinical Ethics Committee** <br> • The Committee noted the pre-circulated document. | | |
| **9.3.1** | **TOR030 Clinical Ethics Committee** <br> • The Committee ratified the pre-circulated document. | | |
| **9.4** | **Cover: DN054 Missing Patient Procedure** <br> • The Committee noted the pre-circulated document. | | |

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| **9.4.1** | **DN054 Missing Patient Procedure**<br>• The Committee ratified the pre-circulated document. | | |
| **9.5** | **Cover: DN057 Security Policy**<br>• The Committee noted the pre-circulated document. | | |
| **9.5.1** | **DN057 Security Policy**<br>The Committee ratified the pre-circulated document. | | |
| **9.6** | **Cover: DN794 Trustwide Prisoner Policy**<br>• The Committee noted the pre-circulated document. | | |
| **9.6.1** | **DN794 Trustwide Prisoner Policy**<br>• The Committee ratified the pre-circulated document. | | |
| **9.7** | **Cover: DN108 Information Governance Policy**<br>• The Committee noted the pre-circulated document. | | |
| **9.7.1** | **DN108 Information Governance Policy**<br>• The Committee ratified the pre-circulated document. | | |
| **9.8** | **Cover: DN789 Management of used and infected linen**<br>• The Committee noted the pre-circulated document. | | |
| **9.8.1** | **DN789 Management of used and infected linen**<br>• The Committee ratified the pre-circulated document. | | |
| **9.9** | **DN860 Nursing Establishment Setting Policy (approved at CPAC 19th October 2023)**<br>• The Committee ratified the pre-circulated document. | | |
| **9.10** | **Cover: DN322 Fire Policy**<br>• The Committee noted the pre-circulated document. | | |
| **9.10.1** | **DN322 Fire Policy**<br>• The Committee ratified the pre-circulated document. | | |
| **10** | **RESEARCH AND DEVELOPMENT** | | |
| **10.1** | **Minutes of Research & Development Directorate Meeting (230908)**<br>• The Committee noted the pre-circulated document. | | |
| **11** | **OTHER REPORTING COMMITTEES** | | |
| **11.1** | **Escalation from Clinical Professional Advisory Committee (CPAC)**<br>• No escalations noted from the October CPAC meeting. | | |
| **11.1.1** | **Minutes from Clinical Professional Advisory Committee (230921)**<br>• The Committee noted the pre-circulated document. | | |
| **11.2** | **Minutes from Clinical Ethics Committee (230815, 230418)**<br>• The Committee noted the pre-circulated documents. | | |
| **12** | **ISSUES FOR ESCALATION** | | |

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| **12.1** | **Audit Committee**<br>• There were no issues for escalation from Part 1. | | |
| **12.2** | **Board of Directors**<br>• There were no issues for escalation from Part 1. | | |
| **12.3** | **Emerging Risks**<br>• There were no emerging risks. | | |
| **13** | **ANY OTHER BUSINESS**<br>• None | | |
| | **Date & Time of Next Meeting:**<br>**Thursday 30th November 2023 2.00-4.00 pm, via Microsoft Teams** | | |

Meeting closed at 13:50
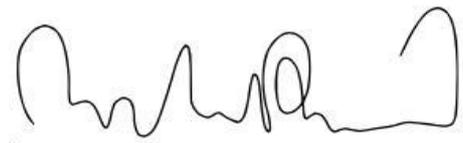
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Signed

30th November 2023
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Date

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